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Supporting Treatment Safety 2021

Using information to improve the safety of treatment

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An online version of this report can be found at acc.co.nz/treatmentsafety

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Sharing treatment injury information

This report summarises data on claims to ACC for treatment injuries in the 2019/20 year. The report also includes information on our role in preventing treatment injuries and highlights our efforts to improve treatment safety.

We want to share this information to:

- help improve the safety of treatment
- be transparent about the health information we hold
- be consistent with the New Zealand Health Strategy
- provide a case for investing in treatment safety to reduce patient harm.

We're looking at ways to make our treatment injury data more accessible, to help health providers understand areas where harm can be prevented and inform decision making. Five of our treatment injury measures are now available on the Health Quality and Safety Commission's Dashboard of Health System Quality (***hqsc.govt.nz***).

We also publish information on the New Zealand Government open data website (***data.govt.nz***) and are exploring other suitable platforms. This is the last year we'll publish the 'Supporting Treatment Safety' report in this format.

Summary

Treatment injuries are a result of treatment by a registered health professional

Treatment injuries happen when a person is injured by treatment from a registered health professional. They are a subset of patient harm. You can find out more about what treatment injuries are on ***page 7***.

Partnering to reduce treatment injury

We know that a significant proportion of patient harm is preventable in some way.

We work with the health sector on a wide range of programmes aimed at reducing patient harm. We're working closely with the Ministry of Health (MoH), the Health Quality and Safety Commission (HQSC), District Health Boards (DHBs), clinicians, patients and their family/whānau, and other organisations on a wide range of prevention initiatives.

You can read more about our prevention efforts on ***page 9***.

Claims for treatment injuries increased slightly in 2019/20

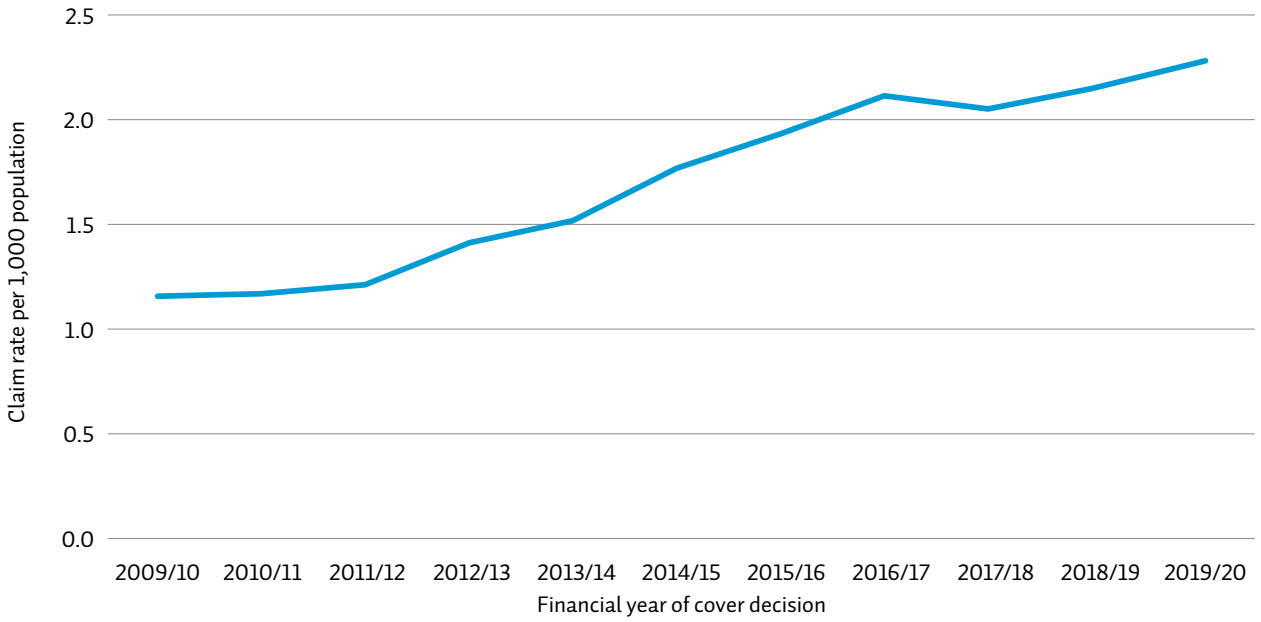
In 2019/20 we made a cover decision on 16,604 claims for treatment injuries and accepted 11,285 claims. Each of these claims represents a person who was harmed during treatment.

This equals a rate of about 2.2 accepted claims per 1,000 population. This rate is nearly double the 2009/10 rate of 1.2 accepted claims per 1,000 population.

The number of claims we accepted increased slightly from 2018/19, following a slight reduction between 2016/17 and 2017/18, after seven straight years of steady growth.

This increase in accepted claims doesn't necessarily mean that more injuries are happening. For instance, it could be that clinicians are becoming better informed about treatment injury and are therefore lodging more claims that meet the criteria for cover.

GRAPH 1: ALL ACCEPTED CLAIMS FOR TREATMENT INJURIES FROM ALL SETTINGS



Most accepted claims were from treatment in public hospitals

Most claims we accepted were from treatment in public hospitals (6,875 claims). Other claims we accepted included:

- 1,545 claims from treatment in private hospitals that were members of the New Zealand Private Surgical Hospital Association (NZPSHA)
- 1,432 claims from treatment in general practice facilities
- 1,433 claims from treatment in other settings such as aged care facilities.

The cost of treatment injuries in the 2019/20 year is $484m

The actual costs and predicted future costs for all treatment injuries in the 2019/20 financial year is $484m. Our predicted liability for the future costs of all treatment injuries we've accepted (from all previous years) now stands at $9.18bn. Declining interest rates over 2019/20 is the main driver of the increase in the liability we hold for these claims.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Treatment injuries are injuries caused by treatment from registered health professionals

We provide cover for people with treatment injuries in line with the Accident Compensation Act 2001 (AC Act).

Treatment injuries are varied, however most only need short term healthcare and have no lasting impact on the injured person. When someone is more severely affected, we can compensate them for lost income and any permanent impairment. We can also provide rehabilitation to help a person:

- return to activity and work
- participate in society
- use their house and vehicle.

How we define 'treatment'

The definition of 'treatment' is broad and includes diagnosis, treatment decisions, as well as failure to provide treatment. In some cases, the cause of the injury is defined as inappropriate treatment in the circumstances. Examples of treatment injuries could include missed cancer diagnosis, a wound infection following surgery, or a medication dispensing error causing an injury.

How we define 'treatment injury'

Treatment injuries are injuries caused by, or at the direction of, a registered health professional, and include injuries caused by a failure to provide appropriate treatment. To be accepted, a treatment injury claim must meet the following requirements:

- an injury has occurred (physical harm or damage to the person)
- the 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.

Not all discomfort, symptoms, or harm experienced by a person having treatment will be accepted as an injury caused by that treatment.

Treatment injuries are a subset of patient harm

Data helps us understand patient harm. An important way to improve safety is to find out more about the types and levels of patient harm. The full extent of patient harm is not known in Aotearoa New Zealand or any other country.

No single set of data provides a full picture of patient safety and harm, but our treatment injury information provides a unique contribution to our overall understanding.

The data we have available in Aotearoa New Zealand includes:

- claims for treatment injuries collected by ACC
- hospital standardised mortality ratios from the MoH
- complications captured by the National Minimum Data Set (NMDS) or by private surgical hospitals
- reports of adverse events to HQSC
- complaints to the Health and Disability Commissioner (HDC)
- deaths in healthcare investigated by Coronial Services.

Supporting safer treatment

We have an important role in supporting safer healthcare, and reducing the harm caused to people through treatment injury. While healthcare professionals are committed to providing safe and effective treatment, sometimes mistakes can happen. That's why we partner with the health sector to co-design and co-implement practical solutions that improve patient safety.

We support the health sector to improve patient safety, by publishing data that identifies potential areas where patient safety can be improved, and to see where change has been achieved. This also contributes to public awareness by engaging New Zealanders in conversations about patient safety.

We work with partners to improve treatment safety

Working collaboratively and using evidence-based approaches is the best way to improve treatment safety. We work in partnership with patients, clinicians, and other stakeholders across the health sector on a range of initiatives.

Our goal is straightforward – to reduce the burden of harm to patients, their families and whānau.

Improving treatment safety also helps us manage the financial impact of treatment injury and contributes to good stewardship of the overall ACC Scheme to benefit all New Zealanders.

Our Treatment Safety team works with the health sector, patients and their family/whānau on a range of initiatives to reduce the incidence and severity of treatment injuries.

We focus on injuries that:

- occur often
- have a significant impact on patients and family/whānau
- are highly preventable.

Data informs prevention programmes

We use information about treatment injuries to help us identify areas or injury types where we believe prevention programmes may be effective. We're currently focused on:

- healthcare associated infections
- medication safety
- neonatal encephalopathy
- pressure injuries
- surgical harm
- surgical mesh harm.

These injuries all have preventable aspects and result in high claims volumes and/or costs.

TABLE 1: CLAIM NUMBERS AND COSTS FOR SELECTED TREATMENT INJURY TYPES

Injury type	Accepted in 2019/20	Active in 2019/20	Payments in 2019/20
Healthcare associated infections	3,098	4,756	$25,783,347
Medication safety	1,152	1,769	$19,027,147
Neonatal encephalopathy	13	135	$23,975,941
Perioperative harm (excluding infection)	1,044	2,464	$44,882,880
Pressure injuries*	578	647	$1,271,657
Surgical mesh harm	182	466	$6,962,414

* Only considers pressure injuries lodged as claims for treatment injury.

Adverse event reviews

When things do go wrong, we know that healthcare facilities need support to learn and improve.

To support the healthcare facilities, we're piloting a human-factors approach with four DHBs (Southern, Taranaki, Canterbury, and Capital & Coast) to enhance learning from adverse events and understand how to make meaningful improvements.

This pilot approach involves using experts in human factors and working with services to develop training using a systems approach.

Healthcare associated infections

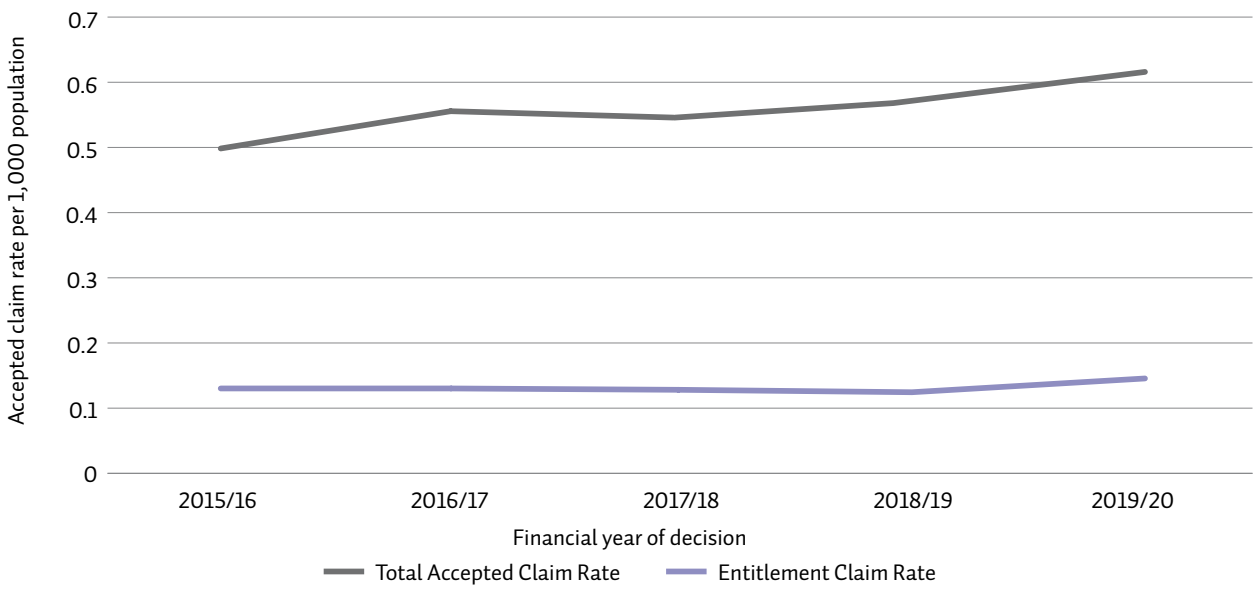
Healthcare associated infections (HAI) are acquired in hospitals or other healthcare facilities. They're the most common form of patient harm and the most frequent cause of claims for treatment injuries.

We're targeting a reduction in the incidence and severity of HAIs via a national programme focused on five key areas:

- developing HAI guiding principles
- reducing complications with peripheral intravenous cannulas (PIVC) – nine DHBs and two private hospitals are engaged with our 'Know Your IV Lines' programme
- designing and implementing a New Zealand focused aseptic technique education package
- national antibiotic guidelines
- supporting the rollout of ICNet; an infection detection and surveillance platform which is now live in eight DHBs with another four working towards implementation.

We're working alongside the health sector in public and private hospitals and in general practice settings on these prevention initiatives.

GRAPH 2: CLAIMS WE ACCEPTED FOR HAI



See ***page 26*** for more information about entitlement claims.

TABLE 2: ACCEPTED HAI CLAIMS BY FINANCIAL YEAR

		Financial year				
		2015/16	**2016/17**	**2017/18**	**2018/19**	**2019/20**
New claims accepted		2,334	2,637	2,653	2,807	3,098
Entitlement claims accepted		585	617	609	601	712
Total active claims		**3,289**	**3,745**	**4,051**	**4,180**	**4,756**
Cost breakdown	Compensation	$6,275,183	$7,486,356	$7,787,417	$8,633,121	$10,504,922
	Rehabilitation	$4,062,495	$5,798,875	$5,729,049	$5,622,855	$6,210,604
	Treatment	$6,723,544	$7,687,088	$8,161,424	$7,714,974	$9,067,821
Total cost of active claims		**$17,061,223**	**$20,972,318**	**$21,677,891**	**$21,970,949**	**$25,783,347**

Medication safety

Fetal Anti-Convulsant Syndrome (FACS), which can be caused by exposure to anti-convulsant medicines in utero, is the key focus of our medication safety programme.

We're working with experts from across the sector to inform people who could become pregnant, their families and their health providers about the effects of taking anti-seizure or mood stabilising medicines during pregnancy.

FACS has a life-long impact on affected children and their family/whānau. It can cause physical malformations such as heart defects, cleft palate, and spina bifida, as well as learning and behavioural difficulties.

The average lifetime cost to ACC of a single FACS claim is estimated at $7 million. A single severe claim is estimated to cost ACC between $5 million and $25 million, which is an indication of the impact on the person.

Our goals are to:

- raise awareness of the risks and benefits of anti-convulsant medications, and
- reduce the prescribing rate of sodium valproate (which has the highest risk) for people who may become pregnant.

We are beginning to see a reduction in female patients of child-bearing age being prescribed sodium valproate.

Medication Adverse Reactions

GRAPH 3: CLAIMS WE ACCEPTED FOR ALL MEDICATION ADVERSE REACTIONS (INCLUDING FACS)

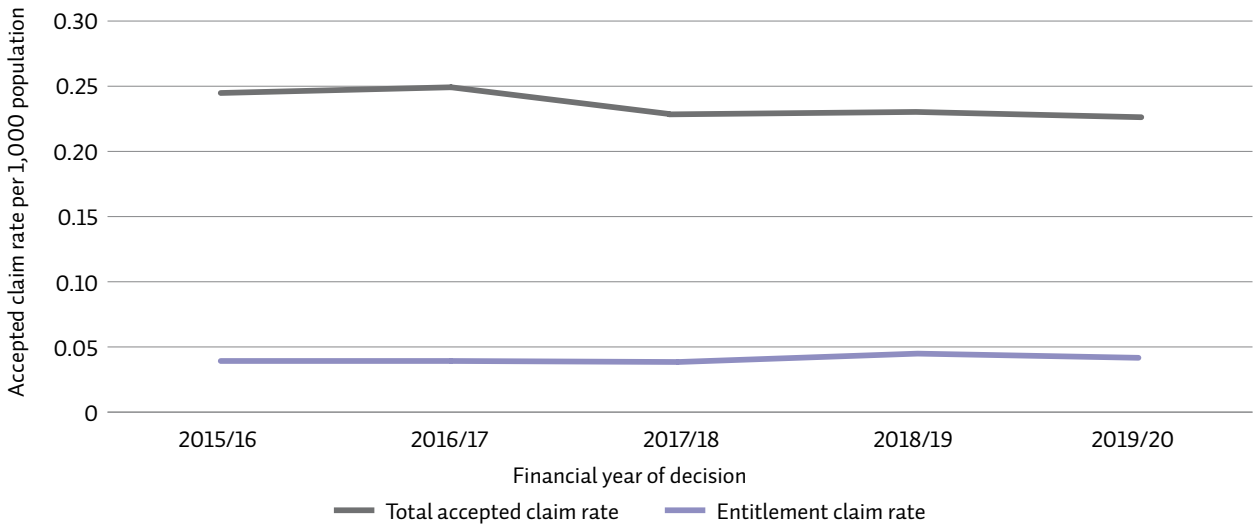


TABLE 3: MEDICATION ADVERSE REACTION CLAIMS BY FINANCIAL YEAR

		Financial year				
		2015/16	**2016/17**	**2017/18**	**2018/19**	**2019/20**
New claims accepted		1,146	1,201	1,104	1,145	1,152
Entitlement claims accepted		188	186	183	219	203
Total active claims		**1,534**	**1,606**	**1,616**	**1,623**	**1,769**
Cost breakdown	Compensation	$4,845,301	$4,959,219	$5,510,374	$6,752,895	$6,732,226
	Rehabilitation	$4,108,489	$5,980,567	$6,340,186	$6,875,271	$10,304,050
	Treatment	$1,163,053	$1,292,352	$1,475,074	$1,775,351	$1,990,871
Total cost of active claims		**$10,116,844**	**$12,232,138**	**$13,325,634**	**$15,403,517**	**$19,027,147**

Neonatal encephalopathy

Neonatal encephalopathy (NE) is a syndrome of disturbed neurological function in a newborn. The most frequent cause of NE is lack of oxygen to the foetus at some point during pregnancy or birth.

The long-term effects can include:

- severe intellectual disability
- learning difficulties
- cerebral palsy
- epilepsy
- visual impairment.

While the number of NE cases is low overall, the impact on the person and their family/whānau is extremely high and lasts throughout the person's lifetime. The cost to us is also high; the predicted lifetime cost of a serious case of NE can be up to $45 million.

To reduce the incidence and impact of NE injuries we convene the NE Taskforce that brings together expert representatives including healthcare providers, clinicians, professional bodies, government agencies, and consumer representatives.

We're implementing a large programme of work, based on research commissioned by the NE Taskforce into the preventable causes of NE. It has four priority areas:

- growth assessment programme
- fetal monitoring
- newborn observation chart and newborn early warning score
- umbilical cord lactate testing.

Some of these initiatives are now up and running in District Health Boards (DHBs) around the country, and others are in the planning stages.

TABLE 4: ACCEPTED NEONATAL ENCEPHALOPATHY CLAIMS BY FINANCIAL YEAR

		Financial year				
		2015/16	**2016/17**	**2017/18**	**2018/19**	**2019/20**
New claims accepted		14	17	25	17	13
Entitlement claims accepted		14	17	25	17	13
Total active claims		**106**	**126**	**136**	**136**	**135**
Cost breakdown	Compensation	$651,709	$883,994	$799,494	$938,685	$2,808,836
	Rehabilitation	$11,114,809	$14,253,042	$16,849,352	$17,945,914	$19,909,167
	Treatment	$826,699	$973,693	$617,709	$757,827	$1,257,937
Total cost of active claims		**$12,593,217**	**$16,110,730**	**$18,266,554**	**$19,642,426**	**$23,975,941**

Pressure injuries

A pressure injury can happen when someone stays in one position too long, causing their skin and flesh to become damaged. The damage can range from a blister to a deep, open wound that can be difficult to treat and take months of recovery.

Pressure injuries impact the health system and reduce quality of life for those affected. In the most severe cases, they can cause death.

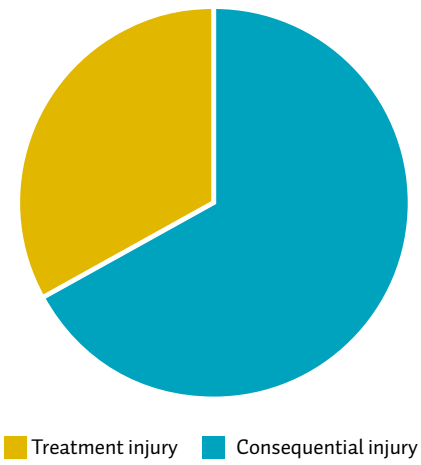
We're working with the health sector to reduce the impact of pressure injuries by:

- implementing the Guiding Principles for Pressure Injury Prevention and Management in DHBs around the country – 19 DHBs are now implementing these principles
- prevention and treatment of pressure injuries for people with spinal cord injuries (SCI) and implementing a consensus statement developed by a working group of clinical and consumer experts
- reviewing pressure injury education for the regulated and unregulated health workforce
- developing peer-to-peer education videos and a set of 'No Pressure' PI prevention resources including a patient focused flyer in 15 languages, three posters and a classification chart for clinicians
- investigating opportunities within ACC to improve pressure injury prevention.

Pressure injury claims

Our treatment injury claim data doesn't capture the full extent of pressure injuries. Pressure injuries are often a consequence of other serious injuries, such as spinal cord injuries (SCIs) and traumatic brain injuries (TBIs). These 'consequential' injuries are often not recorded as treatment injuries in our data, but we can find evidence of them in accident claims.

FIGURE 1: PRESSURE INJURY CLAIMS 2015/16 – 2019/20



Treatment injuries

GRAPH 4: CLAIMS WE ACCEPTED FOR PRESSURE INJURIES

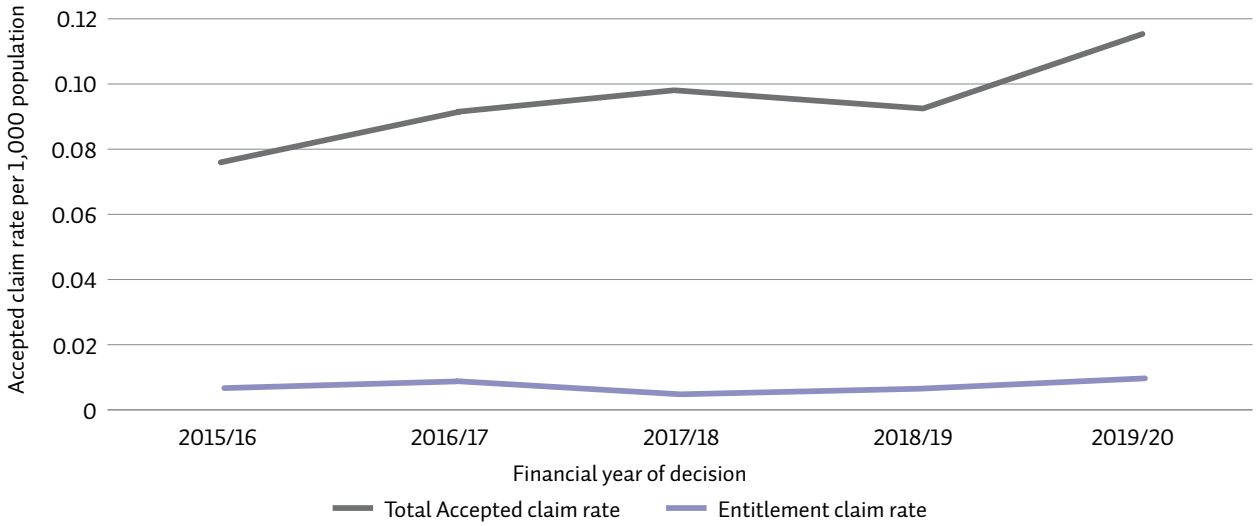
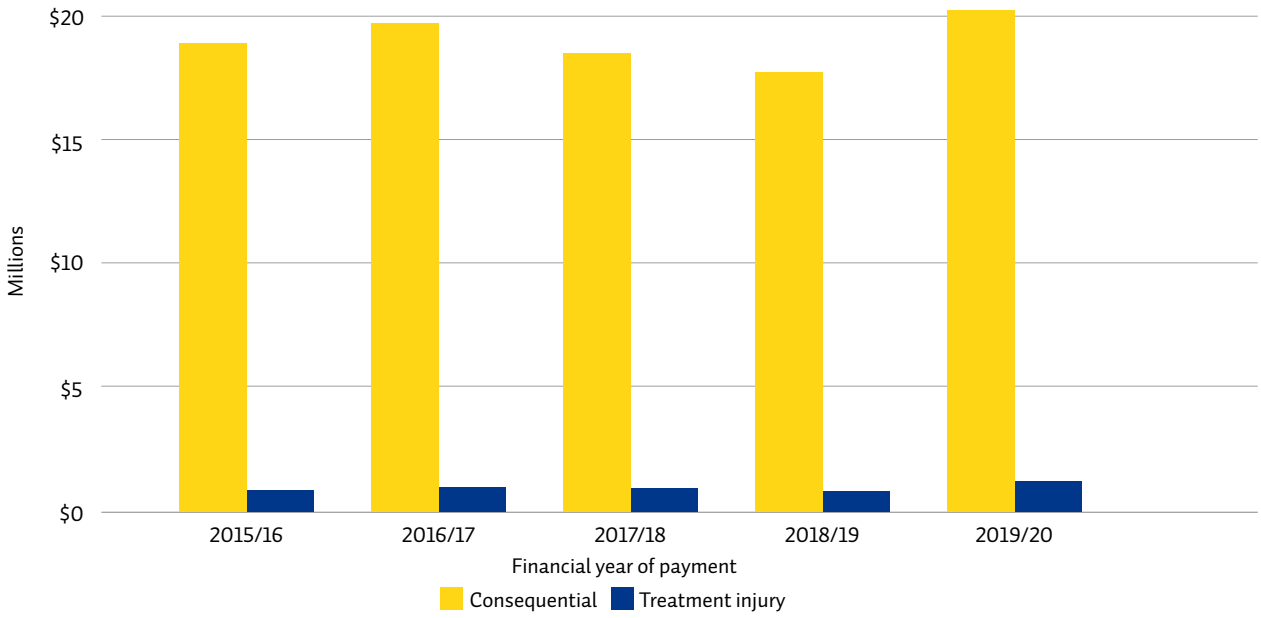


TABLE 5: ACCEPTED PRESSURE INJURY CLAIMS BY FINANCIAL YEAR

		Financial year				
		2015/16	**2016/17**	**2017/18**	**2018/19**	**2019/20**
New claims accepted		347	433	471	459	578
Entitlement claims accepted		31	44	27	33	49
Total active claims		**391**	**455**	**555**	**553**	**647**
Cost breakdown	Compensation	$191,303	$267,240	$77,220	$108,671	$134,450
	Rehabilitation	$493,935	$441,172	$608,164	$448,412	$538,049
	Treatment	$246,769	$327,856	$309,222	$322,607	$599,158
Total cost of active claims		**$932,006**	**$1,036,269**	**$994,606**	**$879,690**	**$1,271,657**

Costs for pressure injuries

GRAPH 5: ESTIMATE OF ANNUAL PRESSURE INJURY COSTS BY FINANCIAL YEAR – CONSEQUENTIAL AND TREATMENT INJURIES



Surgical harm

The number and cost of surgery-related (perioperative) treatment injury claims is increasing. These injuries cause significant harm to people affected.

We've partnered with The University of Auckland School of Medicine to deliver the NetworkZ programme – a surgical simulation-based team training programme – to surgical teams around the country to help address this rise. State-of-the-art surgical simulation suites are being installed in all DHBs to support multidisciplinary teams to train together in a realistic environment.

The programme is being implemented in four cohorts of five DHBs each. Three cohorts are complete, and the fourth cohort is due to be completed by February 2022.

GRAPH 6: CLAIMS WE ACCEPTED FOR SURGERY RELATED INJURIES

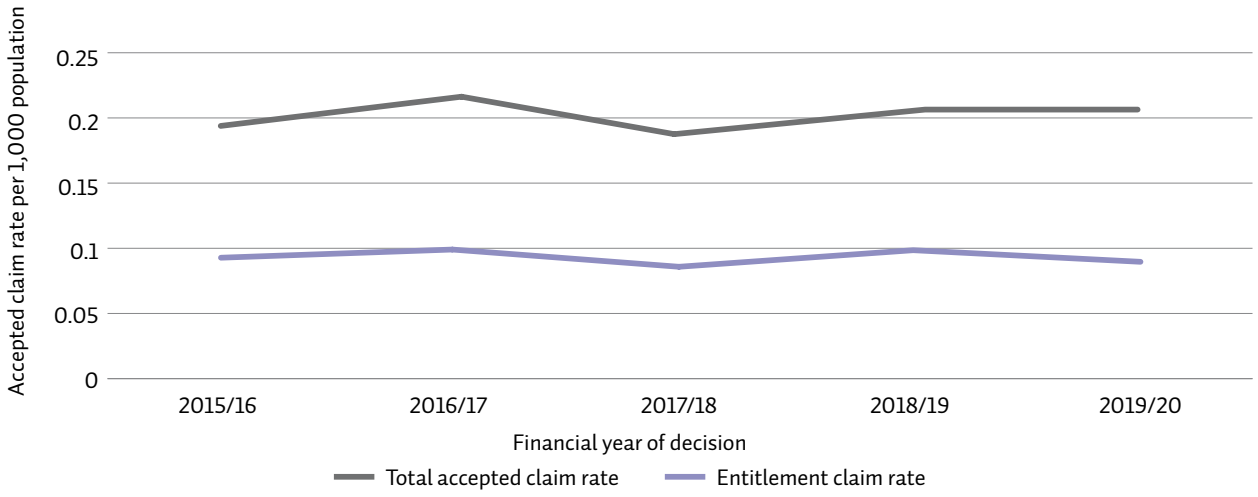


TABLE 6: ACCEPTED SURGERY-RELATED CLAIMS BY FINANCIAL YEAR

		Financial year				
		2015/16	**2016/17**	**2017/18**	**2018/19**	**2019/20**
New claims accepted		901	1,026	897	1,016	1,044
Entitlement claims accepted		431	470	428	490	455
Total active claims		**1,902**	**2,124**	**2,155**	**2,357**	**2,464**
Cost breakdown	Compensation	$11,523,337	$12,748,638	$12,983,052	$16,529,308	$18,026,525
	Rehabilitation	$12,178,135	$14,307,984	$16,318,961	$18,323,495	$21,421,840
	Treatment	$4,353,091	$5,049,288	$5,021,153	$5,638,450	$5,434,515
Total cost of active claims		**$28,054,564**	**$32,105,909**	**$34,323,165**	**$40,491,253**	**$44,882,880**

Surgical mesh harm

We're partnering with the Ministry of Health to develop an education and skills programme designed to prevent injuries related to surgical mesh harm.

This aims to improve surgical skills in mesh placement, patient selection and recognition of mesh-related complications and upskill surgeons in the complex process of removing mesh when appropriate.

GRAPH 7: CLAIMS WE ACCEPTED FOR SURGICAL MESH HARM

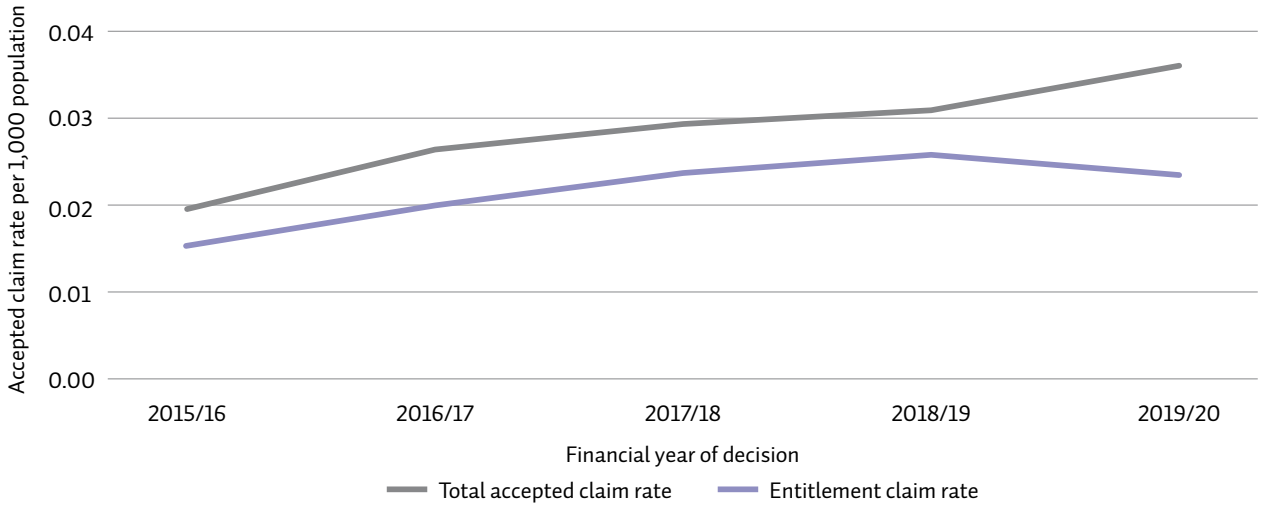


TABLE 7: ACCEPTED SURGICAL MESH HARM BY FINANCIAL YEAR

		Financial year				
		2015/16	**2016/17**	**2017/18**	**2018/19**	**2019/20**
New claims accepted		92	126	144	153	182
Entitlement claims accepted		72	95	115	128	119
Total active claims		**214**	**272**	**330**	**378**	**466**
Cost breakdown	Compensation	$1,403,449	$1,600,635	$1,882,783	$2,240,979	$3,281,635
	Rehabilitation	$434,607	$507,311	$565,701	$596,088	$729,934
	Treatment	$1,100,766	$1,309,589	$1,625,414	$1,760,336	$2,950,845
Total cost of active claims		**$2,938,823**	**$3,417,535**	**$4,073,898**	**$4,597,402**	**$6,962,414**

Treatment injury rates

Setting

Nearly 75% of all accepted claims for treatment injuries in 2019/20 were a result of treatment in public or private hospitals (members of NZPSHA). Because of this, we prioritised the establishment of partnerships and initiatives within hospitals. You can find more information on ***page* 9**.

In 2019/20, 61% of accepted claims for treatment injuries were the result of treatment in public hospitals, 14% in private hospitals, 13% in general practice settings, and the remainder in other locations (including aged residential care and rooms-based treatments by specialists).

TABLE 8: CLAIMS WE ACCEPTED BY TREATMENT SETTING OVER THE LAST FIVE YEARS

	Financial year of decision				
Setting	**2015/16**	**2016/17**	**2017/18**	**2018/19**	**2019/20**
Public hospitals	5,052	5,737	5,760	6,231	6,875
Private hospitals (members of NZPSHA)	1,262	1,352	1,277	1,466	1,545
General practice setting	1,284	1,421	1,388	1,428	1,432
Other	1,344	1,450	1,417	1,381	1,433
Total	**8,942**	**9,960**	**9,842**	**10,506**	**11,285**

Population and services offered vary by healthcare setting

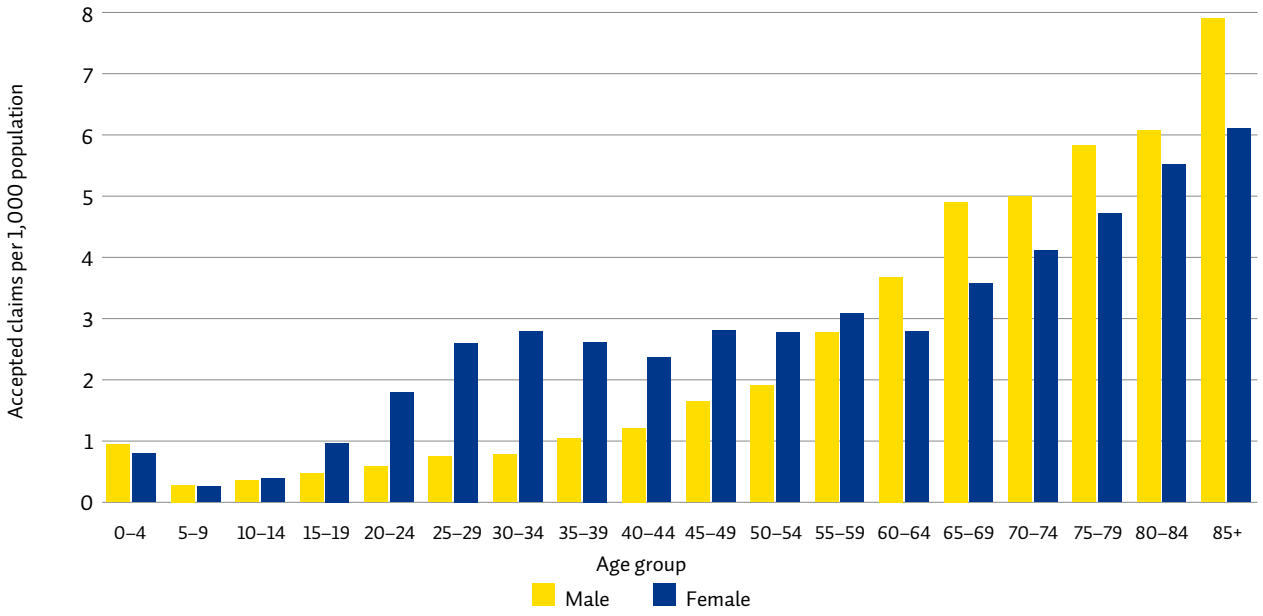
Direct comparisons between healthcare settings are difficult to make. Different treatment settings provide different types of treatments, surgery, and services. These activities carry different risks of injury to the patient, meaning that each facility has its own unique level of risk.

Additionally, each setting or region has its own unique population, impacting the likelihood of treatment injury occurring. For example, some service areas have higher levels of health conditions like diabetes and obesity. Others may have more older people or a different ethnic mix, and some may have higher levels of socio-economic disadvantage.

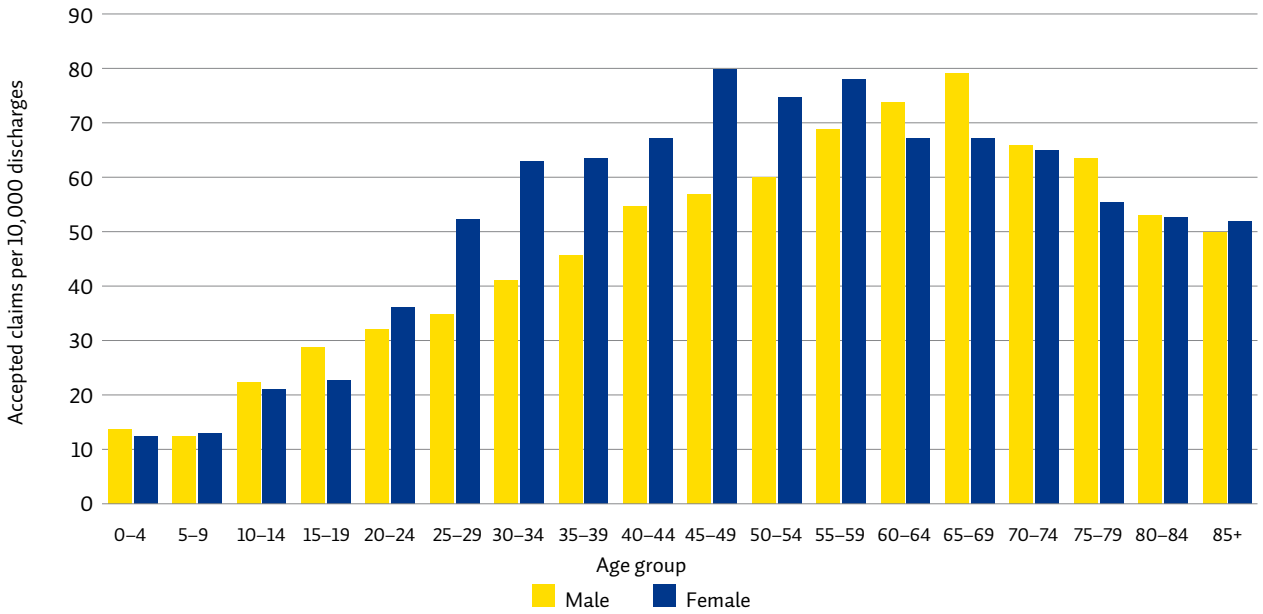
Age and gender

Treatment injury rates vary by age and gender. This is because people of different ages and genders use treatment services in different ways and amounts. These patterns don't necessarily reflect an increased risk of injury per treatment.

GRAPH 8: CLAIMS WE ACCEPTED IN 2019/20 – RATE PER 1,000 POPULATION



GRAPH 9: CLAIMS WE ACCEPTED FROM DHBS 2019/20 – RATE PER 10,000 DISCHARGES

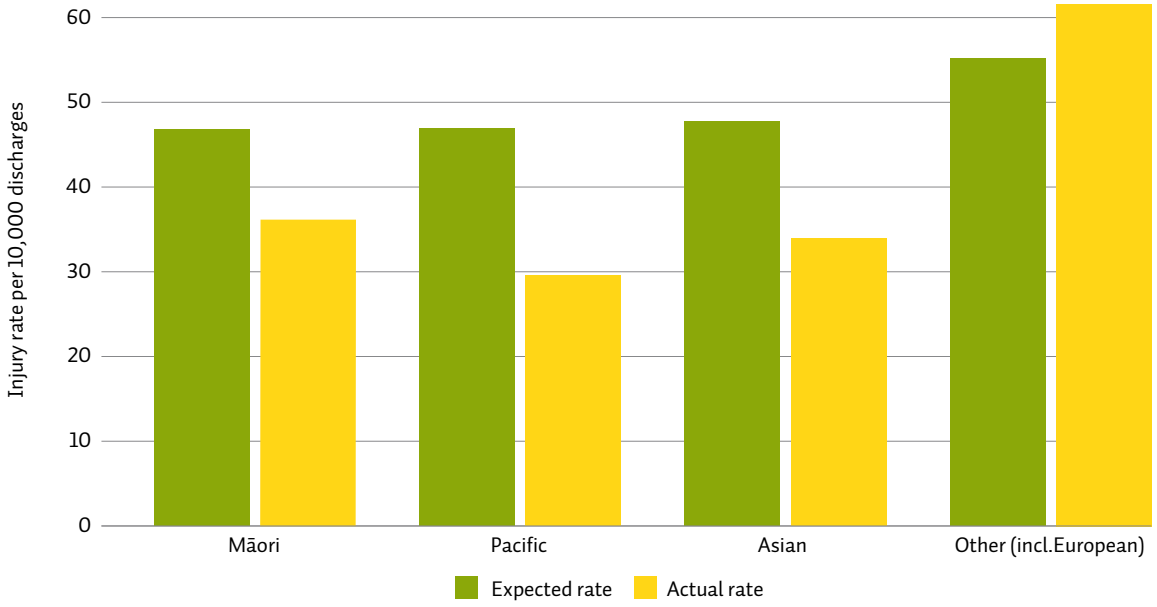


Ethnicity

The 'other' (including European) population group has a higher rate of treatment injury than other population groups. This is because fewer elderly Māori, Pacific, and Asian patients are admitted to public hospitals compared to the rest of the population. As treatment injury risk increases with age, this puts these populations at a lower risk of injury overall.

Based on age and gender differences alone, we created a 'Standardised rate' of injury per discharge to compare with an 'Actual rate'. The 'Actual rate' is the true rate of accepted claims for treatment injuries. Any difference between these two values is not explained by the age or gender distribution.

GRAPH 10: DHB STANDARDISED AND ACTUAL INJURY RATES BY ETHNICITY: 2014/15 – 2019/20



Measuring the impact of treatment injuries

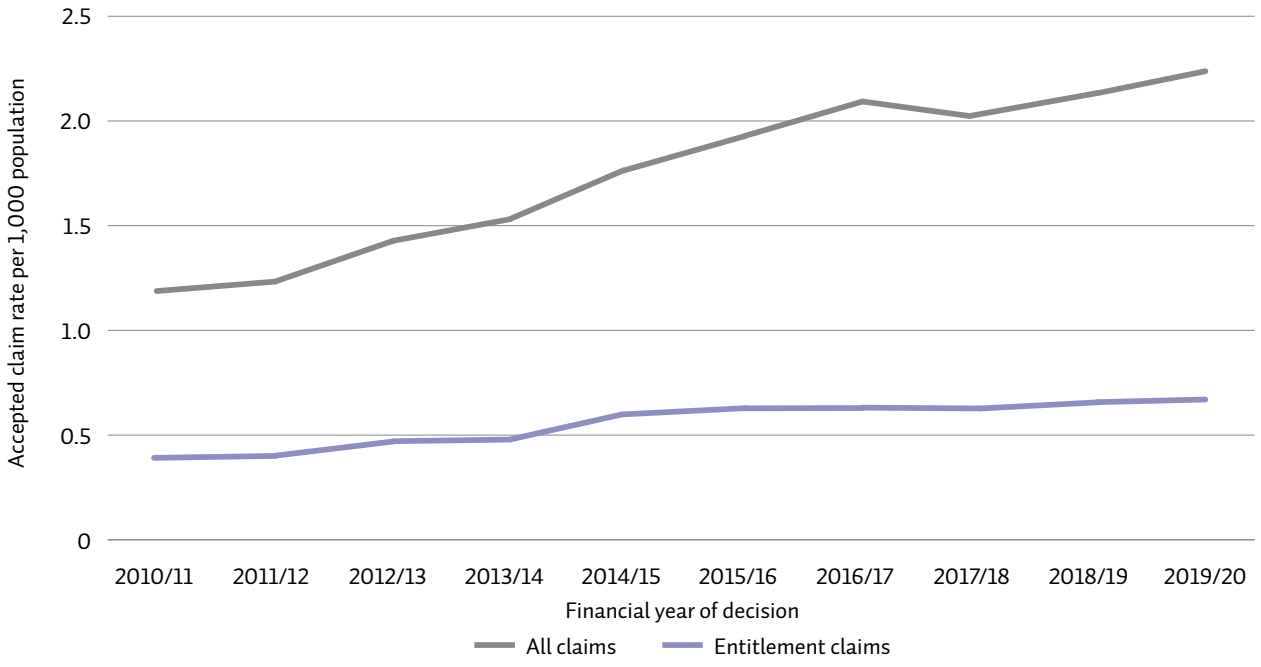
It's difficult to measure the impact of a treatment injury on a person. However, the overall cost to date, and the predicted cost of the claim, are useful indicators of the severity of the injury. The higher the cost of the claim, the more medical treatment, rehabilitation, support, and compensation for time off work the person is likely to have had.

Entitlement claims grew at a lower rate than accepted claims

We use the term 'entitlement claim' to help us distinguish between lower and higher impact claims. 'Entitlement claim' means the person has received support beyond medical treatment for their injury. This extra support can take the form of weekly compensation for any lost earnings, rehabilitation and support to continue their daily life.

The growth rate of entitlement claims for treatment injuries between 2009/10 and 2019/20 is lower than the total growth rate of accepted claims for treatment injuries per 1,000 population.

GRAPH 11: ALL CLAIMS AND ENTITLEMENT CLAIMS WE ACCEPTED IN ALL SETTINGS



Treatment injuries create significant cost

To help us understand the short and long term costs of a treatment injury, we look at the costs of claims in different ways. These include:

- future costs for the lifetime of the claim
- costs paid for active claims each year
- actual costs incurred in the years after the claim is accepted (for example, if the injury happened before 2018/19, but payments are still being made in 2019/20).

Future costs

Outstanding claims liability (OCL) is a term we use to estimate the money we need to put aside to cover the lifetime cost of claims for treatment injuries. OCL includes all future treatment, care, and support for people who have already been injured.

Current OCL

The OCL for claims for treatment injuries was $ $9.18 billion as at 30 June 2020. This has increased from $7.51 billion in 2018/19 mostly due to declining interest rates. Because the OCL is the lifetime cost of supporting all existing injury claims into the future, it is highly sensitive to changes in long term interest rates.

Incurred costs

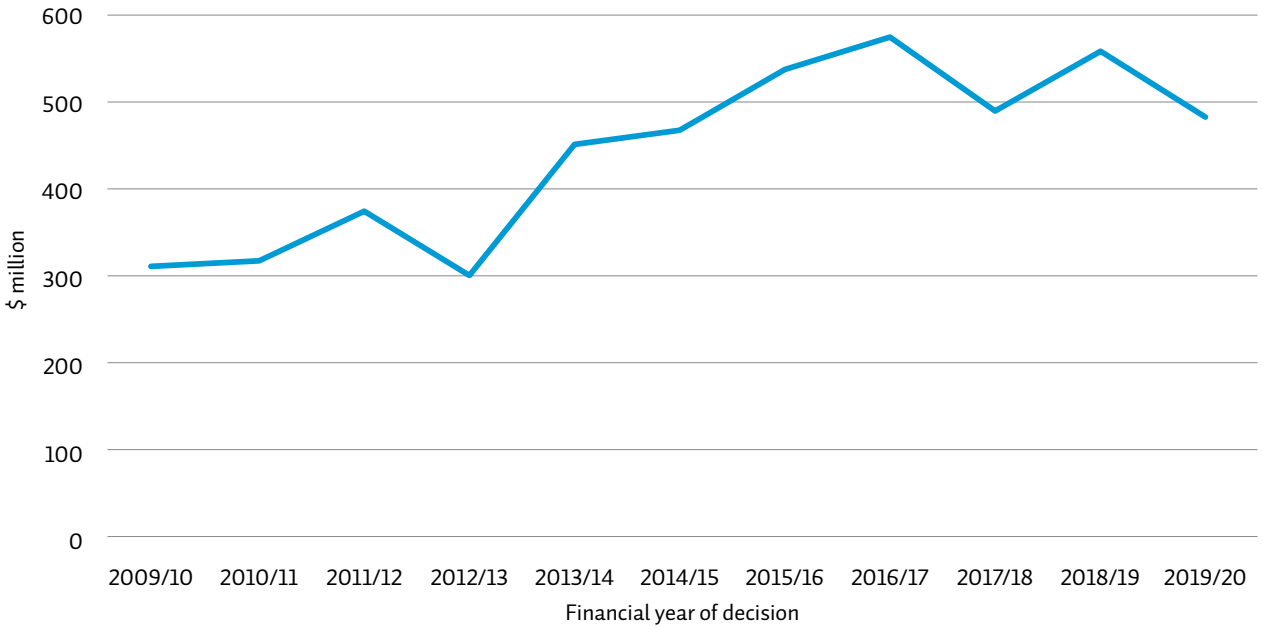
'Incurred costs' is a term we use for costs that will cover the lifetime of the claim. The actual and predicted costs reflect the cost of treatment, expected ongoing care, support and rehabilitation for people harmed while receiving medical treatment.

See ***page 42*** in the glossary for a full definition of 'incurred costs'.

Current estimate of incurred costs

We estimate a cost of $484 million for the lifetime of all claims for treatment injuries that occurred in 2019/20. Since 2009/10, incurred costs have increased by 55%.

GRAPH 12: INCURRED COSTS FOR ALL CLAIMS FOR TREATMENT INJURIES IN ALL SETTINGS, BY FINANCIAL YEAR

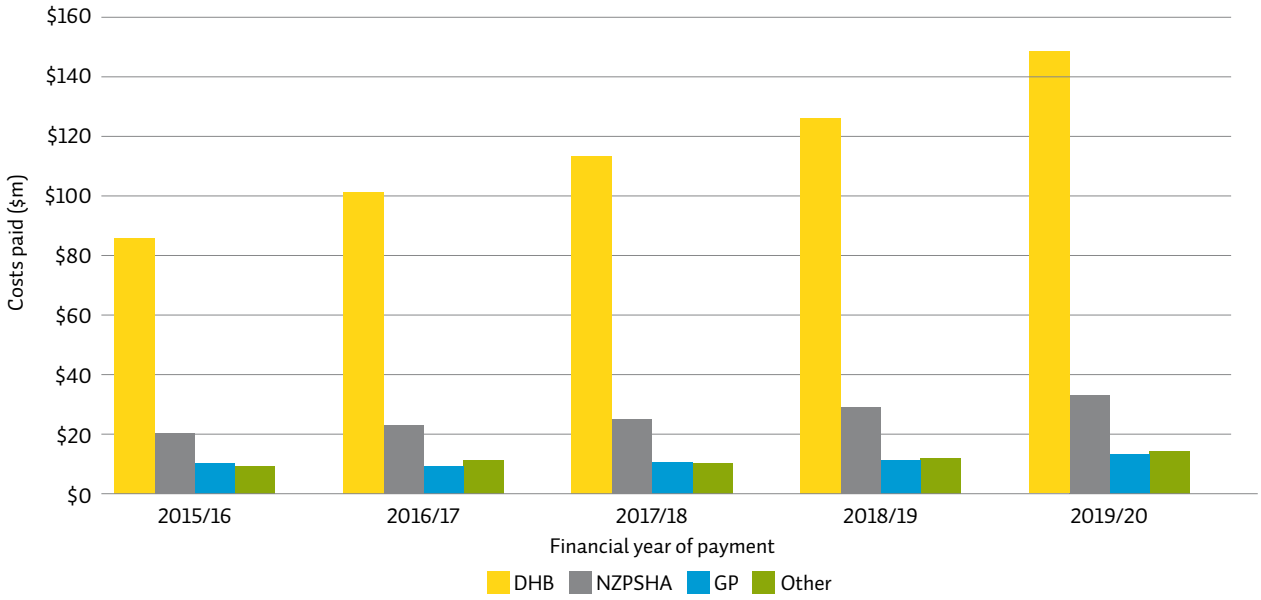


Costs paid

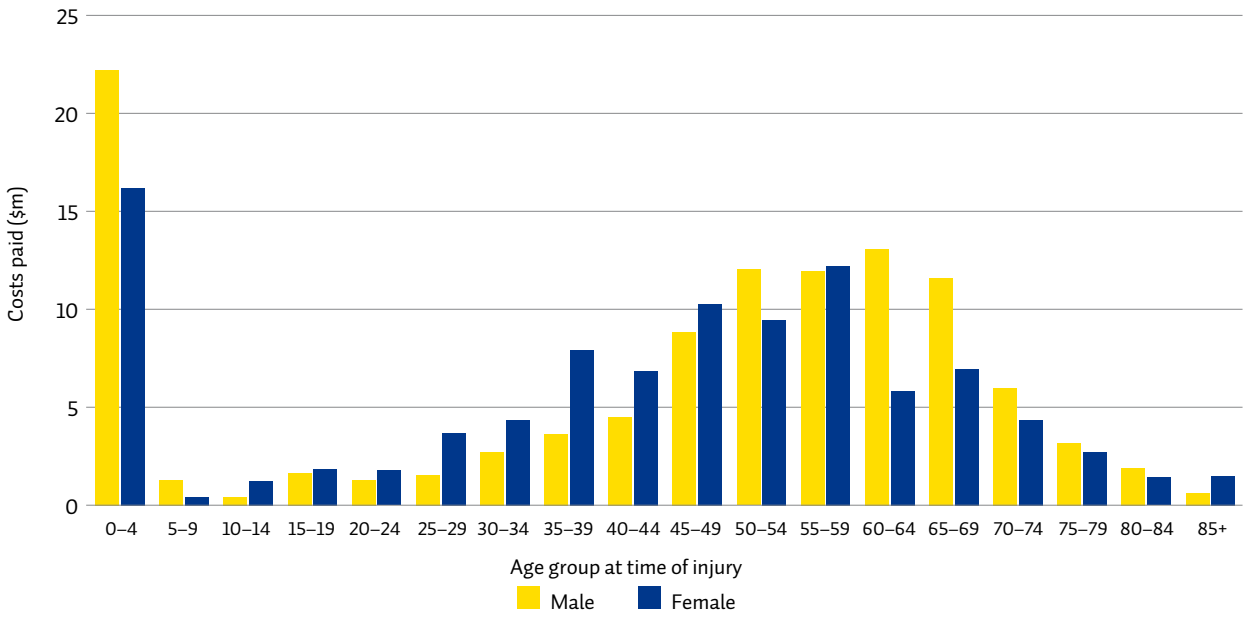
We paid $209 million for active treatment injury claims in 2019/20. An active claim means we paid for the person affected to have treatment, rehabilitation or support during the year.

This amount doesn't include the expected lifetime costs of claims. However, it can help to show the relative impact of different treatment injury settings. Not included are treatment costs for acute services (in a public hospital emergency department), as these are covered by the Public Hospital Acute Services (PHAS) payments, which we contribute to via Vote Health.

GRAPH 13: COSTS WE PAID FOR ACTIVE CLAIMS BY TREATMENT SETTING AND PAYMENT YEAR



GRAPH 14: COSTS WE PAID IN 2019/20 FOR ACTIVE TREATMENT INJURY CLAIMS BY AGE AND GENDER



Helping health professionals understand treatment injuries

We've published clearer guidance for registered health professionals to help them identify treatment injuries, understand when to lodge a claim, and provide the information we need to make a decision on the claim.

Our Treatment Injury Claim Lodgement Guide assists clinicians, patients, and support staff to better understand the criteria for treatment injury. The guide is available at ***acc.co.nz/treatmentsafety***.

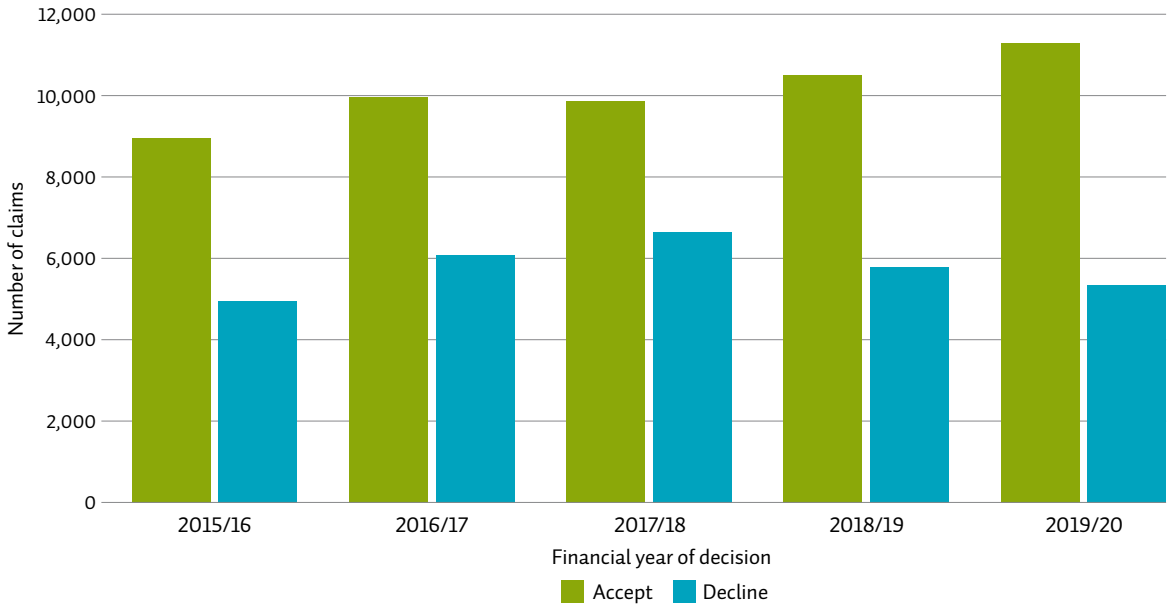
We have also worked with the sector to develop detailed guidance for some specific injury types including:

- pelvic surgical mesh treatment injuries
- abdominal wall hernia mesh treatment injuries
- perineal injuries during childbirth
- injuries following in utero exposure to sodium valproate.

Claim lodgement is improving

We may be seeing some improvement in claim lodgement. In 2019/20 we accepted 68.0% claims for treatment injury compared with 64.5% in 2015/16. During the same period, the number of claims we made a decision on increased (from 13,868 in 2015/16 to 16,604 in 2019/20).

GRAPH 15: ACCEPTED AND DECLINED TREATMENT INJURY CLAIMS BY FINANCIAL YEAR OF DECISION



We declined some claims for treatment injuries

64% of declined claims didn't have an injury caused by treatment

- For 34%, there was no physical injury
- For 28%, there was no causal link between the treatment and the injury
- For 2%, the diagnosis was the result of an underlying health condition

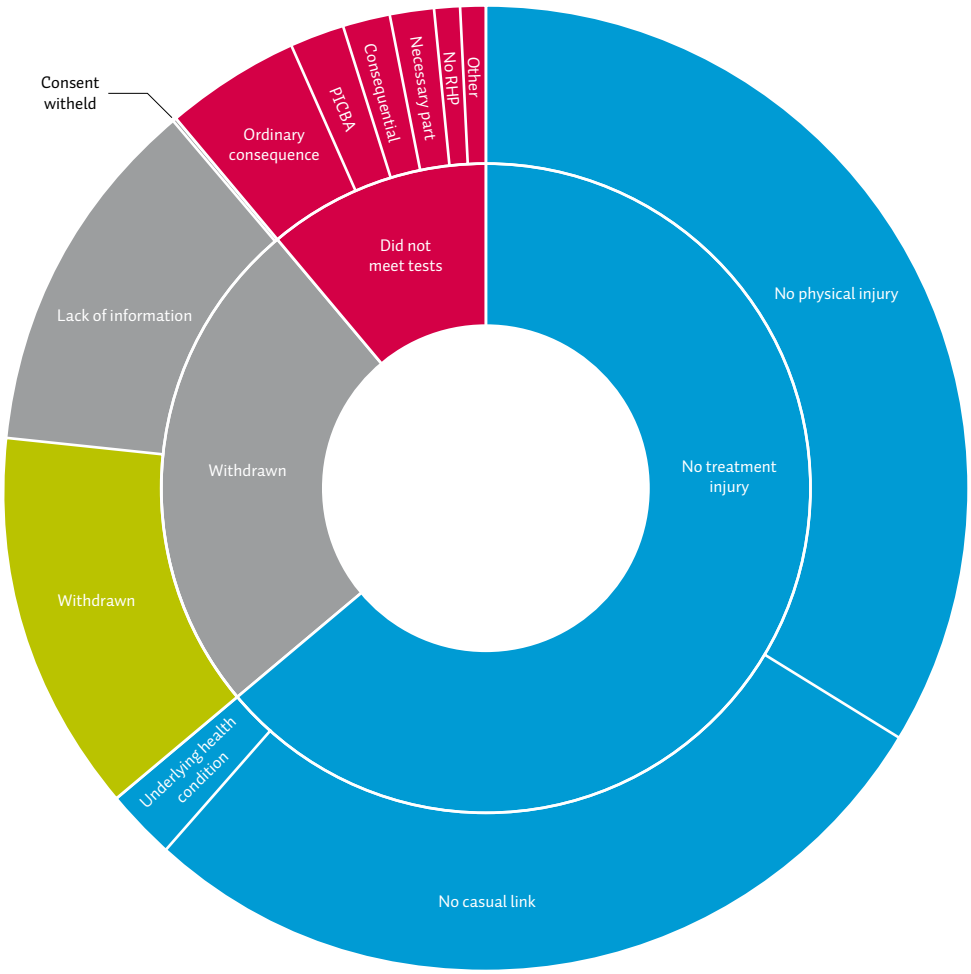
11% of declined claims didn't meet the criteria to be a treatment injury

- 4% were an 'ordinary consequence' of the treatment
- 1% were a necessary part of the treatment
- 2% were considered to be 'personal injury caused by accident' (PICBA) claims and may have been accepted for cover as PICBA claims rather than treatment injury
- 2% were already covered under an existing ACC claim
- 1% didn't involve a registered health professional in the treatment
- 1% other

25% of claims were declined because the claim was withdrawn or insufficient information was provided

- 13% were withdrawn
- 12% had insufficient information to make a decision within nine months (the timeframe required by law)

FIGURE 2: REASONS WE DECLINED TREATMENT INJURY CLAIMS IN 2019/20



Treatment injury rates vary by setting

Making direct comparisons between treatment settings often can't be done and can lead to misinterpretation. The best way to compare rates of treatment injury is within the same treatment setting over time.

During 2019/20 we saw an increase in the rate of decided treatment injury claims per hospital discharge across hospital settings. This is largely because the number of hospital discharges, and treatment delivered declined due to the COVID-19 lockdown, during which time we were able to reduce the backlog of treatment injury claim decisions. This has artificially increased the rate of accepted claims for hospital settings.

Public hospitals

According to Ministry of Health data, 1.13 million people were discharged after treatment at a public hospital in 2019/20. In the same period, we accepted 6,875 claims for treatment injuries from public hospital treatment.

Overall 0.61% of patient discharges from public hospitals resulted in an accepted claim for a treatment injury (that is 60.9 accepted claims for treatment injuries per 10,000 discharges).

This proportion increased from 0.45% in 2015/16 (45.4 accepted claims for treatment injuries per 10,000 discharges). The proportion of treatment injury from DHBs we accepted has increased from 65.8% in 2017/18 to 74.3% in 2019/20.

GRAPH 16: ACCEPTED CLAIMS PER 10,000 DISCHARGES FROM PUBLIC HOSPITALS (DHBS)

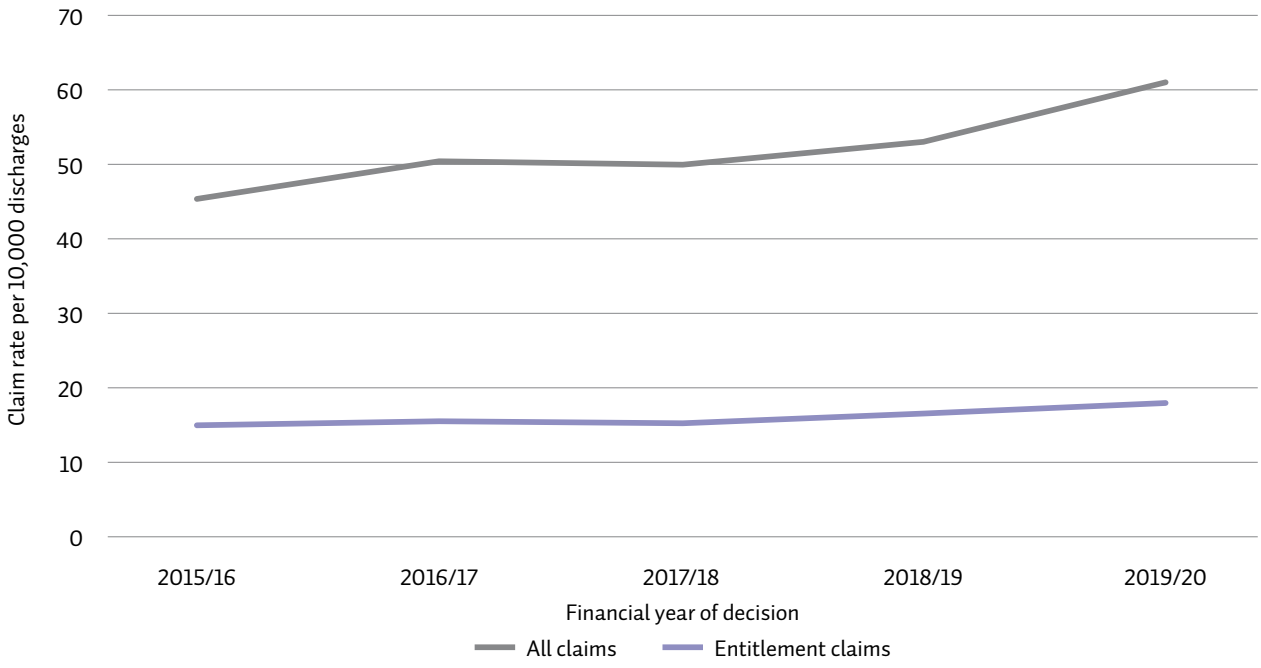


TABLE 9: CLAIMS FOR TREATMENT INJURIES AT PUBLIC HOSPITALS (DHBS)

		Financial year of decision				
		2015/16	2016/17	2017/18	2018/19	2019/20
Accept	Number	5,052	5,737	5,760	6,231	6,875
	%	69	68	66	72	74
Decline	Number	2,225	2,735	2,991	2,469	2,373
	%	31	32	34	28	26
Total Decided Claims		**7,277**	**8,472**	**8,751**	**8,700**	**9,248**
Entitlement Claims		**1,655**	**1,762**	**1,754**	**1,934**	**2,016**

Private surgical hospitals

In 2019/20 184,426 people were discharged after treatment at private surgical hospitals (members of NZPSHA). We accepted 1,545 claims for treatment injuries due to treatment at private surgical hospitals. Overall 0.84% of discharges from a private surgical hospital resulted in an accepted claim for a treatment injury (that is 83.8 accepted claims for treatment injuries per 10,000 discharges).

Claim rates per 10,000 discharges are only available for the past three years.

GRAPH 17: ACCEPTED CLAIMS FOR TREATMENT INJURIES AT PRIVATE SURGICAL HOSPITALS (MEMBERS OF NZPSHA)

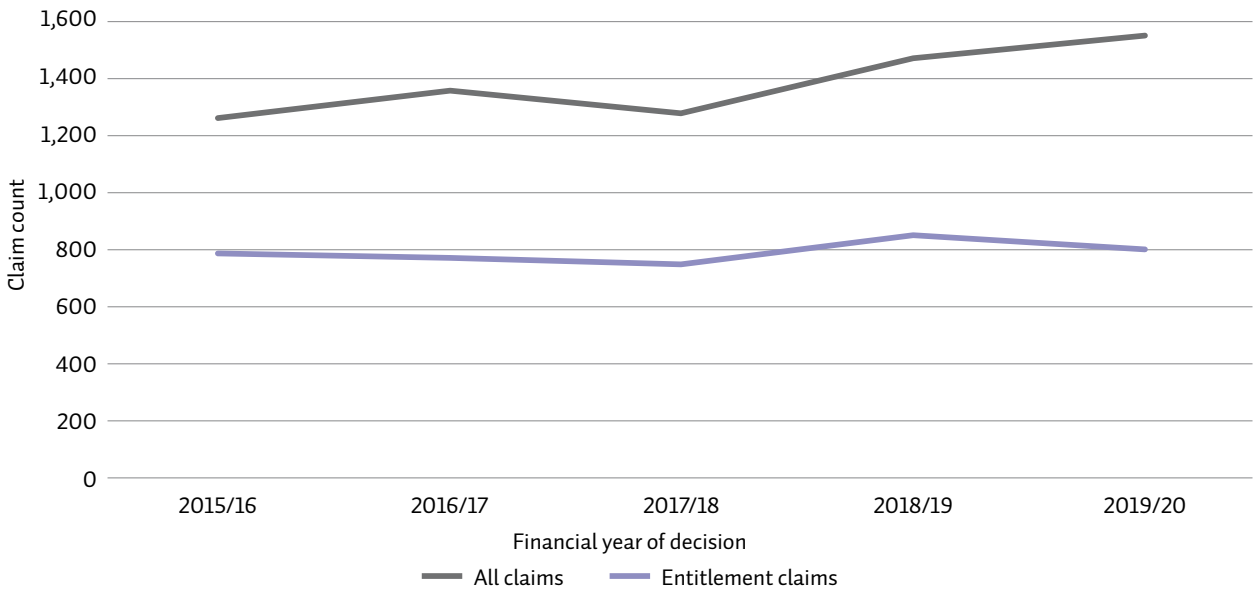


TABLE 10: CLAIMS FOR TREATMENT INJURIES AT PRIVATE SURGICAL HOSPITALS (MEMBERS OF NZPSHA)

		Financial year of decision				
		2015/16	2016/17	2017/18	2018/19	2019/20
Accept	Number	1,262	1,352	1,277	1,466	1,545
	%	77	76	73	79	81
Decline	Number	387	438	473	392	355
	%	23	24	27	21	19
Total Decided Claims		**1,649**	**1,790**	**1,750**	**1,858**	**1,900**
Entitlement Claims		**785**	**772**	**747**	**849**	**805**

TABLE 11: ACCEPTED CLAIMS FOR INJURIES AT ALL HOSPITALS (PRIVATE AND PUBLIC) 2019/20

	Number of accepted claims	Number of discharges	Accepted claim rate per 10,000 discharges
Public Hospitals			
Auckland	677	138,190	49
Bay of Plenty	267	62,254	43
Canterbury	693	119,498	58
Capital & Coast	610	69,813	87
Counties Manukau	626	109,438	57
Hawkes Bay	176	43,128	41
Hutt Valley	245	38,227	64
Lakes	132	28,603	46
MidCentral	241	38,594	62
Nelson Marlborough	226	32,635	69
Northland	338	48,558	70
South Canterbury	119	14,302	83
Southern	383	67,758	57
Tairāwhiti	104	11,470	91
Taranaki	280	33,744	83
Waikato	857	114,606	75
Wairarapa	78	10,111	77
Waitematā	559	123,298	45
West Coast	33	7,390	45
Whanganui	231	17,510	132
Private Hospitals			
ALL NZPSHA	1,545	184,426	84

General practice

In 2019/20 we accepted 1,432 claims for treatment injuries due to treatment in general practice settings. This includes treatment by general practitioners (GPs), practice nurses, and other clinicians working in the practice. This number equates to 0.28 accepted claims for treatment injuries per 1,000 population. This rate has increased slightly since 2015/16.

GRAPH 18: ACCEPTED CLAIMS FOR GENERAL PRACTICE SETTINGS BY FINANCIAL YEAR

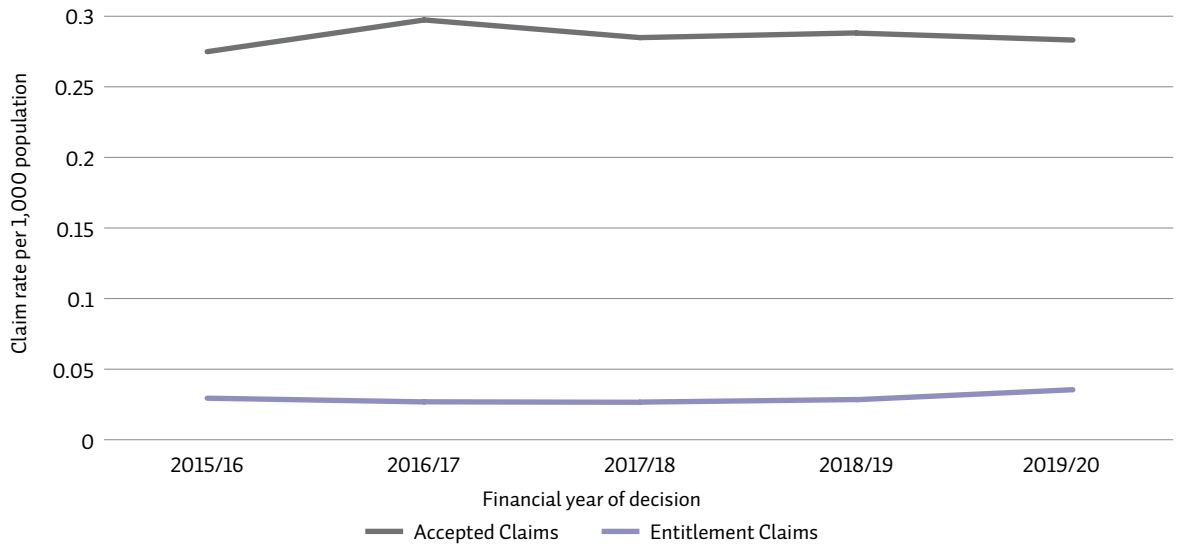


TABLE 12: CLAIMS FOR GENERAL PRACTICE SETTINGS BY FINANCIAL YEAR

		Financial year of decision				
		2015/16	2016/17	2017/18	2018/19	2019/20
Accept	Number	1,284	1,421	1,388	1,428	1,432
	%	69	70	69	71	73
Decline	Number	578	614	616	581	538
	%	31	30	31	29	27
Total Decided Claims		**1,862**	**2,035**	**2,004**	**2,009**	**1,970**
Entitlement Claims		**149**	**139**	**142**	**156**	**190**

Appendices

Data sources

Our information about claims for treatment injuries is based on data collected from the ACC45 and ACC2152 claim lodgement forms. An ACC45 Injury Claim Form is completed for all clients who lodge a claim with ACC, with the assistance of a treatment provider. For a treatment injury claim, a treatment provider also completes an ACC2152 form that provides clinical information to support the claim.

The published information is based on data from claims related to treatment injuries. Most of the information in this publication is about claims for treatment injuries. A small number of claims for treatment injuries are the result of consequential injuries 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 claims data for treatment injuries in this publication reflects the information held as at February 2021, for claims lodged and decided from 1 July 2005 to 30 June 2020. All of our claims data (including data on claims for treatment injuries) is subject to revisions over time. The claim numbers may change because of the reassessment, review, or appeal of a cover decision.

Statistics New Zealand

We sourced population data from Statistics New Zealand. We used this data to calculate injury rates for the national summaries as well as for general practice settings.

Ministry of Health

Data on patients discharged from hospital was sourced from the Ministry of Health's National Minimum Data Set (NMDS). We used this data to calculate claim rates for treatment injuries for DHBs per 10,000 patients discharged.

New Zealand Private Surgical Hospitals Association (NZPSHA)

We used discharge data provided by the New Zealand Private Surgical Hospitals Association to calculate claim rates for treatment injuries per 10,000 discharges.

New Zealand Private Surgical Hospitals Association members

Auckland

Auckland Eye Limited

Auckland Surgical Centre Limited

Endoscopy Auckland Limited

Eye Institute

Mercy Ascot

One Six One Medical

Ormiston Surgical and Endoscopy Limited

Quay Park Surgical Limited

Remuera Surgical Centre

Rodney Surgical Centre

Southern Cross Hospital, Brightside

Southern Cross Hospital, Gillies

Southern Cross Hospital, North Harbour

Bay of Plenty

Grace Hospital

Christchurch

Christchurch Eye Surgery Limited

Forté Health Limited

St. George's Hospital Inc

Southern Cross Hospital, Christchurch

East Coast

Chelsea Hospital Trust

Hawke's Bay

Royston Hospital

Manawatū

Crest Hospital Limited

Marlborough

Churchill Private Hospital Trust

Nelson

Manuka Street Hospital Limited

Northland

Eye Specialists Limited

Kensington Hospital Limited

Otago

Mercy Hospital Dunedin Limited

Rotorua

Southern Cross Hospital, Rotorua

South Canterbury

Bidwill Trust Hospital

Southland

Southern Cross Hospital, Invercargill

Taranaki

Southern Cross Hospital, New Plymouth

Waikato

Anglesea Hospital Limited

Braemar Hospital Limited

Southern Cross Hospital, Hamilton

Tristram Clinical Limited

Wairarapa

Selina Sutherland Hospital Limited

Wellington

Boulcott Pulse Health Limited

Bowen Hospital

Southern Cross Hospital, Wellington

Wakefield Hospital

Whanganui

Belverdale Hospital Limited

Glossary

Important terminology used in this publication

Accepted ACC treatment injury claim:	A personal injury that has been 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 governing legislation for ACC.
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:	A consequential treatment injury is an injury that occurs during treatment for an already covered personal injury. 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.
Cost per active claim:	Average cost per active claim.
Costs paid:	Costs paid for active treatment injury claims in a given year are likely to be an underestimate. This is because some 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. These costs are not included when we calculate the costs for an accepted claim. Claim costs fall under three broad categories: 1. Compensation: weekly compensation for lost earnings or loss of potential 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.
Discharge:	The number of patients discharged from a hospital. Numbers for public hospital discharges are from the Ministry of Health's National Minimum Dataset (NMDS). The New Zealand Private Surgical Hospital Association (NZPSHA) provides the numbers of private surgical discharges.

Entitlement:	Our contribution to the costs of rehabilitation and treatment, and to providing financial support to the injured person once we've accepted their claim. The contribution provided depends on the injury and circumstances of the injured person. An entitlement claim can include: • rehabilitation and treatment (including pharmaceuticals, X-rays, and 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 because of the injury • death benefits such as funeral grants and payments to dependants • an independence allowance for injuries that occurred before 1 April 2002 • lump sum compensation for injuries that occurred on or after 1 April 2002.
Financial year:	The period from 1 July to 30 June.
Financial year of decision:	Treatment injury claims that had a cover decision made from 1 July to 30 June.
Health practitioner responsible authorities:	Authorities established under the Health Practitioners Competence Assurance Act 2003 for each health profession to: • set standards • prescribe scopes of practice • promote education and training.
Healthcare associated infection (HAI):	An infection that is acquired in a hospital or other health facility. This includes a range of injuries such as abscesses, cellulitis, endocarditis, osteomyelitis, septicaemia, wound infections, arterial or venous line infections, and post-surgical infections.
Incurred costs:	Incurred costs include: • costs paid to date for new claims accepted for injuries that occurred in 2019/20 • 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 2019/20 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 2019/20 or later years, for injuries that occurred in 2019/20) • 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).
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):	A syndrome of disturbed neurological function in a newborn. 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.

New Zealand Private Surgical Hospitals Association (NZPSHA):	Representative association for private surgical hospitals in New Zealand.
Numbers of claims lodged:	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. Once a claim is lodged, it will be assessed, then accepted or declined.
	The figures reported will differ from previously released data due to changes in underlying data as new information becomes available and claims are updated.
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 healthcare.
Payment financial year:	Financial year in which a payment was made.
Personal injury:	Defined in the Accident Compensation Act as: • death • physical injury • damage to dentures or prostheses that replace a part of the human body. With limited exceptions, the following are not covered by ACC: • an injury from a gradual process • disease • wear and tear or injuries due to the ageing process.
Pressure injury:	A localised injury to the skin and/or underlying tissue (usually over a bony prominence) because of pressure, or pressure in combination with shear and/or friction. Many factors interact to make a person likely to have such an injury.
Risk of harm:	When a treatment injury claim indicates a belief of risk of harm to the public, we must report this to the relevant authority responsible for the treatment.
Treatment injury:	An injury that a person experiences due to treatment by a registered health professional or by someone else directed by a health professional, or failure to provide appropriate treatment. 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:	Our information is based on claims submitted to us. The reasons for lodging a claim are different from the reasons for making a complaint to the Health and Disability Commissioner or reporting 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.

He Kaupare. He Manaaki.
He Whakaora.

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