This Issue in the Journal

The Adverse Drug Event Collaborative: a joint venture to measure medication-related patient harm
Mary E Seddon, Aaron Jackson, Chris Cameron, Mary L Young, Linda Escott, Ashika Maharaj, Nigel Miller

This paper describes an informal clinical collaboration between three New Zealand District Health Boards [DHBs] (Counties-Manukau, Capital & Cost and Canterbury) to measure the degree of patient harm caused by medications. To do this an international trigger tool was modified and introduced to a random sample of patient charts between March 2010 and February 2011. The results show that medication harm is common (approximately 30% of hospitalised patients) but the vast majority (around 95%) were mild harms (e.g. nausea & vomiting) or fleeting in nature. The trigger tool allowed the three DHBs to measure medication harms in a standardised way and to share learning’s. However it should be noted that the trigger tool is not useful for comparisons of medication harm rates between hospitals but it is a useful starting point for developing quality improvement programmes focussed on medication safety.

Evaluating the outcomes of elderly patients receiving Canterbury District Health Board funded care at the end of life
Jenny H C Chieng, Katherine E Grundy

In Canterbury, patients who are terminally ill and requiring high level care can access DHB funded care for up to 90 days. Patients aged 65 years and over under were audited to assess their readmission rate and interventions received. Only 5% of the patients were readmitted to hospital. The majority of the patients (95%) died within the predicted time frame of 90 days.

Assessment and management of leg ulcers in the community and an outpatient clinic
Lara A Benoiton, Emil Schmidt, Gregory P Tarr, Ian A Thomson, Sarah C Rennie, Andre M van Rij

We looked at patients with at least one leg ulcer who were seen in the Vascular Outpatient Clinic in Dunedin Public Hospital. The management of their ulcers including investigations and treatment were compared to the New Zealand Guidelines for the management of leg ulcers. We found that most people had their investigations done at the hospital leading to a delay in the initiation of treatment for venous and mixed type ulcers.
Diagnosis and treatment of heart failure in Māori and New Zealand Europeans at the Waikato Hospital
Richard Wall, Anita Bell, Gerard Devlin, Ross Lawrenson

This study reviewed the medical files of 69 New Zealand European and 71 Maori patients who had their first admission with heart failure to the Waikato Hospital during the period 1/1/2007 to 31/8/2008. International heart failure guidelines recommend that heart failure patients have an echocardiogram and treatment with beta blocker and ace inhibitor medications if they meet particular criteria. This study found that a high proportion of the patients who met criteria for these medications did receive beta blockers and ace inhibitors and the rate of echocardiogram use of 57% was similar to that seen in other studies of this type, both nationally and internationally. The number of people included in the study was too low to conclusively determine if the treatment rates differed between the two studied ethnic groups. However the Maori heart failure patients were found to be significantly younger than New Zealand European patients, and were more likely to have an additional diagnosis of diabetes.

Family involvement in Chinese immigrants with bipolar disorder in New Zealand
Grace Y Wang, Marcus Henning

The present study used qualitative approach to explore the dynamic between Chinese people with bipolar disorder (BD) and family functioning. The findings of the present study show that the concept of family, developed from traditional Chinese culture, was the fundamental element influencing the participants’ recovery. It also highlights the need for improving the understanding of mental illness in relation to Chinese people, families and their community, given the great involvement of family members in individuals’ recovery.

Gout, diabetes and cardiovascular disease in the Aotearoa New Zealand adult population: co-prevalence and implications for clinical practice
Doone Winnard, Craig Wright, Gary Jackson, Peter Gow, Andrew Kerr, Andrew McLachlan, Brandon Orr-Walker, Nicola Dalbeth

Gout is a common, very painful arthritis that can disrupt work, family and social life. Aotearoa New Zealand has one of the highest documented rates of gout worldwide, with very high rates in Māori and Pacific men. Gout can be a marker of risk for diabetes and heart disease. In our study, a quarter of those with gout were also identified as having diabetes. This figure was higher, 1 in 3, for Māori, Pacific and Asian people; 40% of all those with gout also had either diabetes and/or cardiovascular disease, with nearly 1 in 10 having all three conditions. This means it is important that in addition to appropriate treatment for gout, people with gout have their risk of diabetes and heart disease assessed and these conditions managed well to prevent future ill-health. While genetic factors are important in the development of gout, prevention of obesity, healthy nutrition and physical activity can help to prevent all three conditions.