Harm from falls

- **$600**: Estimated cost to the health service of a fall causing minor injuries.
- **$135,000**: Estimated cost of a hip fracture with complications requiring admission to an aged care facility.
- **30,000**: New accepted ACC claims in 2010–12 for falls in people aged over 65. Of these, 5000 were fractured necks of femur.
- **$47,000**: Estimated cost of a hip fracture resulting in a three-week stay in hospital.
- **$3–5 million**: Direct costs of patient falls in hospitals for 2010–11.

**Half of those who walked without help before fracturing a hip will no longer be able to walk independently in the year following the fracture.**

- **NEARLY 20%** will die within a year.
- **ALMOST ½** will require long-term care.
- **½** will require help with daily living.

- **Fall-related discharges in 2010–11**: Over half represented those aged over 65.
- **$205 m**: Cost to public hospitals.

**The most serious injuries resulting from falls are fractures and head injuries, with hip fractures being the most common.**

- **It is estimated that 22 more people died than we would otherwise expect.**
- **90% of patients aged 65+ who fractured a hip will require help with daily living.**

**Fall-related discharges in 2010–11**

- Over half represented those aged over 65.

**Cost to public hospitals**

- **$205 m**

**Estimated cost of hip fracture requiring admission to an aged care facility**

- **$135,000**

**Estimated cost of a hip fracture resulting in a three-week stay in hospital**

- **$47,000**

**Direct costs of patient falls in hospitals for 2010–11**

- **$3–5 million**

Perioperative harm

>300,000

Publicly funded operations are performed in New Zealand each year.

759

Patients suffered deep vein thrombosis/pulmonary embolism while still in hospital or readmitted within 28 days of surgery.

2178

The patients needed an estimated 2178 extra bed-days.

205 claims

Between 2005–06 and 2010–11, ACC accepted 205 claims for retained equipment or wrong-site surgery.

21–36%

Reduction in avoidable complications

$5.7 million

Per annum benefit to public health system

2 Source: 2011 administrative data and the rates per 100,000 hospital discharges.

Clinical Governance Assessment Project

31%

Of respondents said they found it hard to ‘speak up’ when they saw problems with patient care.

43%

Of respondents believed that health professionals in their DHB worked well as a team.

OECD average 5.0

New Zealand rate 10.6

Foreign bodies left in during a procedure

Accidental puncture or laceration during surgery

The World Health Organization’s Surgical Safety Checklist covers a core set of safety checks.

A more systematic use of the checklist is likely to lead to an estimated 21–36 percent reduction in avoidable complications. The anticipated benefit to the public health system from this reduction is estimated at $5.7 million per annum.

Source: National Minimum Dataset 2012

Between July 2007 and June 2012:

1670 reported serious and sentinel events

- 108 medication events
  - 17 related to anticoagulants
  - 15 related to opioids
  - 7 related to insulin

4. High-risk medicines

3/4 of New Zealanders are estimated to have had a prescription for one or more medicines in the year ended 30 June 2012.¹


* Estimation is made using a population projection based on 2006 Statistics NZ census data as the denominator and unique HIN numbers, which may have data entry or missing information errors as the numerator.

100 medication incidents reported causing death and serious harm

- 14 related to opioids
- 11 related to anticoagulants and antiplatelet agents
- 4 related to insulin

In 2007 the United Kingdom National Reporting and Learning System had:

- 108 medication incidents reported
  - 17 related to anticoagulants
  - 15 related to opioids
  - 7 related to insulin

High-risk medicines (sometimes called ‘high alert’ or ‘high hazard’ medicines)⁶-⁹

High-risk medicines include:

- Heparin
- Warfarin
- Anticoagulants
- Oral methotrexate
- Concentrated potassium
- Insulin
- Morphine
- Antiplatelet agents

Medication events

Frequency of ADEs

- 60% of adverse drug events (ADEs) are thought to be preventable.² Medication errors and adverse drug reactions (ADRs) are the main causes of ADEs.

- Up to $158m is the estimated annual cost of preventable ADEs in New Zealand.¹⁰-¹²

ADE collaborative

The medicines that were most commonly implicated for causing an ADE were:¹³

- 33% opioids
- 10% anticoagulants


Surgical site infections (SSIs) occur in approximately 2–5 percent of patients undergoing inpatient surgery.\(^1\)

SSIs are the second most commonly reported healthcare associated infection (HAI).\(^2\)

SSIs following joint replacements (joint arthroplasty) are strongly associated with increased morbidity and mortality, prolonged hospital stay, and long-term antibiotic treatment.\(^5\)

SSIs following open heart surgery extend the length of hospital stay by an average of 32 days at an average cost of NZ$45,000 per patient.\(^10\)

Patients with an SSI have a 2–11-fold increased risk of death compared to postoperative patients without a SSI.\(^9\)

A patient with an SSI costs approximately twice the amount of a patient without an infection.\(^4\)

An SSI following hip or knee replacement costs three to four times as much as the original surgery.\(^5\)

SSIs following hip replacement surgery increase the length of stay by at least 2–3 times.\(^6, 7, 8\)

SSIs comprise approximately 17–20 percent of HAIs in developed countries.\(^2, 3\)

Patients with an SSI have a 2–11-fold increased risk of death compared to postoperative patients without a SSI.\(^9\)

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