Waitematā
District Health Board

Best Care for Everyone

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23 March 2020

[redacted]

Dear [redacted]

Re: OIA request – Equipment sterilisation

Thank you for your Official Information Act request received on 13 March 2020 seeking information about the sterilisation of equipment from Waitematā District Health Board (DHB).

Before responding to your specific questions, it may be useful to provide some context about our services.

Waitematā DHB serves a population of more than 630,000 across the North Shore, Waitakere and Rodney areas, the largest and one of the most rapidly growing DHBs in the country. Our DHB performs 16,000 acute surgeries and more than 11,500 elective surgeries per year.

In response to your request, we can provide the following information:

I would like a detailed breakdown of any and all incidents relating to equipment not being properly sterilised by the District Health Board from March 2019.

Please clarify if the lack of sterilisation was picked up before or after patient exposure.

And I ask that anything within the spirit of this request that is not mentioned be included in the response.

We have checked our incident monitoring system and identified the following six events across a total of more than 27,500 surgical procedures.

None of these resulted in any harm to patients as our quality control processes identified issues before the affected instruments were used.

	Incident	Details	Comment
20/03/2019	Dirty item	A dirty k-wire* was found still inside a cannulated drill bit when the Variax small fragment add-on set was opened in Theatre. The drill bit was not used for the patient.	Incident form completed.
29/05/2019	Foreign body	A piece of band-aid was found left in a Laparoscopic Cholecystectomy Instrument Set (Lap Chole). The	Discussed with teams and relevant staff involved, ensuring a clear understanding of

* Kirschner wires are surgical bone pins.

		instrument set was not used on patients.	protocols to follow in the future at all times.
10/6/2019	Cement	Cement pieces were found on the clamps when the instruments were opened in theatre in Waitakere Hospital. The instruments were not used in the patient's surgery.	Incident form completed.
20/6/2019	Hair in set	The Lap Chole set #4 was opened in theatre and a piece of hair was found inside the pack. The set was not used in the patient's surgery.	Incident form issued. Importance of adhering to protocols reinforced
11/11/2019	Wrong tape	A Rumi Handle pack was released to Theatre with the steam tape still green. It should be Sterrad tape and anything with green tape should never be released. The pack was not used in the patient's surgery.	Incident form issued. Conversation regarding adhering to protocols complete
20/11/2019	Dried blood	Dried blood/ tissue were found on the Maryland from Lap set #4 when opened in Theatre. The set was not used in the patient's surgery.	Discussed with those involved. The set was checked by a senior person but the checker did not see the blood/ tissue.

I trust that this information meets your requirements. Waitematā DHB, like other agencies across the state sector, supports the open disclosure of information to assist the public's understanding of how we are delivering publicly-funded healthcare.

This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released.

If you feel that there are good reasons why your response should not be made publicly available, we will be happy to consider this.

Yours sincerely

Jonathan Christiansen
Chief Medical Officer
Waitematā District Health Board