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This Issue in the Journal

Opportunities to learn from medical incidents: a review of published reports from the Health and Disability Commissioner
Sara Temelkovski, Kathleen Callaghan

This article examines published investigations undertaken into complaints about doctors by the Health and Disability Commissioner (HDC), New Zealand's public watchdog for health consumer rights. These reports are classified to see where doctors are most commonly under-performing according to standards that the New Zealand Medical Council has for doctors. This paper shows public complaints most often involve concerns about the doctor's role as a 'Medical Expert' (92.9% of cases). 'Communication' was identified as an issue in 48.7% of cases, and most cases examined had more than one area of concern (average of 1.8 areas). Overall the paper highlights difficulties with drawing conclusions from the HDC reports, which are often considered only in isolation, making it difficult to see trends and truly learn how to improve our health system.

Sickness presenteeism in a New Zealand hospital
Lisa M Bracewell, Duncan I Campbell, Palmira R Faure, Emily R Giblin, Tessa A Morris, Liyana B Satterthwaite, Cameron D A Simmers, Caroline M Ulrich, John D Holmes

Healthcare workers have been shown to have higher rates of sickness presenteeism (turning up top work despite being unwell) and lower rates of sickness absenteeism when compared with other occupational groups. In this study (undertaken between 13 March and 9 April 2009) doctors were shown to be significantly more likely to exhibit sickness presenteeism than any other occupational group in the district health board. This study showed the most common reasons for staff not taking time off when ill were that they did not believe they were unwell enough to justify taking time off and that they did not want to increase the workload burden of their colleagues.

Towards a reliable and accurate ethnicity database at district and national levels: progress in Canterbury
Laurence Malcolm

Canterbury PHOs/general practices, along with national PHOs, have reduced ethnicity 'not stated' to almost negligible levels. The difference between the PHO and census figures for Māori is probably due to the different systems used by Statistics New Zealand for the census and for health classifications. Nationally there are now some 102,000 less in the PHO data as compared with census estimates. However the PHO general practice records should now be used to provide an accurate and up-to-date district and national database for analysis and funding. In doing so it ensures that calculated morbidity and other rates use an identical denominator and numerator.

Distinguishing between tertiary and secondary facilities: a case study of cardiac diagnostic-related groups (DRGs)

Paul Rouse, Ajit Arulambalam, Ralph Correa, Cornelia Ullman

Although hospitals are categorised as tertiary and secondary there is no universally accepted definition of tertiariness. This research provides a theoretical foundation for tertiariness and tests this against 86,000 cardiac cases treated in New Zealand DHBs in 2006/07. Results indicate that five DHBs provided 40 percent of high cost, complex cardiac cases supporting their classification as tertiary providers and the need for additional funding in the form of a tertiary adjuster over and above funding based on volumes produced.

