Health Select Committee – Canterbury DHB information presented at Parliament last week

As a publicly-funded entity, every couple of years we have to answer a large number of questions on how we have invested the funding we receive. Last week I was joined by a small number of the executive team and Canterbury DHB’s acting Chair, Sir Mark Solomon, to present our answers to the Select Committee’s questions for the 2015/16 financial year. The Health Select Committee is a cross-party committee with nine members representing all political parties.

As a relatively new DHB Board member, our acting Chair Sir Mark Solomon gave an introductory statement before committee members asked questions about Canterbury DHB’s performance.

Sir Mark said that in Canterbury the DHB and its executive leadership team is universally respected. He touched on the fact that the Canterbury Health System has worked incredibly hard to make it better for people: to cut waste out of the system and improve the patient journey by putting people at the centre of everything we do.

Sir Mark talked about the unprecedented challenges of the past six years, and how despite this, the Canterbury Health System continues to be regarded as one of the very best health systems in the world. He cited independent reviews locally such as the Productivity Commission, the States Services Commission, PWC and Sapere Research Group and internationally the Kings Fund, the World Bank, and the Health Round Table, which continue to validate the innovation, the efficiency and the effectiveness of the Canterbury Health System and garner international respect for New Zealand. He also touched on some of our key achievements:

» More complex care is being provided in primary care by general practice teams, meaning people have faster access to interventions that improve health outcomes, such as identifying and removing skin lesions and providing care to women suffering from painful heavy periods, frequently avoiding the need for hospital care. Our general practice and community partners are a key part of our success as a health system.

» Last year almost 34,000 people, who in many other areas would have been admitted to hospital, received their acute care in the community and usually in their own home. Which is why Canterbury has a much lower acute medical admission rate than the New Zealand average. At the national average acute admission rate Christchurch Hospital would be seeing 19,000 more admissions and would have needed 140 more acute hospital beds last year.

» With a 39% increase in presentations to adult specialist mental health services, teams are seeing 700 more adult clients each month than pre-quake and running inpatient services with no spare bed capacity. But more importantly for the future of our region, our teams are seeing 300 more children per month and supporting 116 schools directly. This need is as a direct result of the impacts that the earthquakes have had on the health and well-being of our children/tamariki. The new ways of working to meet the needs of these vulnerable populations reflects the innovation and passion of our workforce.

» Our use of Aged Residential Care has dropped as more older people are supported to live independently in their own homes. Despite a 17% growth in the numbers of people over 75 living in our communities we have fewer people spending time in aged care facilities and more people living in their homes.

» Article continues on page 2
own homes and communities. The dramatic turnaround in Canterbury was acknowledged by the World Health Organization as a model for the future.

A key indicator of a whole system working is what happens in ED. We have amongst the lowest ED utilisation rates in the country and particularly for older people, for whom we have dropped the ED attendance rate to 260 people per thousand (total population) per annum against a national average rate of 380. Despite this, we operate the busiest Trauma Centre in New Zealand.

Canterbury has led the development of the alliance model in a health system context and the Canterbury Clinical Network, which has been in place since 2010, won the Prime Minister’s award at the 2015 IPANZ Awards. The alliance approach has been instrumental in Canterbury’s success and is proving a good basis for integration with the social sector, supporting activity such as the Children’s Team.

Canterbury through the South Island Alliance has anchored the roll-out of Canterbury-developed IT innovations such as a South Island wide electronic request management system that has securely managed nearly 2 million requests and a South Island-wide shared electronic health record that with the Nelson/Marlborough installation underway will carry clinical information for nearly 900,000 people from hospital, primary care, pharmacy, laboratory, radiology and community provider systems and is updated at least hourly. It’s a game-changer in terms of safe and effective clinical care.

Canterbury HealthPathways is a system of on-line practical clinical advice localised for each health system. It is now working in three countries and is supporting clinicians who look after 27 million people.

Key to the successful transformation of the Canterbury Health System has been the development of a common purpose and direction.

Sir Mark was quick to point out that despite our successes, the Canterbury Health System faces considerable and immediate challenges:

Over the next two years the physical capacity constraints will continue to be severe as we wait for the new Acute Services Building and Outpatients facilities to be completed. Following that further earthquake-related repairs can be started, so the teams at Christchurch Hospital are facing several more years working in a building site and one of the most complex commissioning and decant programmes a New Zealand hospital system has faced.

Despite an expected dip in population immediately after the earthquakes, our population has grown and exceeded all previous estimations (including pre-quake), placing additional strain on the system.

We have the second largest population of any DHB and the third fastest-growing. Although not the oldest population by proportion it is the largest population of over 75-year-olds of any DHB and the sixth largest Māori population growing at the fastest rate, with 51,000 Māori living in Canterbury. The way in which the population has moved post the quakes has created new dynamics and new challenges for health service delivery with a more distributed population, and old communities shaken up and destabilised.

Last year’s Staff Engagement Survey had more than 4000 respondents. They told us that many staff are facing significant pressures both at work and home, including the continuing impacts of the earthquakes, overwhelming levels of change, leadership under pressure, and the impacts of externally imposed processes.

Many of the Canterbury DHB’s systems are already lean after six years of fiscal and physical constraint which was acknowledged in the PWC reports. These highlighted that operationally Canterbury is as good or better than comparator DHBs. Further efficiencies are getting more difficult to achieve despite having a highly engaged workforce with almost 90% of the 4000 plus respondents indicating that they feel that they make a contribution to the success of Canterbury DHB.

In conclusion, Sir Mark said it would be fair to say that what the true need of the Canterbury population will be in the coming years after the impacts of the last six is open to speculation. What we can be clear about is that the District Health Board will need to continue to be nimble and innovative in its response.

We then answered a number of questions, including a large number about our mental health services: the current high demand and our ability to continue to provide safe care from facilities that are past their best-before date.

Mental health also dominated local media headlines last week. Many of the reports reflected the reality that mental health can be a challenging area in which to work. In response to comments from staff I would like to reiterate the fact that while some staff are tired, stressed and fearful, this is not representative of all staff. A number of mental health staff have been concerned at the tone of media reports which have suggested that mental health staff are not able to do a good job – this couldn’t be further from the truth and I want to acknowledge everyone in the service who has been working hard to ensure that 1,000 more people each month receive the care they need. So many people have gone to great lengths to enable us to respond to the needs of our community and your efforts are greatly appreciated.

I know this type of media coverage can be difficult for patients and their families. The mental health leadership team is carefully working through issues that have been raised. I encourage any staff member – in any service – who has concerns about their own wellbeing or safety at work to talk to their manager in the first instance.

Thank you for all that you do. Be kind to yourself and your colleagues.

David Meates
CEO Canterbury District Health Board
Kindness at work

In today’s update, Nurse Educator Becky Conway shares the thoughts of her grandmother and Tim Keogh. Tim spoke at a Canterbury Grand Round last November. If you missed his talk you can view it here (scroll down to the video entitled The importance of kindness in healthcare, Tim Keogh, 18/11/16). Tim is a great advocate of kindness in health care, based on the premise that kinder healthcare is safer and costs less. What people say at work can transform our day either into a good one or a bad one – I won’t steal Becky’s thunder, but encourage you to read her story on page 4.

Visit to the Chinese Consulate in Christchurch

Last week I had the pleasure of visiting the Chinese Consulate in Christchurch to learn more about the functions and role of the local Consulate. They support Chinese people living in Canterbury, and those visiting New Zealand’s South Island. They also process visa applications for those wanting to visit China.

Consul General Mr Jin Zhijian expressed thanks for the emergency medical services provided to Chinese tourists and residents. Relationships have now been established to ensure local consulate staff are aware of how the Canterbury Health System works, and who to contact in an emergency where Chinese nationals may be involved.
My grandmother’s advice

Nurse Educator Becky Conway has published a good reminder about manners at work, courtesy of her grandmother and Tim Keogh.

Tim is a partner at UK consulting firm April Strategy. He was a keynote speaker at the Asia Pacific (APAC) Forum on Quality Improvement in Healthcare and visited New Zealand late last year and spoke at the Grand Round.

Becky wrote the following in the latest issue of ‘Hot Tips’ – the newsletter from the Child Health nurse educators:

My grandmother used to say “if you haven’t got something nice to say, don’t say anything.”

But it doesn’t mean that all communication should be false or sugar coated, Becky says.

Simply, it should be respectful. Say good morning, pull up bad behavior and examine your own interactions.

Greet your co-workers

Saying something nice at work is really important. I recently heard that workers felt bad when their manager didn’t greet them with a “good morning”.

This important and simple greeting can make a difference to your day. But remember that any one of us can initiate a ‘good morning’ and it doesn’t have to be started by your manager.

Some of us are more introverted than others and it may take a bit of an effort to get that greeting out. If you don’t usually say good morning, give it a go. Greet everyone, too, not just other nurses.

What about phrasing tough conversations and giving feedback?

It is hard to imagine how either of my grandmothers would have understood the term ‘feedback’. Both were good women but they were sometimes pretty direct.

Sometimes we have to give feedback to each other about tricky situations at work. Last year we practiced phrasing difficult conversations at our teamwork study day. Remember the BEEF sandwich?

B for Behaviour
E for Example
E also for Effect it had on you or someone else
F for Future what you want to happen now

Be kind to a bully? Really?

It is possible that some of the worst things that are said in the workplace are in fact, bullying.

Last November I was lucky enough to hear Tim speak talk at the Grand Round. Tim is on a mission to spread kindness in healthcare on the premise that kinder healthcare is safer and costs less.

What people say at work can transform our day either into a good one or a bad one, Becky says.
Facilities Fast Facts

Fast Facts – Acute Services Building

There is a change to the ASB landscape – tower crane #1, aka Baby McCrane, has left the building.

There are a few minor concrete pours left to finish off the East and West Podium, with the last pour expected around early April.

Block work continues on the Lower Ground Floor, with services installation up to Level 4 on the West Tower and Level 3. Gib lining has started on the ground floor.

The curtain wall is nearly complete up to Level 8 on the West Tower (see photo on right).

A 100 tonne and 50 tonne crane were on site on Saturday to lift a VIE tank that will hold oxygen for the new Acute Services Building into place alongside the old ED carpark on the river road.

Fast Facts – Outpatients

There is a big concrete pour on Thursday on the ground beams leaving one final pour to complete the foundations at the end of the month. Installation of the full height steel columns starts at the end of the month and the bulk of the structure will be standing by early July.

Road work on St Asaph/Antigua/Tuam streets

Work is occurring on the drains along Antigua St between Tuam and St Asaph St for the Medcar building alongside the staff carpark.

St Asaph St is down to a single lane to allow Downer to do the new Accessible City road layouts.

Please take care if you are walking, cycling or driving in these areas and observe all traffic signs.
Bouquets

Ward 11, Christchurch Hospital
The care and attention from all staff in Christchurch Hospital to my wife has been truly magnificent. We thank you from the bottom of our hearts.

Physiotherapy Team, Burwood Hospital, Ward GG
Thank you for all your support and reassurance. Your regular attention was greatly appreciated.

Charissa Theyers, Orderly
Charissa Theyers was supporting an elderly gentleman on his hospital discharge. They stopped to get his script at the chemist. I would like to say what a beautiful, caring, respectful young lady she is. So personable and so lovely to this elderly gentleman. It means a lot to hear others being looked after so well.

Emergency Department, Christchurch Hospital
Thank you for being so kind and caring. My husband is battling cancer and we are too frequently here. But you guys are always amazing. Thank you.

Mental health
I have really enjoyed my time here and everyone has been very helpful and fun to work with at both sites. The standard of care here is high and all levels of staff are all very dedicated and knowledgeable. I will miss a lot of things on my return to the USA. Thank you for your help and support in my locum tenens position here.

Intensive Care Unit (ICU)
I just want to day a massive thank you to the wonderful doctors and nurses who have looked after my mum in ICU. We are now at day 22 in ICU and the care, respect and honesty is amazing. ICU staff should be very proud of the great team they have. Thank you for making the journey ‘easier’. Such an incredible journey made easier by understanding staff, including: Dee, Emma, Emily, Prue, Madeleine, Libby, Dr David Bowie, Christine, Bianca and Harriet. These guys kept Mum alive. Thank you.

Ward 10, Christchurch Hospital
I have been in Ward 10 since my bypass…I cannot fault the care I have had. All the staff have been marvellous, from the tea lady to the doctors. The food is beautiful, when you are able to enjoy it. Thank you so much.

Day Surgery Unit, Christchurch Hospital
The people were amazing. Friendly, kind, inclusive, respectful. I was well informed as to what was going on with my son and even went into theatre until he was asleep. I’m impressed at the checks at every stage.

Ward 15, Christchurch Hospital
The nursing staff of all around the clock, day and night, need to be congratulated on their level of service, professionalism and ability to smile and keep a pure sense of humour. Long may such attitudes last. Wonderful.

Christchurch Hospital
Just a quick note to say how much my husband and I appreciated the excellent service my husband received at Christchurch Hospital recently. He was transferred there from St George’s Hospital post surgery, with possible heart problems. Everyone was so helpful, professional and friendly.

Emma and Elaine, Dental Service, Christchurch Hospital
Thank you for helping me with my tooth. Emma, the dentist, has fixed the pain and I really appreciate her gentle and professional manner. Elaine her assistant was very informative in providing me with valuable resources on dental care and invaluable advice. The experience I had was light hearted and dare I say it, quite fun, because of these two women.

Day Surgery Unit, Christchurch Hospital
Top communications, from booking notification, to entry and exit from the Day Surgery Unit. Patient suffers huge anxiety, this whole process was smooth. Thanks for the great job done by the whole team.

Ward 20, Christchurch Hospital
I have been here for three weeks and counting. I wish to acknowledge the wonderful support I have had. Doctors, Raz and Anika and Jess and Mr Davidson – what a great plastics team. When Dr Raz suggested the new wound irrigation device I immediately started...
to get better or recover my spirits. Pain levels reduced substantially and day four with this VAC (Veraflo Therapy) no pain relief has been necessary. Swelling reduced rapidly as well. Most nursing staff have been outstanding with one in particular, Marcos, being just magnificent. He listens, enquires, explains in layman’s terms and his dressings were done with extraordinary concentration. Destined for great things, as are Dr Anika and Dr Raz. With all my gratitude and thanks.

Vascular Surgery, Christchurch Hospital
A compliment for the service I have received in house and advice. Very helpful.

Ward 11, Christchurch Hospital
What a great bunch of carers. Everyone smiles a lot and you all deserve a big thank you. Doctors, nurses, tea ladies, everyone who works here is really friendly and it makes the patients feel good. Thank you to you all.

Christchurch Hospital
I have decided to write a letter to show my appreciation to Christchurch Hospital for helping everyone and taking care of everyone. In health class we have chosen to write a letter to people we appreciate for all their help and I have chosen you. I am grateful for the doctors, nurses and all staff, for their help to improve the quality of our lives. Once again thank you all very much for all your time and effort you put in for us.

– from a school student.
Shuttle hits half a million mark

The Christchurch Hospital Park & Ride shuttle celebrated its 500,000th passenger transfer on Friday with flowers and cupcakes. That’s half a million people who have made a trip on a shuttle to and from, initially the Metro Sports Facility, and now the Deans Ave car park to the hospital and Hagley Outpatients since the shuttle service began in October 2014.

In its first month of operation the shuttles moved 2,546 people. Just over two years later, in December 2016 we recorded our highest number of passengers with 23,652 people using the service. That’s more than 5,000 people a week using the shuttles. Patients and visitors in the midday shuttle were given a small gift to mark Friday’s milestone.

The Park & Ride shuttle was set up in October 2014 when 150 parking spaces behind Christchurch Women’s Hospital were removed ahead of site preparation works for the new Acute Services Building. The service was to ensure that patients and visitors would have options for parking.

A large part of the success of the shuttle service has been the unstinting service and help from the drivers, volunteers and security staff involved with the shuttles. There is regular feedback that our drivers are friendly, helpful and compassionate. They make a huge contribution to helping people get to and from the hospital in as stress-free a way as possible.

Operations Manager George Schwass (right) looks on as shuttle driver Scott Binks accepts a cupcake from Wayfinding Coordinator Jan Fortune to celebrate the Park & Ride reaching the 500,000 user mark.
Great turnout for Operation Switch mobiles at Christchurch campus

Thank you to everyone on the Christchurch campus who took time out of their busy day to get their DHB mobile phone switched over to Vodafone.

With more than 1000 phones on the Christchurch campus alone to get switched over it’s been a big job. The Switching Clinic is running for one more week and the ISG technicians will be onsite at the Great Escape Café on Monday, Tuesday and Wednesday.

Either drop in if you are in the Great Escape or make an appointment on the booking sheet.

If you cannot get to the Great Escape, please email operation.switch@cdhb.health.nz and let them know your phone number, model of phone and where you are, and they will come to you.

The Switching Clinics begin at Burwood on Monday 27 March. More information about this will be made available soon. Details of Operation Switch are on the intranet, cdhbintranet/corporate/telephony/SitePages/Home.aspx

Development Analysts Dylan Hood (left) and Raj Velumula busy at one of the Switching Clinics held at the Great Escape on the Christchurch campus.
Health Connect South (HCS) now a whole of South Island solution

With the same feeling that must come when the last piece of a 5000 piece jigsaw snaps firmly into place, February saw the Health Connect South team at Canterbury DHB complete their part in making HCS a single shared electronic patient record for hospital care right across the South Island.

Now those records, just like people, are no longer confined by geographical boundaries – so that health care can be delivered seamlessly in a South Island hospital environment. Whether you need hospital care while on holiday near Nelson or Greymouth or visiting Invercargill, clinicians will be accessing the same high quality set of information available at your nearest hospital.

Health Connect South, an Orion Health solution, pulls information from existing systems and presents it in a single patient view and enables the clinician to add to or amend the record. This includes test results, allergies, X-rays, medications and previous hospital admissions. Each DHB has its own systems and making Canterbury and West Coast information available elsewhere was a major challenge for our in-house team.

Executive sponsor for HCS, Stella Ward, says that the team rose to that challenge and did a fantastic job and can be justifiably proud of their contribution to better connected health care.

“Thank you to for their supreme efforts in supporting our South Island partners through the prep to launch.

“Reaching this milestone is a huge achievement, but it also paves the way for other system improvements. The modular nature of Health Connect South allows new clinical systems to be added over time.

“Although each DHB serves its own unique community, we share similar issues. The South Island is the only region in New Zealand to have made a success of collaborating on this scale and this amazing achievement was only possible because of our close working relationship with the other South Island DHBs through the South Island Alliance.

With the addition of Nelson Marlborough, we have a South Island health system that is well-prepared to respond to future challenges.”

Nelson Marlborough DHB is also preparing for the delivery later this year of HealthOne, which allows primary healthcare providers, such as general practice teams and community pharmacists, to share key patient information.

“Continuing to work with our South Island Alliance and strategic health system partners Orion Health and Pegasus Health, by the end of this year we will have achieved a level of unrivalled systems integration, and it is patients across the South Island who will benefit the most.”

Canterbury DHB Surveillance Audit starts today

From Monday 13 to Thursday 16 March, a surveillance audit will be carried out across facilities in the Canterbury DHB area, including the Chatham Islands, as part of the Certification process under the Health and Disability Services (Safety) Act 2001.

This audit, which is taking place midway through the three year certification period, will focus on service delivery issues and corrective actions raised at the 2015 Certification Audit.

Several auditors will conduct planned visits to services that are expecting them over four days, but could potentially visit others to get a picture of how we operate on a daily basis. During the surveillance visit you will be able to demonstrate how your team routinely meets the standards in practice, including how we monitor and evaluate improvement.

It is also an opportunity for teams to showcase their improvement work.

The main aims of the Act are to keep consumers in health and disability services safe, while encouraging providers to continuously improve their services.

Using the tracer methodology, eight individual tracer audits following the patient journey will be conducted for each service type: Acute, Mental Health, Forensic, Medical, Surgical, Long Term Care, Child Health and Maternity, as well as four system based tracer audits: Deteriorating Patient, Medication Management, Falls Prevention and Infection Prevention and Control.

For more information on Certification and the submitted self-assessment please visit the intranet on cdhbintranet/corporate/Quality/SitePages/Certification.aspx
WHAT DOES THAT PATIENT FILE COST?

- The cost of urgent retrieval of past medical records within 2 hours
  - $100 per record

- Every time a file goes back and forth to Recall
  - $5

- How much of a file is duplicated information
  - 60%

- Files a day in to and out of Clinical Records
  - 2,000

- How long a file is kept after someone dies
  - 10 years (unless specific reasons to hold longer)

- The cost to destroy duplicated digital records every year
  - $165,000

Worried about using electronic records? Don’t be.

- ISG can arrange settings on the computer to make programs easy to access
- Line managers can show you how to use the programs
- Programs have been designed to be fit for purpose
- You can save your department thousands of dollars in printing and file recall costs

“Huge spending on creating paper records we don’t need takes money away from direct patient care. Using electronic records wherever possible reduces wastage and unnecessary expenditure while providing the best service possible for our patients.”

David Meates – CEO, Canterbury District Health Board

Where can we make savings so we have more resources to put towards direct patient care? What can you do to help make a difference?
Bram Cook

Former Head of Gastroenterology and Coeliac Disease expert ‘Bram’ Cook was celebrated by fellow clinicians at his funeral last week as a ‘hard-working, dedicated colleague who was always there to help’.

Herbert Bramwell Cook – known as Bram – died suddenly in early March at age 81.

He was Head of the Gastroenterology Department from 1987 until 2000. He retired in 2002.

At Bram’s funeral service, Bruce Chapman paid tribute to his friend and mentor on behalf of current gastroenterology staff and others in the health system who greatly respected the consummate medical man.

He was recalled as a kind, humble and compassionate Christian man who saw the best in people.

In the workplace the former gastroenterology head “led by example and set high standards for all of us who were his trainees to follow,” Bruce said.

He had an active and successful research career and collaborated on studies with a number of other departments within the hospital.

But it was Bram’s passion for researching and treating coeliac disease that particularly defined his career.

Bruce recounted that while Bram was involved in an eclectic range of research projects, everyone in the department knew his great passion was coeliac disease.

“He was still very excited every time a new person with the disease entered the department,” Bruce said.

Over the years Bram was a life member and patron of the Coeliac Society of New Zealand; on the executive of the Nutrition Society of New Zealand; and on various committees including the College of Physicians, the Medical Council, and the Canterbury Medical Research Foundation.

He was president of the New Zealand Society of Gastroenterology. In 2003 Bram was awarded a Companions of the New Zealand Order of Merit for services to medicine and the community. Bram was also very involved with the Cotter Medical History Trust right up until his death.

Canterbury Grand Round

Friday, 17 March 2017 – 12.15pm to 1.15pm
with lunch from 11.45am

Venue: Rolleston Lecture Theatre

Speaker 1: Prof Spencer Beasley, Paediatric Surgery
“The importance of being respectful”
How your behaviour influences patient outcomes and trainee performance. How can you change culture in the health sector?

Speaker 2: Elizabeth Berryman, Trainee Intern
“Particip8 Study: Using an app to increase well-being reflection and resilience”
In 2015, the New Zealand Medical Students’ Association conducted a survey which showed 54 per cent of medical students had experienced bullying or sexual harassment. Similar surveys by the Resident Doctors Association and the Royal Australasian College of Surgeons have shown similar results. The Association of Salaried Medical Specialists also conducted a survey on burnout and found 50.1 per cent in senior medical officers. This is not a new phenomenon, but it is time to now do something about it. This feasibility study shows how an app can help students and doctors reflect on their own wellbeing and take steps to become resilient, whilst also providing anonymous feedback to education providers and employers. We are not just going to stand on a soapbox – we want to find and implement a solution.

Chair: Ruth Spearing

Video Conference set up in:
- Burwood Meeting Rooms 2.3a and 2.3b
- Wakatuui Room, Ashburton
- Administration Building, Hillmorton
- The Princess Margaret Hospital, Riley Lounge
- Room 1.02, Pegasus, 401 Madras Street

All staff and students welcome

This talk will be uploaded to the staff intranet within approximately two weeks.

Next is Friday, 24 March 2017
(Rolleston Lecture Theatre)
Convener: Dr R L Spearing
email: ruth.spearing@cdhb.health.nz
Security vehicle to patrol Christchurch campus surrounds at night

We are aware that staff on the Christchurch campus have had increased safety concerns about walking to their cars at night. To help reduce some of the anxiety around this, Canterbury DHB is starting nightly vehicle patrols around the roads of the main hospital campus area.

Security Manager Richard Boyce says the patrols will provide an increase in security visibility. “We believe a heightened presence around the hospital will help staff feel secure and safe.”

The patrols, which will also be an avenue to report suspicious activity, will supplement the static guard who already patrols the walking route to the staff afternoon carpark between 10pm and 11:30pm.

While the Allied Security patrol vehicle is not available to transport staff, staff can still continue to request an escort to their car through the ED Security Office. On occasions, it may be possible to transport staff to their vehicles using the CDHB Security vehicle.

If staff see or are involved in a security incident, they need to first ensure they get to a safe location and then call for help. If the incident is of an illegal nature or you feel at risk, call police immediately via 111 and then when you are able, call the Hospital Security Office on 027 432 1909 or 03 364 0454. The CDHB Security Services pages have lots of useful general security advice including on how to keep yourself safe if you are walking alone at night. [cdhbintranet/corporate/security/SitePages/Home.aspx](https://cdhbintranet/corporate/security/SitePages/Home.aspx)

Above: The new Allied Security vehicle will patrol the roads around Christchurch campus to provide extra security at night.
Hi everyone, we are the Software and Asset Management Team, also known as the SAM Team.

We are based within the Information Services Group, and function as the IT purchasing team, while also holding and updating information used to track and report on our software and hardware assets. Physically, we work right alongside the Service Desk at 1 Durham St.

We purchase the majority of the IT equipment for regular requisitions of new devices for new starts and office moves, all the way up to the big project purchases of hundreds of devices and services. On its way through us, we record these new devices in an asset database.

We also purchase many different kinds of software. This is most often common software for various business tasks, but we also provide information about clinical software and facilitate its licensing and purchase.

It was identified to us that there is not a ready source of information on the goods that we procure, which was delaying the purchasing process for our customers in their attempts to get this information.

To address this we have put together a simple site on Sharepoint which holds this information for quick reference when needed. The device information is being updated as soon as new and updated products are available, as through this site we aim to provide accurate and prudent advice.

You should find a link to create a Service Desk request on every page. Please don’t hesitate to submit a request if there is any further information you would like, items that you think should be included for purchase, or if you are ready to create a requisition.
Tackling low vision

Canterbury DHB Occupational Therapist Gail Hughes, and Optometrist John Veale were featured in the February issue of New Zealand Optics, a magazine for optometrists and eye care professionals.

They both spoke at a conference in Auckland recently.

Gail works in the Low Vision Service based in Outpatients at Burwood Hospital. John is the Senior Optometrist in the Low Vision Service at Burwood, and was instrumental in establishing it.

Many people do not know that there is a low vision service at Burwood, and the service is one of the few remaining Low Vision Clinics left in New Zealand, Gail says.

“We are keen to get the message out to our colleagues that there is a lot that can be done to help people with low vision adjust to it and return to living independent, full and productive lives.”

In November 2016 the NZ Wholesalers Association (NZOWA) held an event called Visionz at Ellerslie, including the Eduvisionz educational programme and The Association of Dispensing Opticians of New Zealand conference, which was run concurrently.

For the first time, NZOWA offered an additional educational programme, a separate Low Vision Conference. Gail and John were featured as one of the “highlights” from the day which focused on low vision causes, management and treatment programmes.

Here are the stories as they appeared in Optics:

Dealing with the day-to-day

Occupational therapist Gail Hughes, who works closely with (Merivale Optometrist) John Veale, shared many tips and tricks for making a low vision person’s life easier.

“Low vision isn’t an illness, so I don’t like to call them patients, but it can steal their independence, so our work is all about giving them back that independence.”

She noted that low vision often leads to depression, so she shared some tips for identifying depression early and for dealing with it. This included regular exercise, to stimulate the body’s endorphins; exposure to sunlight (the importance of vitamin D was a recurring theme); drinking plenty of water; eating plenty of Omega-3 fatty acids; having daily social contact with people other than your immediate family or partner; getting plenty of sleep; and doing some sort of regular, meaningful activity.

Friends and family can also be an obstacle in a low vision person’s journey back to independence as they tend to do too much for them. We have an “arsenal” of other senses: low vision people just need to learn how to use them, she said.

There’s a plethora of tools to help, including those which help with the important three Bs – bigger, bolder, brighter, such as large universal remotes; black on yellow keyboards; and special book-reading illuminators.

Finally, to really help a low vision person you need to do home visits, said Hughes. “When you see what they have to overcome every day, it’s a whole new ball game.”

Low vision clinics in practices

Well-known low vision champion, Merivale optometrist John Veale showed how easy it was for practices to instigate their own low vision clinics.

“Don’t reinvent the wheel…there is all the material out there if you want to help low vision people.”

He then went on to demonstrate the resources available and encouraged the audience to contact him to obtain many of the charts and other tools useful for starting a low vision practice.
One minute with... Amanda Evans, Personal Assistant to Ashburton Health Services Manager

What does your job involve?
Because Ashburton is smaller, I’m a bit spoilt in the fact I get to do a wide variety of things I otherwise may not. My everyday tasks include things like booking appointments, taking phone calls, meeting minutes, booking staff travel and helping set up video and teleconferences. Then I’m also the Emergency Planner, on site Perform trainer, IT whizz (including our Intranet site), newsletter editor, photographer for our redevelopment and have even had a go at some project management.

Why did you choose to work in this field?
This job came up while I was living in Perth and I’d been keeping an eye out for something that not only would offer a challenge, but could lead to further opportunities. I’ve always been a people person and administration is a great way to meet people from all areas of health, as well as lending a hand as often as possible.

What do you like about it?
I enjoy the ever changing variety that each day can bring and I like interacting with people from all over the hospital – there’s a real sense of community here since we’re a bit smaller. I also enjoy getting to deal with people from throughout the CDHB and health in general; it certainly keeps me on my toes.

What are the challenging bits?
I love the variety of my job but having lots of different aspects to it can be a bit challenging sometimes and it can be a real juggling act trying to please everybody.

Who inspires you at work and why?
I am constantly in awe of one of my co-workers, Maureen Hathaway, who always manages to see the positive in things and has an extremely calming influence.

What do Canterbury DHB’s values (Care and respect for others, Integrity in all we do and Responsibility for outcomes) mean to you in your role?
Because I deal with people from all areas of the hospital, I know how important it is to respect every single one of them – from the doctors and nurses, to the cleaners and orderlies because they all do their part to make things better for patients, which is what it’s all about!

A book I enjoyed was...
The last book I read was The Life Changing Magic of Not Giving a F**k, which is a practical parody. It’s all about not sweating the small stuff and doing the things you actually enjoy in life, which we all need a reminder of sometimes.

If I could be anywhere in the world right now it would be...
Travelling the world on a private jet with someone else footing the bill!

Amanda Evans

My ultimate Sunday would involve...
A morning walk with my two dogs, brunch with my husband, time with friends, a movie and something sweet.

One food I really like is...
Chocolate, or anything sweet!

My favourite music is...
I’m a little ashamed to say it, but I’m a 90s kid through and through! Give me Spice Girls, Backstreet Boys or a bit of Westlife and I’m in my element!

If you would like to take part in this column or would like to nominate someone please contact Naoms.Gilling@cdhb.health.nz
Watch-house nurse features in Nursing Review

One of our fantastic Police Watch-house nurses who assess the mental health of people in the holding cells of the Christchurch Police Station, Steve Howie, has featured in a nursing magazine.

Here is some of the story from Nursing Review. You can read the full article here

A day in the life of... a police Watch-house nurse

Spend a busy day with mental health nurse Steve Howie assessing the steady stream of people who pass through the holding cells of Christchurch Police Station to see whether they have mental health and addiction issues.

NAME: Steve Howie

JOB TITLE: Watch-house Nurse, Canterbury District Health Board

LOCATION: Christchurch Central Police Station

5.30AM – WAKE

Wake to alarm, shower, eat breakfast while reading Stuff News online.

6.15AM – ON THE ROAD

Travel to work, taking the car today instead of my usual motorcycle ride as it’s drizzling and cold. There’s minimal traffic on the motorway this morning because it is a public holiday and car parking is also easy, so I arrive 15 minutes early for work.

I trained as a registered psychiatric nurse at the former Sunnyside Hospital and have been nursing for Canterbury District Health Board mental health services for 33 years. For the past eight years I’ve been working alongside police custody staff in the Christchurch Police watch-house to assess people in custody for mental health issues, their risks to themselves and others, and for alcohol and other drug issues. In the 18 months prior to the watch-house initiative there were three suicides in the Christchurch Police cells. Since the initiative started in 2008 there have been no deaths in the cells due to suicide or medical issues. My colleague Neil McNulty and I were humbled last year to receive Police District Commanders’ Commendations for our work. Today I am on a 7am to 3.30pm shift...

Dementia The Basics Course

For health and other professionals working with people with dementia, click on our registration form for our next Dementia the Basics course to be held on Wednesday 12th April 8.30am – 4.00pm.

Gerontontology Acceleration Programme (GAP) 2017

Applications are now open for nurses interested in applying for the GAP programme.

This programme runs from June 2017 to June 2018 and is for nurses working with older people. Applications are invited from RNs working in Aged Residential Care facilities, Older Persons Health and General Medical areas.

The programme consists of clinical rotations, mentorship, Professional Development Recognition Programmes (PDRP) and postgraduate education.

Eligibility for nurses wishing to apply is

» NZ citizen/resident

» FTE 0.8 and above

» RN with at least one year experience in Older Persons' Health

» Manager’s endorsement.

Applications may be made online at GAP 2017 application form. This link is available on the CDHB internet/intranet on the Postgraduate nursing page.

Any queries, please contact Jenny Gardner, Postgraduate Nursing Education at Jenny.Gardner@cdhb.health.nz or 3378679 (68679)

Applications close on 31/3/17.
Temporary changes to Ashburton Hospital access from today

The new Ashburton Hospital ambulance bay and surrounding area will have no access for approximately six weeks from today. The area will be completely fenced off to enable Bradfords to demolish the old Ambulance Bay and building developments in this area.

The following actions have been agreed by the leadership team to manage patient and visiting access during this time.

Patient Flow
- All patients will access the hospital from the Elizabeth Street main hospital entrance, 24 hours per day, seven days per week. This includes patients presenting by ambulance.

Ambulance Presentations
- Ambulance will access the hospital via the old front entrance by the main reception area. They will take the patient through the main corridor to the Acute Admitting Unit (AAU). They will enter the AAU via the internal access, via the first double doors on the left hand side (by the new ambulance bay.)
- They will then enter the AAU via their swipe access, arriving in AAU beside the Resus Bay.

Walk in Presentations:
- Patients will access via the front of the hospital and will be directed to the AAU as they currently do during the day, arriving in AAU by the waiting area, presenting to the ‘reception area’ in AAU.

After-Hours (between 8.00pm and 6.00am)
- Reception will continue to switch the front doors to EXIT at 8pm as they currently do.
- A security guard will be based at the Elizabeth Street entrance. They will use the green button to release the door and enable patients/ambulance entry into the hospital.
- The security guard will escort any self-presentations through the hospital into the AAU to ensure that patients do not accidently enter other parts of the hospital. The security guard will take the patients directly into reception in AAU, alerting the nursing staff of a new presentation.
- The security guard will return to the front door as soon as the patient is in AAU and the nursing staff confirm acknowledgement of the new presentation.
- The security guard will ensure that the patient and only one support person has entry to the hospital. They will be charged with using their discretion to ensure access is not granted that would put patients or staff at risk.
- The security guard will report to and take direction from the duty nurse manager. They will have full contact via RTs. There will be an RT for the AAU duty nurse manager and the security guard.
- The duty nurse manager will confirm with the inpatient wards any visitors expected overnight for palliative patients. This list will be given to the security guard to ensure these people are given access.
- The security guard will report for duty at 7.30 to the duty nurse manager. The security guard firm will be required to provide back-up to ensure the security guard has appropriate meal breaks during this shift.
- Staff requiring access after-hours will present to the front reception area and be provided access via the security guard.
- Charge nurse managers will be clearly encouraging all visitors (apart from family supporting palliative patients) to leave the building by 7.30pm.

Reception
- Reception staff will be rotated every two hours during the day. This is to minimise any stress and impact of noise and vibration from building development on staff.
- The building site team will asked to ensure appropriate ‘batting’ is in place near the reception area to limit the noise. The building site team will alert management of intended work that will have a significant noise level.
- Christchurch central switch will be advised of the increased pressure on our team and that we may periodically need to switch the phones to Christchurch due to increased noise level.
- Investigations are being done on the use of a headset with this switchboard to enable staff to hear incoming calls.
- (Note: 777 calls are currently answered in Christchurch. It is imperative that any emergency call is directed through the 777 process as our main switch may be down at various times)

Signage:
- Signage will be reviewed and covered by paper as appropriate. Temporary signage for ambulance staff will be in place as appropriate.

Parking:
- The parks marked ‘drop off” at the front of the hospital will be reserved for the ‘transport ambulance’. This will be a minimum of two car park bays.
- The wheelchair access park will remain.
- Parking will be marked and regularly checked to ensure these are kept free for the transfer ambulance.

If you have any queries during this time, please discuss these with your direct line manager. We will work together to make this as smooth as possible for patients and their visitors and our staff.
Education opportunities

The Professional Development and Recognition Programmes (PDRP) office is offering a variety of education over the next year.

If you find a workshop/study day that you are interested in then please contact Aoife.Sweeney@cdhb.health.nz (the PDRP administrator) to book in.

PDRP Workshop on the 12th April, 12th July & 4th October

» Are you interested in putting together your PDRP portfolio?
» Do you know what evidence is required to ensure your portfolio showcases your practice at the level submitted at?
» Want to understand a simple way of how to write up the Nursing Council Competencies as part of your portfolio requirements?

Postgraduate Equivalency Application Process – submission required on or before the 17th May, 17th August & 1st November

Are you considering submitting an Expert level portfolio and have not got the required Level 8 postgraduate qualification?

Have you had a conversation of support with your Line Manager and been encouraged to submit your portfolio at Expert level?

Our Regional PDRP advisory committee has established an educational equivalence committee to provide an option for nurses who have not had the opportunity or access to level 8 education (completed postgraduate qualification) but have achieved the equivalent knowledge, skills and attributes through other pathways. This process must be done prior to submitting an expert portfolio.

For more information about Postgraduate Equivalency please see the link to the PDRP website below.

http://www.cdhb.health.nz/Hospitals-Services/Health-Professionals/pdrp/postgradeequivalence/Pages/default.aspx

Current Assessor Update

All PDRP assessors should attend one current assessor update per year. The next updates are on the 20th April & 12th September.

New Assessor Training – 10th & 11th May and 29th & 30th August

Are you interested in becoming a PDRP assessor? If the answer is yes then go to the link below and read up on the requirements and responsibilities of being an assessor.

http://www.cdhb.health.nz/Hospitals-Services/Health-Professionals/pdrp/PDRP-Assessor-Information/Pages/default.aspx

Resource Person Training – 21st March, 8th June, 6th September

Are you interested in becoming a PDRP resource person? Or are you a resource person already and need a bit of a refresher? If you would like to assist your colleagues through the PDRP process then this workshop is for you. It is 2 hours long, from 1300 -1500hrs.

If you are interested in any of the above courses please contact Aoife Sweeney, the PDRP administrator.

Staff Wellbeing Programme and Workstation Resources For You

Workstation Resources For You:
Treat your workstation like you would a borrowed car; adjusting the seat, mirrors, and steering wheel. We have several information sheets on the Wellbeing, Health and Safety intranet page. Click on each link for:

» Selecting Workstation Equipment
» Setting Up Your Work Space
» Shoulder Discomfort
» Acute Low Back Pain
» Working With Computers
» Resource Page

It is surprising how a simple adjustment can make a big difference! Give it a go.

Staff Wellbeing Workshops Coming Soon:
Quick update, we are in the process of coordinating the wellbeing workshop schedule for 2017. Great news – the Strengths Based workshops will be available to all staff this year. Flyers will be circulated very soon so you can lock a date in your busy schedules.

For more information please contact Lee Tuki; email lee.tuki@cdhb.health.nz
Nurses undertaking graduate study (level 7) at Ara in semester 2, 2017

Applications for Semester 2 funding support are now open and will be open until April 21st. Please click on the link below for the funding application form.

This link is available on the CDHB intranet – Nursing – Ara

Ara funding application form

Registered Nurses undertaking postgraduate nursing study in semester 2, 2017

Applications are now open for a limited number of Health Workforce New Zealand (HWNZ) funded places in Semester 2, 2017. The link to the online application form is: HWNZ funding application form semester 2, 2017

The online application form, eligibility criteria and information on postgraduate study and career planning is available on the CDHB intranet – Postgraduate Nursing Education:

Post Graduate Nursing website

Any queries, please contact Jenny Gardner, Nurse Coordinator, Postgraduate nursing education on Jenny.Gardner@cdhb.health.nz or ext. 68679.

Closing date for applications is Friday 21 April, 2017.

Any queries, please contact Jenny Gardner, Nurse Coordinator, Postgraduate nursing education Jenny.Gardner@cdhb.health.nz or ext. 68679.

The Friends of the NZ Brain Research Institute invite you to a special night of popular opera performed by The Opera Club together with a silent art auction.

This is a must-see event for lovers of fine wine, art and opera!

The Christchurch Art Gallery, Montreal Street, Saturday 1st April 2017, 7pm

Tickets are $75 per person, including refreshments, superb entertainment and a chance to own a beautiful piece of art.

Purchase tickets at caroline@cmrf.org.nz or phone 03 353 1245
The “Canterbury GP Professional Education Series 2016” – has been endorsed by The Royal New Zealand College of General Practitioners (RNZCGP) and has been approved for up to 1.0 credit CME for the General Practice Educational Programme (GPEP) and Maintenance of Professional Standards (MOPS) purposes.

Venue:
Oxford Women’s Health at Forté Health building
Ground Floor Meeting Room, 132 Peterborough Street, Christchurch.
On site car parking available.

Time:
6.30pm start

Each presentation will be of 1 hour duration. Beverages and finger food will be available prior to the talk starting.

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wednesday 15 February</td>
<td>Breast Cancer in Young Patients</td>
<td>Josie Todd, Oncoplastic Breast and General Surgeon</td>
</tr>
<tr>
<td>Thursday 16 March</td>
<td>Abnormal Vaginal Bleeding</td>
<td>Ben Sharp, O &amp; G Specialist</td>
</tr>
<tr>
<td>Thursday 6 April</td>
<td>HRT – Has the dust finally settled on best practice recommendations</td>
<td>Michael East, O &amp; G Specialist</td>
</tr>
<tr>
<td>Wednesday 17 May</td>
<td>Controversies with IVF</td>
<td>Richard Dover, O &amp; G Specialist</td>
</tr>
<tr>
<td>Thursday 15 June</td>
<td>Periods: What is normal?</td>
<td>Janene Brown, O &amp; G Specialist</td>
</tr>
<tr>
<td>Wednesday 5 July</td>
<td>Microbiology in Gynaecology</td>
<td>John Short, O &amp; G Specialist</td>
</tr>
<tr>
<td>Thursday 17 August</td>
<td>The Pelvic Floor, the Core and Exercise</td>
<td>Julee Binns, Physiotherapist</td>
</tr>
<tr>
<td>Wednesday 13 September</td>
<td>The Psychology of Endometriosis and Pain</td>
<td>Hannah Blakely, O &amp; G Specialist</td>
</tr>
<tr>
<td>Wednesday 18 October</td>
<td>TBA</td>
<td>Simon Jones, O &amp; G Specialist</td>
</tr>
<tr>
<td>Thursday 15 November</td>
<td>Menopause – HRT or is it MHT and is it safe to prescribe</td>
<td>Nicola Carey, GP – Menopause Specialist</td>
</tr>
<tr>
<td>Thursday 7 December</td>
<td>Risk reducing surgery – weighing up the odds</td>
<td>Olivia Smart, O &amp; G Specialist</td>
</tr>
</tbody>
</table>

It is essential to RSVP to:
karen.richardson@oxfordwomenshealth.co.nz

Or telephone DDI (03) 363 7096, in order to ensure CME certificates are available.
RSV Vaccine in Pregnancy Study
Does Respiratory Syncytial Virus (RSV) vaccine in pregnancy protect babies against lung disease?

RSV is the leading cause of lung disease in infants and young children and can be serious.

By the age of two, almost all children have been exposed to RSV. RSV illness early in life may also increase the chances of a child developing wheezing and asthma when they are older.

This study is to find out whether giving an RSV vaccine during the last trimester of pregnancy will provide protection in new-born babies against RSV disease.

Who may be eligible to participate in this RSV Study?
Healthy 18-40 year old pregnant women.

Interested?
Contact: Di Leishman Research Midwife
Ph: 3644 631 Email: di.leishman@otago.ac.nz

Approved by the Central Health and Disability Ethics Committee

Version 2.0, 28 Jan 2016