

Supporting Treatment Safety

Treatment Injury
Information

2019

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Foreword and Executive Summary

Foreword

The Royal New Zealand College of General Practitioners and its members work closely with ACC to provide essential wraparound support for New Zealanders and visitors who suffer an injury, including people injured during medical treatment.

The standard of health care provided in New Zealand is high, and is delivered by medical professionals like GPs, who work tirelessly to provide safe care for their patients.

As a New Zealander, a GP and the President of the College, I am extremely proud of the work our members and their general practice teams deliver. The doctors who complete our vocational training are specialists in the scope of general practice and are well equipped to deliver world-class care to patients.

This publication details situations where medical treatments did not go according to plan. I am not shying away from the information contained here. Despite best intentions, diagnosis and treatment of health conditions does not turn out as we expect one hundred percent of the time. The key thing is to learn from these situations and make positive changes to improve future outcomes.

This publication helps us identify risk areas and therefore areas where we can make improvements. It is helpful to notice changes in the number of ACC claims in particular areas. As a GP who does minor surgery in my practice, I was particularly interested in the post-surgery infection rates. These have increased during the last five years, and this should be a reminder to take appropriate precautions when offering minor surgery to patients.

While the number of claims accepted for treatment omissions or adverse reactions to medications have been fairly stable over the last five years, these are areas of concern as the resulting injuries can have a significant effect on patients' lives.

We can learn a lot from the data contained on the following pages, and I encourage all GPs and primary healthcare workers to invest time in digging into the detail. This type of reflection, and a commitment to

ongoing continuous improvement, will help the medical profession provide even safer care and achieve even better patient outcomes in future.

We look forward to continuing to work with ACC and other health sector organisations to continue improving our world-leading health and disability services.



Dr Samantha Murton
President
The Royal New Zealand College of General Practitioners

‘The standard of health care provided in New Zealand is high, and is delivered by medical professionals, like GPs, who work tirelessly to provide safe care for their patients’.

Executive Summary

Overview of the Treatment Safety landscape

In 2017/18¹, ACC received 16,479 and accepted 9,772 claims for injuries caused by medical treatment. Each of these claims represents a person who was harmed during treatment.

In most cases, the injury will resolve quickly, but in a small number of cases, the treatment injury can have a lifelong impact on that person and their family/whānau. ACC is there to support people when things go wrong during treatment.

Many of these injuries are preventable. That is why ACC encourages improvements in treatment safety – just as we do in workplaces, during sport, on the roads, at home, and in all the other ways that people may be injured.

Investing to drive change

Each claim provides ACC with information about injuries caused by a registered health professional. ACC has shared treatment injury data for the last two years and this year information about general practice settings is also included.

ACC encourages open and informed discussions about treatment injuries by publishing this information. The objective is to enable health professionals to better understand and learn from treatment injuries, and ultimately reduce the number and impact of injuries in the future.

To support this, ACC has committed to investing at least \$45 million in treatment injury prevention programmes until 2021. ACC sees this as a collaborative approach and is working with the Ministry of Health (MoH), the Health Quality and Safety Commission (HQSC), District Health Boards (DHBs), clinicians, patients and other organisations on initiatives to improve treatment safety.

Summary of the data

The number of claims is not a direct indicator of a safety record. Simple comparisons between DHBs or treatment settings are not valid. The population for each treatment setting is made up of different case mixes, demographics and/or socio-economic conditions. These can influence the risk of treatment injuries.

The number of all treatment injury claims declined slightly in 2017/18 after seven years of steady growth.

In 2017/18, ACC accepted:

- 5,713 claims from treatment in a public hospital
- 1,236 claims from treatment in private hospitals that are members of the New Zealand Private Surgical Hospital Association (NZPSHA)
- 1,384 claims from treatment in general practice
- 1,439 claims for treatment in other health settings such as aged care facilities.

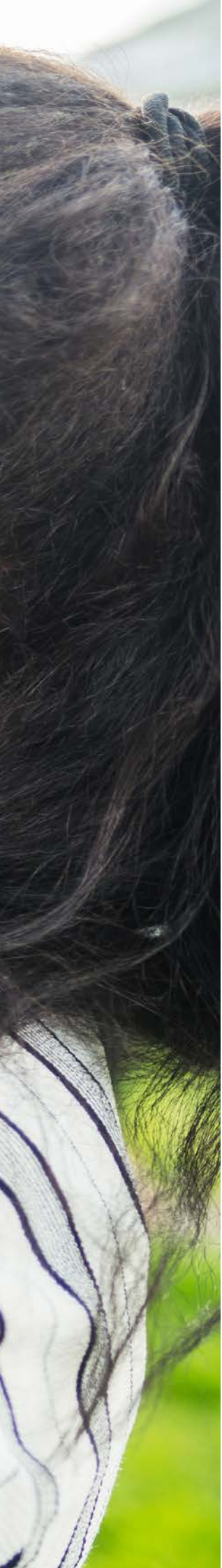
The actual and predicted future costs for all treatment injuries in the 2017/18 financial year was \$486 million. This is a sum that ACC calculates to set aside sufficient funds for future liability. ACC's predicted liability for future costs of all treatment injuries (that have been accepted to date) is \$5.42bn.

Information about ACC's treatment safety initiatives is available at www.acc.co.nz/treatmentsafety.

Each accepted treatment injury claim represents a person inadvertently harmed.

¹ Throughout this publication 2017/18 refers to the financial year period 1 July 2017 to 30 June 2018.





Supporting safer health care in New Zealand

Supporting safer health care in New Zealand

ACC continuously collects treatment injury data and this publication is a summary of this information. This is the largest data set of harm to people caused by treatment from registered health professionals. The publication summarises the numbers, costs, and liability to ACC, and ultimately, New Zealand.

Each accepted treatment injury claim represents a person harmed from treatment.

In the 2017/18 financial year, ACC accepted 9,772 treatment injury claims. During the same period, 16,687 claims were active – claims that occurred in that year or previous years and received a payment for treatment or support during that time. As of 30 June 2018, the estimated future cost to care for people who have suffered a treatment injury is \$5.42bn.

We want to share this information to:

- support improvements in treatment safety
- provide a case for investing in treatment safety to reduce patient harm
- increase transparency of the health information we hold
- be consistent with the New Zealand Health Strategy.

This is our third publication on treatment injury claims. It focuses on claims from public hospitals, New Zealand Private Surgical Hospital Association (NZPSHA) hospitals and general practice settings.

The data presented in this report has been extracted in February 2019, but references treatment injury claims until 30 June 2018.

If you want more information about this report, contact us at: treatmentsafety@acc.co.nz

Better information supports improved treatment safety

ACC is an important part of the health sector and patient safety is of great importance to us. Our injury prevention responsibility requires us to work to reduce the incidence and severity of treatment injuries. Reducing the severity of treatment injuries also allows us to carry out our care and recovery roles better.

Enabling safer health care means fewer patients injured during treatment and the severity of the injuries decreasing. Reducing the impact of treatment injuries will improve health outcomes for New Zealanders.

To achieve this, all those involved in treatment need a greater understanding of the extent and types of treatment injuries. We need open discussion about treatments that are causing injuries so we can understand the reasons these injuries occur. We can then collaborate with the health sector to determine the best places to invest in improving treatments to keep more people safe.

Improved treatment safety will mean less impact on our communities and better use of resources for the health sector and ACC.

Improving patient safety is a priority action of the 2016 New Zealand Health Strategy. To achieve this goal, clinicians, managers, institutions, consumers, ACC, health agencies, and organisations need to work together.

To support improving patient safety, this publication:

- aims to inform and guide collective efforts to reduce patient harm
- recognises that treatment injury information is one measure of patient safety that can add to other measures across the health sector
- provides evidence that informs approaches to reduce patient harm
- confirms ACC wants to work with clinicians, managers, institutions, consumers of health care, and health agencies to improve patient and treatment safety.

We work with partners to improve treatment safety

We consider the best way to tackle treatment injuries is to work collaboratively to improve treatment safety using evidence-informed approaches to reduce patient harm.

We are working in partnership with stakeholders, clinicians and patients across primary, secondary, and tertiary providers in the health sector, including District Health Boards (DHBs), the New Zealand Private Surgical Hospital Association (NZPSHA), Ministry of Health (MoH), the Health Quality and Safety Commission (HQSC), health practitioner registration authorities, and professional associations.

Improving treatment safety will generate substantial benefits through improved health outcomes, reduced suffering, shorter periods of hospitalisation, reduced readmissions, and avoid the ongoing costs of injuries. This, in turn, will help to manage the impact of treatment injury claims on ACC.

Information about ACC's treatment safety initiatives is available at www.acc.co.nz/treatmentsafety

Publication of information about treatment injuries is part of a process to systematically use ACC information to help improve treatment safety.

We support people with treatment injuries

ACC supports people by providing cover for treatment injuries. We provide this support according to the provisions of the Accident Compensation Act 2001 (AC Act). Exclusions in the AC Act mean that not all discomfort, symptoms, or harm experienced by a person having treatment is accepted as an injury caused by that treatment.

ACC accepts a treatment injury claim when a person is injured by treatment from a registered health professional. The definition of 'treatment injury' means that treatment injury claims are a subset of all patient harm.

All treatment injury claims are clinically assessed before cover is determined. If an injured person's claim is accepted, they can access the care and support they need. ACC contributes to the cost of treatment and ongoing care to address the injury and its effects.

The range of treatment injuries is very wide. Most injuries are easily remedied and only require medical treatment. Most have no lasting impact. Where the injured person is incapacitated, we compensate that person for lost income and any permanent loss of function. We also provide rehabilitation to help the person return to activity and work, and to participate in society, including home help and modifications to their house and vehicle.

To improve patient safety, we need to understand patient harm

Since its inception over 40 years ago, ACC has provided various types of cover for people harmed while being treated. Improving patient safety is an important priority for health systems around the world. An important way to improve safety is to find out more about the types and level of patient harm.

The full extent of patient harm is not known in New Zealand or any other country. Yet, between 40% and 60% of patient harm is preventable in some way, depending on the patient's health condition and types of treatment used, according to scientific literature.

No single data set provides a complete picture of patient safety and harm. Available indicators include:

- treatment injury claims (an important, yet incomplete, indicator)
- hospital standardised mortality ratios from MoH

- complications captured by the National Minimum Data Set (NMDS) or by private surgical hospitals
- adverse event reporting to HQSC
- complaints to the Health and Disability Commissioner (HDC)
- deaths in health care investigated by Coronial Services.

ACC Risk of Harm reporting

The purpose of Risk of Harm reporting is to provide information to support the prevention of harm to patients by the health sector.

ACC is required to consider the information provided with all treatment injury claims (whether accepted or declined) and assess if there is a risk of harm to the public¹.

The principal reason for adverse event reporting to exist in any health system is to support learning from

clinically meaningful events and near misses so that the same or similar incidents can be prevented in the future.

ACC is currently working with key health agencies, eg MoH and HQSC, regulatory and professional health bodies, medical indemnity insurers, and clinicians to update the Risk of Harm reporting process. The intention is to provide information and insight to support the health sector and improve patient safety.

Risk of Harm reports and treatment injury claims decided by financial year

	Decision financial year				
	2013/14	2014/15	2015/16	2016/17	2017/18
Number of claims decided	10,397	12,623	13,868	16,014	16,479
Number of Risk of Harm reports	283	358	589	498	461
Percentage of claims decided	3%	3%	4%	3%	3%

1. Section 284 of the Accident Compensation Act 2001 requires ACC to report 'risk of harm to the public' based on information collected in the course of processing claims for treatment injury, including those that are in the nature of claims for treatment injury but are caused by a person who is not a registered health professional.

This publication updates information about treatment injury

This publication provides updates about treatment injury and includes information about general practice settings for the first time.

The number of accepted treatment injury claims is useful to help quantify the amount of injuries occurring. In 2017/18, 14.2% of accepted treatment claims for injuries occurred in general practice settings, and 71% occurred in public and NZPSHA member hospitals. The types of injuries differ in each setting. One reason is that many patients are admitted to hospital in a clinically compromised state, and treatment often includes the use of invasive devices and procedures that carry an inherent risk of patient harm. Private and public hospitals are not comparable due to the wide differences in the types and severity of illnesses being treated, and the ages of the patients.

Statistics alone do not show the causes or lead directly to improvements. Rather, they emphasise the need to develop and use more effective prevention strategies. We have used the collected information in a systematic way for the past three years, to inform patient safety initiatives and improve outcomes.

We will continue to update the range and level of information with each edition of this annual publication.

Overview of all treatment injury claims for 2017/18

Setting	Number of accepted claims	Number of Active Claims	Total Active Claim cost \$m
DHB	5,713	10,153	113
NZPSHA	1,236	2,563	25
General practice settings	1,384	1,800	11
Other	1,439	2,171	10
Total	9,772	16,687	159



Treatment Injury national summary

A treatment injury is a personal injury caused by seeking or receiving treatment from a registered health professional. Claims that meet the following requirements are considered:

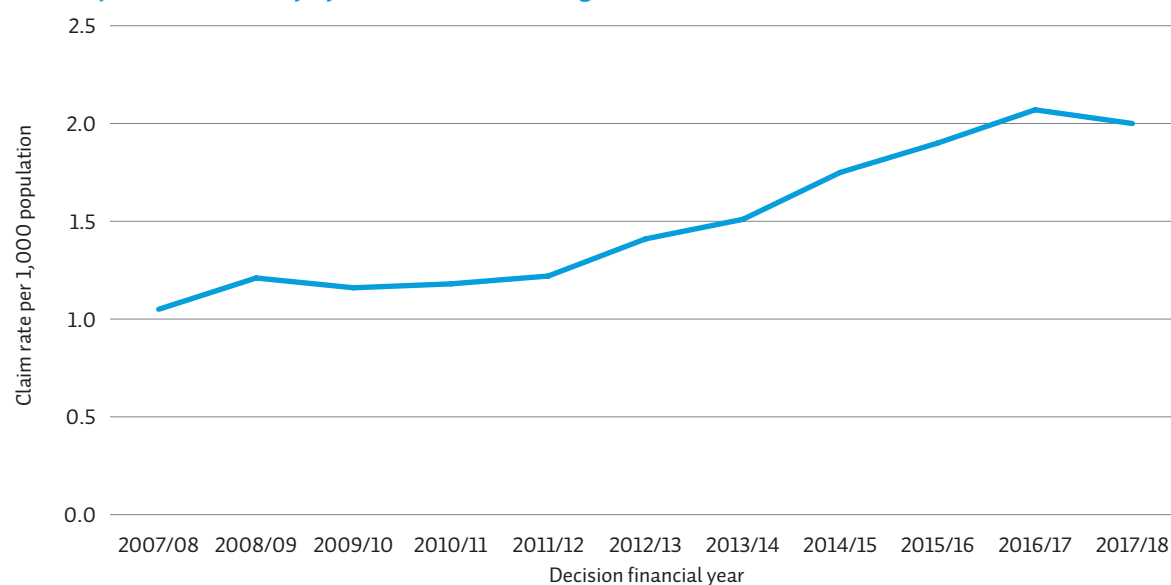
- an injury has occurred (physical harm or damage to the patient)
- treatment has caused the injury
- the injury is not a necessary part or an ordinary consequence of treatment, after considering the clinical knowledge at the time of treatment, and the underlying health condition of the injured person.

Treatment injuries occur in many settings, such as in hospitals, general practice, and rest homes.

National summary of the number and rate of treatment injury claims

The number and rate of all treatment injury claims declined slightly in 2017/18 after seven consecutive years of steady growth. In 2017/18, ACC accepted 9,772 treatment injury claims (about two claims per 1,000 people). This growth is nearly double the 2007/08 rate of 1.1 claims per 1,000 people.

All accepted treatment injury claims from all settings



Note: This data is standardised by the national population because it includes all treatment injury claims from all settings.

Treatment injuries occur in a wide range of settings

The health sector is complex and involves a wide range of professions that provide care and treatment in various settings. Hospitals are the most common setting for treatment injuries as many patients are admitted in a clinically compromised state, and care often includes the use of invasive procedures and devices that carry inherent risk.

A treatment injury can occur wherever a registered health professional provides treatment. This can be in a hospital, a general practice setting, private clinic, rest home, or a patient's home.

All treatment injury claims, 2017/18

Setting	Number of claims accepted	Number of claims decided	Percentage accepted
Public hospitals	5,713	8,737	65.4%
NZPSHA hospitals	1,236	1,718	71.9%
General practice settings	1,384	2,003	69.1%
Other	1,439	4,021	35.8%
Total	9,772	16,479	59.3%

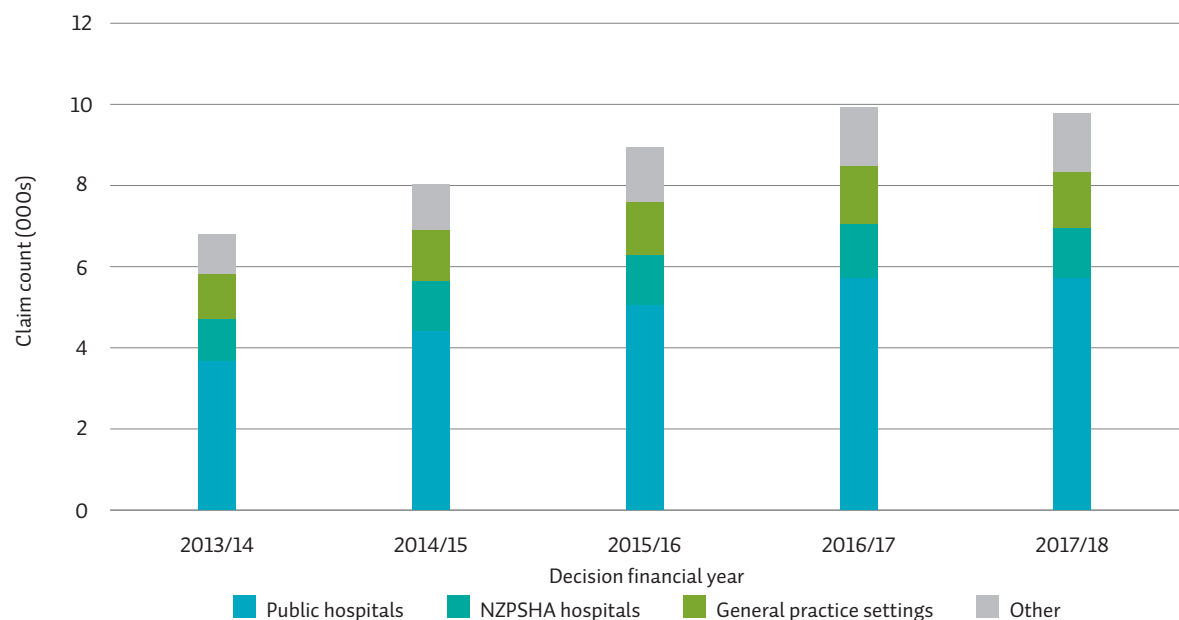
Hospital settings account for 71% of accepted treatment injury claims

Public and NZPSHA hospitals account for 71% of accepted treatment injury claims. Many hospitals have established treatment safety activities to help reduce these injuries. Hospitals are important partners of ACC for initiatives to improve treatment safety.

In 2017/18, 58.5% of treatment injury claims were the result of treatment in public hospitals, 12.6% in NZPSHA hospitals, 14.2% in general practice settings, and 14.7% in other locations (including aged residential care).

Many of these injuries were preventable, so hospital settings are an important focus for improving treatment safety.

All accepted treatment injury claims by treatment setting and decision financial year



Note: General practice settings include general practitioners (GPs) as well as practice nurses and other health professionals working within a general practice setting. The 'other' category includes community settings such as rooms-based procedures and aged residential care.

The volume and complexity of treatment across the health system has been increasing. In 2017/18, there were 1.15 million discharges following treatment at a DHB facility, around 8.8% more than in 2013/14. New Zealand's population grew from 4.5 million to 4.9 million (by about 8.3%) over the same period.

Areas of focus for injury prevention in hospitals

ACC has selected areas of focus in collaboration with the various health sectors that have the following characteristics:

- injuries that significantly impact the injured person and their families/whānau
- injuries that evidence indicates will respond to prevention strategies
- injuries that may indicate safer care.

The table below shows the volumes and costs for areas of focus for the ACC Treatment Safety Team, based on all accepted treatment injury claims in the 2017/18 financial year where the treatment provider is a DHB or a NZPSHA hospital.

Over time, we will increase the number of categories that we monitor and use this information to support more prevention approaches.

Accepted treatment injury claims and costs in the 2017/18 financial year for hospitals, highlighting the areas of focus for prevention

Injuries	Accepted claims	Claim costs (does not include lifetime costs)	Context of claims
Infections			Includes infection following procedures (eg skin lesion removal, and hip and knee surgery).
Infections following surgery	1,696	\$17,677,839	
Line infections	112	\$515,126	Peripheral line infections are higher by volume, while central line infections are more costly due to the level of support required.
Other infections	89	\$1,421,960	
Total	1,897	\$19,614,926	
Pressure injury	434	\$869,370	The major causes are lack of identifying risk factors (65%), immobilisation (17%) and splints or other casts (8%).
Medication adverse effect	319	\$7,405,746	A reaction to medications such as antibiotics and pain relievers. Reactions to injections make up 16% of this injury type.
Medication error	18	\$860,372	Error in prescribing, formulating, dispensing and administering medication.
Pulmonary embolism (PE)	31	\$481,551	The absence of PE and DVT are considered to be markers of safer surgery.
Deep vein thrombosis (DVT)	61	\$339,517	

| **Note:** Detailed information on neonatal encephalopathy is included on page 28.

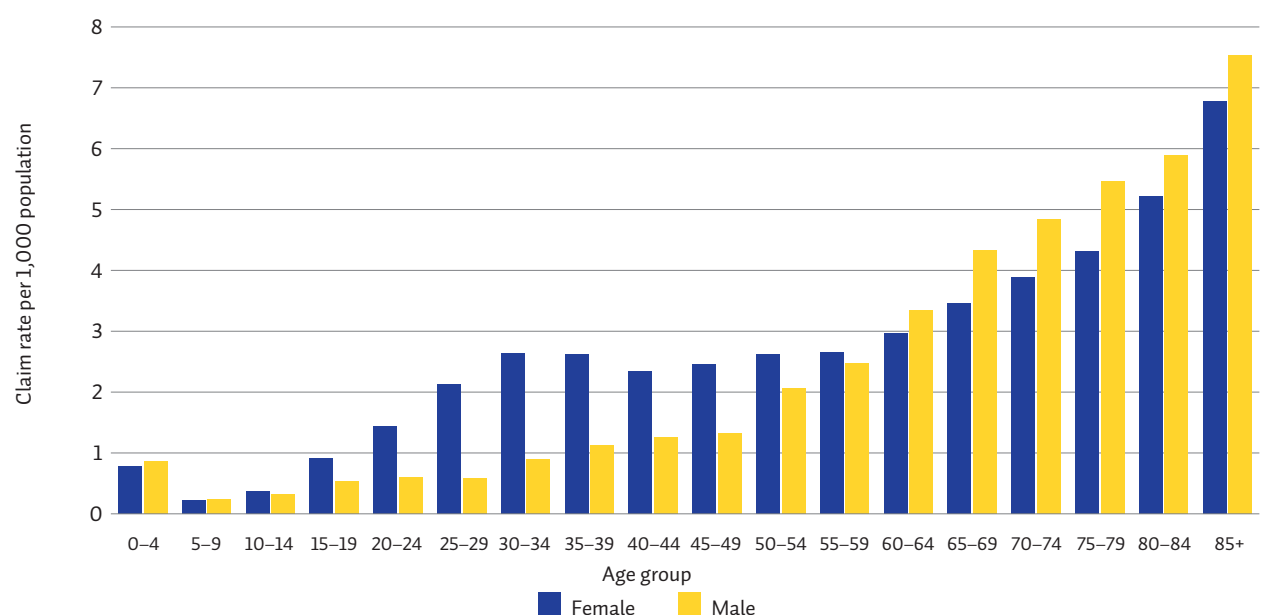
Many factors influence the risk of being injured during treatment

The treatment delivered in different settings varies due to differences in illnesses, the availability of services and types of treatment. These are all factors that can influence the safety and outcome of any treatment.

Rates of treatment injury claims vary with age and gender

Patterns by age and gender reflect different uses of treatment services.

Rate per 1,000 population for all accepted treatment injury claims in 2017/18, by age and gender



Note: This data is standardised by the national population because it includes all treatment injury claims from all sources.

The population served by each health care setting is different

Different treatment settings provide varying types of treatments, surgery, and services. Many of these carry inherent risks of injury to the patient. For example, some facilities provide complex medical and surgical interventions such as cancer management, neurosurgery, cardiac surgery, treatment for severe burns and advanced services in neonatology.

Similarly, each DHB will have a distinctive case-mix that reflects the age and health status of people within their district. These characteristics can also increase the risks of treatment injury. For example, some hospitals have relatively high proportions of older people in their admitted population, while other hospitals have relatively high levels of socio-economic disadvantage. In addition, some hospitals have relatively high rates of diabetes and obesity in their resident population, while others cover large geographical areas with a mostly rural population.

This highlights the difficulty of making comparisons between settings.

Measuring the impact and severity of treatment injuries

Measuring the impact of an injury on a person is challenging. ACC and others use the overall cost of a treatment injury claim as an indicator of the severity of the injury because more costly claims have a more severe impact on the person injured. While not always directly related, overall cost is one measure of severity and impact.

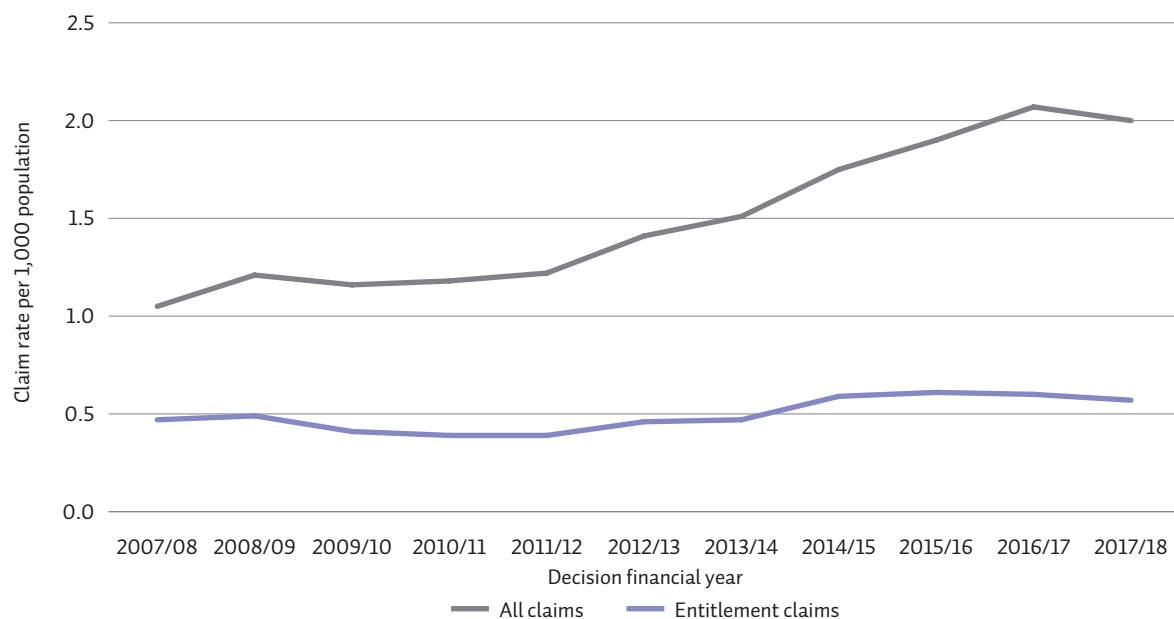
An entitlement claim is for people who have received additional support, not just treatment for their injury.

Another measure is comparing the number of people who only need medical treatment for their treatment injury with the number of people who receive additional support as well as treatment.

The growth in accepted treatment injury entitlement claims between 2007/08 and 2017/18 is smaller than the growth rate of accepted treatment injury claims per 1,000 population.

An entitlement claim is a “claim that has received additional support such as weekly compensation or social or vocational rehabilitation for a covered injury as well as any funded medical treatment required”. (Accident Compensation Corporation Annual Report 2018).

All accepted treatment injury and entitlement claims, in all settings



Note: This data is standardised by the national population because it includes all treatment injury claims from all settings.

Factors that may contribute to growth of treatment injury claims include:

- increased volumes of treatment across the health system
- greater risk factors in the patient population
- efforts to encourage greater reporting of treatment injury.

An entitlement claim may become a serious injury claim

A small number of entitlement claims each year are further classified as serious injury claims.

A serious injury claim enables ACC to ensure:

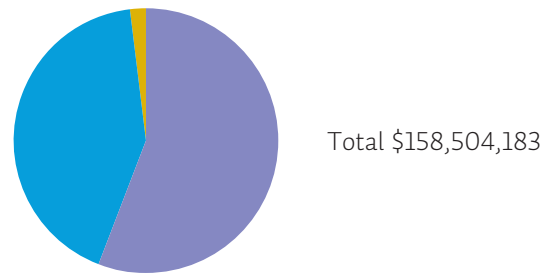
- people are supported through rehabilitation
- appropriate funding is allocated to support rehabilitation.

Serious injury claims are rare. In the last five years on average, 65 entitlement claims a year were classified as serious injuries. ACC needs to focus on reducing the incidence and severity of these treatment injuries which have the greatest impact on the injured person and their family/whānau.

Active entitlement claims (including serious injury claims) accounted for 98% of all costs paid by ACC for treatment injury in 2017/18. Of all the costs paid for treatment injury in 2017/18, 42% were for serious injury claims (a subset of entitlement claims).

Costs paid in 2017/18 for all active treatment injury claims

■ Entitlement	\$88,850,446
■ Serious injury	\$66,603,838
■ All other	\$3,049,899



A serious injury claim is an internal classification that ACC uses for clients who will have a lifelong relationship with ACC. Clients are only allocated to the serious injury category if they satisfy specific clinical criteria, because this provides access to long-term support. These criteria include spinal cord injury, moderate and severe brain injury, multiple limb amputations, severe burns and blindness in both eyes.

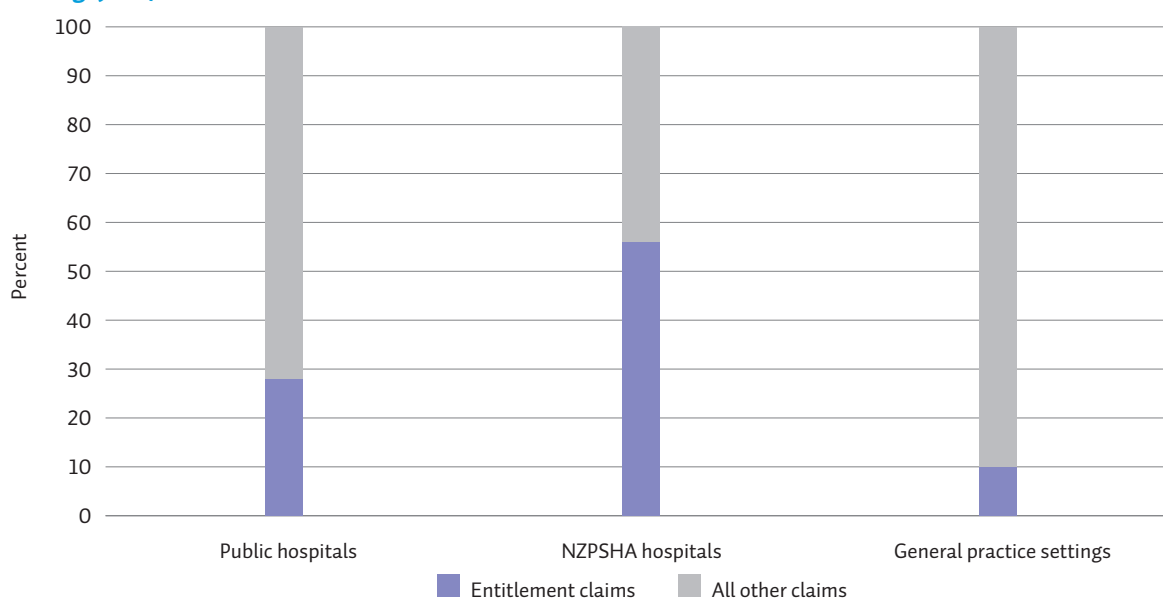
Note: This cost information includes all treatment injury claims from all sources:

- public hospitals (DHB facilities)
- NZPSHA hospitals
- general practice settings
- other locations (including residential care).

Entitlement claim rates vary between settings

- 29% of accepted treatment injury claims from public hospitals are entitlement claims. These claims involve rehabilitation and compensation support beyond initial medical treatment. Public hospitals provide various types of surgery, medical treatments, and supportive services. These can be either planned (elective) or emergency.
- 56% of accepted treatment injury claims from NZPSHA hospitals are entitlement claims. NZPSHA members provide around 50% of all elective surgeries performed in New Zealand.
- 10% of accepted treatment injury claims from general practice settings are entitlement claims. General practice settings are often the first point of contact for people in need of health care.

Proportion of accepted entitlement claims for public hospitals, NZPSHA hospitals and general practice settings, 2017/18



Treatment injury costs are considered in multiple ways

These include:

- future estimated costs for the lifetime of the claim
- costs paid for active treatment injury claims each year
- actual costs incurred in the years after the claim is accepted (eg if the injury happened before 2017/18, but payments are still being made during 2017/18).

Estimated outstanding claims liability of treatment injury

The estimated outstanding claims liability (OCL) for treatment injury was \$5.42bn as at 30 June 2018.

This is an estimate of the current value of the lifetime impact, including all future treatment and care and support to those patients who have already been injured.

One way of understanding the outstanding claims liability is if ACC went out of existence, this is the amount that would still have to be paid out in the future.

Treatment injury claims continue to increase, but are showing some signs of slowing. In addition, some people have recovered faster than expected from injuries. The combination of these two factors has resulted in the OCL decreasing from \$5.7bn in 2016/17 to \$5.42bn in 2017/18.

Incurred costs – past and estimated future payments of accepted treatment injury claims

The actual and predicted costs reflect the cost of treatment, expected ongoing care, support and rehabilitation for people harmed while receiving medical treatment. These costs that will cover the lifetime of the claim are called incurred costs, and have increased by 33% since 2008.

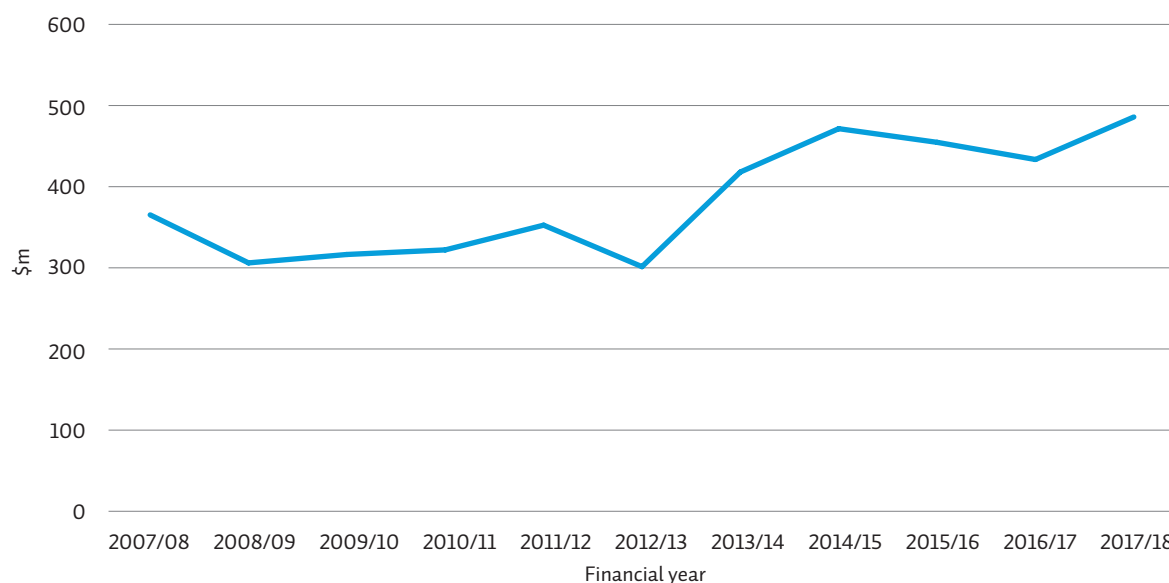
Predicted costs also include estimates of claims that will be accepted in future years for treatment injuries that occurred during this year and previous years. For this reason, it is not possible to analyse incurred costs by treatment facility and injury type.

Incurred costs for all treatment injury claims in 2017/18

The estimated lifetime costs for all treatment injury claims that occurred in 2017/18 is \$486m. These costs include:

- costs paid to date for new claims accepted for injuries that occurred in 2017/18
- an estimate of the costs that will be incurred in future years for those claims (expressed as a present value – that is, the amount needed in 2017/18 to meet those future costs)
- an estimate of the costs for future claims for injuries that occurred in the current year (that is, the present value of claims made in 2019 or later years, for injuries that occurred in 2017/18)
- costs paid for declined treatment injury claims: ACC may pay some costs before a claim is decided (for example, to get assessments or expert reports).

Incurred costs for all treatment injury claims in all settings, by financial year

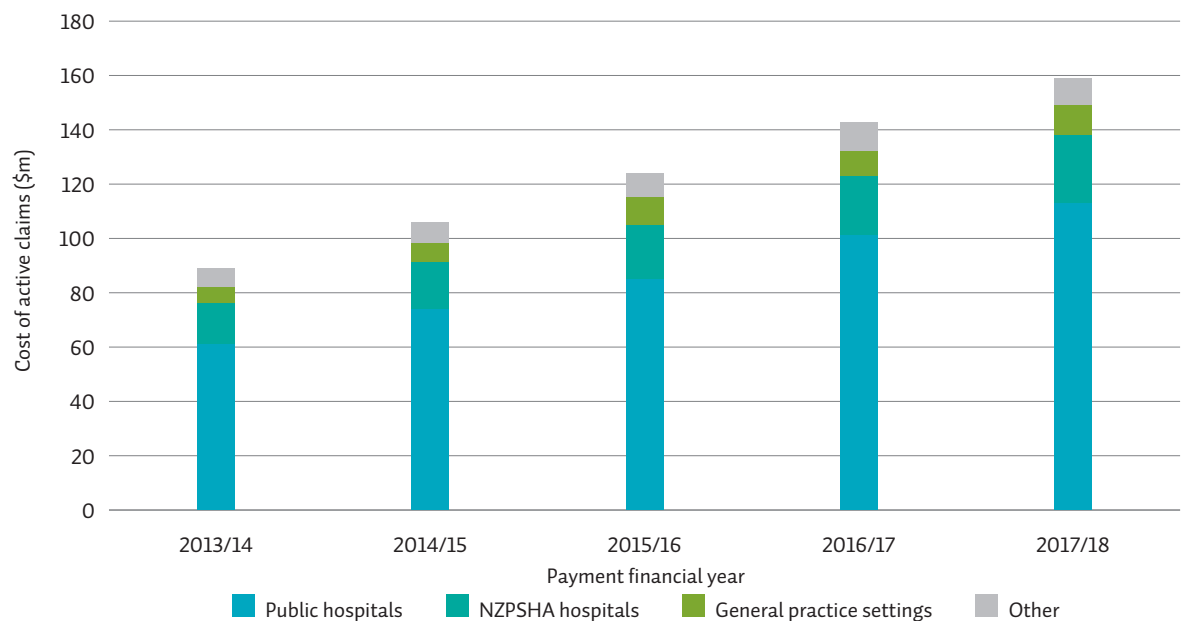


Note: Incurred cost includes actual and predicted costs of all injuries that occurred in 2017/18.

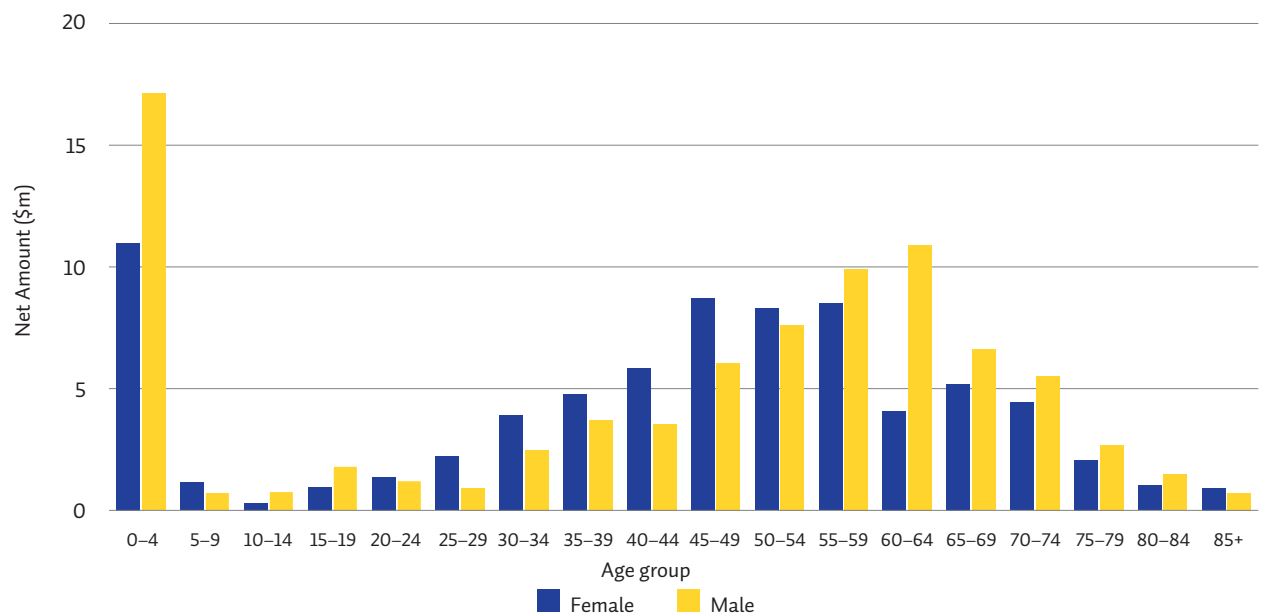
Costs paid for active treatment injury claims

Costs paid for active treatment injury claims were \$158.5m in 2017/18. These do not include the expected lifetime costs of claims, but this measure can help to show the relative impact of differing treatment injury settings.

Costs paid for active claims, by treatment setting and payment year



Costs paid in 2017/18 for active treatment injury claims, by age and gender



Accepted treatment injury claims

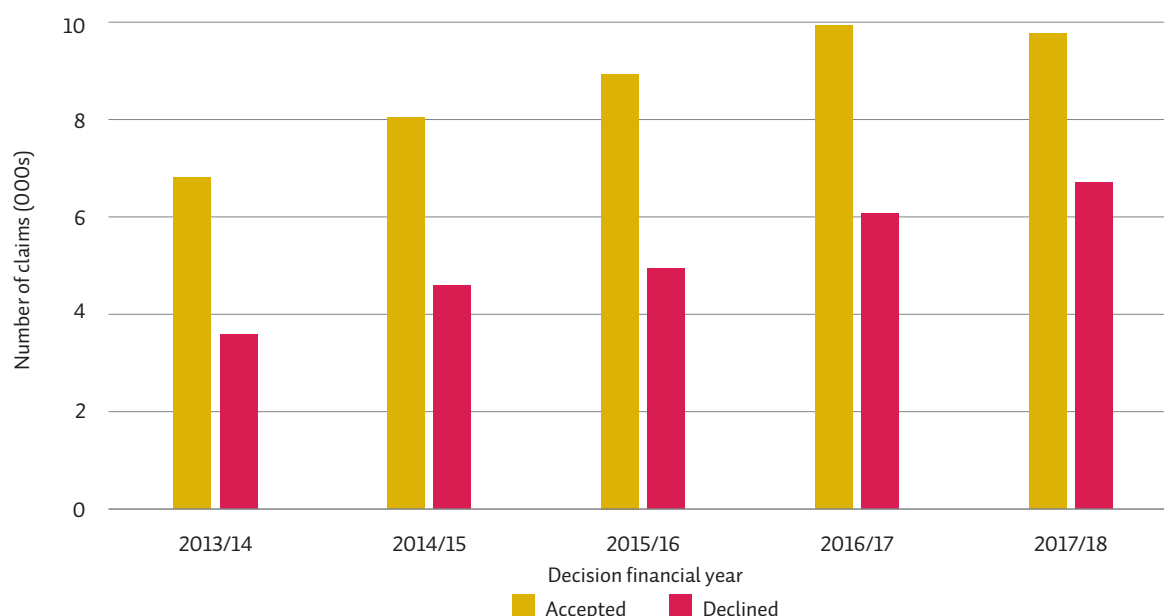
Two-thirds of treatment injury claims are accepted each year

The proportion of treatment injury claims accepted has remained relatively stable over the last five years, at around 63%. During the same period, the number of claims decided has increased (from 10,397 in 2013/14 to 16,479 in 2017/18).

All treatment injury claims should be submitted by a registered health professional. The proportion of accepted and declined claims varies between health care settings.

The relatively high rate of declined claims in all settings presents an opportunity for ACC to work more closely with health professionals. This includes developing stronger guidance and assistance to better identify cases of treatment injury, and ensuring all necessary information is presented to support ACC's decision on the claim. In light of this, ACC and hospital representatives have developed a Lodgement Guide to assist clinicians, patients and support staff to better understand the criteria for treatment injury. The guide is available at www.acc.co.nz/lodgementguide

Proportion of accepted and declined treatment injury claims by decision financial year



Treatment injury claims are declined for three broad reasons:

- 56% of declined claims **do not have an injury** caused by treatment (for 28% there is no injury; for 25% there is no causal link between the treatment and the injury; and 3% are the result of an underlying health condition)
- 14% of declined claims **do not meet the tests** to be a treatment injury (13% are an 'ordinary consequence' of the treatment; 1% a necessary part of the treatment; and <1% did not involve a registered health provider in the treatment)
- 24% of declined **claims are withdrawn (15%) or have insufficient information** to make a decision within the legislative timeframe of nine months (9%).

All accepted claims for selected injury types

The following section includes selected injury types that are more serious and require more assistance. The number of cases is low but the impact to the person and their family/whānau is high. The information in this section relates to injuries occurring nationally across all health care settings.

Neonatal Encephalopathy

Neonatal encephalopathy (NE) is a syndrome of disturbed neurological function in a newborn. While the number of NE cases is low overall, the impact to the person and their family/whānau is extremely high and lasts throughout the person's lifetime.

The features of NE include difficulty with breathing, reduced muscular tone and reflexes, reduced consciousness and often seizures. When NE is due to a period of reduced oxygen supply during birth, the term Hypoxic Ischemic Encephalopathy (HIE) is used. Other reasons why a baby may have signs and symptoms of NE include metabolic abnormalities, medication, infection or bleeding within and around the brain.

Most cases of NE are not caused by treatment. For ACC to accept a claim for NE or similar, it must be concluded that the brain injury was caused by treatment by a registered health professional. Nearly all claims for NE accepted by ACC involve an omission – that is, the treating health professionals could and should have undertaken different treatments.

ACC has undertaken additional analysis in 2018 to identify all claims for a brain injury to a baby caused by treatments provided before birth, during the birth or immediately after birth. This includes babies who received inadequate treatment of low blood sugar, or inadequate treatment of newborn jaundice, or bleeding around the brain due to manual extraction at the time of birth.

By using these updated methods of sourcing data held by ACC, an additional 52 claims for NE have been identified since 2005. Of these 52 NE-related claims, 36 were accepted and 16 declined.

The predicted lifetime cost for a NE serious injury claim was estimated at between \$36 million and \$56 million as of 31 December 2017.

ACC accepted an average of 16.6 claims each year for NE over the period from 2013/14 to 2017/18 in all settings.

Neonatal encephalopathy (NE) claims

	Financial Year				
	2013/14	2014/15	2015/16	2016/17	2017/18
Accepted claims	14	17	12	17	23
Active claims	88	86	100	121	126
Cost of Active claims*	\$9,001,253	\$9,524,974	\$11,856,921	\$15,038,067	\$16,634,503
Cost per Active claim	\$102,287	\$110,756	\$118,569	\$124,282	\$132,020

* The figures do not include investment required for future costs.

Claims for injuries caused by surgical mesh

Surgical mesh is a medical device that has been used for many years. The most common use is for abdominal surgical wounds such as hernia repairs. More recently, mesh has also been used for plastic surgery work, stress urinary incontinence and pelvic organ prolapse.

In the period between 2013/14 and 2017/18, ACC accepted 503 claims for injuries caused by surgical mesh. Two-thirds of those claims were for mesh implanted in the pelvis for gynaecological or urological reasons. The majority of other claims were for injuries due to mesh used in repair of abdominal wall defects.

Claims accepted for mesh-related injuries include infections with or without erosion, and damage to other organs. Infections from mesh implants make up 20% of injuries, while mesh erosion or migration into nearby tissues together make up 55% of all injuries that ACC accepted.

Almost 100% of mesh claims are entitlement claims.

Surgical mesh claims

	Financial Year				
	2013/14	2014/15	2015/16	2016/17	2017/18
Accepted claims	73	82	92	121	135
Active claims	144	185	212	266	318
Cost of Active claims*	\$2,257,080	\$2,800,800	\$2,926,734	\$3,415,147	\$4,065,379
Cost per Active claim	\$15,674	\$15,139	\$13,805	\$12,839	\$12,784

* The figures do not include investment required for future costs.

Claims for injuries caused by equipment failures

ACC receives claims for injury when equipment, devices, or tools used as part of the treatment process have failed. Two examples of failure are equipment breakage and mechanical failure.

Most of the claims ACC receives about equipment failing are from people being injured while having orthopaedic treatment. Nearly half of the claims ACC accepts are because a person's prosthesis has failed. Not all claims are accepted. For example, we may accept a claim if an implant or prosthesis fails, but not if it failed due to wear and tear.

Equipment failure claims

	Financial year				
	2013/14	2014/15	2015/16	2016/17	2017/18
Accepted claims	115	107	104	91	46
Active claims	209	235	258	231	196
Cost of Active claims*	\$2,415,189	\$2,547,544	\$2,530,907	\$3,519,500	\$2,269,718
Cost per Active claim	\$11,556	\$10,841	\$9,810	\$15,236	\$11,580

* The figures do not include investment required for future costs.

Claims for injuries caused by treatment omission

For a small proportion of accepted claims, the treatment event that caused injury involves a failure to provide treatment or a failure to provide treatment in a timely manner. Collectively, these are termed treatment omissions, as the failure relates to whether at the time of investigation, diagnosis or treatment the practitioner should reasonably have reached a different decision or adopted a different treatment pathway.

Omission encompasses failure to diagnose, to follow-up, to provide treatment, to refer, to monitor, and to provide the right treatment. To determine if the injury has been caused by an omission requires consideration of the patient's presentation and the clinical knowledge at the time, and the usual care in similar circumstances.

In deciding these claims, we seek expert reports from registered health practitioners in the same field of practice. If an omission is identified, we must be satisfied that this omission has caused a personal injury.

Treatment omission claims

	Financial year				
	2013/14	2014/15	2015/16	2016/17	2017/18
Accepted claims	105	131	166	166	152
Active claims	388	450	519	582	605
Cost of Active claims*	\$15,396,922	\$18,035,948	\$22,428,841	\$26,187,283	\$30,306,028
Cost per Active claim	\$39,683	\$40,080	\$43,215	\$44,995	\$50,093

* The figures do not include investment required for future costs.

Treatment injuries in three health care settings

This report outlines treatment injuries that occurred in public hospitals, NZPSHA hospitals and general practice settings.

The following sections provide information at the national level about the number and costs of treatment injury types that occur in three health care settings.

Public hospitals provide various types of surgery, medical treatments, and supportive services. These can be either planned (elective) or emergency.

NZPSHA hospitals provide around 50% of all elective surgeries performed in New Zealand. They do not usually provide emergency care.

General practice settings are often the first point of contact for patients with a wide range of health care needs.

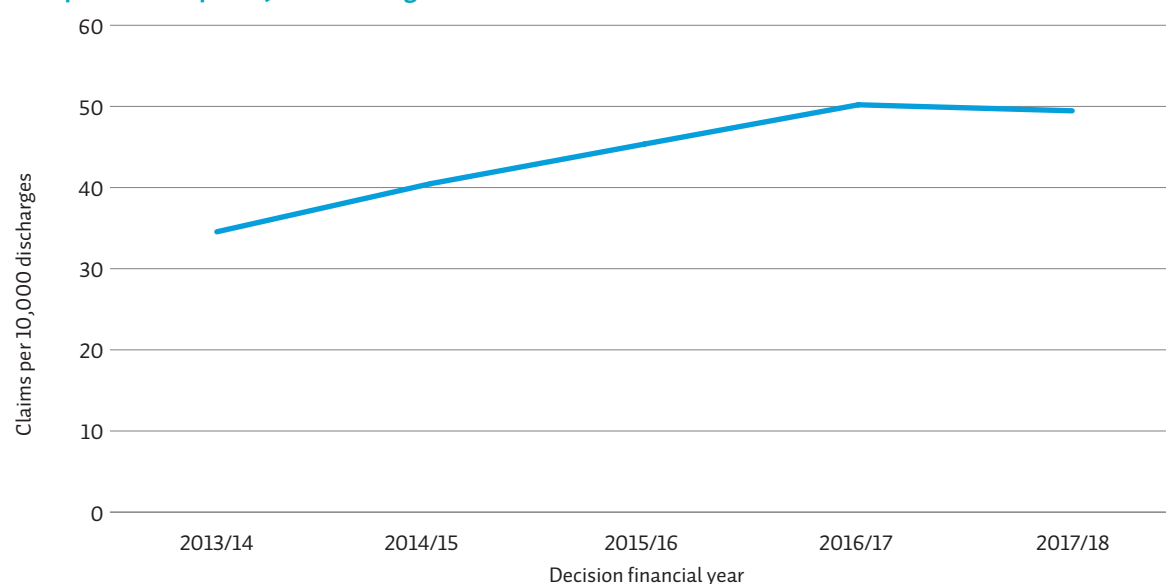
To improve accuracy, we have refined the way we aggregate some injury types. For this reason, we have revised previously published information now that new information is available.

Treatment injuries in public hospitals

The number of claims has increased since 2013/14, but opportunities still exist to improve treatment safety within all hospitals. ACC is working with the health sector to improve safety. National initiatives are focusing on common issues in particular areas, leading to action at regional and local levels. Publishing treatment injury information will help to increase the profile of patient safety and support actions to improve patient safety and limit harm.

In 2017/18, according to the MoH's data, 1.15m people were discharged after treatment at a public hospital. During the same period, 5,713 treatment injury claims from public hospital treatment were accepted by ACC. Overall, 0.5% of discharges from public hospitals resulted in an accepted treatment injury claim (that is 50 accepted treatment injury claims per 10,000 discharges). This proportion has increased from 0.35% in 2013/14 (35 accepted treatment injury claims per 10,000 discharges).

Accepted claims per 10,000 discharges



Note: This data is standardised by the number of DHB discharges. It includes treatment injury claims resulting from treatment in public hospitals. The name of the DHB facility is provided to ACC by the registered health professional lodging the claim.

DHB claims by decision financial year

		Decision financial year				
		2013/14	2014/15	2015/16	2016/17	2017/18
Accept	Number	3,666	4,399	5,046	5,717	5,713
	%	69	67	69	68	65
Decline	Number	1,627	2,162	2,227	2,748	3,024
	%	31	33	31	32	35
Total decided claims	Number	5,293	6,561	7,273	8,465	8,737
Entitlement claims	Number	1,120	1,500	1,635	1,707	1,626

Comparing DHBs is not meaningful

Public hospitals are spread throughout the country. Each DHB is different – with a distinctive case-mix due to the demographics and health status of its population. As a result, they provide different types of surgery, treatments and services. In addition, each DHB may provide differing levels of primary, secondary and tertiary levels of service. For these reasons, directly comparing between DHBs is not meaningful.

We have used DHB discharge numbers as a denominator to standardise as a proxy for numbers of treatments.

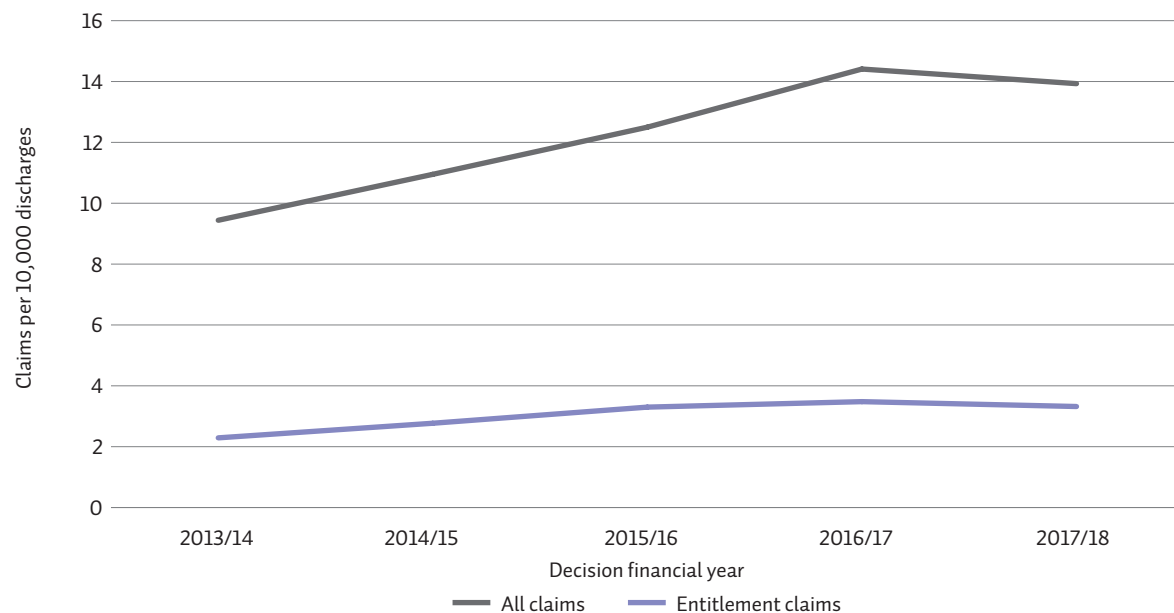
Summary claims information for all public hospitals, 2017/18

DHB region	Number of accepted claims	Number of discharges	Accepted claims per 10,000 discharges
Auckland	563	142,310	40
Bay of Plenty	206	61,480	34
Canterbury	518	124,232	42
Capital & Coast	645	71,488	90
Counties Manukau	456	119,100	38
Hawke's Bay	130	42,212	31
Hutt Valley	263	38,863	68
Lakes	98	29,313	33
MidCentral	192	39,008	49
Nelson Marlborough	237	31,254	76
Northland	262	48,139	54
South Canterbury	123	14,459	85
Southern	311	69,295	45
Tairāwhiti	73	11,114	66
Taranaki	230	34,311	67
Waikato	620	114,913	54
Wairarapa	85	11,541	74
Waitematā	521	125,613	41
West Coast	38	7,920	48
Whanganui	142	18,402	77

The following charts provide information on the number and costs of selected treatment injuries occurring in public hospitals.

DHB infections of all types

Accepted claims per 10,000 discharges



Accepted claims in 2017/18 for infections of all types

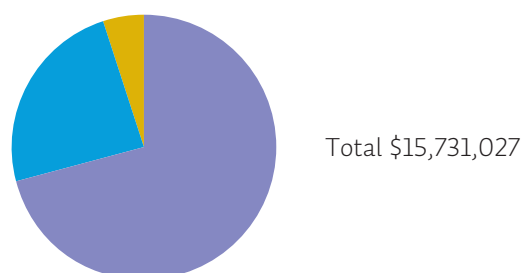
1,609

Active claims in 2017/18 for infections of all types

2,579

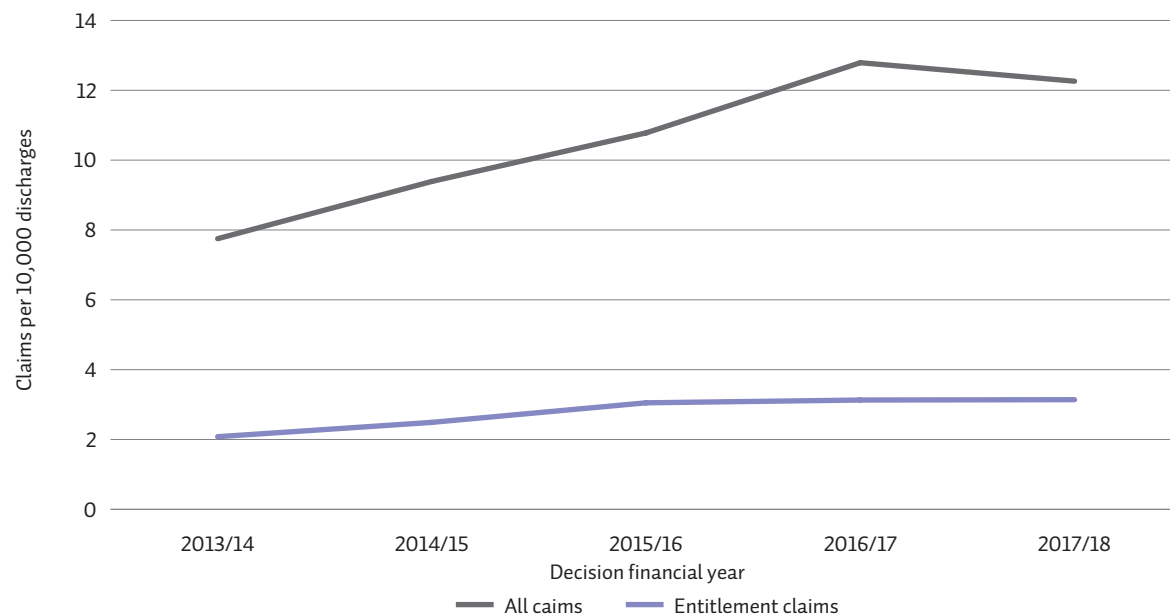
Costs paid in 2017/18 for active claims

Entitlement	\$11,182,744
Serious injury	\$3,768,548
All other	\$779,736



DHB infections following surgery

Accepted claims per 10,000 discharges



Accepted claims in 2017/18 for infections following surgery

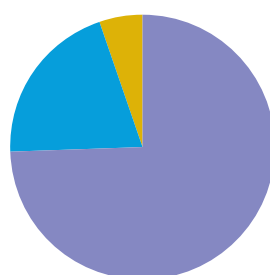
1,416

Active claims in 2017/18 for infections following surgery

2,302

Costs paid in 2017/18 for active claims

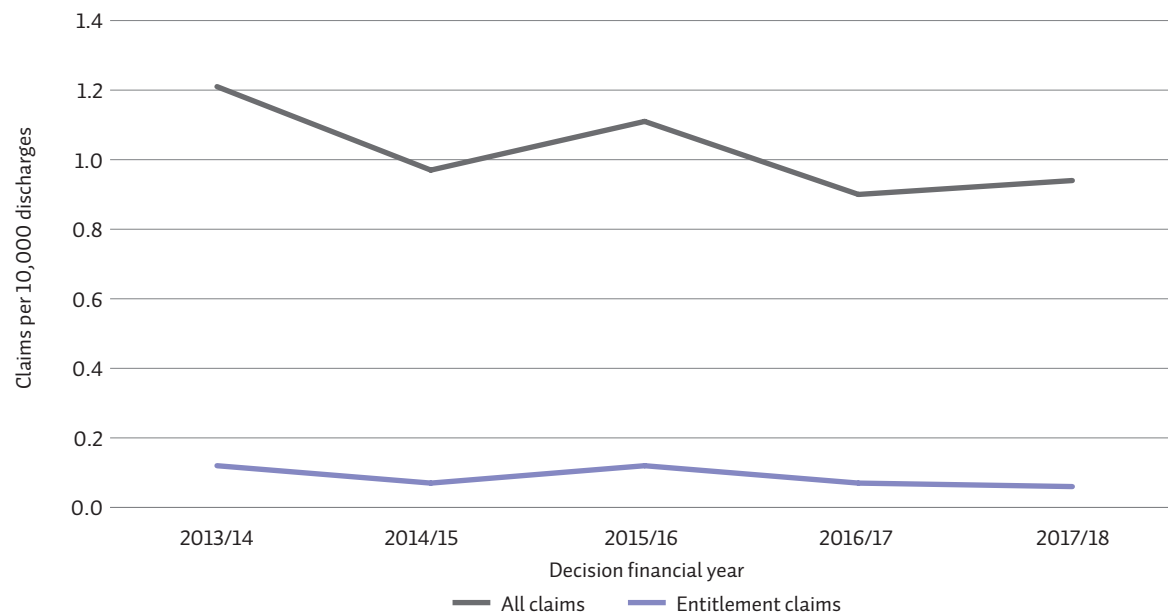
Entitlement	\$10,337,387
Serious injury	\$2,787,316
All other	\$727,799



Total \$13,852,502

DHB line infections (peripheral and central)

Accepted claims per 10,000 discharges



Accepted claims in 2017/18 for line infections (peripheral and central)

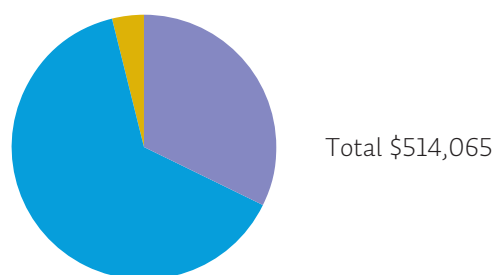
109

Active claims in 2017/18 for line infections (peripheral and central)

125

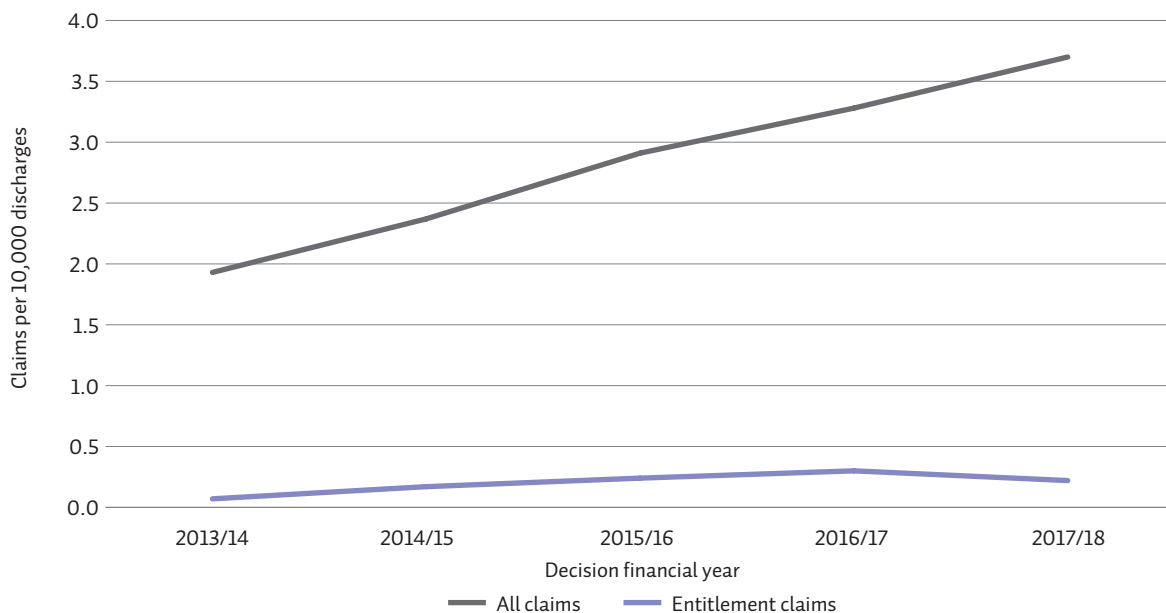
Costs paid in 2017/18 for active claims

Entitlement	\$166,870
Serious injury	\$328,614
All other	\$18,581



DHB pressure injuries

Accepted claims per 10,000 discharges



Accepted claims in 2017/18 for pressure injuries

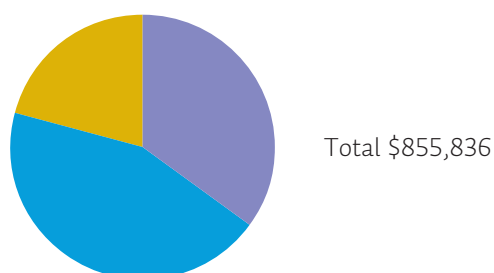
427

Active claims in 2017/18 for pressure injuries

505

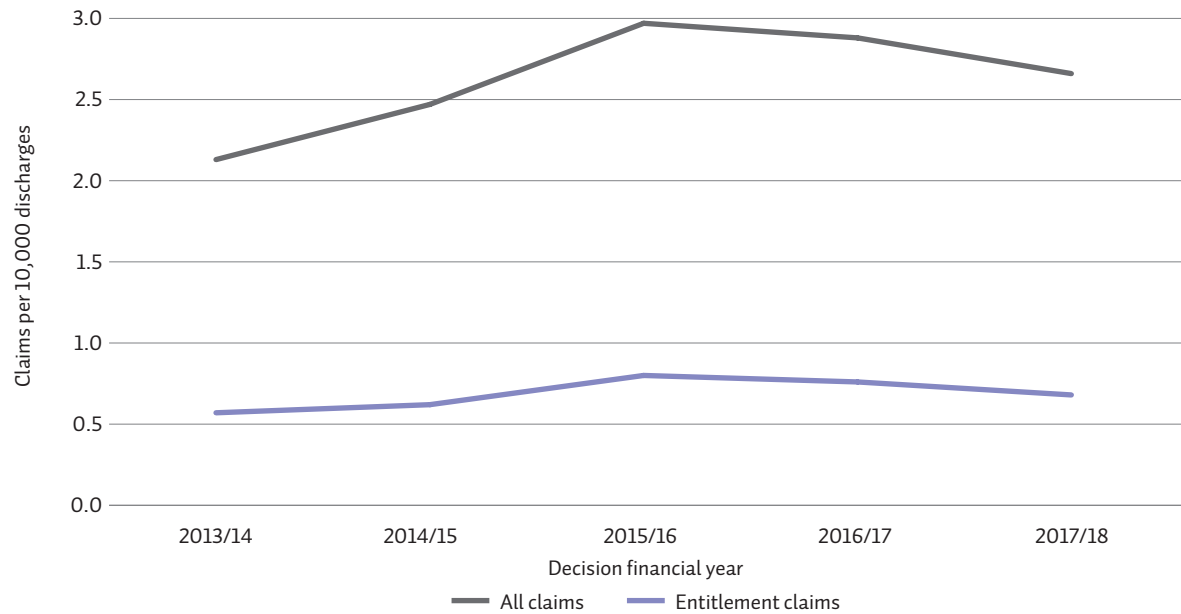
Costs paid in 2017/18 for active claims

Entitlement	\$300,415
Serious injury	\$377,378
All other	\$178,044



DHB medication adverse reactions

Accepted claims per 10,000 discharges



Accepted claims in 2017/18 for medication adverse reactions

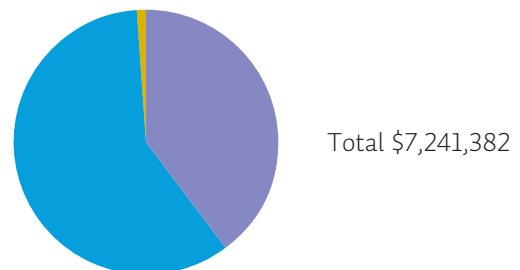
307

Active claims in 2017/18 for medication adverse reactions

587

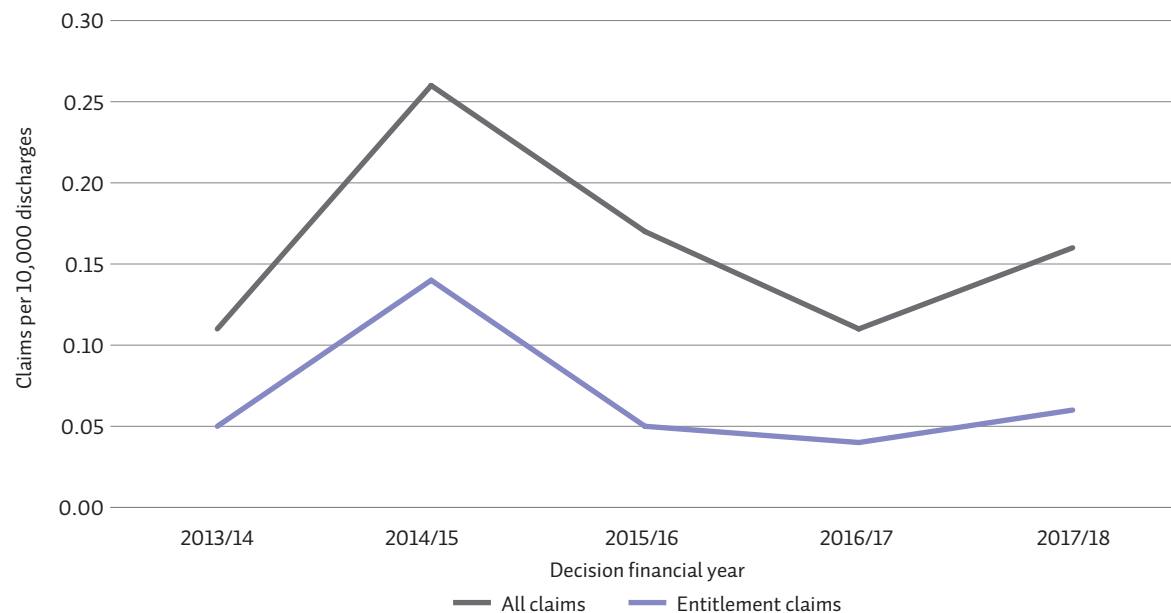
Costs paid in 2017/18 for active claims

Entitlement	\$2,895,574
Serious injury	\$4,284,044
All other	\$61,765



DHB medication errors (prescribing and dispensing)

Accepted claims per 10,000 discharges



Accepted claims in 2017/18 for medication errors (prescribing and dispensing)

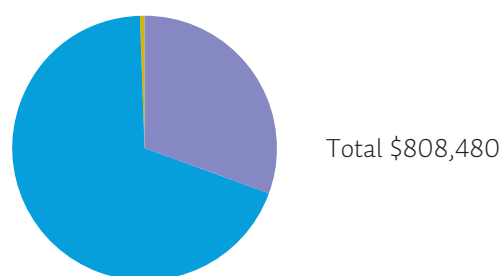
18

Active claims in 2017/18 for medication errors (prescribing and dispensing)

36

Costs paid in 2017/18 for active claims

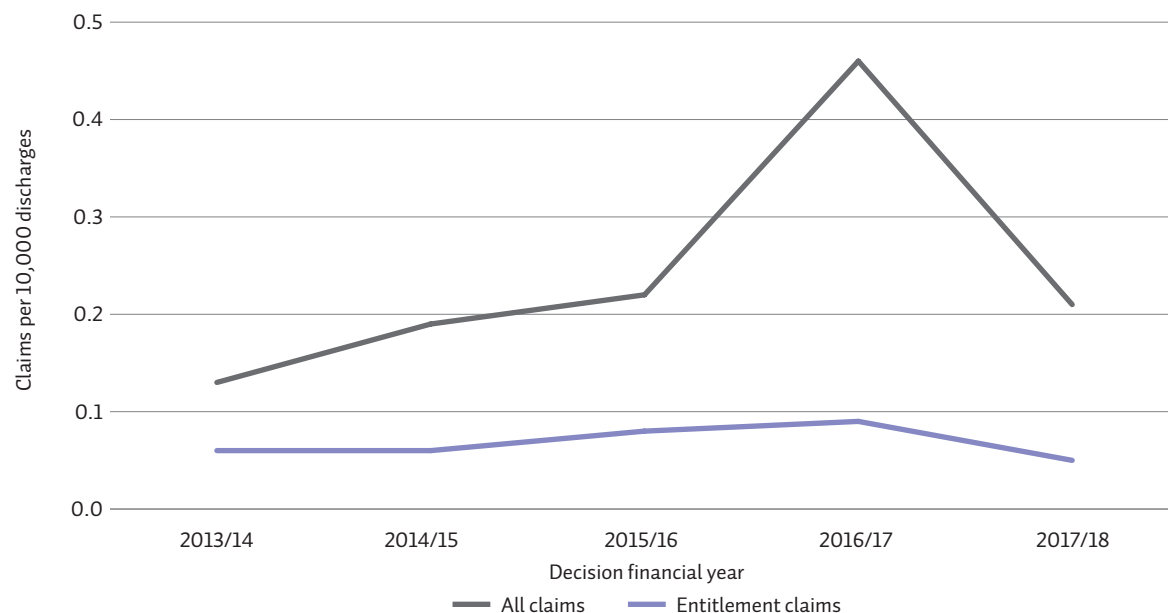
Entitlement	\$248,906
Serious injury	\$556,887
All other	\$2,688



DHB pulmonary embolism (PE)

The absence of PE and DVT are indicators of surgical safety. Due to the numbers of accepted treatment injury claims being small for these injury types, they are only reported at the national level.

Accepted claims per 10,000 discharges



Accepted claims in 2017/18 for pulmonary embolism

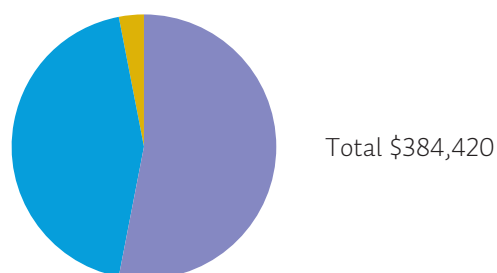
24

Active claims in 2017/18 for pulmonary embolism

63

Costs paid in 2017/18 for active claims

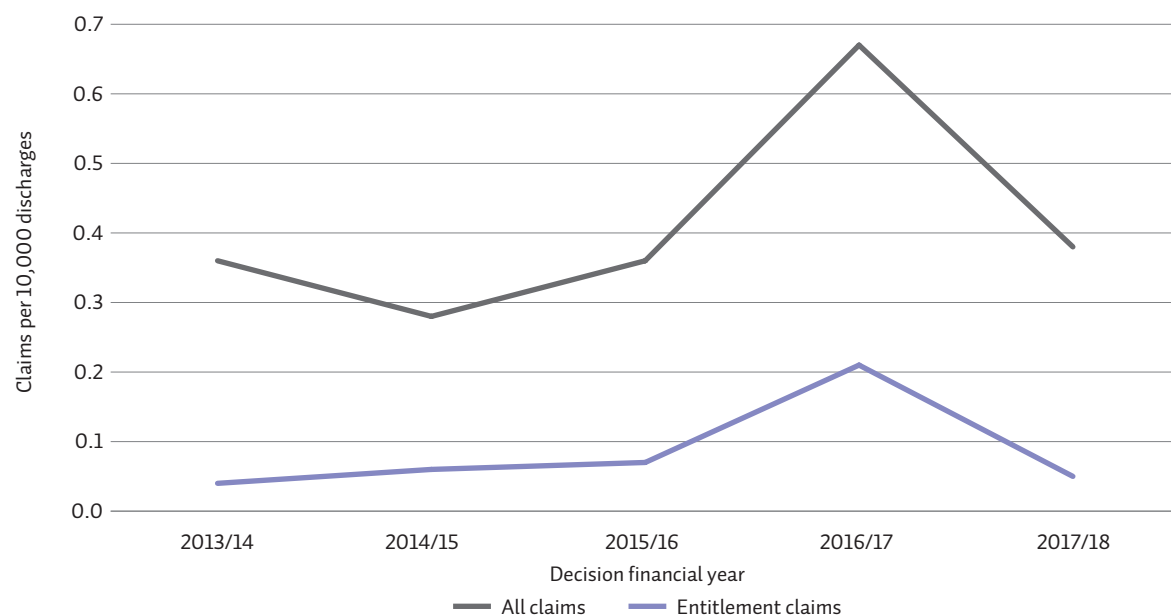
Entitlement	\$204,849
Serious injury	\$168,111
All other	\$11,460



DHB deep vein thrombosis (DVT)

The absence of PE and DVT are indicators of surgical safety. Due to the numbers of accepted treatment injury claims being small for these injury types, they are only reported at the national level.

Accepted claims per 10,000 discharges



Accepted claims in 2017/18 for deep vein thrombosis

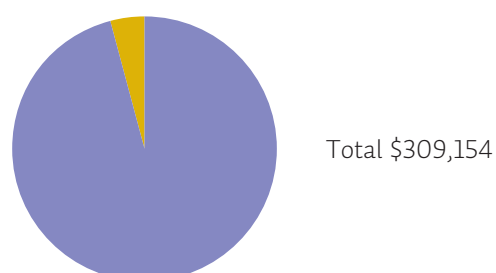
44

Active claims in 2017/18 for deep vein thrombosis

84

Costs paid in 2017/18 for active claims

Entitlement	\$296,426
Serious injury	\$0
All other	\$12,728

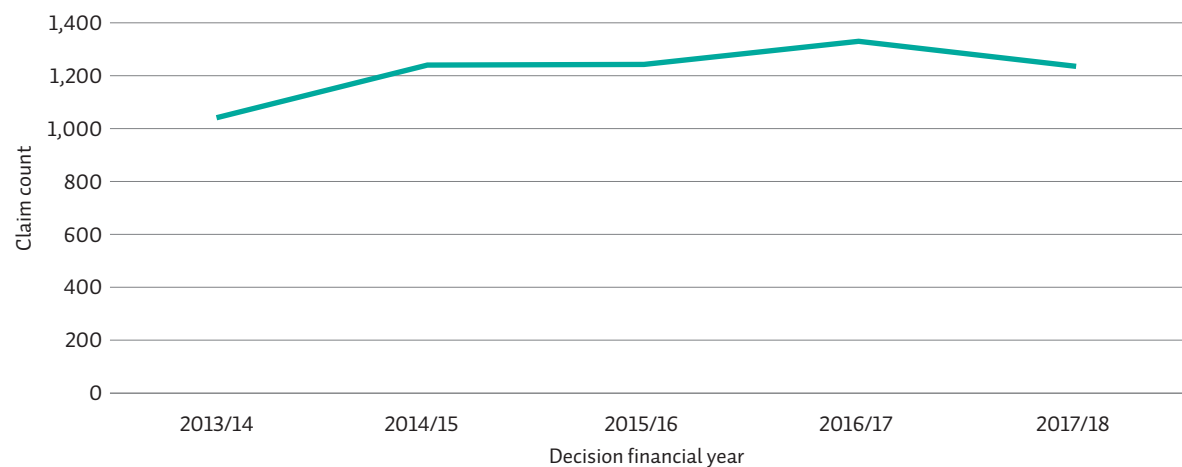


Treatment injuries in NZPSHA hospitals

In 2017/18, about 180,000 people were discharged after treatment at NZPSHA hospitals, and 1,236 treatment injury claims due to treatment by NZPSHA hospitals were accepted. Overall, 0.69% of discharges from an NZPSHA hospital resulted in an accepted treatment injury claim (that is 69 accepted treatment injury claims per 10,000 discharges).

The five-year claim rate per 10,000 discharges is not able to be presented due to a change from procedure numbers to discharge numbers provided by NZPSHA. Numbers of accepted claims are shown.

Accepted claims for NZPSHA hospitals



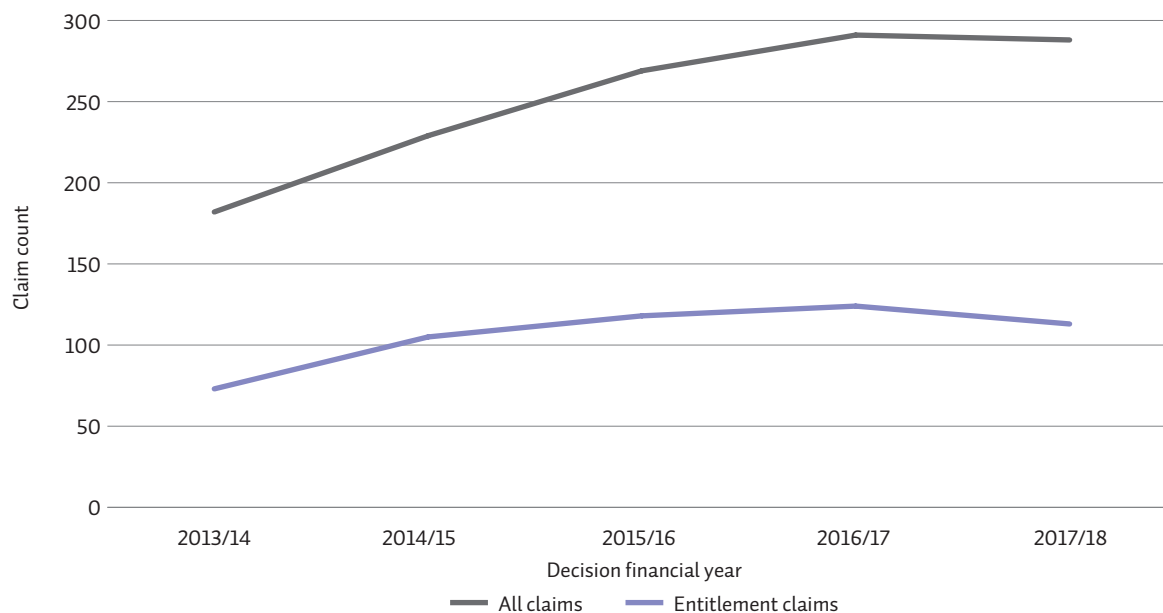
Note: This data is the claim count of treatment injury claims resulting from treatment in NZPSHA hospitals. The name of the facility is provided to ACC by the registered health professional lodging the claim.

NZPSHA claims by decision financial year

		Decision financial year				
		2013/14	2014/15	2015/16	2016/17	2017/18
Accept	Number	1,043	1,239	1,243	1,333	1,236
	%	77	76	76	75	72
Decline	Number	310	382	388	441	482
	%	23	24	24	25	28
Total Decided Claims	Number	1,353	1,621	1,631	1,774	1,718
Entitlement Claims	Number	632	774	764	749	689

NZPSHA infections of all types

Accepted claims



Accepted claims in 2017/18 for infections of all types

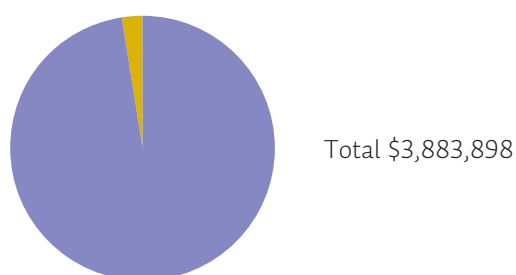
288

Active claims in 2017/18 for infections of all types

520

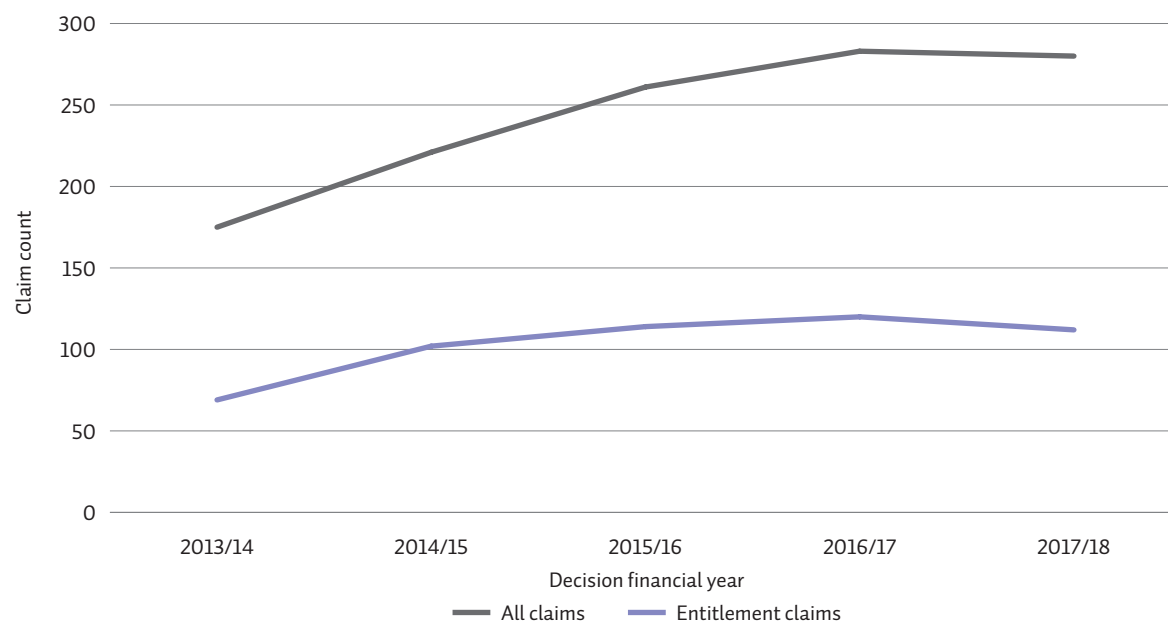
Costs paid in 2017/18 for all active claims

Entitlement	\$3,791,466
Serious injury	\$0
All other	\$92,432



NZPSHA infections following surgery

Accepted claims



Accepted claims in 2017/18 for infections following surgery

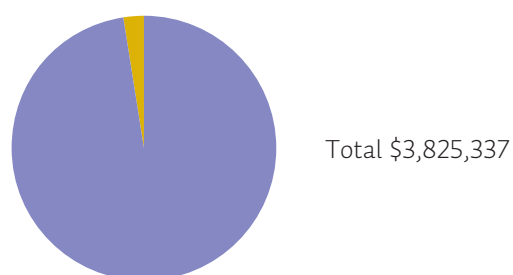
280

Active claims in 2017/18 for infections following surgery

506

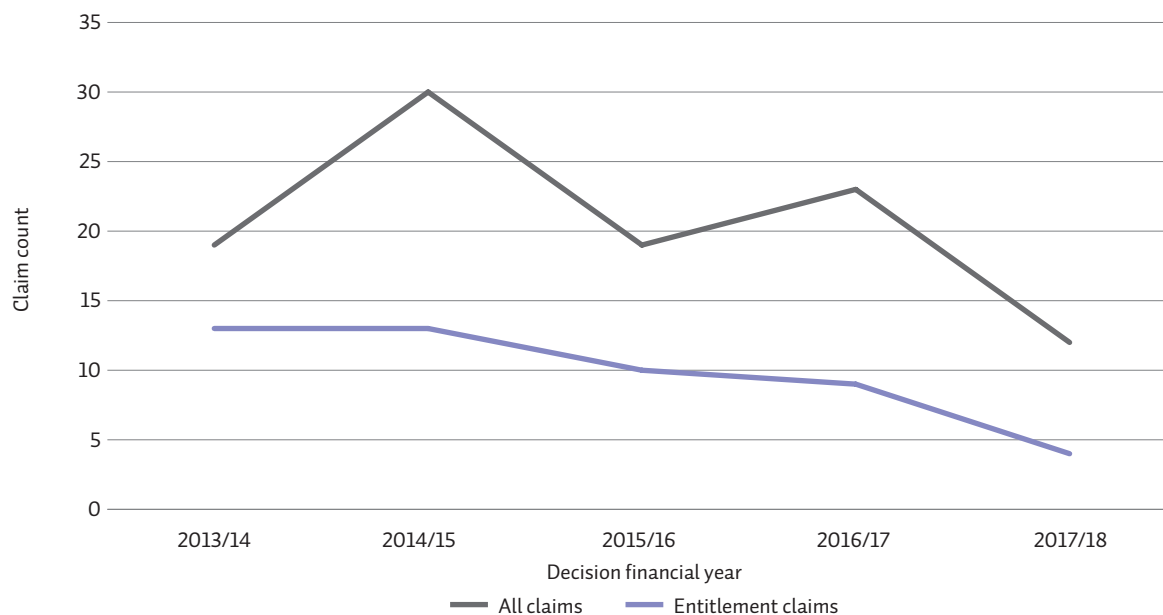
Costs paid in 2017/18 for all active claims

Entitlement	\$3,736,577
Serious injury	\$0
All other	\$88,760



NZPSHA medication adverse reactions

Accepted claims



Accepted claims in 2017/18 for medication adverse reactions

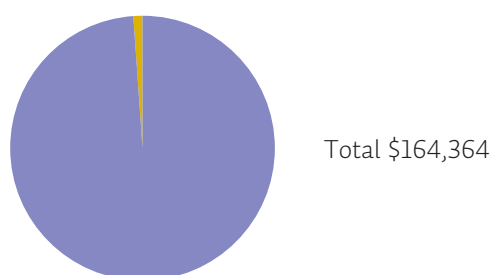
12

Active claims in 2017/18 for medication adverse reactions

26

Costs paid in 2017/18 for all active claims

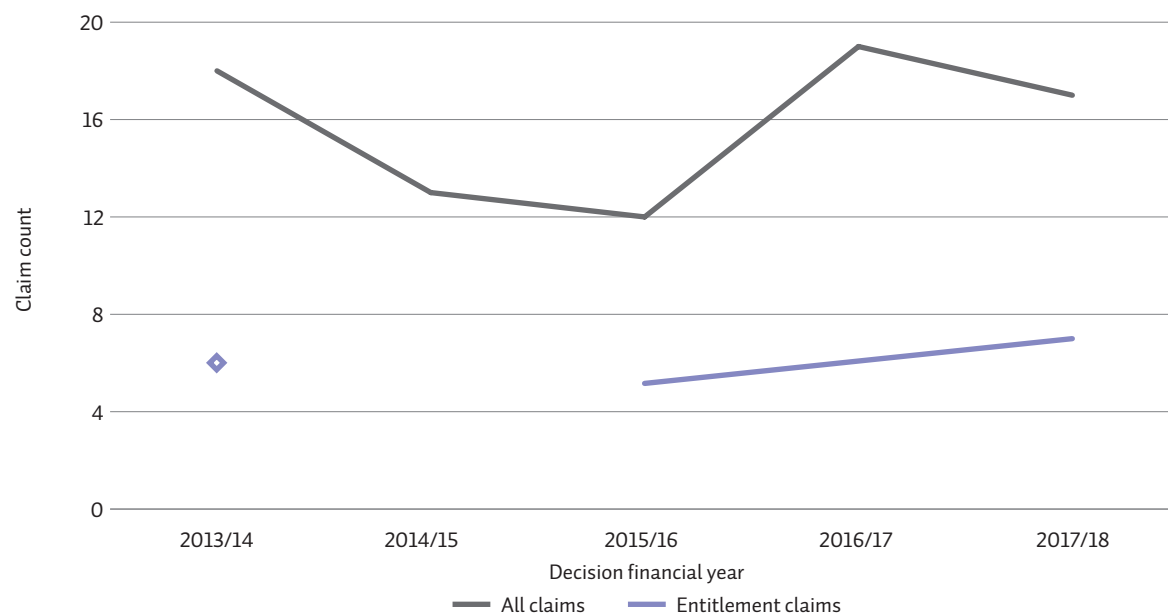
Entitlement	\$162,567
Serious injury	\$0
All other	\$1,797



NZPSHA deep vein thrombosis (DVT)

The absence of PE and DVT are indicators of surgical safety. Due to the numbers of accepted treatment injury claims being small for these injury types, they are only reported at the national level.

Accepted claims



Accepted claims in 2017/18 for deep vein thrombosis

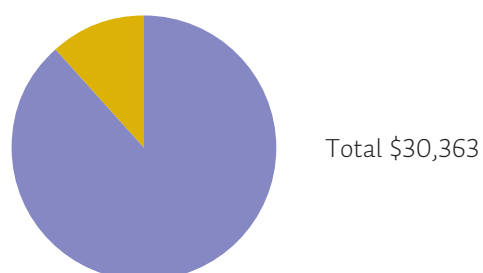
17

Active claims in 2017/18 for deep vein thrombosis

23

Costs paid in 2017/18 for all active claims

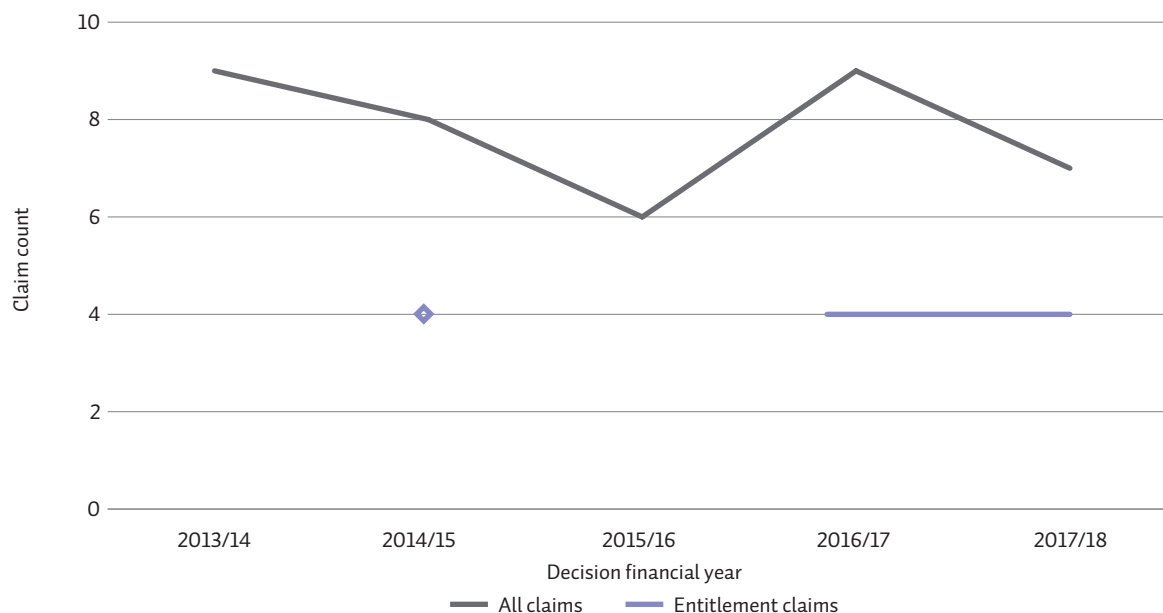
Entitlement	\$26,853
Serious injury	\$0
All other	\$3,510



NZPSHA pulmonary embolism (PE)

The absence of PE and DVT are indicators of surgical safety. Due to the numbers of accepted treatment injury claims being small for these injury types, they are only reported at the national level.

Accepted claims



Accepted claims in 2017/18 for pulmonary embolism

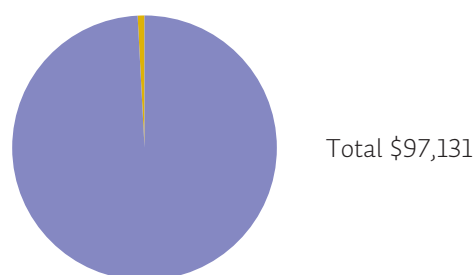
7

Active claims in 2017/18 for pulmonary embolism

15

Costs paid in 2017/18 for all active claims

Entitlement	\$96,445
Serious injury	\$0
All other	\$685

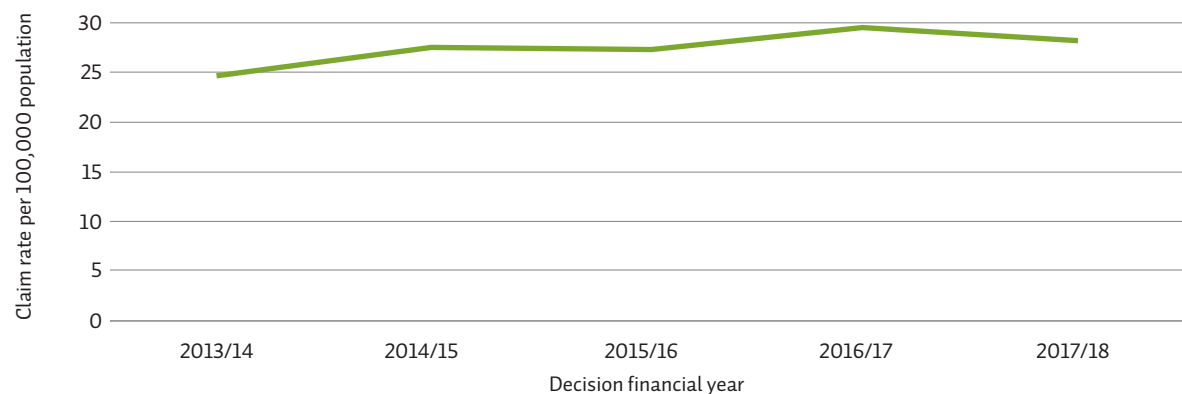


Treatment injuries in general practice settings

General practice plays a central role in the delivery of health care to the New Zealand community. A wide range of services are provided in general practice settings including diagnosis and treatment, health education, counselling, disease prevention and screening. The information in this publication covers health care provided in the community. This is usually from a general practitioner (GP), but also includes practice nurses and other health professionals working within a general practice setting.

In 2017/18, 1,384 treatment injury claims were accepted for people injured by treatment in a general practice setting. This equates to 28.3 accepted treatment injury claims per 100,000 population. Overall, 0.03% of the New Zealand population received treatment injuries while being treated in general practice settings. This proportion has increased slightly since 2013/14.

Accepted treatment injury claims per 100,000 population for general practice settings, by decision financial year



Note: This data includes treatment injury claims resulting from treatment in general practice settings and is standardised by the national population.

General practice settings treatment injury claims by decision financial year

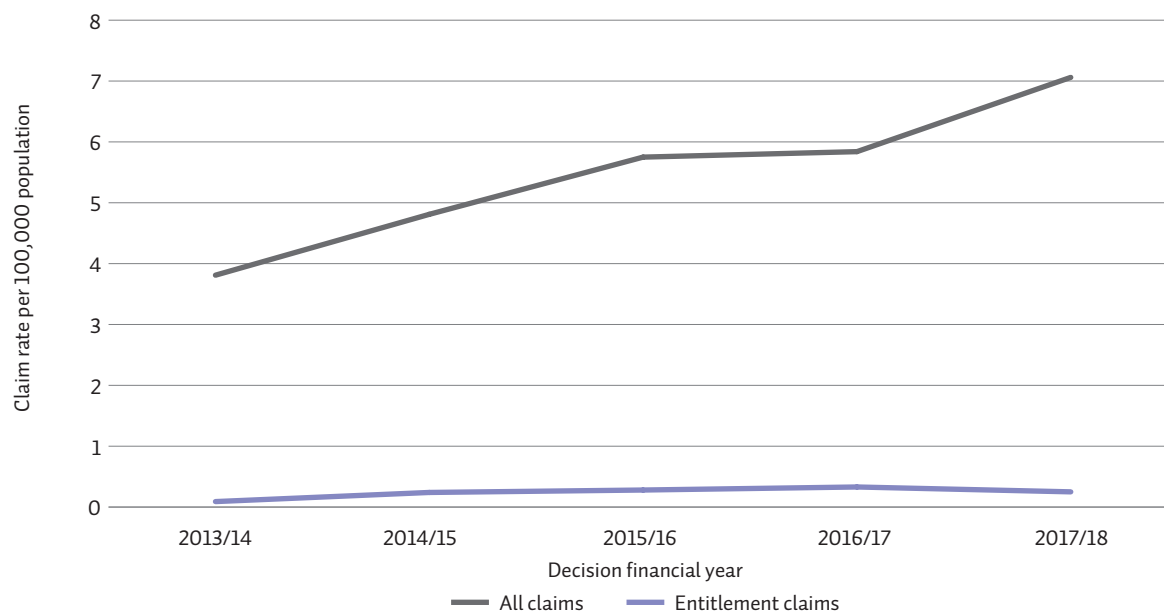
		Decision financial year				
		2013/14	2014/15	2015/16	2016/17	2017/18
Accept	Number	1,105	1,264	1,284	1,419	1,384
	%	68	68	69	70	69
Decline	Number	518	593	577	616	619
	%	32	32	31	30	31
Total Decided Claims	Number	1,623	1,857	1,861	2,035	2,003
Entitlement Claims	Number	99	130	147	138	132

The rate of accepted claims and the costs are shown for three injury types. Medication adverse reactions and infections following a minor procedure account for the majority of treatment injuries occurring in general practice settings. By contrast, treatment omissions causing injury are fewer in number, but can have a greater impact on people and their families/whānau. This is reflected in higher costs for these injuries.

Infection in general practice settings following a minor procedure

This injury type includes infections following minor procedures carried out in general practice settings, such as removal of skin lesions, cryotherapy, and biopsies.

Accepted claims per 100,000 population



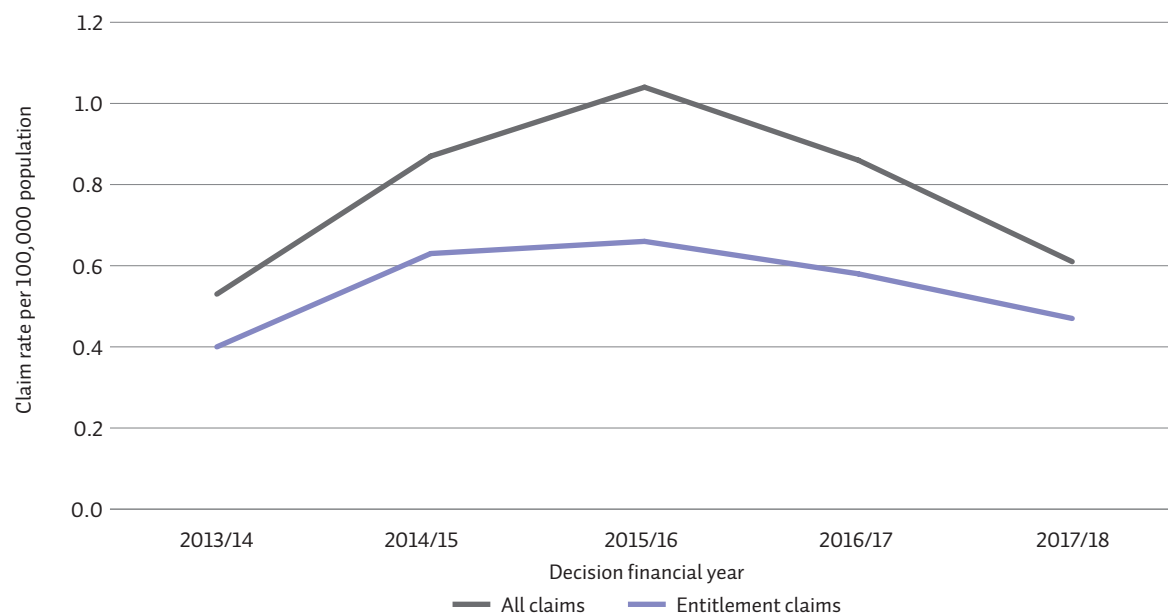
Infection claims by financial year

	Financial year				
	2013/14	2014/15	2015/16	2016/17	2017/18
Accepted claims	172	221	270	280	345
Active claims	192	243	311	322	403
Cost of Active claims	\$63,330	\$140,496	\$168,600	\$332,225	\$197,524
Cost per Active claim	\$330	\$578	\$542	\$1,032	\$490

Treatment omissions in general practice settings

These omissions refer to failure to provide treatment or failure to provide treatment in a timely manner. The failure may be at the time of investigation, diagnosis or treatment, including medication errors.

Accepted claims per 100,000 population



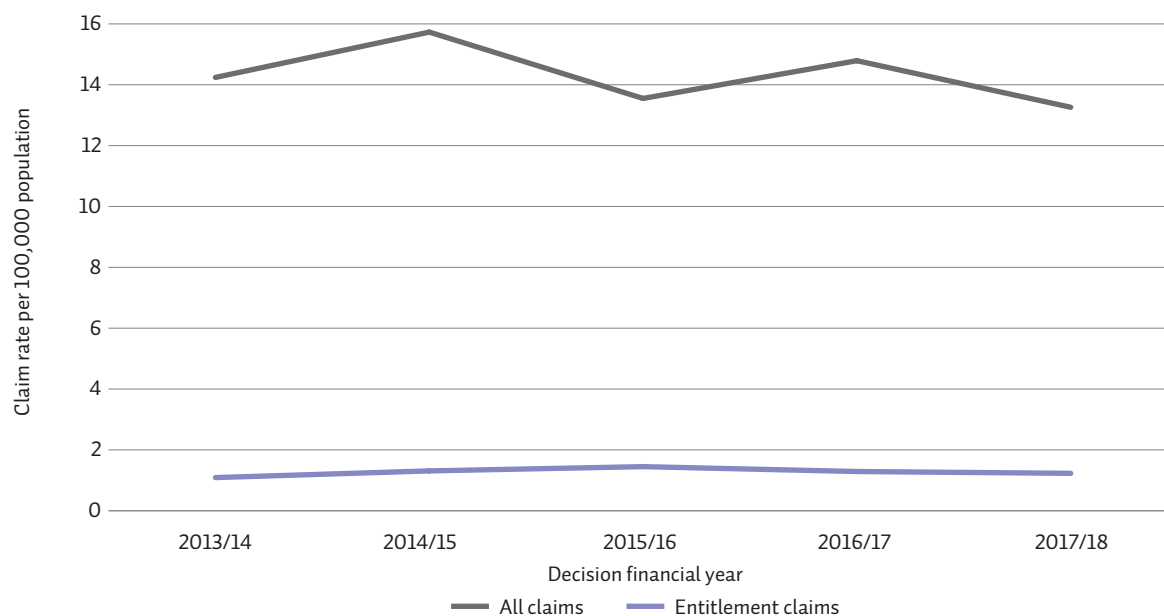
Treatment omission claims by financial year

	Financial year				
	2013/14	2014/15	2015/16	2016/17	2017/18
Accepted claims	24	40	49	41	30
Active claims	93	120	130	129	129
Cost of Active claims	\$3,558,719	\$3,558,719	\$5,365,719	\$3,788,245	\$5,074,883
Cost per Active claim	\$34,343	\$29,650	\$41,275	\$29,366	\$39,340

Medication adverse reaction in a general practice setting

These are adverse reactions to medications such as antibiotics and pain relievers.

Accepted claims per 100,000 population



Medication adverse reaction claims by financial year

	Financial year				
	2013/14	2014/15	2015/16	2016/17	2017/18
Accepted claims	642	723	636	709	648
Active claims	782	821	781	854	806
Cost of Active claims	\$2,461,575	\$3,069,578	\$3,638,014	\$4,252,949	\$4,754,085
Cost per Active claim	\$3,148	\$3,739	\$4,658	\$4,980	\$5,898



Treatment Injury dashboards

This section contains Treatment Injury dashboards for public hospitals, NZPSHA and general practice settings. The injury types for each setting were selected because of the significant impact on the person, or because the injuries are amenable to prevention strategies or are indicators of safer care.

Further injury types may be added in the future.

These dashboards provide a comparison across time for each setting. The main purpose of tracking the number of treatment injuries over time is to encourage improvement within each setting. Each accepted claim represents a person who was inadvertently harmed while being treated. The numbers and rates are indicators of how that person was injured while being treated.

The information in this section is useful because it:

- aims to inform and guide collective efforts to reduce patient harm
- recognises that treatment injury information is one measure of patient safety that can add to other measures across the health sector
- provides evidence to inform approaches to reduce patient harm
- enables ACC to co-design prevention initiatives with clinicians, managers, institutions, consumers of health care and health agencies to improve patient and treatment safety.

What each dashboard contains

The information outlined in each dashboard only includes treatment injury claims resulting from treatment in that setting (eg hospital or general practice setting).

The registered health professional who lodged the claim identified the setting where the treatment that caused the injury was delivered.

As a matter of practice, ACC has a policy not to disclose data below a certain value to maintain privacy. Therefore when the number of claims is less than four we will indicate that (<4) and the corresponding rate will be withheld (-).

Information is outlined for three types of health care settings

- District Health Boards – each DHB has an individual dashboard
- New Zealand Private Surgical Hospitals Association members – a single dashboard for the NZPSHA combined national totals
- General Practice settings – a single dashboard for combined national totals.

Direct comparisons between hospitals are not meaningful due to different case-mix and context.

The types of treatment injuries seen in hospital settings differ from those in general practice settings.

Information included in the dashboards for DHBs, NZPSHA members and General Practice settings

Information included	How information is shown	Comments
Rate of accepted claims per 10,000 discharges from the DHB over the last five years	A chart that also includes the rate for all DHBs	Data is standardised by the number of DHB discharges because it includes only treatment injury claims resulting from treatment in DHB facilities (public hospitals). Discharge numbers provided by the MoH from the NMDS.
Number of accepted claims from NZPSHA members	A chart that shows number of treatment injuries over time	The five year claim rate per 10,000 discharges can only be presented for one year due to the lack of historical data.
Rate of accepted claims per 100,000 population over the last five years	A chart that shows rate of treatment injuries over time	Data is standardised by the national population.
Total costs paid for all active accepted treatment injury claims that arose (from treatment in the relevant setting during 2017/18)	A chart to identify costs paid for serious injury, entitlement and all other claims	Entitlement claims have ongoing costs above the initial medical treatment. Serious injury claims are a subset of entitlement claims.

Information included	How information is shown	Comments
Proportion of treatment injury claims that were accepted and declined (from treatment in the relevant facility during 2017/18)	A chart showing the proportion of accepted and declined claims	We have developed a Lodgement Guide to assist clinicians to understand treatment injury and clarify the acceptance criteria for claims. (www.acc.co.nz/lodgementguide)
Number of accepted treatment injury claims and rates per 10,000 discharges for six types of injuries	Shown as six injury types for hospitals: <ul style="list-style-type: none"> • infections of all types • infections following surgery • line infections • pressure injuries • medication adverse reactions • medication errors 	These six types: <ul style="list-style-type: none"> • have significant impact on the person and their families/whānau • are injuries identified internationally as amenable to prevention strategies • are injuries that may be indicators of safer care. Over time, we will increase the number of categories monitored. We will use this information to support more prevention approaches.
Number of accepted treatment injury claims and rates per 100,000 population for three types of injuries	Shown as three injury types for general practice settings: <ul style="list-style-type: none"> • infections following minor procedures • treatment omissions • medication adverse reactions 	These three types: <ul style="list-style-type: none"> • have significant impact on the person and their families/whānau • are injuries identified internationally as amenable to prevention strategies • are injuries that may be indicators of safer care. Over time we will increase the number of categories monitored. We will use this information to support more prevention approaches.

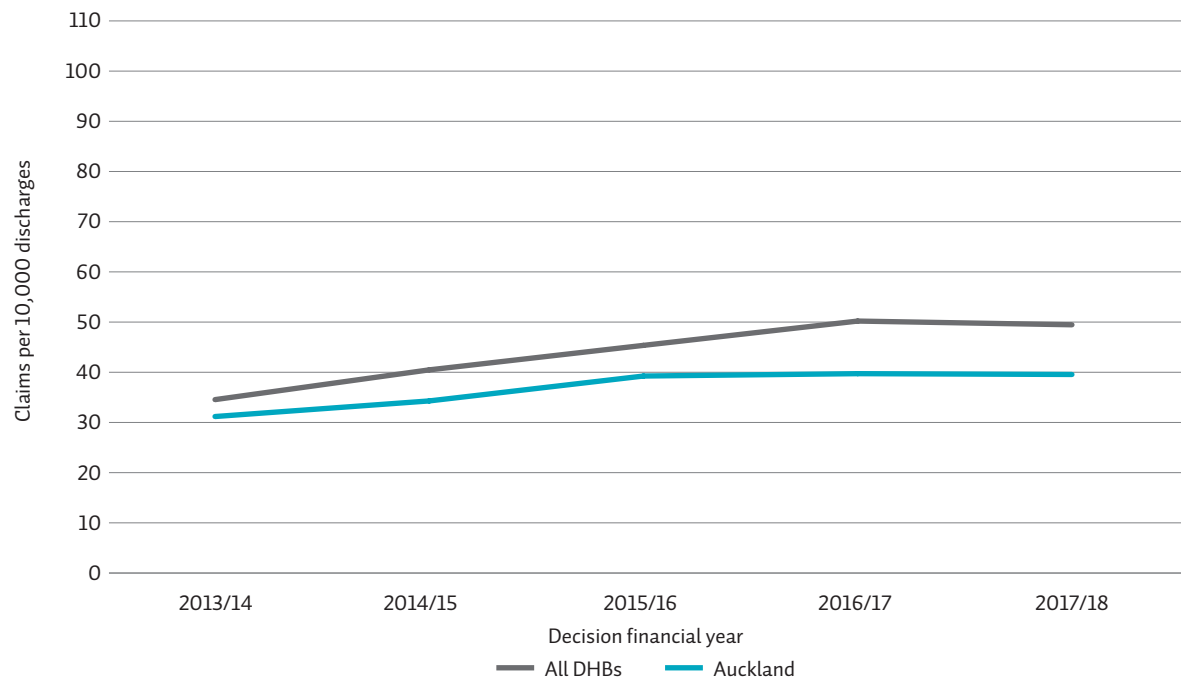
Each DHB and the NZPSHA also provided background information to include in the dashboard. This provides context about the numbers and costs of accepted treatment injury claims within each type of setting, including:

- population served, and an outline of key features of the population
- facilities or hospitals within each DHB
- locations and names of all the NZPSHA member facilities.

Auckland DHB

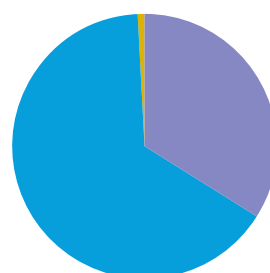
People	Accepted claims 2017/18	Active claims 2017/18
536,800	563	1,180
Demographics	Major facilities	
<ul style="list-style-type: none"> Auckland's population tends to be younger than the national average. Auckland has fewer Māori and more Pacific people than the national average. Auckland's deprivation levels are lower than the national average. 	<ul style="list-style-type: none"> Auckland City Hospital is New Zealand's largest public hospital and the largest clinical research facility. Greenlane Clinical Centre. Starship Children's Hospital is a dedicated paediatric health care service and major teaching centre. It provides family-centred care to children and young people throughout New Zealand and the South Pacific. 	

Rate per 10,000 discharges for accepted claims



Costs paid in 2017/18 for all active claims

Entitlement	\$7,496,216
Serious injury	\$14,371,481
All other	\$165,186

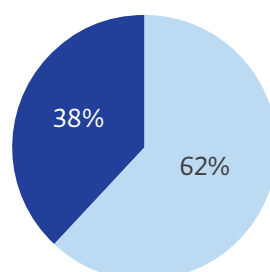


Total \$22,032,884

Accepted and declined claims for 2017/18

Claims declined Claims accepted

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



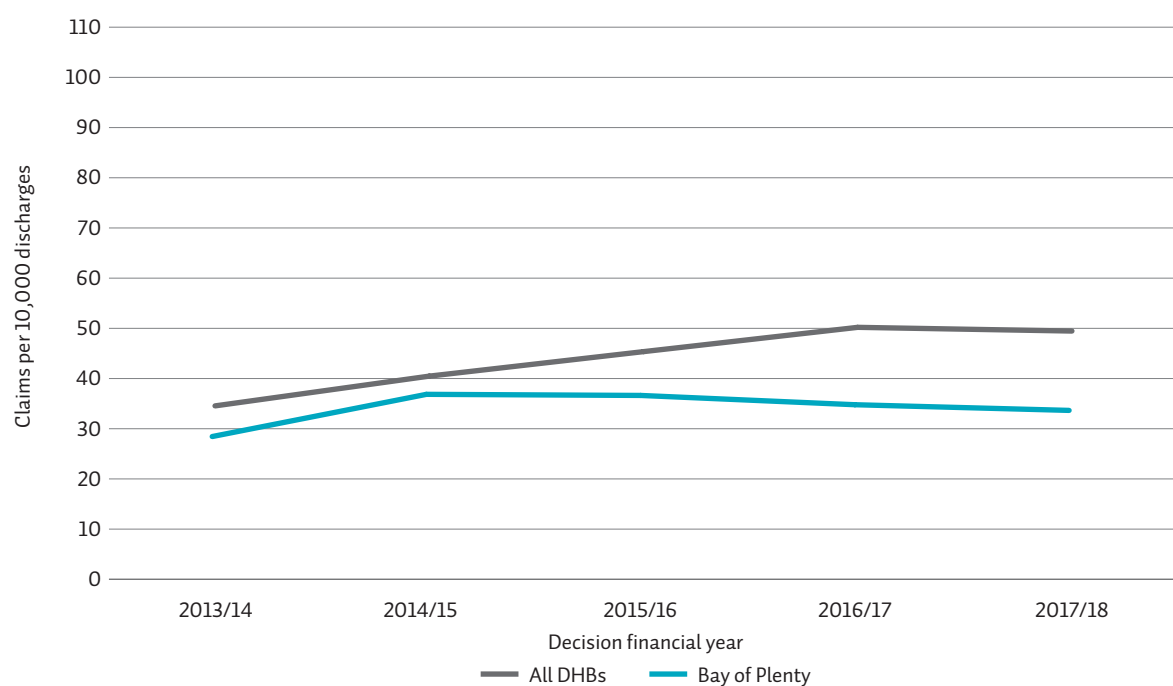
Numbers of accepted claims and rates per 10,000 discharges

		Decision financial year				
		2013/14	2014/15	2015/16	2016/17	2017/18
Infections of all types	Rate	5.82	7.78	8.02	6.88	8.99
	Number	78	105	112	98	128
Infections following surgery	Rate	4.33	5.78	6.66	5.76	7.52
	Number	58	78	93	82	107
Line infections	Rate	0.9	0.96	0.86	0.63	0.77
	Number	12	13	12	9	11
Pressure injuries	Rate	0.82	1.93	1.15	2.39	2.60
	Number	11	26	16	34	37
Medication errors	Rate	–	–	–	–	–
	Number	<4	<4	<4	<4	<4
Medication adverse reactions	Rate	2.91	2.67	3.65	3.02	3.02
	Number	39	36	51	43	43

Bay of Plenty DHB

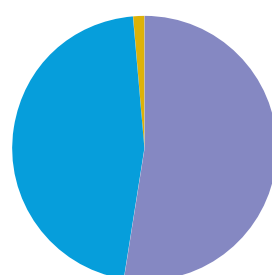
People	Accepted claims 2017/18	Active claims 2017/18
237,000	206	448
Demographics	Major facilities	
<ul style="list-style-type: none">• Bay of Plenty’s population tends to have more people aged 50 years and above than the national average.• Bay of Plenty has more Māori but fewer Pacific people compared with the national average.• Bay of Plenty’s deprivation levels are higher than the national average.	<ul style="list-style-type: none">• Tauranga Hospital is a secondary hospital that has experienced significant expansion to keep pace with its rapidly growing population.• Whakatāne Hospital is a secondary hospital that serves a rural and coastal population. It is also home to the Project Hope Cancer Centre, which represents a community/DHB collaboration.	

Rate per 10,000 discharges for accepted claims



Costs paid in 2017/18 for all active claims

Entitlement	\$2,964,001
Serious injury	\$2,607,093
All other	\$64,731

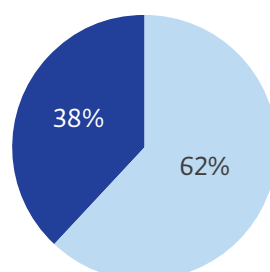


Total \$5,635,824

Accepted and declined claims for 2017/18

Claims declined Claims accepted

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 of accepted claims and rates per 10,000 discharges

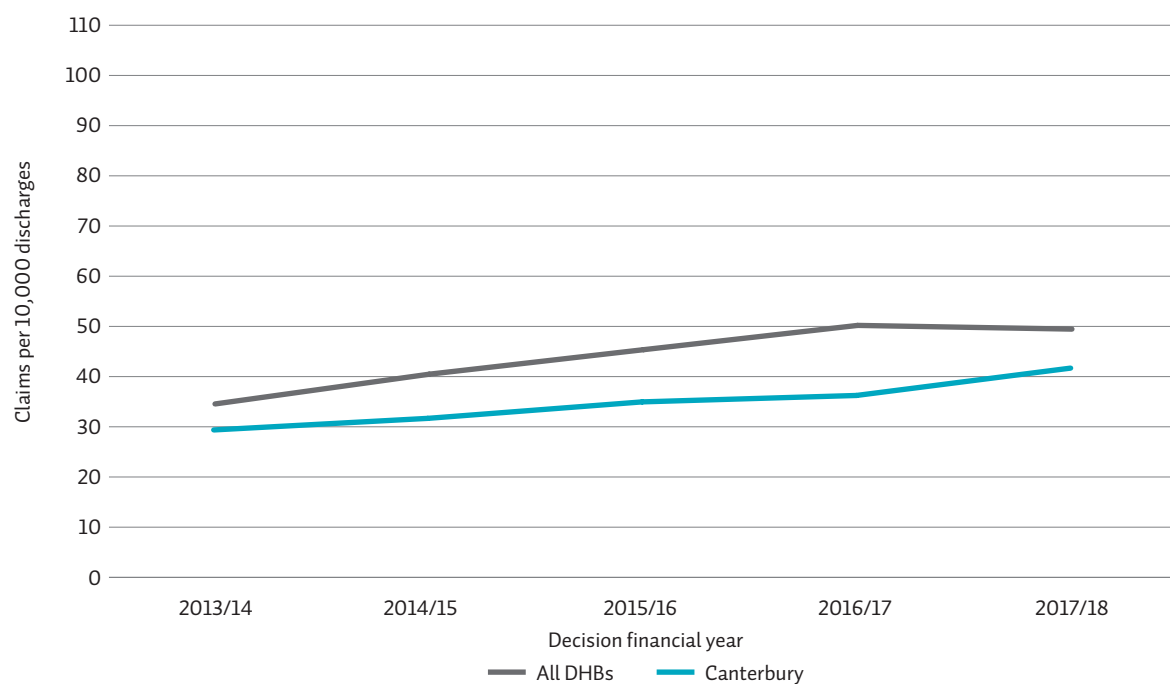
		Decision financial year				
		2013/14	2014/15	2015/16	2016/17	2017/18
Infections of all types	Rate	5.89	7.20	5.41	6.33	5.20
	Number	31	40	31	38	32
Infections following surgery	Rate	5.13	5.40	4.19	5.00	3.90
	Number	27	30	24	30	24
Line infections	Rate	–	1.26	0.70	–	–
	Number	<4	7	4	<4	<4
Pressure injuries	Rate	2.85	1.98	3.84	2.50	1.95
	Number	15	11	22	15	12
Medication errors	Rate	–	–	–	–	–
	Number	<4	<4	<4	<4	<4
Medication adverse reactions	Rate	2.09	3.06	2.79	2.50	1.79
	Number	11	17	16	15	11



Canterbury DHB

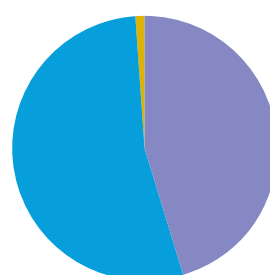
People	Accepted claims 2017/18	Active claims 2017/18
563,200	518	998
Demographics	Major facilities	
<ul style="list-style-type: none"> Canterbury DHB funds and provides health services to people in Canterbury and the Chatham Islands. Canterbury's population tends to be of similar age structure to the national average, with slightly more people aged 40 and over. Canterbury has a fewer Māori and Pacific people, compared with the national average. Canterbury has New Zealand's largest elderly population. Canterbury's deprivation levels are lower than the national average. 	<ul style="list-style-type: none"> Akaroa Hospital. Ashburton Hospital. Burwood Hospital provides orthopaedic services, spinal injury treatment and rehabilitation, and brain injury treatment. Christchurch Hospital. Christchurch Women's Hospital. Hillmorton Hospital. Kaikōura Hospital. Princess Margaret Hospital. Rangiora Health Hub. Chatham Islands Health Centre. 	

Rate per 10,000 discharges for accepted claims



Costs paid in 2017/18 for all active claims

Entitlement	\$5,660,123
Serious injury	\$6,654,962
All other	\$124,275

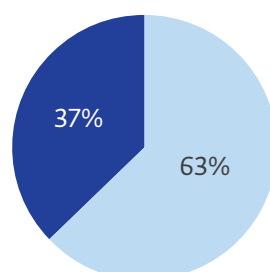


Total \$12,439,361

Accepted and declined claims for 2017/18

Claims declined Claims accepted

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



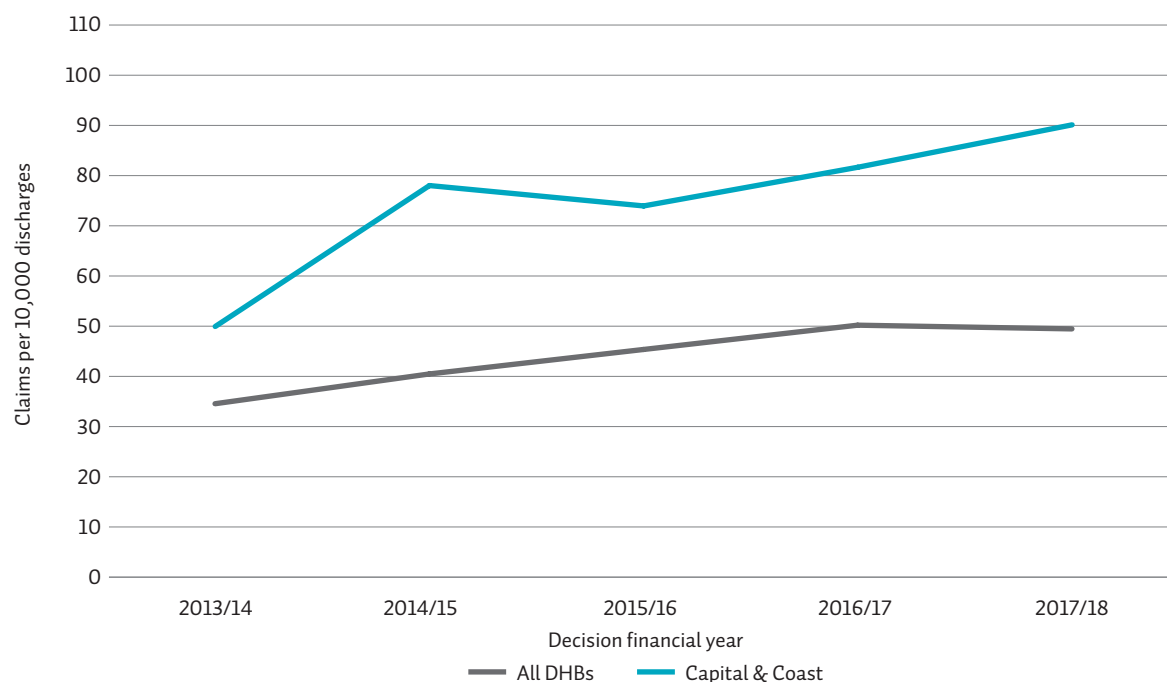
Numbers of accepted claims and rates per 10,000 discharges

		Decision financial year				
		2013/14	2014/15	2015/16	2016/17	2017/18
Infections of all types	Rate	5.81	4.61	4.64	8.67	7.97
	Number	67	54	55	106	99
Infections following surgery	Rate	5.20	3.84	3.54	7.85	7.08
	Number	60	45	42	96	88
Line infections	Rate	0.43	–	0.59	0.57	0.56
	Number	5	<4	7	7	7
Pressure injuries	Rate	2.25	2.48	4.21	4.09	4.19
	Number	26	29	50	50	52
Medication errors	Rate	–	–	–	–	0.32
	Number	<4	<4	<4	<4	4
Medication adverse reactions	Rate	1.91	2.65	3.20	3.11	2.90
	Number	22	31	38	38	36

Capital & Coast DHB

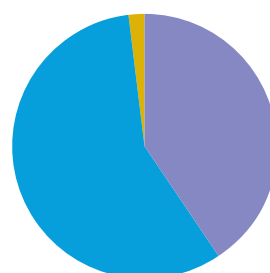
People	Accepted claims 2017/18	Active claims 2017/18
317,500	645	1,028
Demographics	Major facilities	
<ul style="list-style-type: none"> Capital & Coast's population tends to be younger than the national average. Capital & Coast has fewer Māori and slightly more Pacific people than the national average. Capital & Coast's deprivation levels are lower than the national average. 	<ul style="list-style-type: none"> Kāpiti Health Centre in Paraparaumu. Kenepuru Community Hospital in Porirua is a secondary hospital, which also includes an adult and adolescent psychiatric facility. Rātonga-Rua-O-Porirua mental health 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 (with helipad). 	

Rate per 10,000 discharges for accepted claims



Costs paid in 2017/18 for all active claims

Entitlement	\$4,403,141
Serious injury	\$6,201,118
All other	\$188,677

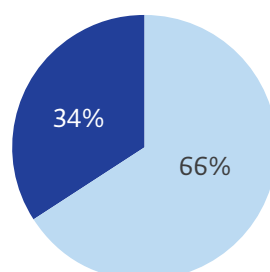


Total \$10,792,936

Accepted and declined claims for 2017/18

Claims declined Claims accepted

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



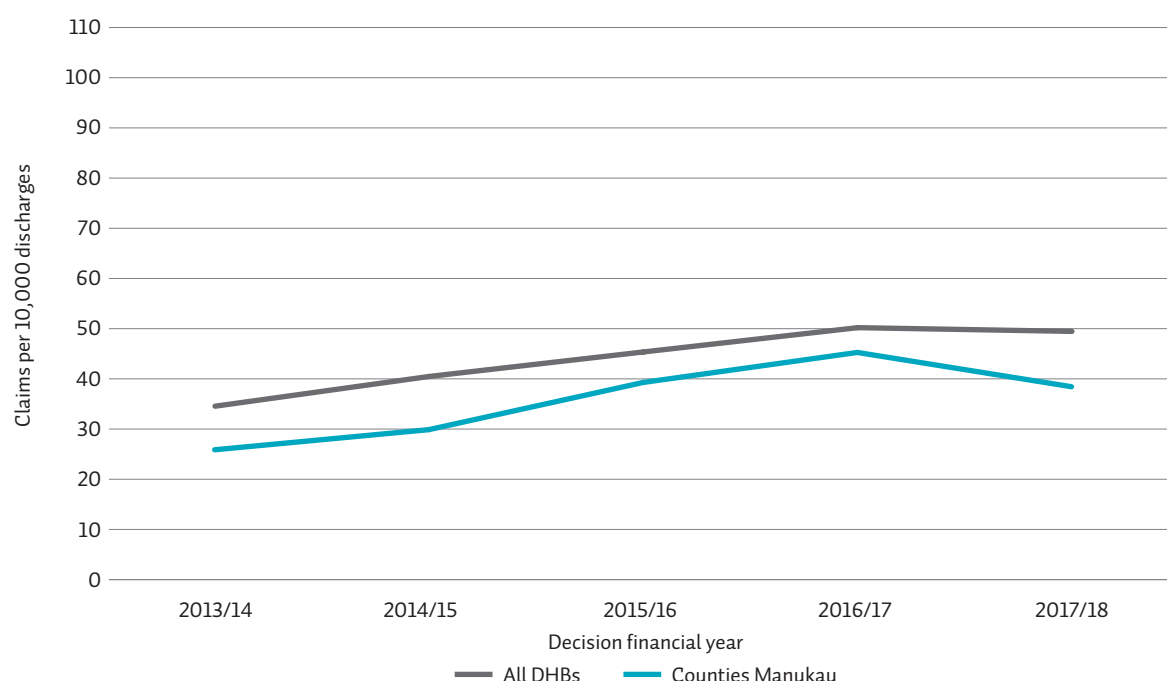
Numbers of accepted claims and rates per 10,000 discharges

		Decision financial year				
		2013/14	2014/15	2015/16	2016/17	2017/18
Infections of all types	Rate	12.22	17.64	19.45	23.93	25.32
	Number	85	124	140	168	181
Infections following surgery	Rate	10.21	15.23	17.23	20.80	21.96
	Number	71	107	124	146	157
Line infections	Rate	1.44	1.71	1.53	1.57	1.68
	Number	10	12	11	11	12
Pressure injuries	Rate	3.45	3.84	5.00	5.41	6.29
	Number	24	27	36	38	45
Medication errors	Rate	–	0.85	–	–	–
	Number	<4	6	<4	<4	<4
Medication adverse reactions	Rate	2.59	4.70	5.97	5.13	5.04
	Number	18	33	43	36	36

Counties Manukau DHB

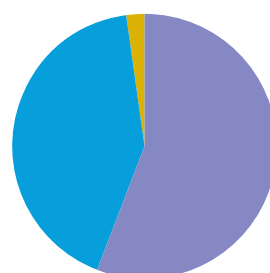
People	Accepted claims 2017/18	Active claims 2017/18
558,200	456	927
Demographics	Major facilities	
<ul style="list-style-type: none"> The population is ethnically diverse. Approximately 16% of the population identifies as Māori, 21% Pacific, 24% Asian, and 38% NZ European and other ethnicities. At the time of the 2013 Census, 36% of the population lived in areas classified as being the most socio-economically deprived in New Zealand (that is, Deprivation Index 9 and 10), including 45% of children aged 14 years and under. This population has high rates of diabetes and obesity. 	<ul style="list-style-type: none"> Franklin Memorial Hospital . Middlemore Hospital is one of the largest tertiary teaching hospitals in New Zealand. Pukekohe Hospital. The DHB services include the national burns unit and supra-regional spinal injury services. It also provides surgery for complex orthopaedic and plastic/reconstructive surgical cases referred from other DHBs. 	

Rate per 10,000 discharges for accepted claims



Costs paid in 2017/18 for all active claims

Entitlement	\$5,492,509
Serious injury	\$4,130,563
All other	\$196,997

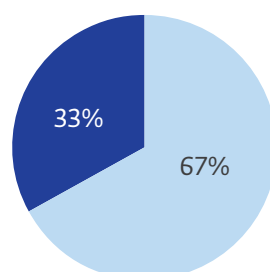


Total \$9,820,069

Accepted and declined claims for 2017/18

Claims declined Claims accepted

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



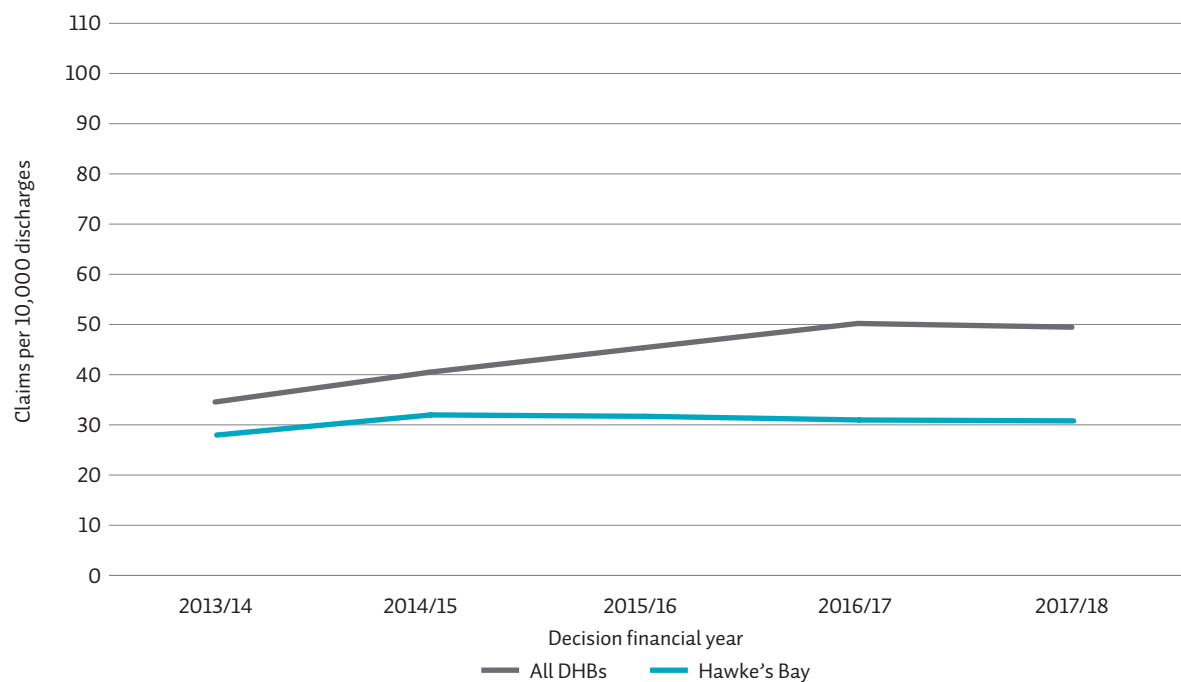
Numbers of accepted claims and rates per 10,000 discharges

		Decision financial year				
		2013/14	2014/15	2015/16	2016/17	2017/18
Infections of all types	Rate	8.16	9.23	13.47	11.49	10.50
	Number	99	113	159	136	125
Infections following surgery	Rate	6.84	7.27	11.69	10.31	9.57
	Number	83	89	138	122	114
Line infections	Rate	0.99	1.55	1.52	0.76	0.76
	Number	12	19	18	9	9
Pressure injuries	Rate	1.15	2.61	2.97	3.46	3.86
	Number	14	32	35	41	46
Medication errors	Rate	–	–	–	0.34	–
	Number	<4	<4	<4	4	<4
Medication adverse reactions	Rate	1.73	1.14	1.86	1.94	1.76
	Number	21	14	22	23	21

Hawke's Bay DHB

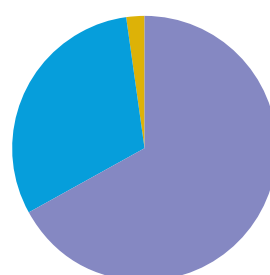
People	Accepted claims 2017/18	Active claims 2017/18
165,800	130	217
Demographics	Major facilities	
<ul style="list-style-type: none">• Most of the population lives in Napier or Hastings, two cities located about 20 kilometres apart. Together, they make up more than 80% of the total population in the Hawke's Bay DHB area.• Hawke's Bay's population tends to be older than the national average.• Hawke's Bay has more Māori but fewer Pacific people than the national average.• Hawke's Bay's deprivation levels are higher than the national average (28% versus 20%).	<ul style="list-style-type: none">• Central Hawke's Bay Health Centre.• Hawke's Bay Fallen Soldiers' Memorial Hospital.• Napier Health.• Wairoa Health.	

Rate per 10,000 discharges for accepted claims



Costs paid in 2017/18 for all active claims

Entitlement	\$1,316,335
Serious injury	\$604,055
All other	\$38,871

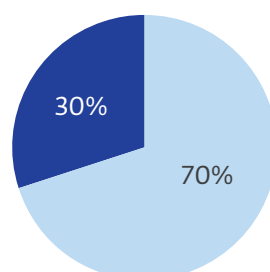


Total \$1,959,261

Accepted and declined claims for 2017/18

Claims declined Claims accepted

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



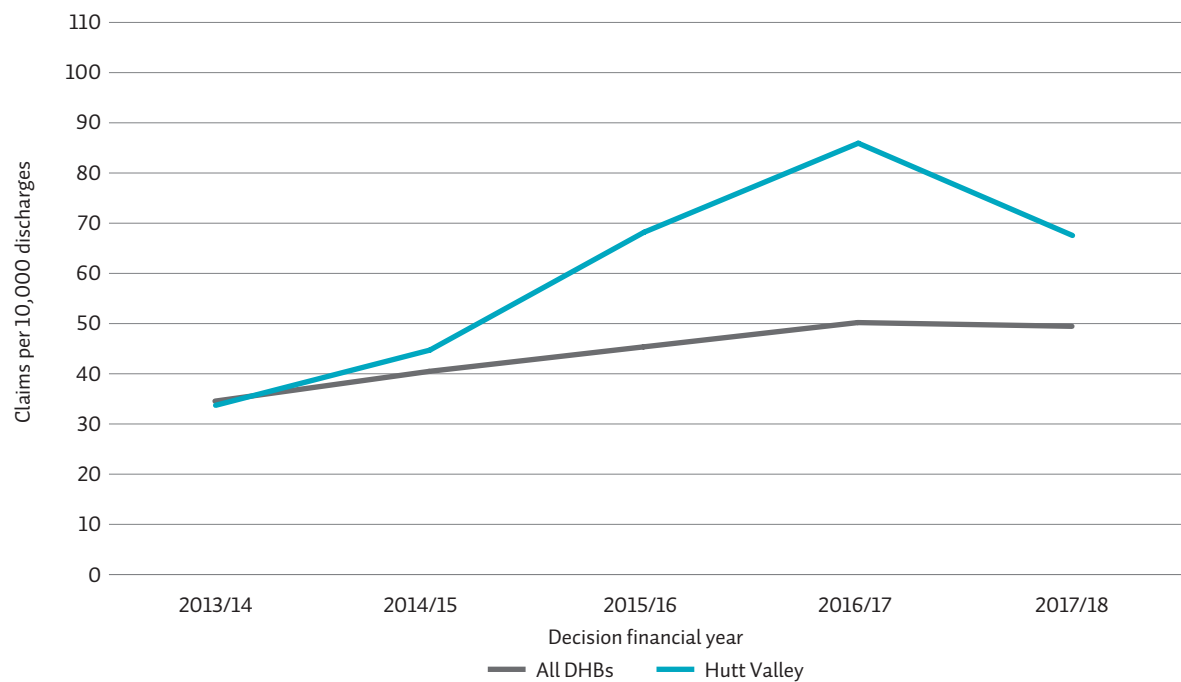
Numbers of accepted claims and rates per 10,000 discharges

		Decision financial year				
		2013/14	2014/15	2015/16	2016/17	2017/18
Infections of all types	Rate	8.88	6.87	6.49	8.71	8.53
	Number	33	26	26	36	36
Infections following surgery	Rate	7.26	5.29	4.99	7.74	7.11
	Number	27	20	20	32	30
Line infections	Rate	–	–	1	–	–
	Number	<4	<4	4	<4	<4
Pressure injuries	Rate	1.08	1.59	2.50	1.94	2.13
	Number	4	6	10	8	9
Medication errors	Rate	–	–	–	–	–
	Number	<4	<4	<4	<4	<4
Medication adverse reactions	Rate	–	3.70	2.00	1.69	1.18
	Number	<4	14	8	7	5

Hutt Valley DHB

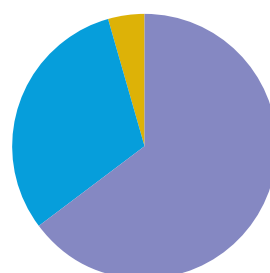
People	Accepted claims 2017/18	Active claims 2017/18
149,500	263	410
Demographics	Major facilities	
<ul style="list-style-type: none">• Hutt Valley’s population tends to have an age structure similar to the national average.• Hutt Valley has slightly more Māori and Pacific people than the national average.• Hutt Valley’s deprivation levels are equal to the national average, with slightly more people living in the least deprived section of the Hutt Valley.	<ul style="list-style-type: none">• Hutt Hospital is one of New Zealand’s four regional burns and plastic surgery providers. It also provides breast screening services for the greater Wellington region.	

Rate per 10,000 discharges for accepted claims



Costs paid in 2017/18 for all active claims

Entitlement	\$1,215,343
Serious injury	\$577,778
All other	\$78,767

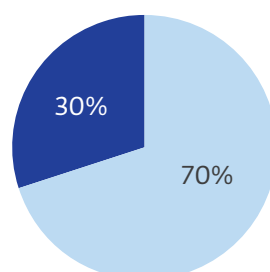


Total \$1,871,889

Accepted and declined claims for 2017/18

Claims declined Claims accepted

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



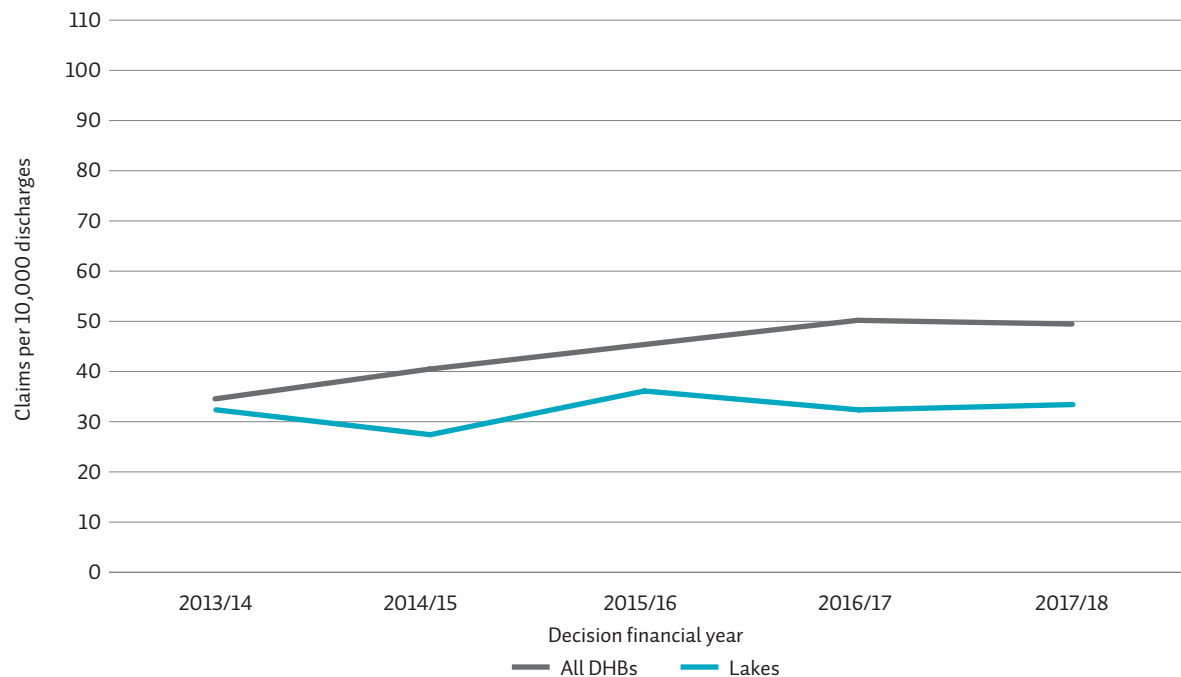
Numbers of accepted claims and rates per 10,000 discharges

		Decision financial year				
		2013/14	2014/15	2015/16	2016/17	2017/18
Infections of all types	Rate	11.67	9.83	17.01	25.84	22.90
	Number	40	34	62	97	89
Infections following surgery	Rate	7.58	9.26	11.80	20.25	20.84
	Number	26	32	43	76	81
Line infections	Rate	3.21	–	4.11	3.73	1.54
	Number	11	<4	15	14	6
Pressure injuries	Rate	2.62	6.94	5.49	8.26	4.89
	Number	9	24	20	31	19
Medication errors	Rate	–	–	–	–	–
	Number	<4	<4	<4	<4	<4
Medication adverse reactions	Rate	1.17	3.18	3.84	3.46	2.06
	Number	4	11	14	13	8

Lakes DHB

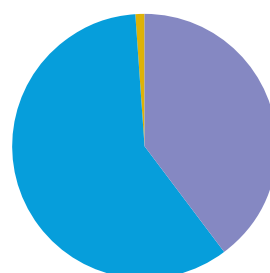
People	Accepted claims 2017/18	Active claims 2017/18
109,700	98	183
Demographics	Major facilities	
<ul style="list-style-type: none">• Lakes population tends to be younger than the national average.• Lakes has more Māori but fewer Pacific people than the national average.• Lakes deprivation levels are higher than the national average.	<ul style="list-style-type: none">• Rotorua Hospital.• Taupō Hospital.	

Rate per 10,000 discharges for accepted claims



Costs paid in 2017/18 for all active claims

Entitlement	\$969,069
Serious injury	\$1,442,660
All other	\$26,780

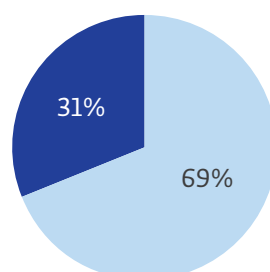


Total \$2,438,508

Accepted and declined claims for 2017/18

Claims declined Claims accepted

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



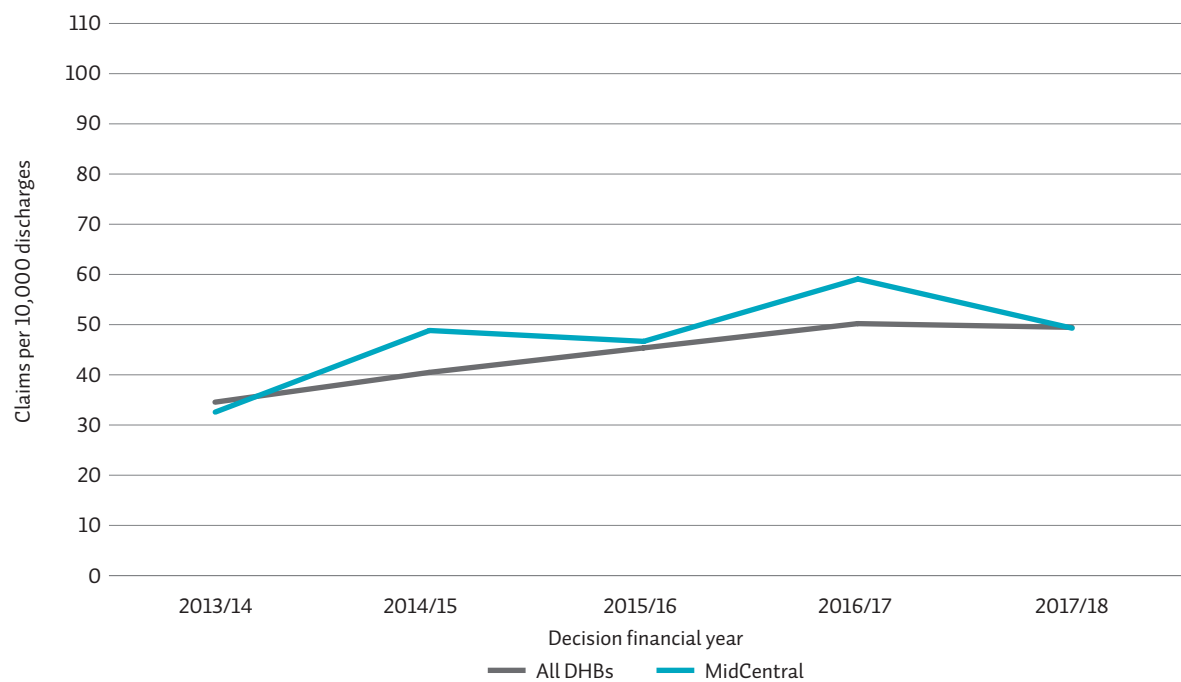
Numbers of accepted claims and rates per 10,000 discharges

		Decision financial year				
		2013/14	2014/15	2015/16	2016/17	2017/18
Infections of all types	Rate	8.76	5.12	9.82	8.61	8.87
	Number	23	14	28	25	26
Infections following surgery	Rate	7.24	4.75	9.12	6.89	8.19
	Number	19	13	26	20	24
Line infections	Rate	–	–	–	–	–
	Number	<4	<4	<4	<4	<4
Pressure injuries	Rate	2.29	2.19	2.10	1.38	1.36
	Number	6	6	6	4	4
Medication errors	Rate	–	–	–	–	–
	Number	<4	<4	<4	<4	<4
Medication adverse reactions	Rate	1.52	–	2.10	1.38	–
	Number	4	<4	6	4	<4

MidCentral DHB

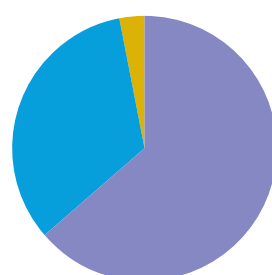
People	Accepted claims 2017/18	Active claims 2017/18
179,300	192	289
Demographics	Major facilities	
<ul style="list-style-type: none"> MidCentral's population age profile is broadly similar to the national average but with a slightly higher proportion of older adults. MidCentral has more Māori but fewer Pacific and Asian people than the national average. MidCentral's population has more people living in more deprived neighbourhoods than the national average. 	<ul style="list-style-type: none"> Palmerston North Hospital. The DHB is part of the centralAlliance which is a collaborative agreement between Whanganui and MidCentral DHBs that capitalises on their combined strength to achieve health gains and improve clinical viability for their combined populations. 	

Rate per 10,000 discharges for accepted claims



Costs paid in 2017/18 for all active claims

Entitlement	\$1,581,977
Serious injury	\$825,394
All other	\$75,828

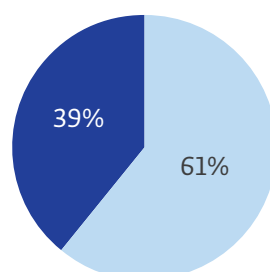


Total \$2,483,199

Accepted and declined claims for 2017/18

Claims declined Claims accepted

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 of accepted claims and rates per 10,000 discharges

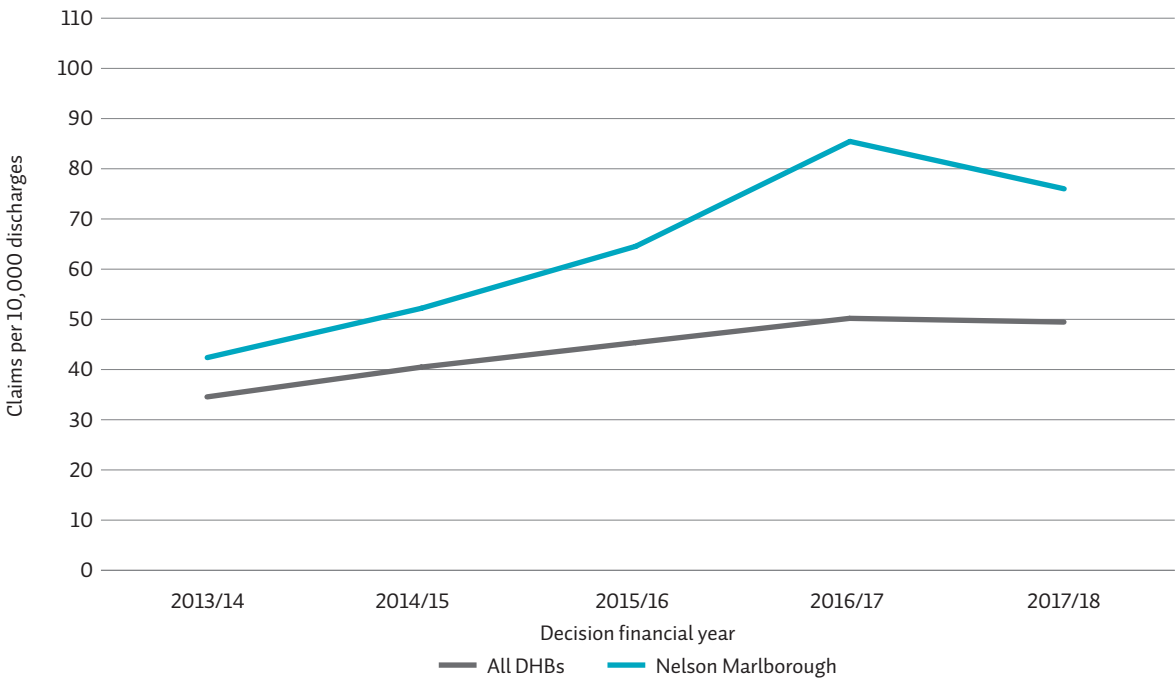
		Decision financial year				
		2013/14	2014/15	2015/16	2016/17	2017/18
Infections of all types	Rate	9.51	15.99	19.33	24.93	15.38
	Number	36	61	78	98	60
Infections following surgery	Rate	7.93	15.47	15.61	22.89	13.33
	Number	30	59	63	90	52
Line infections	Rate	1.32	–	1.49	1.53	1.03
	Number	5	<4	6	6	4
Pressure injuries	Rate	3.17	3.41	3.72	4.83	4.61
	Number	12	13	15	19	18
Medication errors	Rate	–	–	–	–	–
	Number	<4	<4	<4	<4	<4
Medication adverse reactions	Rate	3.17	3.15	3.72	2.29	2.05
	Number	12	12	15	9	8



Nelson Marlborough DHB

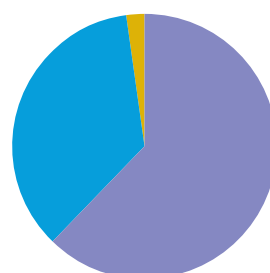
People	Accepted claims 2017/18	Active claims 2017/18
150,600	237	492
Demographics <ul style="list-style-type: none"> Nelson Marlborough's population tends to be older than the national average. Nelson Marlborough has significantly fewer Māori and Pacific people than the national average. Nelson Marlborough's deprivation levels are lower than the national average. 		Major facilities <ul style="list-style-type: none"> Alexandra Hospital offers mental health services for older people and those with dementia. Murchison Community Hospital is a rural facility. Nelson Hospital. Wairau Hospital.

Rate per 10,000 discharges for accepted claims



Costs paid in 2017/18 for all active claims

Entitlement	\$2,234,792
Serious injury	\$1,281,889
All other	\$71,158

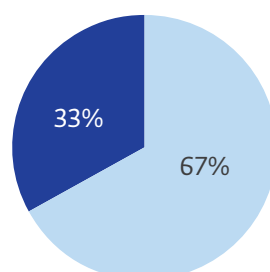


Total \$3,587,840

Accepted and declined claims for 2017/18

Claims declined Claims accepted

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



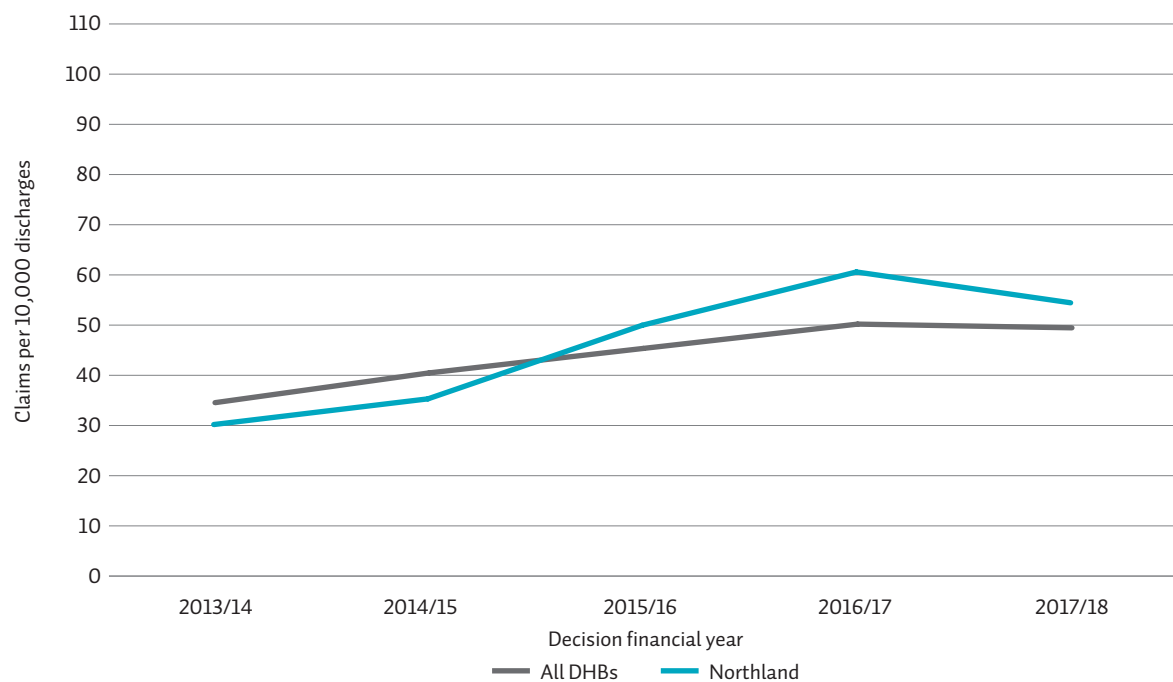
Numbers of accepted claims and rates per 10,000 discharges

		Decision financial year				
		2013/14	2014/15	2015/16	2016/17	2017/18
Infections of all types	Rate	10.19	18.56	25.03	31.90	25.60
	Number	30	56	77	101	80
Infections following surgery	Rate	8.16	16.24	24.38	29.05	24.64
	Number	24	49	75	92	77
Line infections	Rate	1.70	1.99	–	1.26	–
	Number	5	6	<4	4	<4
Pressure injuries	Rate	2.38	–	1.63	4.42	2.88
	Number	7	<4	5	14	9
Medication errors	Rate	–	–	–	–	–
	Number	<4	<4	<4	<4	<4
Medication adverse reactions	Rate	2.72	3.31	3.25	4.11	2.24
	Number	8	10	10	13	7

Northland DHB

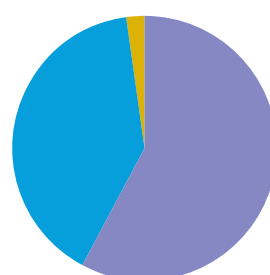
People	Accepted claims 2017/18	Active claims 2017/18
179,100	262	415
Demographics	Major facilities	
<ul style="list-style-type: none"> Northland's population tends to be significantly older than the national average. Northland has more Māori and fewer Pacific people than the national average. Northland's deprivation levels are much higher than the national average. 	<ul style="list-style-type: none"> Bay of Islands Hospital. Dargaville Hospital. Kaitaia Hospital. Whangārei Hospital. 	

Rate per 10,000 discharges for accepted claims



Costs paid in 2017/18 for all active claims

Entitlement	\$2,281,814
Serious injury	\$1,575,239
All other	\$82,799

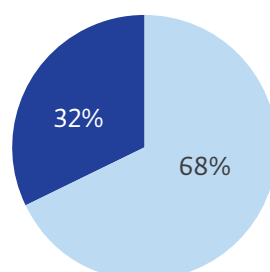


Total \$3,939,852

Accepted and declined claims for 2017/18

Claims declined Claims accepted

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 of accepted claims and rates per 10,000 discharges

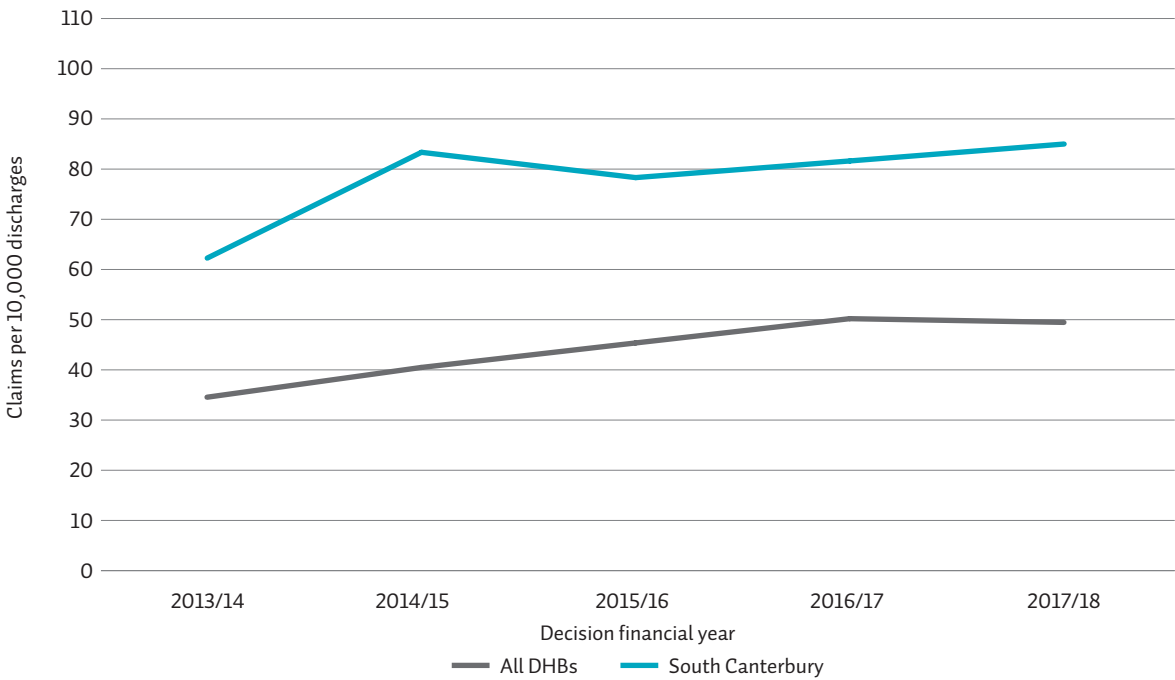
		Decision financial year				
		2013/14	2014/15	2015/16	2016/17	2017/18
Infections of all types	Rate	8.69	10.63	16.28	20.26	20.57
	Number	36	47	74	95	99
Infections following surgery	Rate	5.79	8.37	14.30	17.49	18.07
	Number	24	37	65	82	87
Line infections	Rate	2.17	1.13	1.54	2.13	1.45
	Number	9	5	7	10	7
Pressure injuries	Rate	1.45	1.58	3.08	4.05	4.78
	Number	6	7	14	19	23
Medication errors	Rate	–	–	–	–	–
	Number	<4	<4	<4	<4	<4
Medication adverse reactions	Rate	1.93	3.39	3.30	3.84	1.66
	Number	8	15	15	18	8



South Canterbury DHB

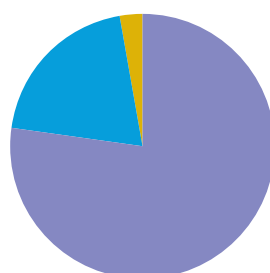
People	Accepted claims 2017/18	Active claims 2017/18
59,900	123	146
Demographics	Major facilities	
<ul style="list-style-type: none">• South Canterbury DHB is based in Timaru.• South Canterbury has the highest percentage of people aged 65 and over, compared with the national average.• South Canterbury has fewer Māori and Pacific people than the national average.• South Canterbury’s deprivation levels are lower than the national average.	<ul style="list-style-type: none">• Timaru Hospital.	

Rate per 10,000 discharges for accepted claims



Costs paid in 2017/18 for all active claims

Entitlement	\$854,228
Serious injury	\$219,505
All other	\$30,019

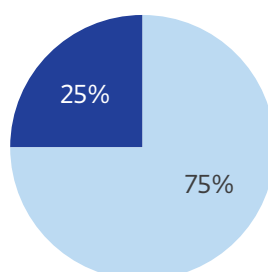


Total \$1,103,752

Accepted and declined claims for 2017/18

Claims declined Claims accepted

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 of accepted claims and rates per 10,000 discharges

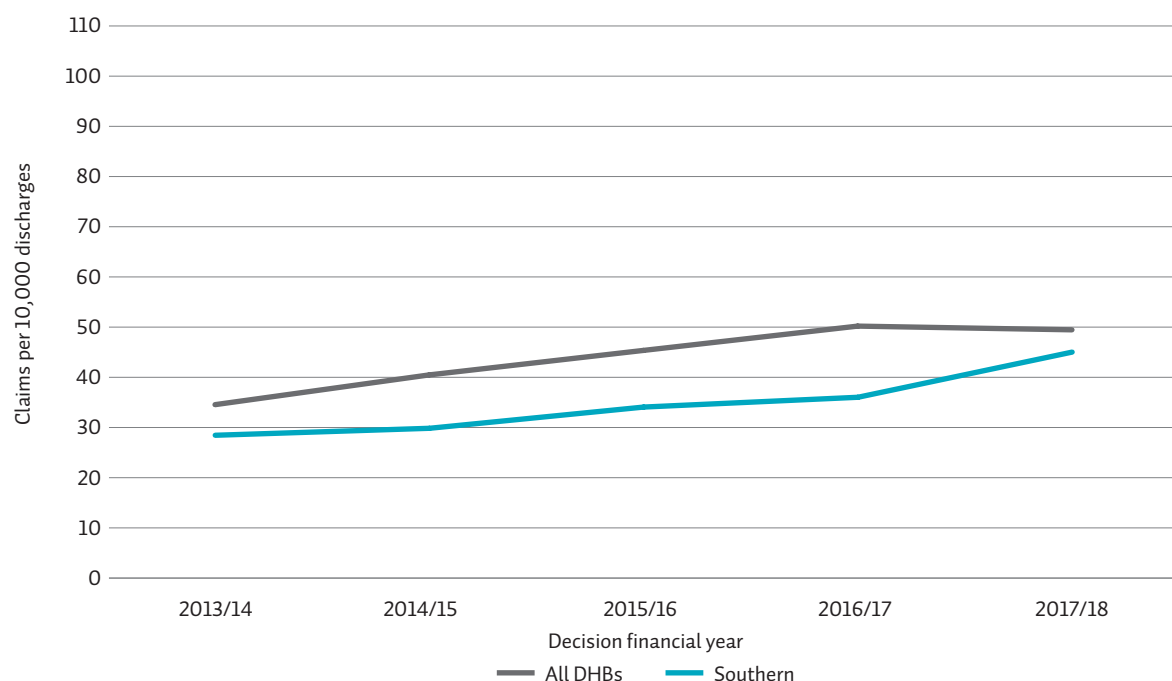
		Decision financial year				
		2013/14	2014/15	2015/16	2016/17	2017/18
Infections of all types	Rate	15.21	26.30	18.53	22.66	25.59
	Number	20	35	26	33	37
Infections following surgery	Rate	13.69	24.80	13.54	21.97	20.06
	Number	18	33	19	32	29
Line infections	Rate	–	–	3.56	–	4.84
	Number	<4	<4	5	<4	7
Pressure injuries	Rate	12.16	11.27	7.84	8.24	12.45
	Number	16	15	11	12	18
Medication errors	Rate	–	–	–	–	–
	Number	<4	<4	<4	<4	<4
Medication adverse reactions	Rate	–	–	3.56	–	4.15
	Number	<4	<4	5	<4	6



Southern DHB

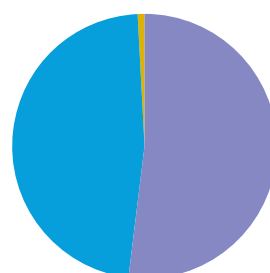
People	Accepted claims 2017/18	Active claims 2017/18
330,100	311	594
Demographics	Major facilities	
<ul style="list-style-type: none"> Southern's population tends to be slightly older than the national average. Southern has fewer Māori and Pacific people than the national average. Southern's deprivation levels are lower than the national average. Southern covers the largest geographic area of all DHBs and has a large rural constituency. 	<ul style="list-style-type: none"> Dunedin Hospital is being redeveloped (a long-term project). Lakes District Hospital. Southland Hospital. Wakari Hospital. The region also has five rural trust hospitals. Southern DHB was formed in 2010 as a result of the merger of Southland and Otago DHBs. Southern DHB has a close working relationship with Otago University's School of Medicine. 	

Rate per 10,000 discharges for accepted claims



Costs paid in 2017/18 for all active claims

Entitlement	\$4,443,624
Serious injury	\$4,040,919
All other	\$66,386

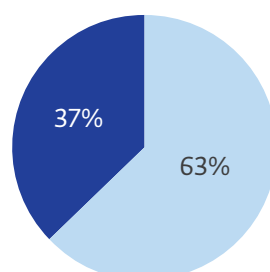


Total \$8,550,930

Accepted and declined claims for 2017/18

Claims declined Claims accepted

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



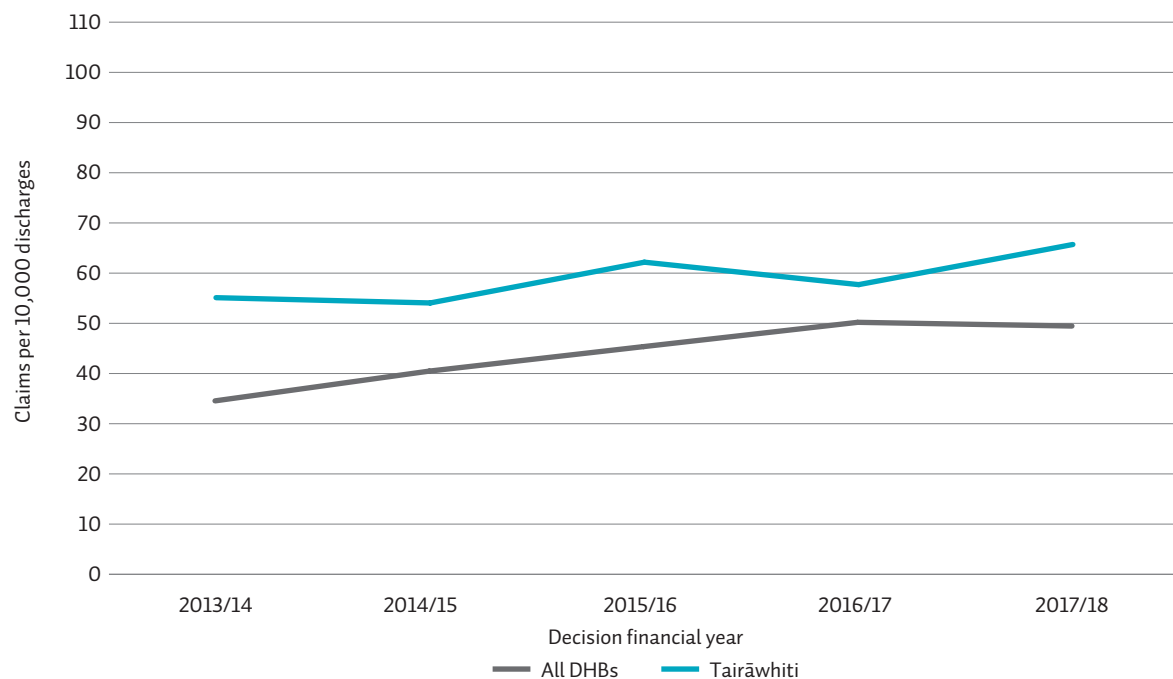
Numbers of accepted claims and rates per 10,000 discharges

		Decision financial year				
		2013/14	2014/15	2015/16	2016/17	2017/18
Infections of all types	Rate	4.09	5.61	5.21	6.20	6.21
	Number	27	37	35	42	43
Infections following surgery	Rate	2.88	4.70	4.32	4.87	5.34
	Number	19	31	29	33	37
Line infections	Rate	0.76	0.61	–	0.59	0.58
	Number	5	4	<4	4	4
Pressure injuries	Rate	0.76	0.76	2.23	1.18	3.46
	Number	5	5	15	8	24
Medication errors	Rate	–	–	–	–	–
	Number	<4	<4	<4	<4	<4
Medication adverse reactions	Rate	1.36	2.27	2.38	1.77	3.03
	Number	9	15	16	12	21

Tairāwhiti DHB

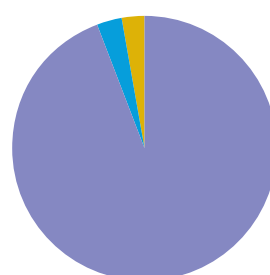
People	Accepted claims 2017/18	Active claims 2017/18
49,100	73	118
Demographics	Major facilities	
<ul style="list-style-type: none">• Tairāwhiti’s population tends to be much younger than the national average.• Tairāwhiti has more Māori but fewer Pacific people than the national average.• Tairāwhiti’s deprivation levels are much higher than the national average.	<ul style="list-style-type: none">• Gisborne Hospital.• Te Puia Hospital.	

Rate per 10,000 discharges for accepted claims



Costs paid in 2017/18 for all active claims

Entitlement	\$1,067,281
Serious injury	\$35,313
All other	\$30,006

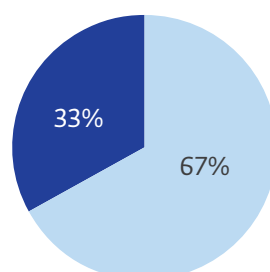


Total \$1,132,600

Accepted and declined claims for 2017/18

Claims declined Claims accepted

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



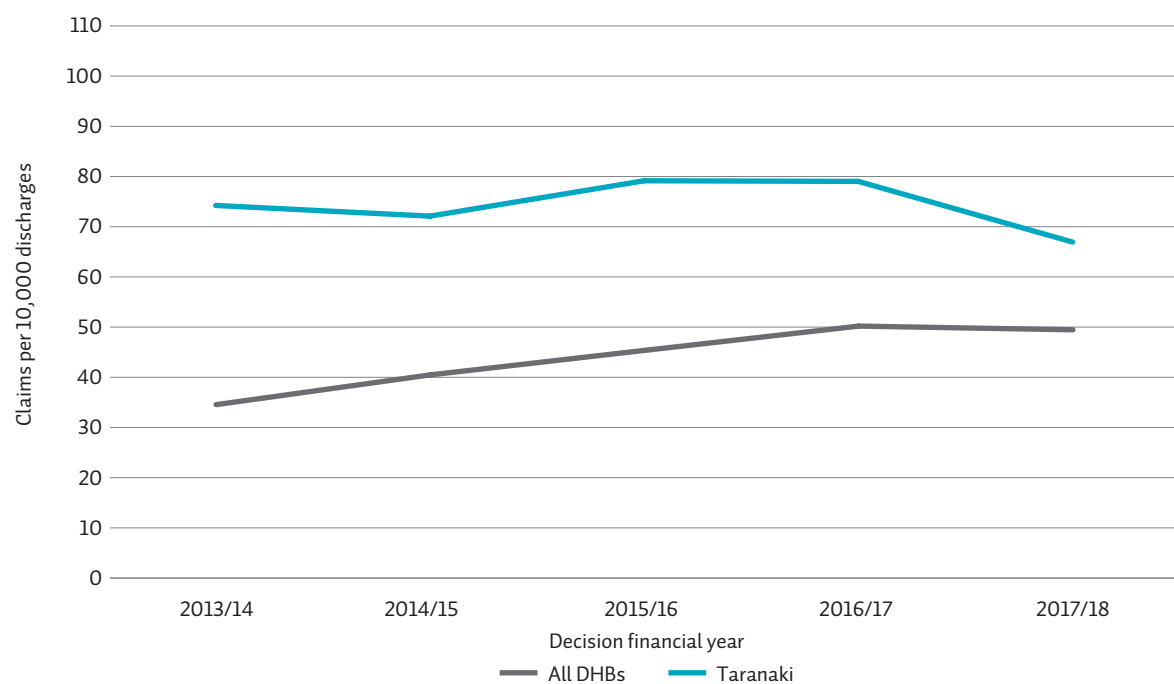
Numbers of accepted claims and rates per 10,000 discharges

		Decision financial year				
		2013/14	2014/15	2015/16	2016/17	2017/18
Infections of all types	Rate	23.19	14.22	26.12	22.18	20.69
	Number	24	15	29	25	23
Infections following surgery	Rate	21.26	13.27	24.32	22.18	18.90
	Number	22	14	27	25	21
Line infections	Rate	–	–	–	–	–
	Number	<4	<4	<4	<4	<4
Pressure injuries	Rate	–	5.69	–	–	–
	Number	<4	6	<4	<4	<4
Medication errors	Rate	–	–	–	–	–
	Number	<4	<4	<4	<4	<4
Medication adverse reactions	Rate	–	–	–	–	5.40
	Number	<4	<4	<4	<4	6

Taranaki DHB

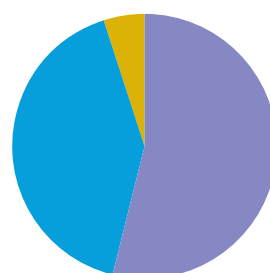
People	Accepted claims 2017/18	Active claims 2017/18
119,800	230	358
Demographics	Major facilities	
<ul style="list-style-type: none">• Taranaki’s population tends to be older than the national average.• Taranaki has a slightly more Māori than the national average, and significantly fewer Pacific people than the national average.• Taranaki’s deprivation levels are slightly higher than the national average.	<ul style="list-style-type: none">• Hawera Hospital.• Taranaki Base Hospital.	

Rate per 10,000 discharges for accepted claims



Costs paid in 2017/18 for all active claims

Entitlement	\$1,398,983
Serious injury	\$1,061,006
All other	\$124,324

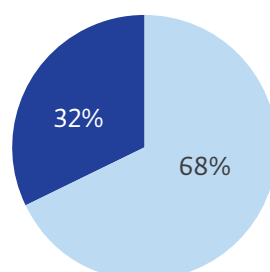


Total \$2,584,313

Accepted and declined claims for 2017/18

Claims declined Claims accepted

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



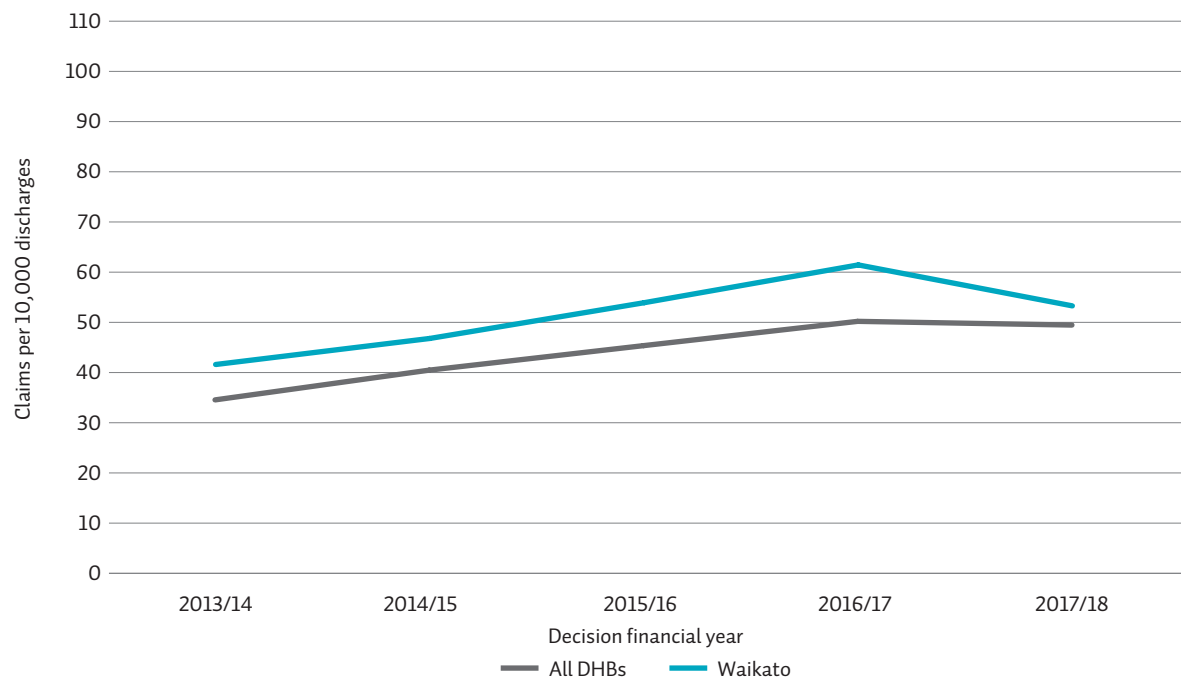
Numbers of accepted claims and rates per 10,000 discharges

		Decision financial year				
		2013/14	2014/15	2015/16	2016/17	2017/18
Infections of all types	Rate	38.98	32.35	37.33	30.90	28.85
	Number	107	95	114	100	99
Infections following surgery	Rate	33.52	29.29	34.38	28.43	23.61
	Number	92	86	105	92	81
Line infections	Rate	4.37	2.04	2.62	–	2.91
	Number	12	6	8	<4	10
Pressure injuries	Rate	4.01	2.72	3.27	4.02	3.50
	Number	11	8	10	13	12
Medication errors	Rate	–	–	–	–	–
	Number	<4	<4	<4	<4	<4
Medication adverse reactions	Rate	2.19	3.06	4.91	8.03	6.41
	Number	6	9	15	26	22

Waikato DHB

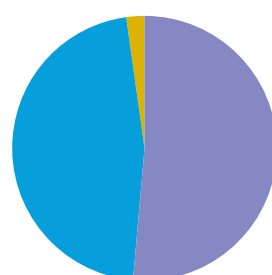
People	Accepted claims 2017/18	Active claims 2017/18
416,400	620	1,229
Demographics	Major facilities	
<ul style="list-style-type: none">• Waikato’s population age profile tends to be similar to the national average.• Waikato has more Māori and fewer Pacific people than the national average.• Waikato’s deprivation levels are slightly higher than the national average.	<ul style="list-style-type: none">• Thames Hospital.• Waikato Hospital.	

Rate per 10,000 discharges for accepted claims



Costs paid in 2017/18 for all active claims

Entitlement	\$6,500,785
Serious injury	\$5,823,174
All other	\$276,923

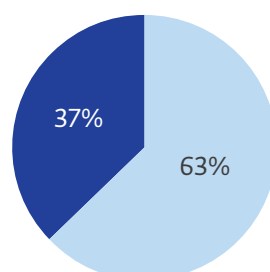


Total \$12,600,882

Accepted and declined claims for 2017/18

Claims declined Claims accepted

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



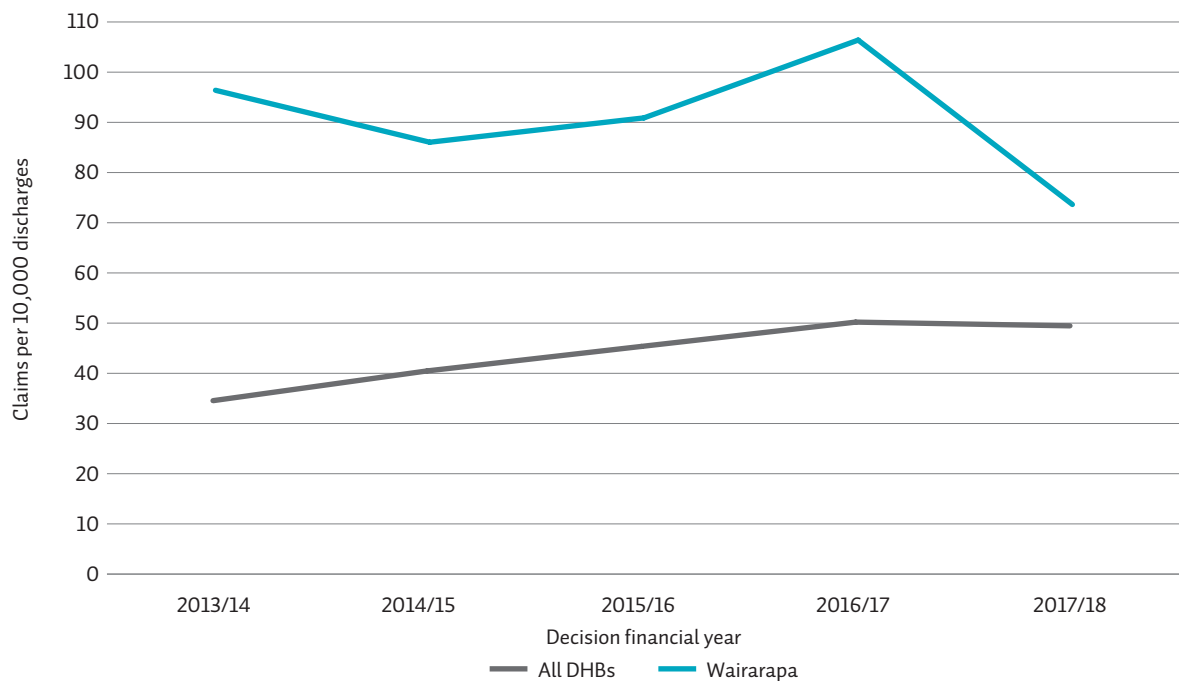
Numbers of accepted claims and rates per 10,000 discharges

		Decision financial year				
		2013/14	2014/15	2015/16	2016/17	2017/18
Infections of all types	Rate	11.71	13.74	16.03	18.98	18.27
	Number	117	144	172	213	210
Infections following surgery	Rate	9.61	12.50	13.89	17.64	17.14
	Number	96	131	149	198	197
Line infections	Rate	1.40	0.76	0.93	0.62	0.61
	Number	14	8	10	7	7
Pressure injuries	Rate	2.70	2.29	2.61	2.41	1.65
	Number	27	24	28	27	19
Medication errors	Rate	–	0.38	0.47	–	–
	Number	<4	4	5	<4	<4
Medication adverse reactions	Rate	2.90	1.81	2.24	2.94	2.87
	Number	29	19	24	33	33

Wairarapa DHB

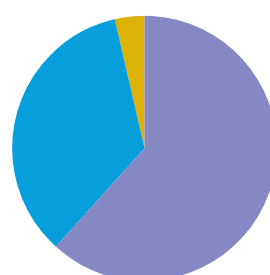
People	Accepted claims 2017/18	Active claims 2017/18
45,400	85	131
Demographics	Major facilities	
<ul style="list-style-type: none">• Wairarapa’s population is older than the national average.• Wairarapa has a similar number of Māori and much fewer Pacific people than the national average.• Wairarapa’s deprivation levels are slightly higher than the national average.	<ul style="list-style-type: none">• Wairarapa Hospital.	

Rate per 10,000 discharges for accepted claims



Costs paid in 2017/18 for all active claims

Entitlement	\$366,051
Serious injury	\$205,398
All other	\$20,234

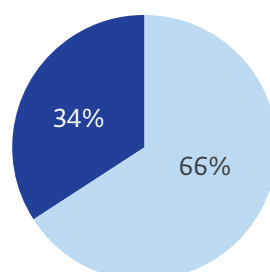


Total \$591,683

Accepted and declined claims for 2017/18

Claims declined Claims accepted

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



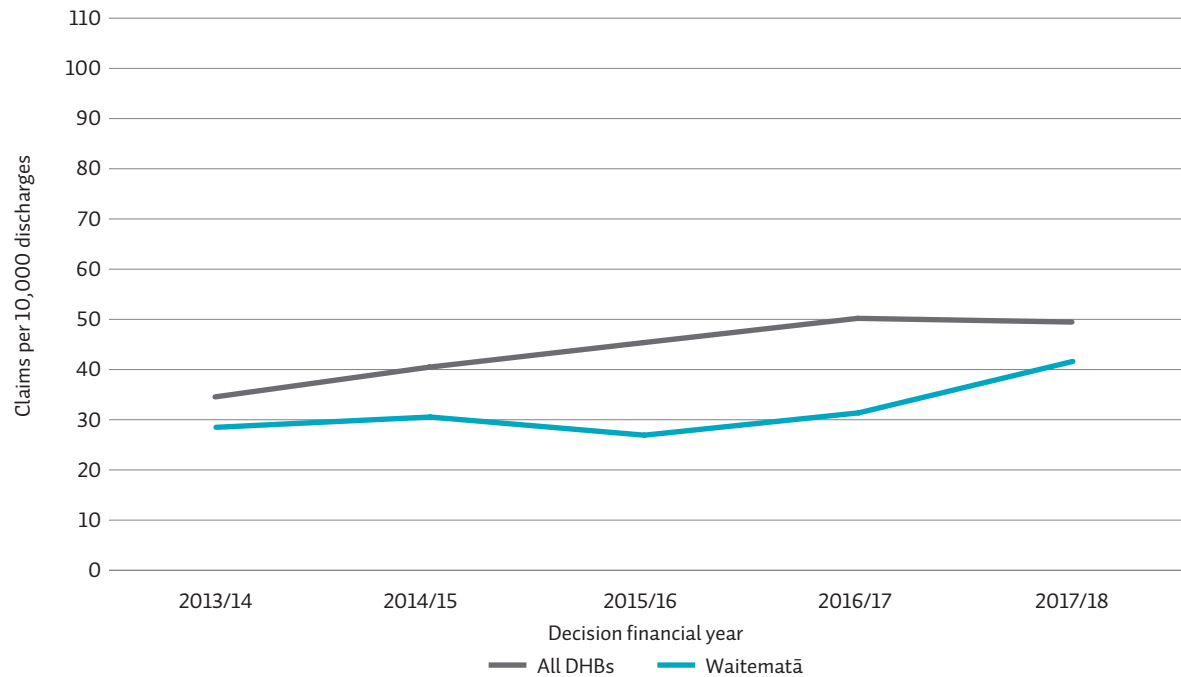
Numbers of accepted claims and rates per 10,000 discharges

		Decision financial year				
		2013/14	2014/15	2015/16	2016/17	2017/18
Infections of all types	Rate	46.61	29.75	20.08	24.18	16.46
	Number	44	28	19	25	19
Infections following surgery	Rate	41.31	26.56	19.03	18.38	12.13
	Number	39	25	18	19	14
Line infections	Rate	–	–	–	4.84	–
	Number	<4	<4	<4	5	<4
Pressure injuries	Rate	5.30	–	–	10.64	4.33
	Number	5	<4	<4	11	5
Medication errors	Rate	–	–	–	–	–
	Number	<4	<4	<4	<4	<4
Medication adverse reactions	Rate	4.24	4.25	8.46	6.77	3.47
	Number	4	4	8	7	4

Waitematā DHB

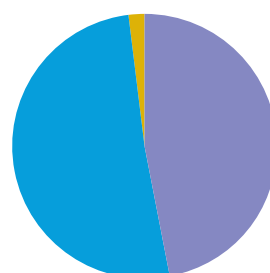
People	Accepted claims 2017/18	Active claims 2017/18
620,300	521	677
Demographics	Major facilities	
<ul style="list-style-type: none"> • Waitematā DHB is the largest DHB by population. • Waitematā has fewer Māori and a similar number of Pacific people when compared with the national average. • Waitematā's deprivation levels are lower than the national average. 	<ul style="list-style-type: none"> • North Shore Hospital. • Waitakere Hospital. • DHB services include the Regional Forensic Psychiatric Services (the Mason Clinic) and a child rehabilitation service (the Wilson Centre). 	

Rate per 10,000 discharges for accepted claims



Costs paid in 2017/18 for all active claims

Entitlement	\$2,984,490
Serious injury	\$3,238,601
All other	\$113,217

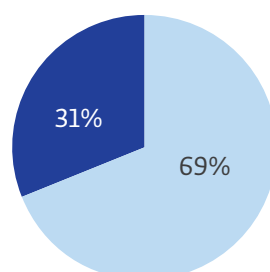


Total \$6,336,308

Accepted and declined claims for 2017/18

Claims declined Claims accepted

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 of accepted claims and rates per 10,000 discharges

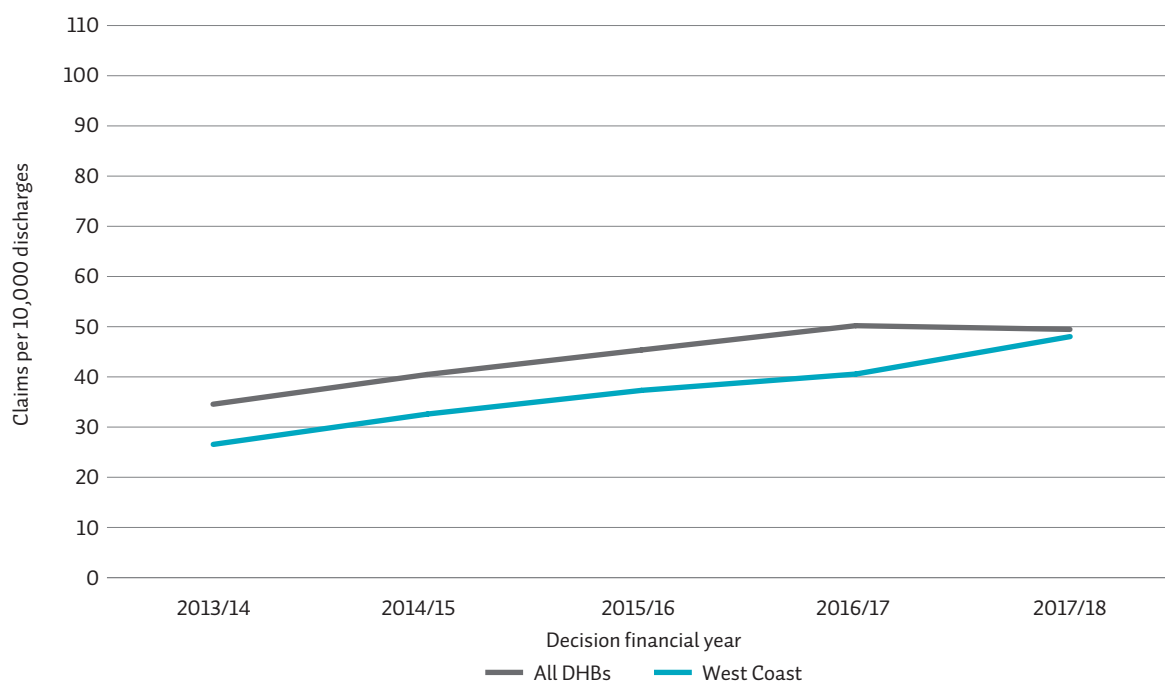
		Decision financial year				
		2013/14	2014/15	2015/16	2016/17	2017/18
Infections of all types	Rate	8.42	11.13	7.52	8.54	11.94
	Number	95	130	91	108	150
Infections following surgery	Rate	7.00	9.76	6.78	7.43	10.11
	Number	79	114	82	94	127
Line infections	Rate	0.97	1.20	0.58	0.55	1.03
	Number	11	14	7	7	13
Pressure injuries	Rate	0.53	0.77	1.07	0.95	4.22
	Number	6	9	13	12	53
Medication errors	Rate	–	–	–	–	–
	Number	<4	<4	<4	<4	<4
Medication adverse reactions	Rate	1.68	1.46	1.32	1.82	1.99
	Number	19	17	16	23	25



West Coast DHB

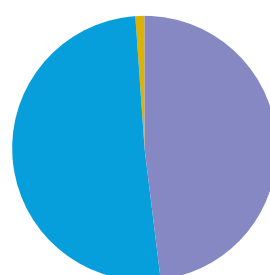
People	Accepted claims 2017/18	Active claims 2017/18
32,600	38	73
Demographics		Major facilities
<ul style="list-style-type: none"> West Coast's population tends to be older than the national average. West Coast has fewer Māori and Pacific people than the national average. West Coast's deprivation levels are higher than the national average. West Coast DHB is the least populated DHB in the country due to the small number of people living in a large, dispersed region. 		<ul style="list-style-type: none"> Grey Base Hospital. The Government is funding a new hospital and integrated family health centre in Greymouth to service the West Coast community. The new Grey Base Hospital and Integrated Family Health Centre is due to open later in 2019.

Rate per 10,000 discharges for accepted claims



Costs paid in 2017/18 for all active claims

Entitlement	\$651,670
Serious injury	\$692,204
All other	\$11,761

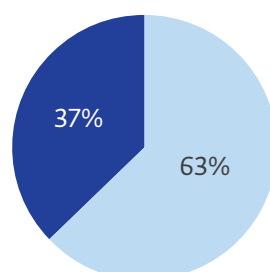


Total \$1,355,635

Accepted and declined claims for 2017/18

Claims declined Claims accepted

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



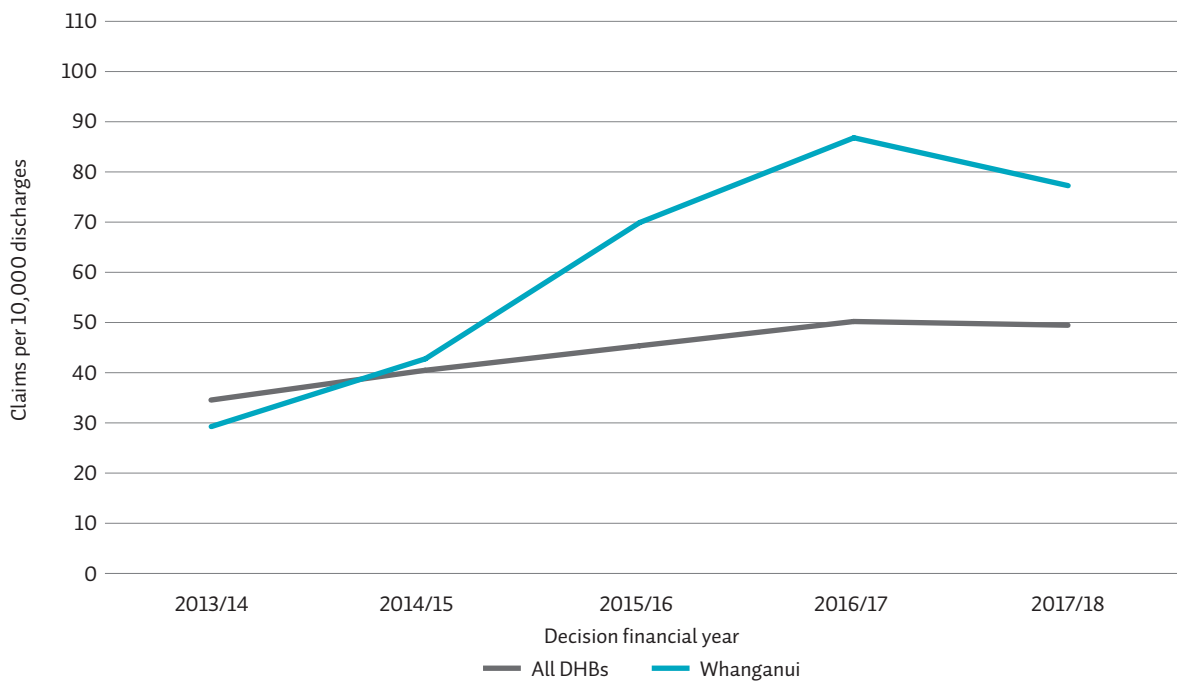
Numbers of accepted claims and rates per 10,000 discharges

		Decision financial year				
		2013/14	2014/15	2015/16	2016/17	2017/18
Infections of all types	Rate	–	–	6.66	8.38	7.58
	Number	<4	<4	5	6	6
Infections following surgery	Rate	–	–	–	8.38	6.31
	Number	<4	<4	<4	6	5
Line infections	Rate	–	–	–	–	–
	Number	<4	<4	<4	<4	<4
Pressure injuries	Rate	–	–	5.32	5.59	15.15
	Number	<4	<4	4	4	12
Medication errors	Rate	–	–	–	–	–
	Number	<4	<4	<4	<4	<4
Medication adverse reactions	Rate	–	–	–	–	–
	Number	<4	<4	<4	<4	<4

Whanganui DHB

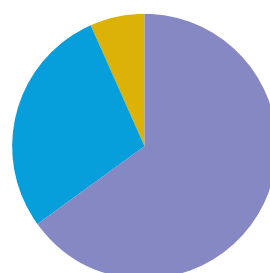
People	Accepted claims 2017/18	Active claims 2017/18
64,900	142	240
Demographics	Major facilities	
<ul style="list-style-type: none"> Whanganui's population tends to be significantly older than the national average. Whanganui has more Māori but fewer Pacific people than the national average. Whanganui's deprivation levels are much higher than the national average. 	<ul style="list-style-type: none"> Whanganui Hospital. The DHB is part of the centralAlliance which is a collaborative agreement between Whanganui and MidCentral DHBs that capitalises on their combined strength to achieve health gains and improve clinical viability for their combined populations. 	

Rate per 10,000 discharges for accepted claims



Costs paid in 2017/18 for all active claims

Entitlement	\$922,161
Serious injury	\$398,816
All other	\$92,994

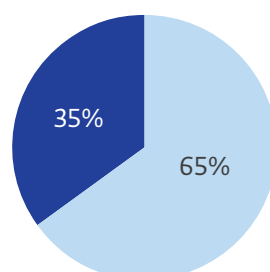


Total \$1,413,970

Accepted and declined claims for 2017/18

Claims declined Claims accepted

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

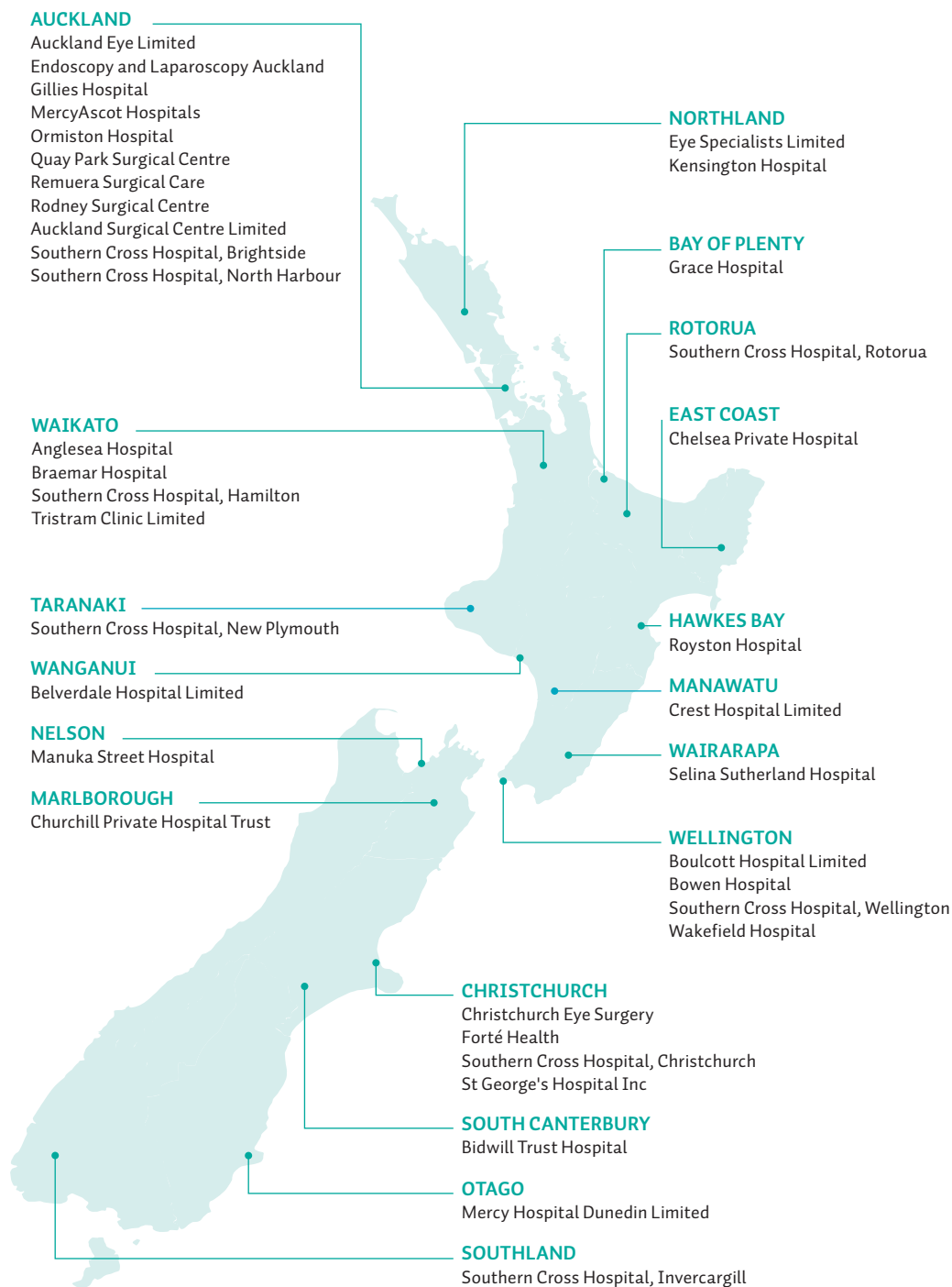


Numbers of accepted claims and rates per 10,000 discharges

		Decision financial year				
		2013/14	2014/15	2015/16	2016/17	2017/18
Infections of all types	Rate	6.34	17.79	33.75	51.57	36.41
	Number	10	30	58	91	67
Infections following surgery	Rate	5.07	15.41	31.42	50.44	34.78
	Number	8	26	54	89	64
Line infections	Rate	–	–	–	–	–
	Number	<4	<4	<4	<4	<4
Pressure injuries	Rate	–	2.96	6.40	5.67	4.35
	Number	<4	5	11	10	8
Medication errors	Rate	–	–	–	–	–
	Number	<4	<4	<4	<4	<4
Medication adverse reactions	Rate	3.80	2.37	–	–	2.17
	Number	6	4	<4	<4	4



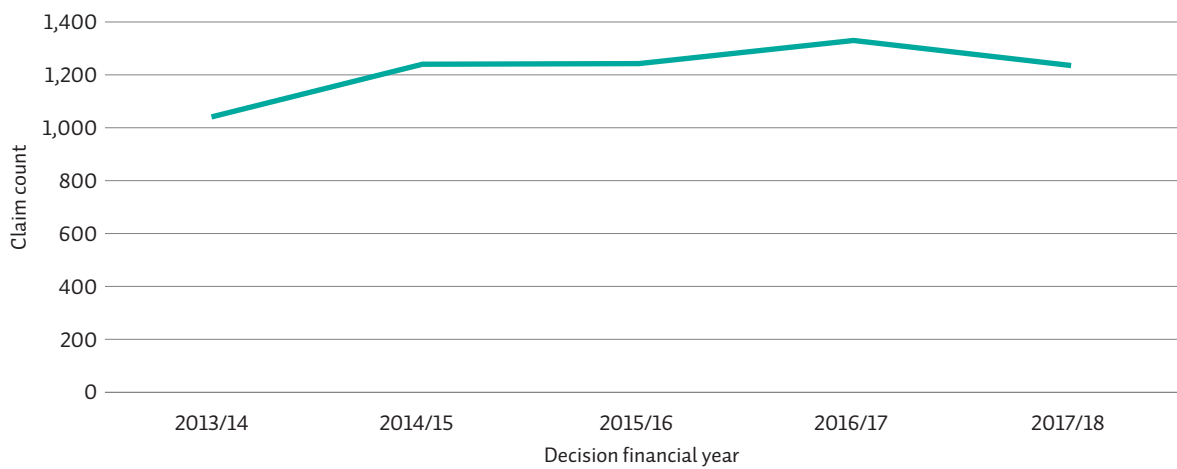
NZPSHA members



NZPSHA members

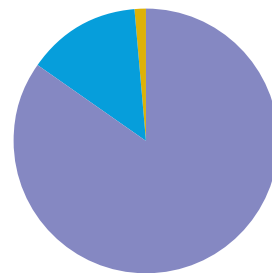
Discharges	Accepted claims 2017/18	Active claims 2017/18
179,925	1,236	2,563
Surgical beds	Surgical facilities	
1,710	38	

Accepted claims



Costs paid in 2017/18 for active claims

Entitlement	\$21,028,982
Serious injury	\$3,491,309
All other	\$293,598

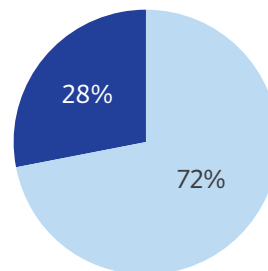


Total \$24,813,888

Accepted and declined treatment injury claims for 2017/18

■ Claims declined ■ Claims accepted

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 of accepted claims and rates per 10,000 discharges

		2013/14	2014/15	2015/16	2016/17	2017/18
Infections of all types	Rate	–	–	–	–	16.01
	Number	182	229	269	291	288
Infections following surgery	Rate	–	–	–	–	15.56
	Number	175	221	261	283	280
Line infections	Rate	–	–	–	–	–
	Number	<4	<4	<4	<4	<4
Pressure injuries	Rate	–	–	–	–	0.39
	Number	<4	<4	4	9	7
Medication errors	Rate	–	–	–	–	–
	Number	<4	<4	<4	<4	<4
Pulmonary embolism	Rate	–	–	–	–	0.39
	Number	9	8	6	9	7
Medication adverse reactions	Rate	–	–	–	–	0.67
	Number	19	30	19	23	12
Deep vein thrombosis	Rate	–	–	–	–	0.94
	Number	18	13	12	19	17

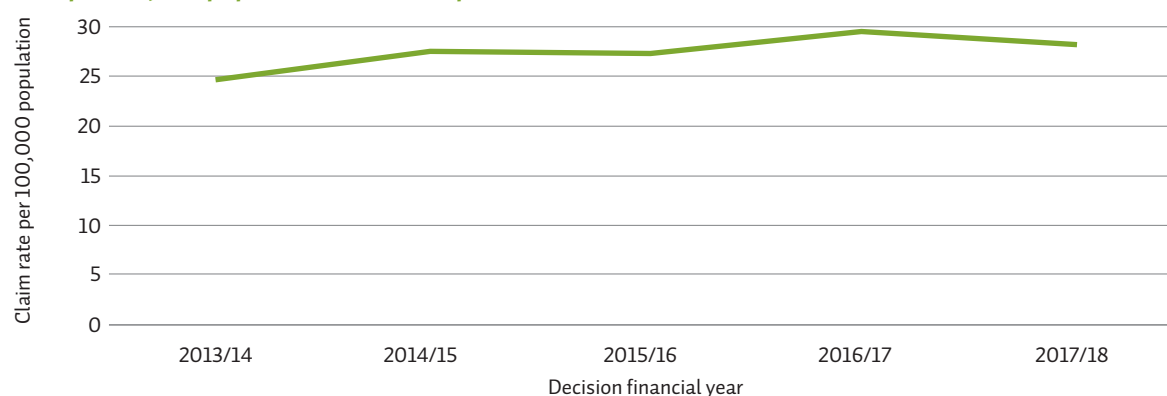
General practice settings

People	Accepted claims 2017/18	Active claims 2017/18
4,885,300	1,384	1,800

General practice plays a central role in the delivery of health care to the New Zealand community. A wide range of services is provided in general practice settings including diagnosis and treatment, health education, counselling, disease prevention and screening. The information in this publication relates to treatment in general practice settings, which includes GPs, practice nurses and other health professionals working in the practice.

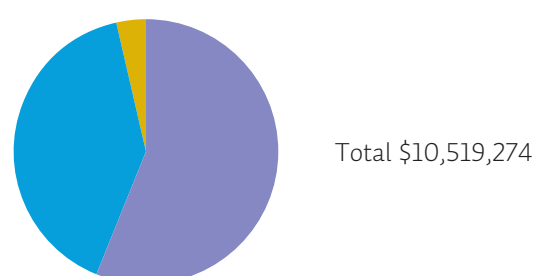
Of the nearly 16,000 registered doctors practising in New Zealand, more than 4,300 doctors work in a general practice setting – see Medical Council workforce survey data at www.mcnz.org.nz/news-and-publications/workforce-statistics/

Rate per 100,000 population for all accepted claims



Costs paid in 2017/18 for active claims

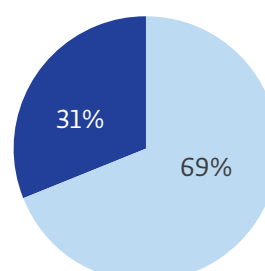
Entitlement	\$5,913,696
Serious injury	\$4,246,306
All other	\$359,273



Accepted and declined claims for 2017/18

Claims declined	Claims accepted
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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 of accepted claims and rates per 100,000 population

		2013/14	2014/15	2015/16	2016/17	2017/18
Infection following minor surgery	Number	172	221	270	280	345
	Rate	3.81	4.81	5.75	5.84	7.06
Treatment omission	Number	24	40	49	41	30
	Rate	0.53	0.87	1.04	0.86	0.61
Medication adverse reactions	Number	642	723	636	709	648
	Rate	14.24	15.73	13.55	14.79	13.26





Appendices

Data sources

ACC's treatment injury claims information is based on data collected via the ACC45 and ACC2152 forms. An ACC45 Injury Claim Form is completed by all clients in order to lodge a claim with ACC, often with the assistance of a treatment provider. For a treatment injury claim, a treatment provider also completes an ACC2152 form, to provide clinical information to support the claim.

The published information is based on data from treatment injury related claims. The majority of information in this publication is from treatment injury claims. A small number of treatment injury claims are the result of consequential injuries that result from treatment for an injury that is already covered by another ACC claim. These consequential injuries have been included in the data used for this analysis as they are treatment injuries that are relevant to patient safety.

The treatment injury claims data used in this publication reflects the information held as at February 2019 – for claims lodged and decided between 1 July 2005 to 30 June 2018. All ACC claims data (including treatment injury claims data) is subject to revisions over time. The claim numbers may change as a result of the review or appeal of an ACC decision.

Statistics New Zealand

Population data was sourced from Statistics New Zealand to calculate injury rate for the national summaries as well as for general practice settings.

Ministry of Health

Hospital discharge data was sourced from the MoH NMDS to calculate treatment injury claims rates for DHBs per 10,000 patients discharged.

New Zealand Private Surgical Hospitals Association

Discharge data was provided by the New Zealand Private Surgical Hospitals Association to calculate treatment injury claim rate per 10,000 discharges.

Data assurance

ACC analysts have reviewed the treatment injury data against the original claims information to ensure the data captured accurately reflects the information submitted.

A panel of ACC experts from operational, clinical and analytical backgrounds provided decision-support to develop the inclusion and exclusion definitions used to assemble the data by injury type. The NZPSHA information was presented in draft to the Association for their review. The GP settings information was presented to the New Zealand College of GPs and Best Practice Advocacy Centre New Zealand (BPAC) for feedback on how the GP information has been presented.

ACC history and legislation

ACC has provided comprehensive, no-fault cover for people injured in accidents since 1974.

The right to take legal action for personal injury covered by ACC is removed other than for exemplary damages.

Levies from workers, employers, vehicle registrations, motor fuel, and taxpayers are collected to support the recovery of people with injuries. These monies are then managed to fund the current and future needs of people with long-term injuries.

ACC assistance is available to all New Zealand residents and temporary visitors. New Zealanders who are ordinarily residents may also be covered if they are injured while overseas, with assistance available on their return to New Zealand.

New Zealand residents who suffer an injury from medical treatment overseas may be covered, although restrictions apply.

Once a claim is accepted by ACC, an injured person may have access to a range of entitlements from treatment and rehabilitation aids, to weekly compensation and lump sum compensation – depending on the injury and the person's circumstances.

ACC's primary function is injury prevention (refer to Section 3, AC Act 2001). This is to be achieved with interventions and approaches that reduce the incidence and severity of personal injury (see Section 263, AC Act). Invoking the injury prevention provisions of the AC Act to support patient safety is a new approach for ACC.

Change to treatment injury

Law changes since the Scheme's introduction have also seen the criteria for cover evolve. The Accident Compensation Act 1974 added 'medical, surgical, dental, or first-aid misadventure' as a category of personal injury by accident.

Between 1992 and 2005, cover was available for medical misadventure. The Accident Rehabilitation and Compensation Insurance Act 1992 included specific categories of medical misadventure, namely 'medical error' and 'medical mishap' – injuries that were both a rare and severe outcome from properly given treatment. If there was an issue of medical error, the claim was considered by a Medical Misadventure Advisory Committee.

Changes in 2005 reduced the need to find fault as the cause of an injury, but finding that a health professional could and should have taken an alternative treatment pathway is still one of several 'causes' of a treatment injury.

Treatment Injury (Section 32, AC Act) is a personal injury that is caused by treatment from a registered health professional, and that is not a necessary part or ordinary consequence of that treatment, taking into account the underlying health condition of the patient and clinical knowledge at that time.

Treatment Injury claims

If an individual suffers a treatment injury, they need to see a health professional as soon as possible after the injury appears to avoid delays in getting a decision and assistance.

Medical treatment can be complex, and sometimes the desired outcome is not always achieved. Not all outcomes of treatment are covered by ACC. Actual entitlement will depend on the individual's circumstances, the nature of the injury and the impact of the injury.

If a claim is accepted, ACC may be able to help with the cost of treatment and other assistance, such as rehabilitation or weekly compensation. Only a registered doctor or a nurse practitioner can certify work incapacity.

More information on the claims process is available from the ACC website:

www.acc.co.nz/assets/provider/acc2152-treatment-injury-claim.doc

What is the 'accident' for treatment injury claims?

A treatment injury is a personal injury caused by treatment from a registered health professional – but some exclusions apply. The 'accident' event is treatment by, or at the direction of, a registered health professional. The definition of treatment is broad and includes diagnosis, treatment decisions, as well as omission or failure to provide treatment. In some cases, the cause of the injury will be defined as inappropriate treatment in the circumstances. Examples of treatment injuries range from a deep tissue infection at the site of an injection to operating on the wrong limb.

Exclusions from treatment injury

The AC Act (2001) defines what cannot be accepted as a Treatment Injury. An underlying disease and other pre-existing diseases are not covered – although a significant worsening of disease caused by treatment might be covered.

Also excluded are:

- a necessary part of the treatment (for example, a skin puncture or surgical incision or the removal of a body part when those are a necessary part of the treatment required)
- the ordinary consequences of treatment (for example, hair loss following chemotherapy or radiotherapy burns are unlikely to be covered)
- injury caused solely by decisions about allocating health resources (such as waiting list delays for joint replacement surgery)
- injury caused because a patient unreasonably delayed or refused to give consent for treatment
- treatment that does not achieve the desired result.

Where a failure or omission has caused the injury, the exclusions of necessary part or ordinary consequence do not apply.

Glossary

Important terminology used in this publication

Accepted ACC treatment injury claim	A personal injury that has been clinically investigated and that meets the criteria under Section 32 of the Accident Compensation Act 2001 (AC Act).
Accepted claims	A claim for ACC cover that has been accepted. Most of the information provided in this publication is based on accepted claims. The number of claims accepted is subject to small changes over time, because claims lodged in a specific year but not accepted until a later year are included in the updated dataset. Numbers can also change following a review or an appeal of an ACC decision.
Accident Compensation Act 2001	The major piece of legislation under which ACC is governed.
Active claim	A claim that is open and has received a payment in that financial year. The claim could be a new claim accepted during that year or an existing claim.
Age groups	This relates to the age of the injured person as at the date of injury.
Calendar year	The period from 1 January to 31 December.
Consequential claims	<p>A consequential treatment injury is an injury that occurs during treatment for an already covered personal injury.</p> <p>Treatment related claims information might include consequential claims funded outside the treatment injury account. For instance, a claim for an injury sustained when receiving treatment for an initial injury from a motor vehicle accident will be funded through the motor vehicle account.</p>
Cost per active claim	Average cost per active claim.
Costs paid	<p>Costs paid for active treatment injury claims in a given year are likely to be an underestimate. This is because some treatment, in particular, accident and emergency treatment in the first 24 hours after admission, is funded through the Public Health Acute Services (PHAS) agreement between ACC and the Ministry of Health (MoH). These costs are not included in the calculation of costs for an accepted ACC claim.</p> <p>Claim costs fall under three broad categories:</p> <ol style="list-style-type: none"> 1. Compensation: weekly compensation for lost earnings, lump sums, and death benefits. 2. Treatment: initial hospital treatment and ongoing primary and secondary treatment. 3. Rehabilitation support: physical rehabilitation and various forms of personal support.
Date of injury	The date the person first sought or received treatment for the personal injury caused by treatment.

Decision financial year	Treatment injury claims that had a cover decision made during 1 July to 30 June.
Discharge	The number of patients discharged from a hospital. Numbers for public hospital discharges are from the Ministry of Health (MoH) National Minimum Dataset (NMDS). New Zealand Private Surgical Hospital Association (NZPSHA) provides the numbers of private surgical discharges.
Entitlement	<p>ACC's contribution to the costs of rehabilitation and treatment, and its provision of financial support to the injured person once ACC has accepted that person's claim.</p> <p>The contribution provided depends on the injury and circumstances of the injured person.</p> <p>An entitlement claim includes:</p> <ul style="list-style-type: none"> • rehabilitation and treatment (including pharmaceuticals, x-rays, elective surgery), home-based care, and consumables • support with transport, housing modifications, and equipment • services aimed at restoring health and independence • compensation for lost earnings as a result of the injury • death benefits such as funeral grants and payments to dependents • an independence allowance for injuries that occurred before 1 April 2002 • lump sum compensation for injuries that occurred on or after 1 April 2002.
Fatal claim	A claim for ACC to provide financial support to the family of the deceased when someone dies from a treatment injury. If a claim is accepted, two examples of financial support are contributions to the funeral costs and financial assistance to dependents.
Financial year	The period from 1 July to 30 June.
Health practitioner registration authorities	<p>Authorities established under the Health Practitioners Competency Assurance Act 2003 for each health profession to:</p> <ul style="list-style-type: none"> • set standards • prescribe scopes of practice • promote education and training.
Infection	This includes a range of injuries such as abscesses, cellulitis, endocarditis, osteomyelitis, septicaemia, wound infections, arterial or venous line infections, and post-surgical infections.
Injury caused by accident	<p>Cover is provided for 'personal injury' that is caused by:</p> <ul style="list-style-type: none"> • an accident • a work-related gradual process, disease or infection • treatment that was provided by a registered health professional (treatment injury).

Long-term costs (Outstanding Claims Liability)	Some injuries result in the injured person requiring long-term or lifetime support from ACC. ACC needs to estimate the total of those costs and put money aside for those people. The amount needed is determined by analysis of the types and numbers of injuries – as well as the expected support needed.
Mental injury	Cover is also available for mental injuries that result from a physical injury, including treatment injuries. A mental injury is a clinically significant behavioural, cognitive or psychological dysfunction. It does not include emotional effects such as hurt feelings, stress or loss of enjoyment.
Neonatal Encephalopathy (NE)	<p>A syndrome of disturbed neurological function in a newborn.</p> <p>Features of NE include difficulty with breathing, reduced muscular tone and reflexes, reduced consciousness and often seizures. When NE is due to a period of reduced oxygen supply during birth, the term Hypoxic Ischemic Encephalopathy (HIE) is used. Other reasons why a baby may have signs and symptoms of NE include metabolic abnormalities, medication, infection or bleeding within and around the brain.</p>
New Zealand Private Surgical Hospitals Association (NZPSHA)	Representative association for private surgical hospitals within New Zealand.
Numbers of claims lodged	<p>Numbers of claims lodged are influenced by factors such as the health status of the population and rates of contact with treatment services, the facilities available (for example, tertiary versus secondary level hospitals) and the familiarity of health providers with the process of making a treatment injury claim.</p> <p>Once a claim is lodged it will be assessed, then accepted or declined.</p> <p>The figures reported will differ from previously released data due to changes in underlying data as new information becomes available and claims are updated.</p>
Treatment omission	Failure to diagnose, to follow-up, to provide treatment, to refer, to monitor, and to provide the right treatment.
Patient harm	Anything that impairs or adversely affects the safety of patients in clinical care, drug therapy, research investigations, or public health.
Patient safety	Prevention of errors and adverse effects to patients associated with health care.
Payment financial year	Financial year in which a payment was made.
Personal injury	<p>Defined in the Accident Compensation Act as:</p> <ul style="list-style-type: none"> • death • physical injury • damage to dentures or prostheses that replace a part of the human body. <p>With limited exceptions, Work Related Gradual Process, Disease, or Infection, wear and tear or injuries due to the ageing process are not covered by ACC.</p>

Pressure injury	A localised injury to the skin and/or underlying tissue (usually over a bony prominence) as a result of pressure, or pressure in combination with shear and/or friction. Many factors interact to make a person likely to have such an injury. Pressure injuries are graded by level of severity.
Risk of harm	When a treatment injury claim highlights a risk of harm to the public, ACC must report this to the relevant authority responsible for the treatment.
Serious injury	A classification within ACC for people who will have a lifelong relationship with ACC due to the nature of their injury. Examples include damage to the spinal cord or brain.
Treatment Injury	An injury that a person suffers while being treated by a registered health professional or by someone else directed by that health professional. The injury must have been caused by the treatment but not be a necessary part, or ordinary consequence, of the treatment after considering all the circumstances of the treatment.
Treatment injury claims and other data sources	ACC information is based on claims made to ACC. The reasons for lodging a claim with ACC are different from the reasons for making a complaint to the Health and Disability Commissioner or reporting of a serious or sentinel event to the Health Quality and Safety Commission. The data in this publication is complementary and there are some overlaps, however, the rates or numbers or types of injuries in this publication cannot be directly compared with reports from other sources.
Treatment safety	The prevention of injuries caused by treatment.





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