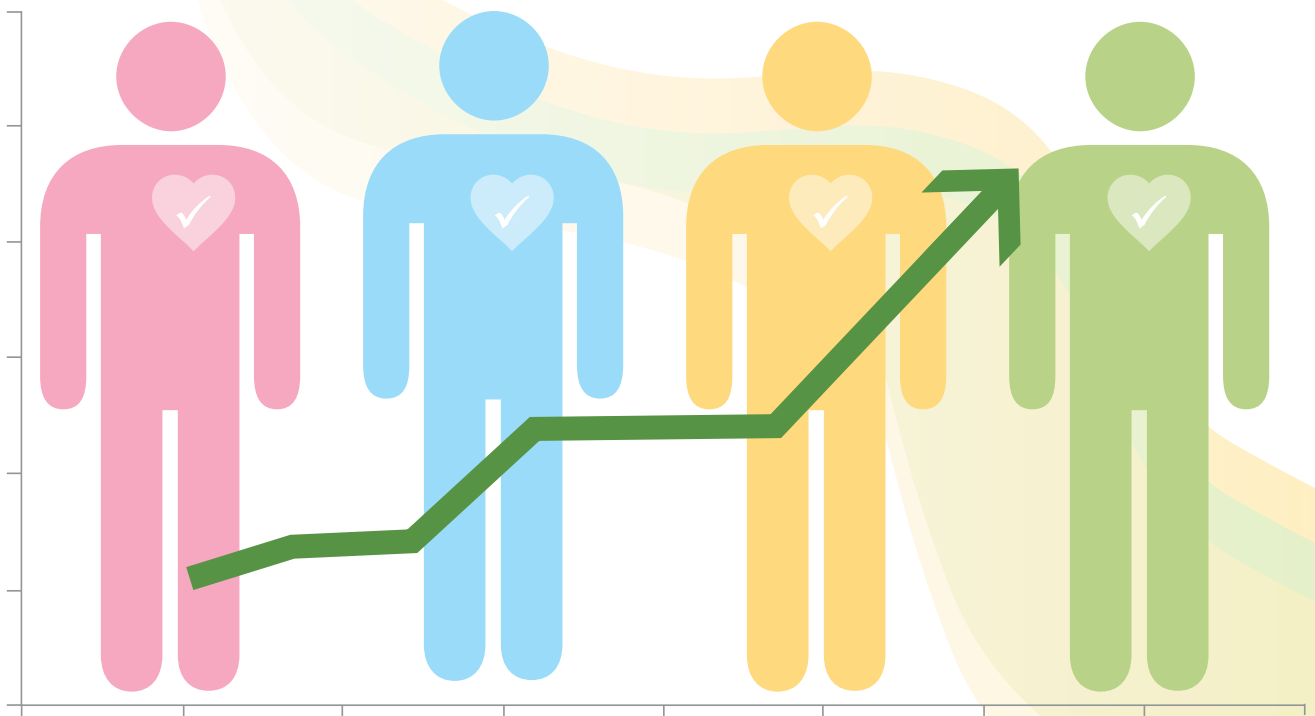


# OPEN4RESULTS

DECEMBER 2018



# Introduction

## **The Health Quality & Safety Commission**

was established in December 2010. Our role is to work with the health and disability sector to ensure New Zealanders receive the safest, highest quality care possible.

**Open4Results** is a six-monthly report on the harm prevented, and money saved, in areas the Commission focuses on or raises awareness about.

**These successes** are a result of the work and commitment of the whole sector to improve patient safety and save lives.

# Avoiding harm

## Falls

Falls are the most common cause of serious injury, and occasionally death, in our public hospitals.

The Commission's **reducing harm from falls** programme has introduced a number of simple interventions to help address falls-related harm. This programme works alongside and supports existing programmes in the sector.



Every week in 2010–12, on average, **2 patients fell** and broke their hips in New Zealand hospitals. This rate has now almost halved.



Having a fall can add a month to someone's hospital stay, and is very costly.



Since June 2013, there were **124 fewer falls resulting in a broken hip**



An **estimated \$5.8 million saved**



On average, an avoided broken hip gives an extra **1.6 years of healthy life\***



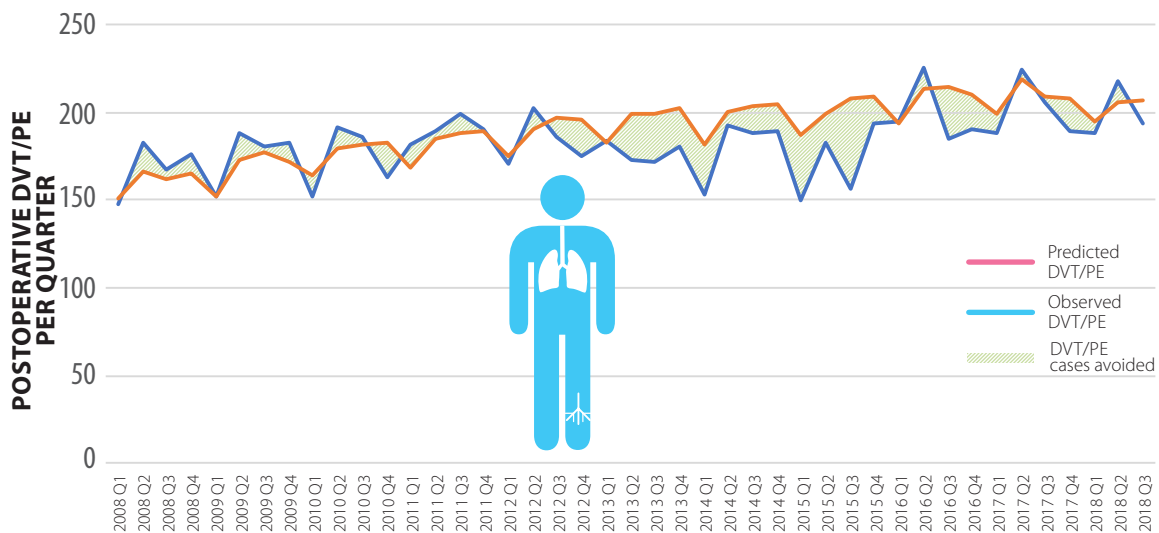
**Value \$36.8 million**


**\*SEE PAGE 8 FOR AN EXPLANATION OF THIS**

## Reduction in DVT/PE

Deep vein thrombosis (DVT) describes a range of blood clots. These usually start in the leg, but can travel to the lungs to become a pulmonary embolism (PE) and cause serious damage to the lungs and other organs.


From 2013, the Commission has worked with district health boards to implement the Safe Surgery NZ programme and **DVT/PE cases have reduced.**



  
**Since January 2013,  
 334 DVT/PE cases  
 have been avoided**



  
**\$7.0 million  
 saved**

  
**Each DVT/PE case  
 avoided gives 0.6  
 additional years of  
 healthy life\***



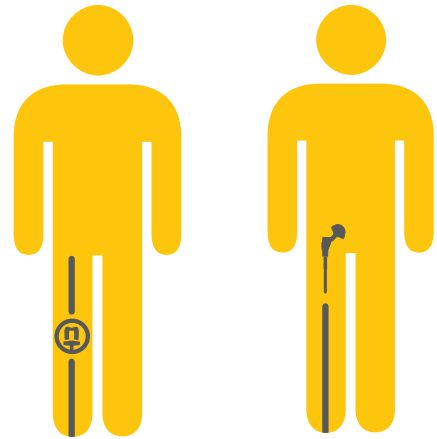
  
**Value  
 \$35.7 million**

**\*SEE PAGE 8 FOR AN  
 EXPLANATION OF THIS**

## Surgical site infections

The Commission's Surgical Site Infection Improvement programme, concentrating on hip and knee replacements (and more recently cardiac surgery), has run since 2012.

Good practice in **avoiding infections** through timely use of the right antibiotics and good skin preparation has increased significantly since then.



Since August 2015,  
reduction in infection  
rate from 1.2% of  
operations to 0.9% of  
operations



This equates to 94  
fewer infections  
between August 2015  
and June 2018, saving up  
to \$3.8 million



On average, an  
avoided infection gives  
an extra 0.5 years of  
healthy life\*



Value  
\$8.5  
million

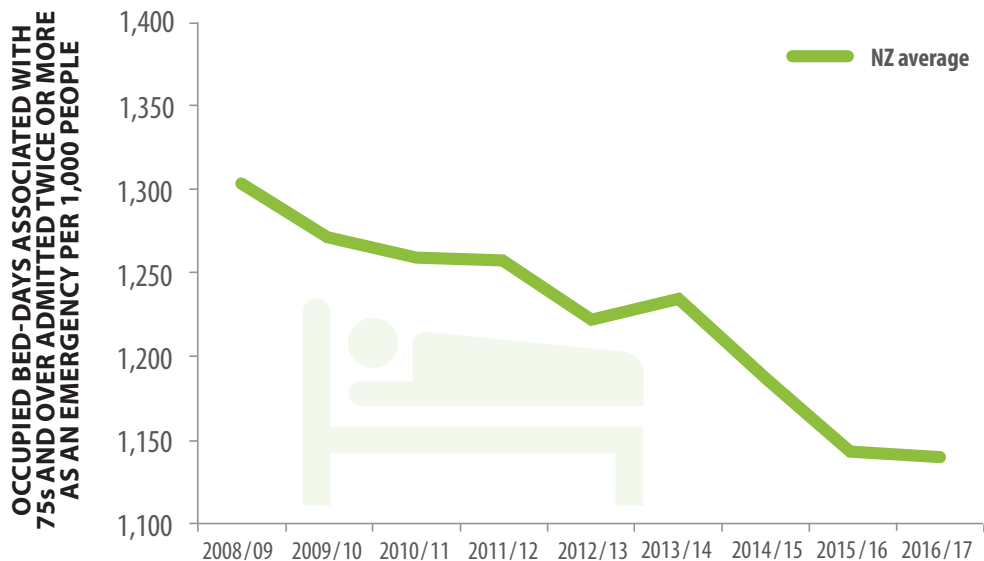
\*SEE PAGE 8 FOR AN  
EXPLANATION OF THIS

# Doing the right thing

## Fewer older people admitted repeatedly to hospital

The Commission's **health quality and safety indicators** have highlighted the number of older people who are admitted to hospital as an emergency more than once. When older people are repeatedly admitted to hospital it can indicate they are not receiving the right range of care that is tailored to them.

The **reduction in admissions** reflects interventions put in place by many district health boards.



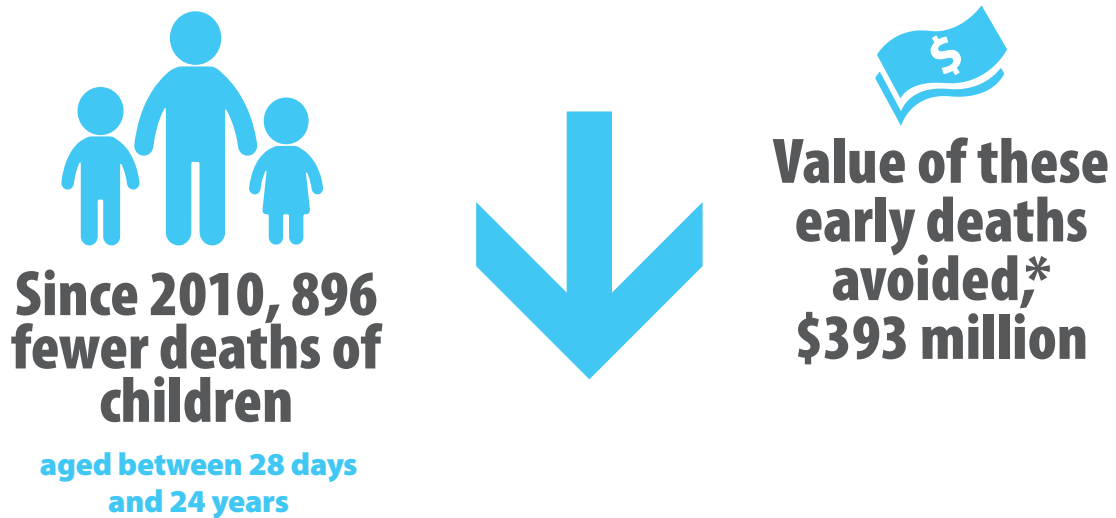
Since January 2013, 138,000 fewer bed-days



\$106 million saved

# Saving lives

## Fewer children and young people dying



**Since 2010, 896 fewer deaths of children**  
aged between 28 days and 24 years

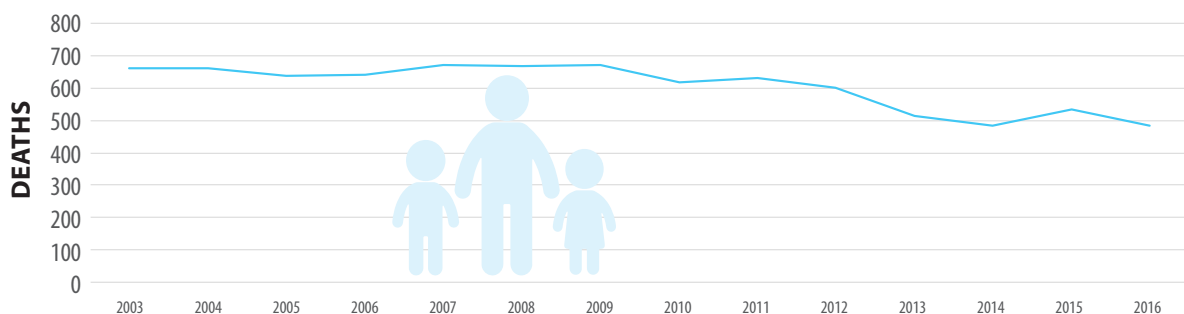
**Value of these early deaths avoided,\* \$393 million**

Much of this reduction has been driven by work around sudden unexpected death in infancy, and fewer road traffic crashes involving young people.

The Commission’s Child and Youth Mortality Review Committee (CYMRC) has recommended babies are put to sleep on their

backs, and this practice has been instrumental in the reduction of SUDI. The CYMRC has also emphasised the need for safe sleep spaces for babies.

For adolescents, the largest reductions have come from fewer road traffic crashes – probably a combined result of raising the driving age, graduated licences and a zero-alcohol policy for under-20s.



**\*SEE PAGE 8 FOR AN EXPLANATION OF THIS**

## \* Measuring value and costs saved

There are two ways to measure value and costs saved. The first is spending health care dollars more effectively. For example, avoiding the costs of harm – such as doing things right the first time so it doesn't cost more to put them right; and not giving people unnecessary interventions or treatments. This allows more patients to be treated and more services to be offered.

The second way to provide value is for people to live longer, healthier lives. Where this happens, there is value for the individual and for society. Based on what New Zealanders say they are prepared to spend to save a life, we can calculate the value of a life at \$4 million. This can be adjusted to give a value for a year of life in good health, which is estimated at \$180,000.

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