

Proposal to list Orthopaedic Products on the Pharmaceutical Schedule in Part III of Section H of the Pharmaceutical Schedule.

Submission to the PHARMAC

Date: 22 December 2016

Contact

MARILYN HEAD, BA, DIP TCHG, MSC, SENIOR POLICY ANALYST

DDI 04 494 6372 OR 0800 283 848 | E-MAIL MARILYNH@NZNO.ORG.NZ | www.nzno.org.nz

NEW ZEALAND NURSES ORGANISATION | PO BOX 2128 | WELLINGTON 6140

About the New Zealand Nurses Organisation

NZNO is the leading professional nursing association and union for nurses in Aotearoa New Zealand. NZNO represents over 47,000 nurses, midwives, students, kaimahi hauora and health workers on professional and employment related matters. NZNO is affiliated to the International Council of Nurses and the New Zealand Council of Trade Unions.

NZNO promotes and advocates for professional excellence in nursing by providing leadership, research and education to inspire and progress the profession of nursing. NZNO represents members on employment and industrial matters and negotiates collective employment agreements.

NZNO embraces te Tiriti o Waitangi and contributes to the improvement of the health status and outcomes of all peoples of Aotearoa New Zealand through influencing health, employment and social policy development enabling quality nursing care provision. NZNO's vision is *Freed to care, Proud to nurse.*

EXECUTIVE SUMMARY

1. The New Zealand Nurses Organisation (NZNO) welcomes the opportunity to comment on PHARMAC's proposals to list orthopaedic products supplied by Stryker in Part III of Section H of the Pharmaceutical Schedule from 1 February 2017 ("Agreement").
2. We have consulted with members and staff including the Perioperative Nurses College, NZNO (PNC) and professional nursing, research and policy advisers.
3. We also note a similar consultation on the supply of orthopaedic products by Bio Zimmer New Zealand.
4. We take this opportunity to reiterate comments in our submission on PHARMAC's consultation on the Initial Medical Devices Activity in relation to the maximisation of a suite of contracts for orthopaedic implants (NZNO, 2013) and to draw your attention to the need to consider best practice for occupational health in the supply of orthopaedic products.
5. In particular, NZNO recommends that PHARMAC ensure that contracts for the provision of heavy products include specifications for appropriate labelling and a maximum crate weight of 7 kg to prevent the current risk, pain and injury to nurses and others lifting overweight crates.

DISCUSSION

6. The ordering and storage of orthopaedic supplies is generally managed by nurses. In the submission cited above, we identified a number of factors to be considered in procuring medical devices (p22), including consideration of supply chain sustainability and waste minimization.
7. In relation to orthopaedic products, we noted that there were opportunities to improve efficiency and cost effectiveness and:
 - reduce inventory stock in the department;
 - rationalise training opportunities for staff - i.e. staff wouldn't have to learn multiple systems;
 - reduce costs and increase competition; and
 - increase security of supply.
8. We assume these factors have been considered and that the current proposals will result in a reduction in the number of eg hip joints and associated products that have to be managed to service the personal preferences of surgeons.
9. We trust that more of these products will be generic or interchangeable and that there will be less need for specialised equipment to insert implants.
10. We also trust that information and training needs have been considered and included in the costs of implementation, and that there are robust systems in place to monitor outcomes over time.

Health and Safety

11. Aotearoa has a very poor occupational health and safety record in comparison with similar countries ((The Independent Taskforce on Workplace Health & Safety, 2013) and, despite new legislation - Health and Safety in Employment Act, 2015 ("the Act") - there is still no provision for a robust national surveillance system to inform and improve occupational health and safety.
12. However, the Act's purpose "*...to secure the health and safety of workers and workplaces*" is underpinned by the principle "*that workers and other persons should be given the **highest level of protection** against harm to their health, safety, and welfare from hazards and risks arising from work or from specified types of plant as is reasonably practicable*" (NZNO emphasis); moreover the Act establishes a very broad framework whereby by "*all persons*

conducting a business or undertaking (PCBU) have a responsibility to take *all practicable steps* to ensure that people are not harmed at work.

13. Clearly PHARMAC is a PCBU and its procurement/contracting activities, are encompassed by the Act. It is essential therefore that contracts for the supply of orthopaedic products, many of which comprise heavy products, specify directions that protect the health and safety of those managing them.
14. Health care settings have a 'no lift' culture and substantial education and resourcing has been allocated to the safe moving and handling of people (ACC, 2012). To date, however, there has not been the same level of commitment in addressing increasing surgical instrument crate weights, which have been flagged as a safe handling risk (Guy, 2013; Guy, Walker et al, 2016).
15. There is no maximum safe level for lifting specified in New Zealand employment law. The 2001 Code of Practice for Manual Handling ("the Code") which WorkSafe, the statutory authority for occupational health and safety, refers to on its website says: *It is unhelpful to prescribe specific weight limits (because of the complexity of the way the different risk factors combine), but the risk of harm increases with increasing weight or force*" (Occupational health and safety, Department of Labour, 2012).
16. The different risk factors include the posture used to lift the weight, the grip the person can get on the weight, how repetitive the lifting is, the starting and ending heights of the lift, and the size and strength of the lifter (Ministry of Business, Innovation and Employment, 2013). The only lifting variable that can be managed operationally is to move from an unknown surgical instrument crate weight towards a standard maximum limit.
17. The Code also contains directions to minimise risk and control manual handling hazards, including to *Label the item with handling instructions, including the weight of the package*. As noted previously, accurate labelling, including warning labels for unusually heavy crates of orthopaedic products are not currently common, and nurses are frequently expected to repeatedly lift loads of 15Kg or more over long periods when equipment arrives and is being prepared for theatres.

Why 7Kg?

18. The ACC 45 Injury Claim Form, Ability to Work Section, describes "often lift 5kg plus" as *medium work*, and "often lift 9kg plus" as *heavy work* (ACC, 2003). This data helps ACC link injuries to certain occupations. By these definitions much of the work currently undertaken by perioperative staff would be categorised as heavy.

19. The Australian surgical industry is similar to New Zealand. A 7kg surgical instrument crate weight benchmarks with the Australian College of Operating Room Nurses (ACORN) standards (Australian College of Operating Room Nurses, 2014) and with international practice.
20. PNC, NZNO and the New Zealand Sterile Services Association (NZSSA) have joined ACORN in approving and promoting a 7kg limit on each LOAN / consigned surgical instrument tray used in surgical settings around our countries.
21. This reflects a growing concern from staff around the steadily increasing weight of surgical sets.
22. Typically surgical sets start at a certain weight, but as individual requirements are added, they become steadily heavier. There is a tendency by the industry to add these 'additions' to the existing trays *ad hoc*. It is not uncommon to have companies send out individual trays weighing 10-14kg.

Workforce implications

23. Years of repetitive lifting and twisting have exposed the perioperative nursing workforce to a high risk of musculoskeletal injuries, which are painful and can be permanently debilitating.
24. Significant costs for treatment and productivity loss are incurred, though we are not sanguine that this is accurately recorded or accounted for.
25. The gradual onset of injuries is notoriously difficult to prove and may not be covered by the Accident Compensation Corporation (ACC), which has moved away from the comprehensive accident, injury and rehabilitation cover it originally offered. This is grossly unfair; nurses and other workers should not have to risk their health and safety, or their livelihoods, to do their jobs.
26. The long term implications of a high rate of preventable harm to this expert nursing workforce, which like other professional groups, is aging and in increased demand, also need to be considered. An experienced perioperative nurse sustaining a significant work place injury may be lost to the speciality forever.
27. NZNO research suggests reducing physical challenges, among other practical interventions, will be an important part of a strategy to retain nursing leadership and ensure a sustainable nursing workforce to meet Aotearoa's current and future health needs (Clendon & Walker, 2016).
28. Establishing a safety standard by specifying a 7kg surgical instrument crate weight limit would reduce the risk of injury, improve productivity,

and enhance the retention and sustainability of the perioperative nursing workforce.

CONCLUSION

29. Poor practice and lack of safety standards around the supply and management of orthopaedic products put the health and safety of nurses and other health workers at risk.
30. Workplace safety legislation is predicated on all participants in all aspects of employment being responsible for workplace health and safety. As a PCBU, and an important procurer of medical devices, PHARMAC has a responsibility to ensure the highest standard of protection for workers is embedded in its proposals.
31. Surgical industry supply companies must be motivated to work proactively towards safe crate weights at point of design, manufacture and distribution. This will encourage the management of a significant problem at its source instead of point of use.
32. NZNO **recommends** that PHARMAC should require surgical companies, eg STRYKER or Bio Zimmer New Zealand, to comply with the 7kg maximum surgical crate weight standard, and safe, accurate labelling standards when considering or tendering for orthopaedic devices or implants.
33. NZNO and the PNC would be happy to discuss any aspect of the above.

Marilyn Head
Senior Policy Analyst

REFERENCES

Accident Compensation Corporation. (2003). *ACC45 Injury Claim Form*. Wellington: ACC.

Accident Compensation Corporation. (2012). *Moving and handling people: The New Zealand guidelines*. ACC6075. Wellington: ACC.

Australian College of Operating Room Nurses. (2014). *Handling of Loan Equipment*. Lyndoch: Australia

Clendon, J., & Walker, L. (2016). The juxtaposition of ageing and nursing: the challenges and enablers of continuing to work in the latter stages of a nursing career. *Journal of Advanced Nursing*. 00(0), 000–000. doi: 10.1111/jan.12896

Guy, B. (2013). The crate weight project. *The Dissector*, Perioperative Nurses College NZNO 41(3).

Guy, R., Walker, L., Darley, D., Brooks, E. (2016) Crate weight update 2015-2016. *The Dissector*. Perioperative Nurses College NZNO, 44 (2).

Ministry of Business, Innovation and Employment. (2013). *Maximum lifting weights for employees*. Retrieved 16 June 2014 from www.dol.govt.nz

NZNO. (2013) *Submission to PHARMAC on Initial Medical Devices Activity Consultation*. NZNO: Wellington. Available online:
http://www.nzno.org.nz/Portals/0/Files/Documents/Activities/Submissions/1_2013-06%20PHARMAC%20Initial%20Medical%20Devices_NZNO.pdf

Occupational Safety and Health Service of the Department of Labour and the Accident Compensation Corporation. (2001) Code of practice for manual handling. Wellington.

The Independent Taskforce on Workplace Health & Safety. (2013). *Workplace Health & Safety Executive Report*. Retrieved from
<http://www.hstaskforce.govt.nz/documents/executive-report-of-the-independent-taskforce-on-workplace-health-safety.pdf>