

## NZSATCM Adverse Event Report – Finalised on 7 June 2024

### Objective:

As per the “Safety in Chinese Medicine Clinical Practice Guidance (Acupuncture and Associated Techniques) released by the Chinese Medical Council of New Zealand in August 2023<sup>1</sup>, health and disability service providers who are bound by the Health and Disability Services (Safety) Act 2001, as well as those who voluntarily comply, must report adverse events at SAC level 1 and SAC level 2. Furthermore, the National Adverse Events Reporting Policy 2023 underscores the importance of recording even low-risk adverse events (SAC 3 and SAC level 4)<sup>2</sup> or near misses for the purpose of National Learning.

### Background:

In October 2023, the Programme Leader was asked about a “needling event” that occurred in NZSATCM, during a collegial and professional conversation, by a registered Chinese Medicine practitioner. The Programme Leader sent an email to the Director(s) of NZSATCM on November 6, 2023, informing them about the “needling event” incident that had possibly occurred at the school. According to the information, a student experienced breathlessness, and the teacher left the classroom, leaving the students to handle the situation unattended. Subsequently, the Programme Leader conducted informal inquiries and learned from other teachers that a student had possible pneumothorax after a needle was placed in their shoulder. The students were left alone to care for the affected student. Raising the matter with the Director(s) of NZSATCM the Programme Leader also reached out to teachers and supervisors via Zoom (November 3, 2023) and via email (November 6, 2023). When another teacher came forward with a report, they had heard from someone outside of the school about an adverse event involving a student with a possible pneumothorax, the Director(s) made informal inquiries and found some staff were aware of this event. No records of the event were found. The Director(s) of NZSATCM took this incident seriously and immediately ordered a full investigation. An Investigation Committee (IC) was formed on November 15, 2023, to investigate the adverse event. The Investigation Committee submitted their full report on the investigations and findings on January 12, 2023.

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<sup>1</sup>.<https://www.chinesemedicinecouncil.org.nz/common/Uploaded%20files/RegistrationsDocs/Standards%20Statement%20and%20Policies/Safety%20in%20Clinical%20Practice%20Guidance%2011Aug23.pdf>

<sup>2</sup> [https://www.hqsc.govt.nz/assets/Our-work/System-safety/Adverse-events/Publications-resources/Policy\\_user\\_guide\\_FINAL.pdf](https://www.hqsc.govt.nz/assets/Our-work/System-safety/Adverse-events/Publications-resources/Policy_user_guide_FINAL.pdf)

## NZSATCM's IC Findings:

- 1) On the evidence gathered, an adverse event occurred in a practical needling class semester 1 2023 that was not reported. The student involved reported symptoms to the IC and their responses verbally and in the survey indicate this was a pneumothorax. This is supported in the survey responses from other students.
- 2) Students reported to the IC, via an anonymous survey, they had raised concerns of a possible pneumothorax with the teacher, but these concerns were dismissed.
- 3) Although the class was terminated early due to this student appearing unwell and an assessment for that afternoon rescheduled to a later time, no adverse events form was completed by the teacher. There was no reporting of this adverse event by the teacher to the programme lead or management.
- 4) Several staff heard about this adverse event from students and discussed amongst themselves but took no action to verify this report with the teacher, inquire about the safety of the student or report to the programme lead or management.
- 5) Student feedback via an anonymous survey indicated a potential pneumothorax had also occurred to a student after receiving treatment in the student clinic. There has been no reporting of this event that is known by the IC to clinical supervisors or management and the Health and Safety Committee has no record.
- 6) The anonymous survey for students also brought forth accounts of concerns with their practical classes.
  - a. This involved not always receiving clear instructions and the teacher being unable to directly supervise practice due to class size.
  - b. Concerns also included they students felt unsafe as the teacher was not always unaware of events occurring while they were practicing skills. This included a student being needled by students without consent, asking for needling to stop but the needling continuing.
- 7) An adverse event of a burn while students were practicing cupping in a practical class was also reported in the survey. The student had cups repeatedly applied in the same area despite their protests of pain. No adverse events form was completed for this event.
- 8) It was apparent that management, staff and students were unclear about the process of adverse event reporting. Including when this was relevant, why this was an important part of improving safe practice at NZSATCM and how to access and complete the forms.

9) Concerns were raised last semester with the academic director about the large size of this practical class. These concerns were raised by at least one student, by the teacher directly and the programme lead. However, no action was taken to reduce class size by the management.

10) There was dissatisfaction from staff and students concerning the student support currently provided at NZSATCM. This dissatisfaction included being unsure of who was providing this support and the nature of the support being provided and that the pastoral care was not available in a safe and professional environment.

#### Constructive actions

The following constructive actions would improve safety and the quality of the education on the Bachelor of Health Science (Acupuncture) programme at NZSATCM.

#### Constructive actions 1:

1.1 That a suitably qualified and experienced registered Chinese medicine practitioner be engaged to monitor the quality of teaching, practical classes and clinic and mentor identified staff.

1.2 That this practitioner

1.2.1 is approved by the programme lead before their appointment;

1.2.2 and the Programme Lead develop and provide a compulsory session for all staff on safe practice

1.2.3 provides the support and up-skilling of staff as required

1.2.4 position be ongoing as a quality control measure for all practical classes, to mentor new teachers and supervisors coming onto staff and to ensure quality educational process are maintained in the clinical setting.

1.2.5 would be responsible for the planning and implementation of adverse events workshops for students and staff. These workshops would include the need to report adverse events, how to report adverse events and prevention for known acupuncture treatment adverse events and relevant learnings and quality improvements.

1.3 That management support and resource the above.

#### Constructive action 2:

That there be consultation and engagement with supervisors and teaching staff to have a revised policy in relation to a workable formula identifying the maximum number of students in practical classes and when and how these will be split to ensure a safe environment for the teaching and learning of practical Chinese medicine techniques.

#### Constructive action 3:

That a suitably qualified and experienced person be engaged to act as student support (Pastor Care Officer). That this position be established for a separate person from management or the school counsellor to avoid any conflict of interest. That monthly reports are provided to management, and copied to the programme lead, redacted as appropriate to maintain confidentiality. The purpose is to enable the pastoral care information to be shared among staff.

#### Constructive actions 4:

4.1 That relevant policies, procedures and handbooks be reviewed and updated

4.2 This is to include, but not be limited to, the Health & Safety policy; Incident reporting; Student Handbook; Clinic Handbook and the development of an appropriate adverse event reporting form.

4.3 That there will be consultation with staff and students in regard to the Health and Safety committee, including but not limited to whether having Health and Safety Representative(s) is beneficial.

#### **Actions taken:**

1. The staff were made aware and were retrained in the following:
  - Health & Safety at Work Act 2015
  - Legal implications under NZ Law
  - Negligence – Tort of Negligence
  - The different category of the SAC levels
  - Procedures and policies according to NZSATCM's Handbook on Clinical Policies and Procedures
  - Basic communication and reporting
2. Procedures for SAC levels categories as well as the procedures on the reporting of Adverse Events are printed and posted in every class and clinic notice wall.
3. An Adverse Event Management flowchart has been drafted to be placed in every class and clinic notice wall.
4. An adverse event policy has been written to be included in NZSATCM's Operational Policies & Procedures.
5. Students and staff will be made aware and informed of the procedures for reporting adverse events as well as instructions on if an injury or complication happens in class or clinic.

6. Although there is no conclusive evidence that the needling incident is a case of pneumothorax, the school will conduct an awareness workshop on pneumothorax to all students and staff (date to be determined)
7. A new programme leader has been identified to oversee the safe delivery of programme in Auckland while the existing programme leader will look after the Health Stream and Distance Learning delivery – April 2024
8. Review of School's insurance coverage on Professional Indemnity to ensure staff are insured while they are at work for adverse event liability – April 2024

Finalized and approved by Directors and Programme Leaders: 7 June 2024