



## Acknowledging the huge role nurses play in our health system

Happy Nurses Day for yesterday for all of the nurses working throughout the Canterbury Health System. Your roles are at the heart of healthcare in our community and we are so fortunate to have a wealth of talent working to provide care and support to people in Canterbury and the Chatham Islands.

Nurses make up our biggest group of staff, and whether you're an experienced nurse with many years caring behind you, or whether this is your first year as a Nursing Entry to Practice (NetP) or New Entry to Specialist Practice (NESP) nurse, we'd be lost without you. We simply wouldn't have a health system. Whether you're practising in a rural area or in the Intensive Care Unit, know you are appreciated and be proud of the work you do.

Whether you're an enrolled nurse, registered nurse, nurse practitioner, practice nurse, public health nurse, occupational health nurse, mental health nurse, acute demand nurse or work in one of our hospitals or health centres, for a non-government provider or one of the myriad roles making a difference to people's health and wellbeing, a big thank you for everything you do. Our system would not exist without you – you make a world of difference.

Last year in Canterbury more than 32,000 people received specialist nursing care in their own home from a dedicated team of nurses who work tirelessly to ensure people receive expert care in a familiar environment, and because of this high level of nursing expertise, people can avoid an unwanted hospital stay.

Our nurse practitioner workforce in Canterbury continues to grow and they are working in a variety of clinical areas, including both primary and secondary care. We also have an increasing number of registered nurses undertaking prescribing for many long-term conditions. This improves access to healthcare and medicines for many individuals, while demonstrating best use of the knowledge and skills



of nurses and the important role they have in relation to positive health outcomes.

International Nurses Day is celebrated around the world every year on 12 May to commemorate the birth anniversary of Florence Nightingale and to mark nurses' contributions to making people's lives better. Thank you for your care, compassion and professionalism.

Despite the fact that many of you are still working in facilities that aren't fit for purpose, and at times the busyness can be challenging, you are still top of the pops when it comes to 'bouquets' from people at the receiving end of your care who are so grateful and make the effort to commend thousands of nurses each year for the work you do every day.

This year's theme: **Nurses a voice to lead, health for all** is particularly relevant to Canterbury. With the year we've had to date, I've seen that when the going gets tough nurses have shown incredible leadership: in response to the measles outbreak, Outpatients floods, the mosque attacks, and in supporting each other and your colleagues.

I will leave Executive Director of Nursing Mary Gordon to have the last word – you can read her thoughts on page 9.

## In this issue

- › Regulars... pg 3-7
- › Looking after yourself... pg 8
- › International Nurses Day... pg 9
- › Korimako NetP Nurse to attend World Health Assembly in Switzerland... pg 10

- › Experience and wisdom will be missed... pg 11
- › Spotlight on the PRISM project... pg 12
- › Furry visitor charms... pg 13
- › Commitment to rural and urban communities at heart of PHO name change... pg 14

- › New Zealand Early Warning Score (NZEWS) pathway changes from 15 May... pg 15
- › Save Lives: Clean Your Hands... pg 16
- › One minute with... pg 20
- › Notices... pg 21-25

## American Ambassador Scott Brown and his wife Gail visited Christchurch Hospital last Friday to present a donation to Māia Health Foundation for the new children's facilities in Christchurch Hospital, Hagley

Gail Brown chairs the Diplomatic Spouses Association (DSA), a club for the partners of foreign ambassadors and high commissioners in Wellington. Their members represent 50 different countries. As part of their DSA social activities, they raise money for charities. The group recently decided to donate the proceeds to a cause close to their hearts following the horrific 15 March attacks: namely, the Christchurch Hospital Children's Service. Gail presented a cheque for \$1,000 to the Māia Health Foundation for their work on enhancements to the Children's Ward, describing it as a small donation from very big hearts. Gail also presented a bag of books to Team Leader of the Activity Room Melinda White. Both donations were gratefully received.

The ambassador and Gail expressed thanks for the remarkable work carried out by everyone working in health following the mosque attacks in Christchurch on 15 March. They were impressed by the plans for the children's areas in Christchurch Hospital, Hagley.

Haere ora, haere pai  
Go with wellness, go with care



**David Meates**  
CEO Canterbury District Health Board

*Dear Christchurch friends*

*We have watched as the beautiful people of Christchurch care for the victims of the attack. We admire the devotion to your brothers and sisters that all in the medical community have shown.*

*This is a small donation from the Diplomatic Spouses Association of Wellington. We are the spouses of Ambassadors from around the world. And we want you to know we have been touched by your kindness and love.*

*We are one.*

*Gail Brown,  
USA Diplomatic Spouses Association President*



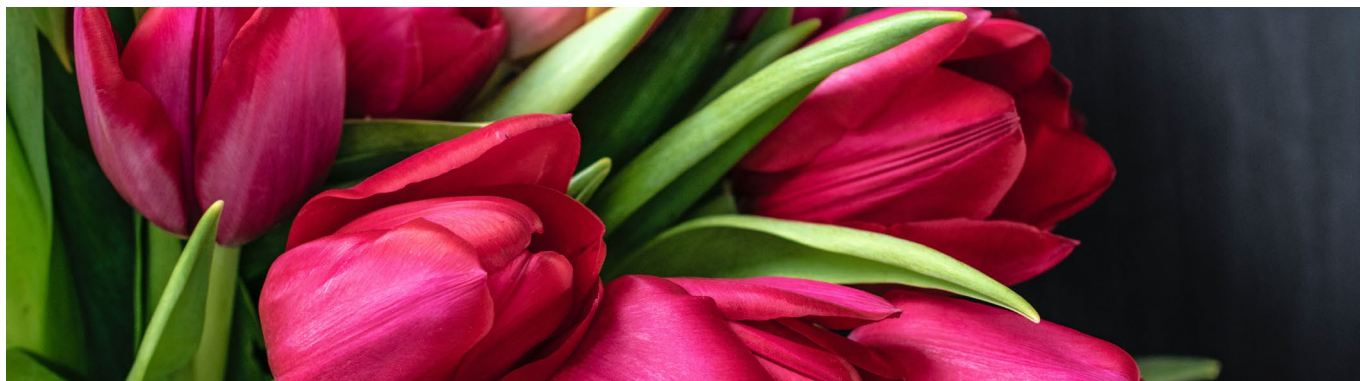
Representatives from child health and the Māia Health Foundation, with US Ambassador Scott Brown and his wife Gail, who is President of the Diplomatic Spouses Association



Gail Brown presents a selection of books to Team Leader of the Activity Room Melinda White



Māia Health Foundation presented Gail and Scott with some quality merino Māia socks to see them through a Wellington winter



## Bouquets

### **Bone Marrow Transplant Unit (BMTU), Christchurch Hospital**

I am undergoing chemotherapy treatment at the BMTU and I would like to thank all the staff, from the catering ladies to the nursing staff, the doctors and cleaners, for the way they have looked after me. It came as a shock to find out that I had cancer but the way the staff look after me makes it a lot easier to cope with. I have never met a more professional and cheerful team of people. So once again, thank you all very much.

### **Burwood Hospital**

I had an appointment for an X-ray. As I hadn't been to Burwood for a long time I went early so I could find my way around. I arrived about 30 minutes early... I took a seat for about a minute and then I was taken through and seen straight away by a very kind lady who was very professional in her job. I was very, very impressed. I had checked and found that I could get my blood test at the hospital, too, so I went up to the first floor, into the blood place, and without even having to sit down I was taken in for my blood test. Yet again another lovely professional woman did this and I was out in the blink of an eye. I was so incredibly impressed with the service and the staff. I had time to look around the foyer and it is just beautiful. Lovely shops and a café. Plenty of comfy places to sit and a man playing the piano beautifully. So thank you

Burwood Hospital for an excellent customer experience.

### **Birthing Suite, Christchurch Women's Hospital and Rangiora Community Maternity Unit**

I would like to say the biggest thank you to the midwives who cared for us at Christchurch Women's and at Rangiora. I have never met such empathetic, caring wonderful people in my life. They helped set us up with breastfeeding techniques so we were able to come home comfortably and our midwife cannot believe how well we're managing as first-time parents. This is down to the care and advice we received in those two days post birth from the midwifery team. We cannot thank you enough for your kindness and expertise.

### **Birthing suite, Maternity Ward, and Neonatal Intensive Care Unit, Christchurch Women's Hospital**

I recently had a baby at Christchurch Women's Hospital and wanted to pass on my thanks and compliments to all the staff who looked after us. Having never being a patient in hospital before I was really impressed at the level of care we received. Everyone we came in contact with was kind, calm and informative, and I felt very well looked after. I felt like we were given all the information we needed in such a clear and practical manner, even when things weren't going to plan. I particularly want to thank a midwife named Jane who helped us get the

feeding under control when we came back to hospital when our son lost a lot of weight. I really appreciated the matter of fact advice and support we got and it helped us get things back on the right track. Thanks again to all the staff who do such a great job in an extremely busy environment.

### **Gynaecology, Christchurch Women's Hospital**

We would both like to compliment and thank the members of staff in the Gynaecology unit. From the original visit, to her procedure and discharge, she was treated with great care and kindness by everyone she came in contact with. Also much appreciated was the follow-up phone call from the doctor.

### **Hysteroscopy Clinic, Christchurch Women's Hospital**

Just wanting to thank the hysteroscopy team on today, including Dr Geeta Singh, nurses and receptionists. My care was excellent and all staff approachable, compassionate and professional. Hope I don't have to see them again!

### **Radiology Department, Burwood Hospital**

I would like to say a very big thank you. I was referred for an X-ray of my back. I received my appointment letter two days after seeing my GP and the appointment was within two weeks. I was really impressed. When I arrived I was greeted at the main door by a



very lovely volunteer lady who asked if I needed help. I said I was going to the Radiology Department, so she showed me where it was. The receptionist was very welcoming. The young lady who was doing the X-ray explained things to me. She was absolutely amazing and really down to earth with a bubbly personality. In all my 74 years I don't think I have ever been so impressed. Thank you.

#### **Acute Medical Assessment Unit, (AMAU), Christchurch Hospital**

I was admitted to AMAU feeling not my best. Every single staff member went above and beyond in looking after me. Consistently checking in on how I was, providing me with ice packs and extra blankets. Most of all, the interpersonal skills of the staff were impeccable. All the staff members of this unit made me feel listened to, looked after and cared for. I would really like to say thank you everyone for that.

#### **Nuclear Medicine, Christchurch Hospital**

I had a bone scan done, unknown territory for me. I would like to compliment the team in Nuclear Medicine. They made the whole experience easy, explaining each step and the need for it. What fab people! I will totally be singing their praises to anyone who asks me how it went. I felt cared for and acknowledged – this was due to great teamwork by a group of polished, professional technicians. Thank you so much.

#### **Wilna, Ward 15, Christchurch Hospital**

Registered Nurse Wilna went the extra mile with the highest possible standard of care. Thank you.

## *Big Shout Out*

Huge thanks to our Nuclear Medicine colleagues – Lynda Murray, Sue O'Malley, and team for their wonderful support and flexibility in supporting the Diabetes Endocrine clinical and administration teams during our time out of the Outpatients building. Your generosity has been greatly appreciated.

From the Diabetes/Endocrine Services Team.

#carestartshere

#### **Oncology, Christchurch Hospital**

Love the service, everyone, doctors, nurses are very friendly, supportive and respectful. I come for chemotherapy every Friday. Thanks to the secretary – she has a very good attitude. Her smile and laugh make all the patients feel well. Loraine the Outreach Nurse is awesome. The nurses in the Chemotherapy Room and the rest of the department, you are all doing a good job. God bless.

#### **David Shaw, Cardiology, Christchurch Hospital**

I wish again to thank Mr Shaw and his surgical team, all of whom operated on me 20 years ago. My heart condition at that time was very bad. I owe 20 years of good living to these talented people. They may not be aware of the depth of gratitude that I have for them. I am still in good health and positively look forward to many good years of living to come. Thank you to all who helped me 20 years ago.



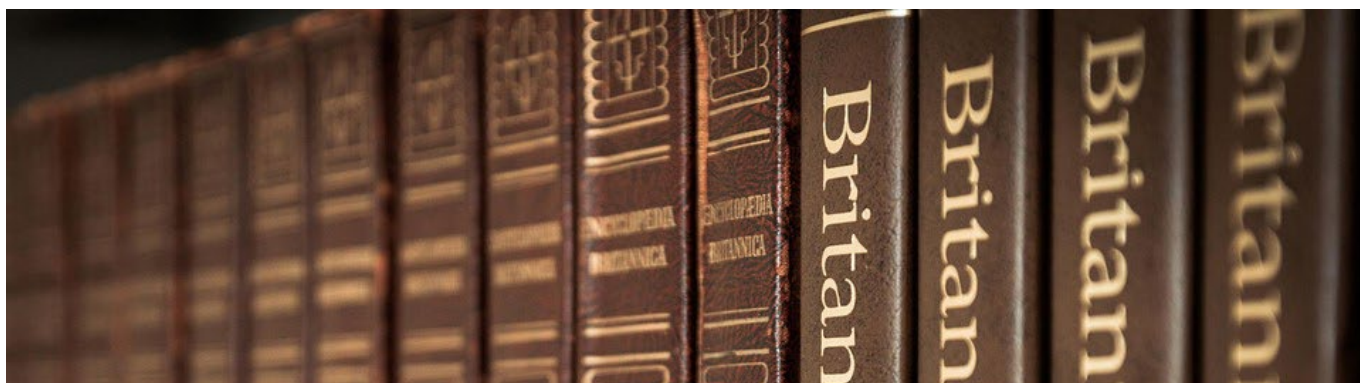
#### **Dear Canterbury nursing colleagues**

We would like to recognise you this International Nurses Day.

Aroha from your friends and colleagues at Southern District Health Board and Otago Polytechnic School of Nursing

If you have a story idea or want to provide feedback on *CEO Update* we would love to hear from you! Please email us at [communications@cdhb.health.nz](mailto:communications@cdhb.health.nz). Please note the deadline for story submissions is midday Thursday.

If you're not a staff member and you want to subscribe to receive this newsletter every week please [subscribe here](#).



## The Library

Browse some of the interesting health-related articles doing the rounds.

[“Physical and mental health of seniors linked to optimism, wisdom and loneliness”](#) – This study assessed the health of older people, looking at their physical and mental health and cognitive function, but also psychological traits such as optimism, resilience, wisdom and self-compassion, that were found to be protective factors in their overall health. From *Science Daily*, published online: 8 May 2019.

[“Damaged lungs regenerated in study”](#) – A new technique offers doctors more time to repair damaged lungs so they are potentially suitable for transplant. The technique has the potential to be used on other damaged organs such as hearts, kidneys and livers, offering new hope for people waiting for an organ transplant. From *Medical Xpress*, published online: 7 May 2019.

[“Scientific issues relevant to improving the diagnosis, risk assessment, and treatment of major depression”](#) – This article considers the need to expand the diagnostic criteria for major depression and also looks at how the field needs better diagnostic tools and more effective treatments. From *American Journal of Psychiatry*, published online: 1 May 2019.

If you want to submit content to **The Library** email [communications@cdhb.health.nz](mailto:communications@cdhb.health.nz).

To learn more about the real-life library for Canterbury DHB:

- › **Visit:** [www.otago.ac.nz/christchurch/library](http://www.otago.ac.nz/christchurch/library)
- › **Phone:** +64 3 364 0500
- › **Email:** [librarycml.uoc@otago.ac.nz](mailto:librarycml.uoc@otago.ac.nz).

## Always on the go? Take Healthinfo with you

HealthInfo is Canterbury's go-to site for information about your health.





# Let's get ready to move

## Christchurch Hospital Hagley

Update No: 3

### Dump the Junk

Whether it brings you joy or is just part of the third-drawer-down chaos, we all have a tendency to hoard stuff. Ahead of our move into Hagley, take the opportunity to think about what you need and what you use now, and whether you will ever need it or use it when you are in the new building. That includes everything from forms and stationery to equipment, furniture, text books and medical supplies.

There's information on the [Let's Get Ready to Move intranet site](#) about the Five-S process that we used for both the Burwood and Outpatients moves. FIVE-S stands for SORT, SHINE, SET, STANDARDISE, SUSTAIN. There's more on each of these at the above link.

The first step is SORT – this is the cornerstone of the process.

The goal of SORT is to eliminate all of the unneeded tools and materials and to create a space that is free of clutter. This allows for a workflow free from distraction. Keep only the essential things that you or your team need to get

your job done – your specialist tools, materials and equipment.

When doing your SORT, try to be vigilant and ruthless.

Remember that there's a DHB process for recycling and redistributing items you don't need, such as furniture and equipment. Contact Pauline Tootell [pauline.tootell@cdhb.health.nz](mailto:pauline.tootell@cdhb.health.nz) for guidance on what to do with it.

To help you SORT, you might also like to try a bit of *dostadning*, aka the "Swedish Death Clean". If you're already up with *hygge* and *lagom*, perhaps you'll feel comfortable with this typically pragmatic Scandinavian response to clearing out a lifetime's worth of clutter.

Follow this link for more on [Swedish Death Cleaning](#).

Send your "before" and "after" photos of your SORT to [letsgetreadytomove@cdhb.health.nz](mailto:letsgetreadytomove@cdhb.health.nz)

28 weeks  
to go!

### Meet the Team

This week we profile some more members of the Hagley Operational Transition team and find out what excites them about Christchurch Hospital Hagley.

#### Dave Halligan – Registered Nurse, Orthopaedics

I am excited about the development of Hagley and what it signifies for the future of health care in Canterbury. It will be great to work in purpose-built facilities that allow us to function more efficiently and provide better care for our patients.



#### Tony Hampton – Clinical Technologies Manager

It's going to be a fresh, crisp, new environment, complete with cutting-edge technology within wards, departments and theatres, including digital integration. It will be a leading Health Hub of New Zealand assisting staff and patients alike.



#### Marisa Van Den Brink – Allied Health Team leader

Having more up-to-date spaces where we can better deliver care, which is more conducive to how we deliver care now, and how we want to improve our delivery of care in the future.



Stay in touch – you can do this through the [Facebook page](#) or email us at [letsgetreadytomove@cdhb.health.nz](mailto:letsgetreadytomove@cdhb.health.nz)



# On Behalf of the Committee

## The Collaborative Care Committee

*This week, we introduce Nicola Scott, Charge Nurse Manager of the Paediatric Outpatient/Daystay/Outreach Service, and chair of the Collaborative Care Committee (the CC Committee).*

The Collaborative Care Committee provides advice on improving the transition service for adolescents with complex needs making the move from paediatric to adult services, primarily by identifying and filling in gaps in their care.

"To work these out, we started with a literature search and benchmarking exercise to see where the gaps were and then met (and continue to meet) monthly to discuss each theme that was raised.

"The idea is that a nominated person would discuss this theme within their work environment and bring relevant points for discussion back to the meeting. At the end of each month's discussion, recommendations are made for the transition service," Nicola says.

As an example, one of the CC Committee's recommendations was to reduce the need for swapping patient equipment, such as suction pumps. Now adolescents with a Paediatric Department pump get to hold onto it, rather than having to return it only to have a new one issued by a different team. This reduces disruption to the patient.

The 38 committee members come from various services/ areas, including Paediatric and Adult Health teams in urban and rural primary and secondary care; Planning and Funding; Māori Health; social work; consumers (for example, the Child Health Advisory Committee and Youth Advisory Committee); General Practice teams; Canterbury Clinical Network; Lifelinks; Youth Health Specialty Psychiatry; Advanced Care Planning; and schools (through health school representation).

"The broad expertise and knowledge among those on our committee ensures that we think about best practice from every point of view, and the consumer input ensures we remain adolescent/rangatahi and family/whānau-focused," Nicola says.

One of the major things the committee has worked on has been a transition information pack for whānau to improve

the transition process for adolescents/rangatahi – something that was highlighted in the [spring 2018 WellNow Canterbury Quality Accounts magazine](#).

"An audit showed that, while it worked for most, it didn't provide as much support as we'd have liked for those with more complex needs," Nicola says.

"We decided to devote all of last year to looking at how we could support those with more complex needs."

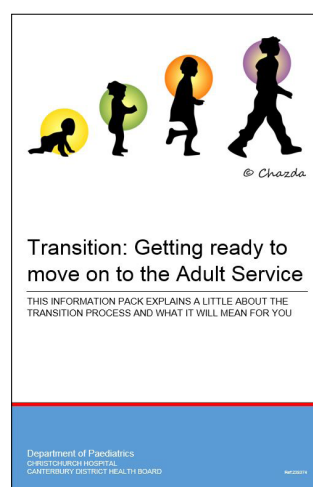
This involved committee members identifying the needs for their particular service and where needs currently weren't being met.

"The committee needed to get transition right for this group, as their health will potentially suffer if we cannot keep them engaged in our service and involved with their community," Nicola says.

A report has been collated with the recommendations from the committee, such as the development of a multidisciplinary teleconference for Primary Care and specialist teams to discuss a patient's needs and support service options. It will be tabled at the Child and Youth Workstream through Canterbury Clinical Network, and, if endorsed, will enable the group to move forward with the transition service.

"This committee's made up of people with very busy positions. I've been involved in a lot of projects and to have so many services together and the willingness to put the extra effort in is very rare," Nicola says.

If you have any questions about the CC Committee, email [Nicola Scott](#).



The front of the transition pack

# Looking after yourself

## Five ways to wellbeing

Some of you may be aware of the five ways already, but let's recap, and introduce it for those of you who haven't heard of it. To put it simply – the Five Ways to Wellbeing, *Ētahi ara e rima ki te ngākau ora* – help people stay mentally well. Originally developed by health professionals in the UK, the Mental Health Foundation has adapted the Five Ways to Wellbeing for New Zealanders.

So what are they?

They're five things you can do at work and at home to boost your wellbeing and reduce your chances of getting sick. We'll break them down a bit more in the next few *CEO Updates* in more detail. The five ways are:



### Connect, me whakawhanaunga

Strengthen your relationships with others, confide in loved ones and spend time with those whose company you enjoy, connect over a cuppa this winter.



### Keep learning, me ako tonu

Seek out new experiences, and try something new – learning is good for the brain! Try taking on some professional development at work, or something entirely different, like a pottery class.



### Give, tukua

Kindness is infectious, so let's spread it! You can also give your time and your presence. Volunteer for something, it increases happiness – simple as that.



### Be active, me kori tonu

We all know this one! Getting active, and especially out in the fresh air can help reduce anxiety and improve your mood. It doesn't have to be exhausting, just fun and achievable. Try an online exercise video.



### Take notice, me aro tonu

Pay attention to the present moment, your thoughts and feelings. Practise mindfulness and savour the good moments.





**Canterbury**  
District Health Board  
Te Poari Hauora o Waitaha



## 2019 –International Nurses Day

Dear Nursing Staff

Since January 1974, International Nurses Day has been celebrated on May 12th as the anniversary of the birth of Florence Nightingale, considered the founder of modern nursing. This year the International Council of Nurses' theme is - Nurses: A voice to lead - Health for All. No matter the location, no matter the setting, healthcare should be accessible to all.

Nurses play a key role in all of our healthcare facilities, being responsible for the welfare, safety and recovery of patients. Nurses have an enormous amount of knowledge and many diverse skills they spend years perfecting and developing, all the time working in decidedly complex environments. Nurses help work with mothers and infants when new life comes into the world as well as work at the other end of life including ensuring dignity in death. They deliver acute care and focus on rehabilitation as well as support and care within the community and aged residential care settings. They are often the glue who work tirelessly to ensure the patient's needs are met and their health care journey through the system is as seamless as it can be. Without nurses we could not run our healthcare system, 24 hours a day, 7 days a week, 365 days a year.

As we go forward in the journey of healthcare with nurses supporting systems, colleagues, patients and family whanau in their health journey, we would like to take this opportunity to thank you sincerely for all you do, in all the remarkable ways you are a nurse. We are extremely proud of the Canterbury nursing workforce always, but more so this year as you have stepped up to care in every way as we have travelled the road of extremes particularly in the first quarter of this year. The ongoing rebuild of our buildings, roads and lives, requires energy and wellbeing. Now with the recent tragic events in the city, it is time again to strengthen our communities. Although people will forget what you said, and may forget what you do, they never forget how you make them feel and we have had many, many compliments about just how well you care for so many of our patients.

We thank you for all you do in impacting lives each day, in your commitment to providing extraordinary quality of care in pressured circumstances and giving such dedication and commitment to our health system in what has been a busy and exceptional year of change. **You do make a difference! This is you!**

Happy Nurses Day

Mary Gordon  
Executive Director of Nursing

# Korimako NetP Nurse to attend World Health Assembly in Switzerland

Korimako NetP (Nursing Entry to Practice) Nurse Hayley Lotter has been awarded a Nursing Now scholarship to attend the pre-World Health Assembly event for young nurses in Geneva, Switzerland, this month.

The World Health Assembly is the decision-making body of the World Health Organization (WHO). Hayley is one of 30 young nurses chosen from across the world to attend and will be representing the Western Pacific region.

The scholarship's aim is to help nurses at the start of their careers better understand the importance of international health policy and how to influence it. They will have an opportunity to meet with World Health Organization staff and attend the World Health Assembly to listen to debates.

It's surreal and exciting to be awarded this amazing opportunity, Hayley says.

"I'm very blessed to be chosen and I want to personally thank the leaders of the Korimako NetP initiative. It wouldn't be happening without them."

Korimako is a Canterbury Health System nursing workforce initiative developed in partnership with Pegasus Health, Te Matau a Māui Collective and Canterbury DHB. The Kaupapa Māori and Pasifika health non-government organisations based in Ōtautahi/Christchurch are known as Te Matau a Māui Collective.

The role provides a new registered nurse graduate, who is Māori, the opportunity to complete a NetP year working in both primary care and the community through a kaupapa Māori provider. The NetP programme supports nursing graduates as they begin their careers in clinical practice. Hayley is the first person to go into the Korimako role.

Canterbury DHB Nurse Manager for Workforce Development Becky Hickmott, who has responsibility for the overarching coordination and funding of the NETP programme, says it is all credit to Hayley that she has won the award.

"She is so outstanding, has made great inroads and is an exceptional graduate. This is an excellent outcome, especially when there has been a close focus nationally on how to build and support the Māori health workforce."

Becky has worked closely to support Pegasus Health's Nursing Development Coordinator Diane Bos and Kaupapa Māori and Pacific Shared Services Clinical Co-ordinator, Elly Grant, in the development of this position.



Korimako NetP (Nursing Entry to Practice) Nurse Hayley Lotter

The initiative demonstrates the commitment the Canterbury region has to develop further and increase opportunities for our Māori staff within the community setting, Becky says.

The role has been set up with the support of Canterbury DHB's Executive Director of Nursing Mary Gordon and Executive Director of Māori and Pacific Health Hector Matthews and Pegasus Director of Nursing Michael McIlhone.

Hayley works at Te Rawhiti Medical Centre and Te Puawaitanga ki Ōtautahi Trust.

The blended employment allows Hayley to see patients across the health continuum from general practice presentation to the care that she can offer in their homes.

# Experience and wisdom will be missed

After 51 years of nursing Pam Woodham has hung up her stethoscope.

To celebrate her five-decade contribution to the profession a "Throwback Thursday" afternoon tea was held with Pam and her colleagues wearing old nursing uniforms from the Hillmorton Hospital museum.

These were the kind of uniforms that nurses wore at Christchurch Hospital when Pam first worked in Child Health and evoked hilarity and memories from staff and patients alike.

There was also some hijinks with Pam wheeled around the ward by her colleagues – a rite of passage with long-serving colleagues when they retire or leave.

Pam started nursing in 1968 at St Vincent's Hospital in Sydney and moved to Christchurch in 1977. She undertook a return-to-nursing course in the early 1990s.

Her first role at Christchurch Hospital was in 1992 in Ward 22 (Child Health) and during her career Pam worked under seven charge nurse managers.

Pam willingly took on many roles including IV link, breastfeeding support, preceptorship, CPR instructor, diabetes resource nurse and Nursing Entry to Practice (NetP) programme representative, says Ward 22 Charge Nurse Manager Becky Conway.

"One of the best things about Pam as a staff nurse was that she was always smiling – in fact, the busier things got, the wider her grin grew!"

It was only a few years ago that Pam reduced her full-time shift work to three shifts a week.

"All the same, she still willingly did her share of nights and cycled to work on a racing bike."

Pam was involved with the NetP Advisory Group since its inception. She guided NetP nurses expertly through their first year of practice, at the same time teaching and mentoring new preceptors into this important role, Becky says.

Pam won the NetP preceptor prize twice and was proud that a number of her NetPs went on to be preceptors themselves.



Pam saying goodbye to her colleagues in the Child Health Acute Assessment Unit during a short 'parade' on her way to her farewell afternoon tea. Child Health Transition Team Liaison Nurse Tarsh Greer is pushing the wheelchair

Nurse Manager Nursing Workforce Development Becky Hickmott says the NetP staff and Advisory Group want to extend a huge thanks to Pam for her long years of preceptorship support and contribution.

"Pam played an important role providing feedback on key issues on behalf of both preceptors and the clinical areas."

She has been a valued and active member of the NetP Advisory Group and her wealth of experience and wisdom will be missed.

"We wish Pam well in retirement and encourage her to reflect on her wonderful career and all that she has added to the profession of nursing."



Pam on her last day of work wearing an old nurse's uniform



# Spotlight on the PRISM project

Essentially, PRISM is about managing all DHB information with the exception of patient records – how you access it and how you store it.

Over time as staff become more familiar with it, PRISM will provide a better solution to both of these issues.

There are four facets to PRISM:

1. An optimised new intranet home page which will make it easier for you to navigate and personalise to your individual preferences.
2. We will then move onto new workspace templates being created for storing all your documents. New clinical templates are in the process of being created.
3. A new 'library' for all your clinical and non-clinical controlled documents, which is currently being built and tested. It will be introduced as part of the second phase for PRISM.
4. A vastly improved search – eventually. The search will get better as staff start to use the specially-designed workspace templates, which will give you the opportunity to add more metadata such as key search terms that electronically file a document in a way that makes it more findable.

Much of the information we store is important and often legally required, such as policies and procedures (our controlled documents). Other information might be less 'important' but as a publicly funded and accountable organisation, this still needs to be accessible and securely stored in compliance with the Public Records Act.

In the nutshell, that is the reason for the PRISM project, but that doesn't include what it will be able to do for you – which is save you time, reduce frustration and lower the risk of duplication or of you using out-of-date information.

Based on a modest estimate of five minutes a day not spent searching for something you saved goodness-knows-where, each Full Time Equivalent person would save 22.5 hours, or half a week's work a year. Multiply that by the 10,000 or so people we employ and that's a huge upgrade in efficiency.

As covered last week the first part of this project you will see and benefit from is the new intranet home page due to be launched

on 10 June. It will look very different to what you're used to but the information you are used to accessing, such as documents and processes, will still be there – just laid out in a way that makes things easier to find, and navigation more intuitive.



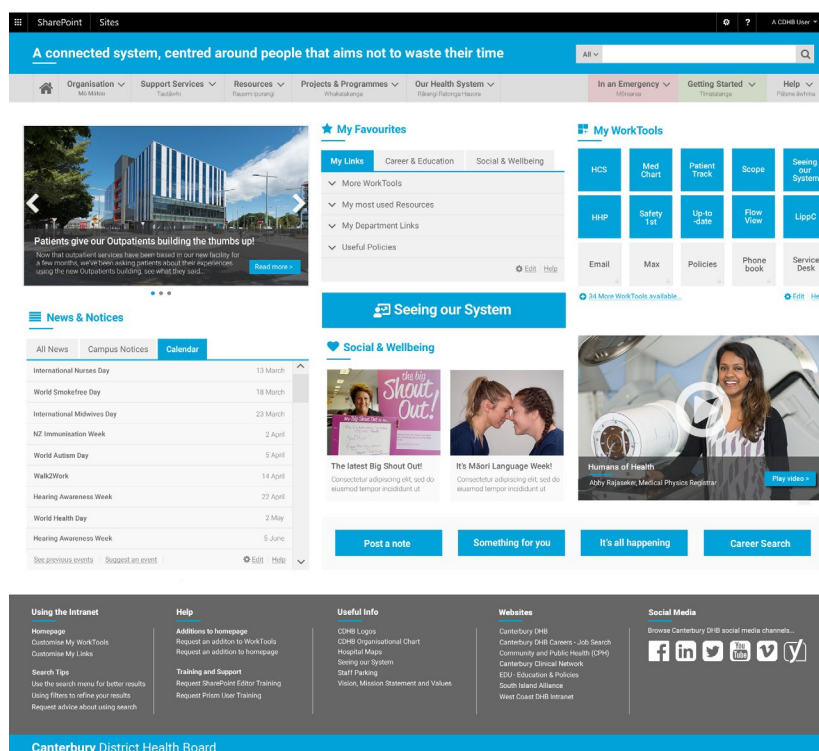
The new intranet will be on an upgraded platform with new features such as calendar events and a news section – but the best feature immediately available to you is the ability to personalise the home page to suit your needs and what you want to see easily every day.

So you will be able to choose your most useful work tools and save your favourite links.

When it's live, here are **three** tips to make the new home page work best for you:

1. Familiarise yourself with the new look and layout of the home page.
2. Have a go at personalising the worktools.
3. Take the time to set your favourites *before* you need them in a hurry.

It's just four weeks until the new intranet home page will be available.



The new intranet home page goes live on 10 June

## Furry visitor charms

Staff, patients and families at Christchurch Hospital were delighted to receive a visit from an endearing Husky recently.

Arya, a four-year-old female Husky, is a professional publicity dog for Husky Rescue New Zealand. The dogs have special permission and public liability insurance, and visit places such as the Antarctic Centre, universities and rest homes.

The visit to Christchurch Hospital was well received by patients and their families, says Clinical Nurse Coordinator, Child Health, Alison Duggan. The contact with an animal was especially appreciated by families who have been in hospital for a prolonged time, or who particularly miss their own pets.

"Arya was well trained: could sing, speak, high five and shake hands, which the children found very entertaining."

The staff absolutely loved getting a chance to pat the dog and appreciated the enjoyment that it brought to the children and families, Alison says.

Arya has a beautiful, gentle nature and everyone loves her, says Michelle Attwood, the founder of Husky Rescue New Zealand.

She is purposely trained to go into hospital type environments and sits contentedly beside a patient or at the end of their bed. The visits began in Wards 18 and 19 before Arya and Michelle went to the Children's wards.

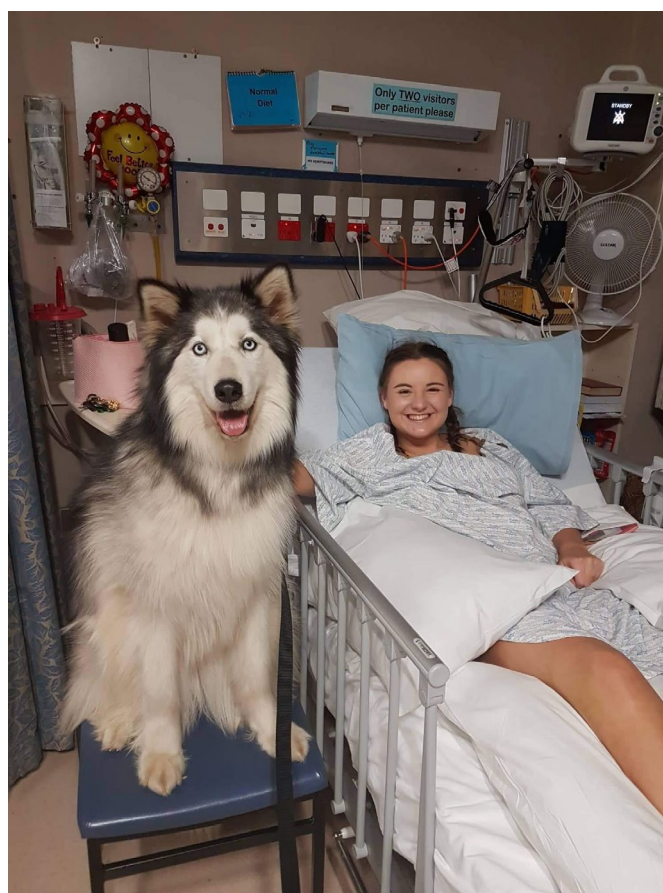
"Everyone said it made their day and it made me so happy. I was especially touched to see the reaction from parents of sick children. They are at the hospital day after day supporting their kids and it was wonderful to see the smile that Arya put on their faces."

Husky Rescue NZ was started in 2009 by Michelle after she became aware of a need for re-homing unwanted or abandoned Huskies, alongside a need for better education of potential owners so people who choose a Husky as a pet, do so knowing what's required to enjoy the breed.

The charitable organisation is the only Husky-specific rescue organisation in New Zealand. It takes in surrendered or abandoned Huskies, checks them out for health, suitability for re-homing, and arranges for them to be de-sexed, vaccinated, and micro chipped. They are then cared for until they find a home.



Husky, Arya, with, from left, Child Health Clinical Nurse Coordinator Alison Duggan, and Nurses Hannah Thomas, Krystelle Tikao, Cassie Carr and Amy Newbury



Patient Miriyana enjoyed a visit from Arya on a previous occasion

# Commitment to rural and urban communities at heart of PHO name change

One of Canterbury's long-established primary health organisations (PHOs) has changed its name.

Rural Canterbury Primary Health Organisation (RCPHO), which has been supporting general practices and providing community-based health services since 2003, will now be known as Waitaha Primary Health.

Chief Executive Bill Eschenbach says the new name better reflects the PHO's commitment to both urban and rural communities across Canterbury. It also heralds an exciting new vision for the organisation.

"It's extraordinary to map our development over 16 years. We now serve communities from Cheviot in the north to Tinwald in the south, west to Hanmer Springs, and east to Akaroa. While we remain committed to rural Canterbury, our name change acknowledges the breadth of our work in a wide range of Canterbury communities."

"Waitaha, the Māori name for Canterbury, is about our organisation's strong sense of belonging to this region and our awareness of the needs of its people."

In addition to supporting general practices, Waitaha Primary Health delivers many community-based services, including diabetes care; baby feeding services; youth care; mental health care; end-of-life care; and Whānau Ora and Pasifika Support navigators.



## HEP C CAN NOW BE CURED

GET TESTED — ASK YOUR GP



# New Zealand Early Warning Score (NZEWS) pathway changes from 15 May

The New Zealand Early Warning Score (NZEWS) is a system that allocates a score for vital sign observations.

The NZEWS helps support clinical judgement on how urgent clinical reviews should be and who should be doing them.

A one-page [NZEWS infographic](#) has been produced by the Health Quality and Safety Commission to explain why a national Early Warning Score was introduced and how it saves lives.

When a set of observations have been taken, the EWS score gives an indication of how unwell the person is. It also has a response pathway that shows who should respond to a particular score.

It's the pathway (how we respond) that's changing, not the scoring system. Here's how: formerly a single red parameter trigger, such as a heart rate above 130 or a systolic blood pressure of 220 or more, would place the patient in the Red Zone, so that they needed to be reviewed by a registrar. We now know that with a good treatment plan, a registrar review is rarely needed.

Now, a single red parameter trigger should be responded to on the Orange Zone pathway. This means that the patient requires a thorough nursing assessment. The assessing nurse will only escalate to medical review if the person's vital signs are unexpected within their current context of care.

These thorough assessments need to be documented on the NZEWS escalation stickers.

All of the pathways, protocols and lanyards will reflect this change and be much more specific to each hospital site. The EWS protocol can still be found in the Canterbury DHB clinical policies and procedures. Have a look at the resources available.



## Recognition and response systems save lives



Unrecognised or undertreated acute deterioration leads to serious adverse events such as cardiac arrest and unplanned intensive care unit admission.<sup>1</sup>



A key study has shown that **60 percent** of patients had warning signs up to **24 hours** before having a cardiac arrest, unplanned intensive care admission or death.<sup>2</sup>



A recent Dutch study showed a nationwide recognition and response system reduced cardiac arrests in hospital by **40 percent** and mortality by **20 percent**.<sup>3</sup>



Recognise deterioration early and take action

Measuring vital signs is vital. They are used to calculate the New Zealand Early Warning Score (NZEWS).<sup>4</sup>

- respiratory rate
- need for supplemental oxygen
- oxygen saturation
- temperature
- systolic blood pressure
- heart rate
- level of consciousness



NZEWS is based on the UK's national EWS. The NEWS outperformed 33 other early warning scores in predicting patients at risk of cardiac arrest, unplanned ICU admission or death.<sup>5</sup>



It also outperformed the systematic inflammatory response syndrome (SIRS) criteria and quick Sepsis related Organ failure Assessment (qSOFA) in identifying patients with sepsis in emergency departments and hospital wards.<sup>6</sup>



Communication failure was the most common theme identified in an analysis of clinical deterioration related adverse events reported to the Commission.<sup>7</sup>



Implementing a nationally consistent approach to recognising and responding to acute deterioration offers benefits to patients, clinicians and the system as a whole by:

- reducing duplication of effort
- managing costs
- addressing unwarranted clinical variation.<sup>8-11</sup>

Here is where to find site-specific information:

- › [NZEWS 2019 Christchurch and Burwood](#)
- › [NZEWS 2019 Hillmorton Hospital](#)
- › [NZEWS 2019 Ashburton Hospital](#).

For more general information go to the [Deteriorating patient intranet page](#) or check out these [FAQs](#) that relate to this change in the response pathway specifically.

If you still have concerns, your nurse educators and line managers will be able to explain the change more thoroughly and answer your questions.

# Save Lives: Clean Your Hands – All you ever wanted to know about multi-drug resistant organisms

Hand hygiene is one of the most important measures in the fight against healthcare associated infections (HAIs), making it a key patient safety issue within New Zealand hospitals.

Performing hand hygiene correctly at each of the internationally recognised [5 Moments for Hand Hygiene](#) reduces the risk that infectious organisms will be spread between patients via the hands of healthcare workers.

Multi-drug resistant organisms (MDRO) are of particular concern because they:

- › are resistant to usual antimicrobial therapy
- › increase patient morbidity and mortality
- › add to the cost of treatment
- › have the potential to spread
- › act as a reservoir of resistant genes that can be transferred to other organisms.

MDRO can colonise the hands of healthcare workers and easily be transmitted person to person (through contact). The better we comply with the '5 Moments for Hand Hygiene', the lower the risk of spread of MDRO and other infectious diseases.

Microbes that live on the patient's skin and in their bowel can also be transferred from the patient to surfaces in the patient's room.

These include bedrails, countertops, taps, handles, and many other surfaces in their room. Recent literature confirms that contaminated surfaces play an important role in transmission of certain pathogens that cause healthcare associated infections.

These microbes can continue to be spread through the environment and healthcare setting on the patient's, healthcare worker's or visitor's hands.

MDROs, as well as other organisms such as *Clostridium difficile* and Norovirus, persist in the environment and on medical equipment from hours to days, and in some cases, months.

These microorganisms can cause outbreaks where the environment has been deemed to play a role.

Hand hygiene alone does not prevent the spread of MDRO within the environment. A combination of measures is required to do this, including anti-microbial stewardship, appropriate screening, and effective infection prevention and control interventions.

The best ways to prevent the spread of these resistant bacteria are by:

- › only prescribing antibiotic drugs when they will be effective
- › good [hand hygiene](#) such as hand washing or using an alcohol-based hand rub – especially after using the toilet, before meals, and before touching open wounds
- › keeping wounds and cuts clean and covered until they're healed
- › cleaning equipment shared between patient use.

For more information about the most common MDRO and how to control them, follow this link: [Guidelines for the Control of MDRO](#).



# New tech for children at Ashburton Hospital

Children in Ashburton Hospital's Acute Admissions Unit (AAU) will now be kept entertained during their stay thanks to a donation of two brand new tablets by Ashburton New World supermarket last week.

Since 2013, the AAU has been promoting the benefits of 'play' for children with their Play with a Purpose programme. The programme operates throughout Ashburton Hospital and aims to help children recover and learn through play.

Previously, Ashburton Hospital's AAU had a DVD player to help their younger patients recover and to take their minds off their illnesses. It also proved a great distraction for when a procedure was being performed. However, the DVD player stopped working earlier this year and the AAU's nurses started looking for a more modern replacement.

When Ashburton New World caught wind of this they came up with a solution for the AAU in the form of two new tablets, explains the supermarket's Store Manager Emma Rooney.

"A lot of people don't want to be in hospital, and we just saw an opportunity to do something that can help families and children during a difficult time," says Emma.



Brenda Close - Director of Nursing (left) and Karly Smith - Nurse Educator at Ashburton Hospital (right) receive the brand new tablet's from Ashburton New World Emma Rooney (Photo credit: Susan Sandys, Ashburton Guardian)

Karly Smith, Registered Nurse in the AAU, says distraction plays a huge part in caring for children who are often experiencing painful and scary situations.

"These tablets will be a great resource and the children who come through AAU are really going to benefit from having them here.

"We are thrilled with these tablets and we can't wait for our young patients to start using them!" says Karly.

## UNDER THE WEATHER?

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Te Pori Hauora o Wairarapa





# Australia's severe flu season a warning

Canterbury Medical Officer of Health Ramon Pink is urging staff who haven't yet had their free flu vaccine to take a look at what's happening 'over the ditch.'

Australia seems to be heading for a severe flu season – there have already been 40,000 laboratory-confirmed cases of influenza in 2019, almost three times the number recorded at the same time in recent years

Immunisation Coalition Chairman Professor Robert Booy is predicting that about 4,000 people in Australia will die from complications due to influenza this year.

Ramon says a bad flu season in Australia could have big consequences for New Zealand.

"Every day hundreds of people travel between Australia and New Zealand. Not only is the flu extremely infectious, you can carry it without even knowing. If Australia has a severe flu season, chances are New Zealand will too."

"The flu is much more than a common cold. You only need to look at the case of the young 20-year-old sportsman currently fighting for his life at Auckland City Hospital to see how dangerous it can be, even to someone who is young and healthy."

The best way to stop the spread of influenza is to get vaccinated.

"If you don't, you could be putting yourself, your whānau and our patients at risk."

There are two ways to get your free flu vaccine at work – either attend a clinic or see an authorised vaccinator. Details of free staff flu vaccination clinics, and a list of authorised vaccinators, can be found on [Max](#) and the [intranet](#).



Canterbury Medical Officer of Health Ramon Pink

## Jane Foley: *Flu Fighter*

“It's the best thing you can do to reduce the risk of getting the flu and passing it on to vulnerable people.”



# Public Inquiry into the Earthquake Commission is underway

The following is an edited version of Dame Silvia Cartwright's message on the [eqcinquiry website](#).

The purpose of the Inquiry is to examine the role and work of the Earthquake Commission (EQC) following recent natural disasters, and to learn lessons that can improve how it operates in future events. The Inquiry has been commissioned by the Government and will report its findings to it through the Governor-General, but importantly the Inquiry is independent.

It is not intended to apportion blame, to assist with or revisit individual claims, or to revisit findings by the courts. Here are the [Terms of Reference](#) for the Inquiry:

The Inquiry has a particular focus on the Canterbury earthquakes of 2010 and 2011, but will be addressing experiences right across New Zealand. That includes reviewing how EQC responded differently to other events such as the Kaikoura earthquake in 2016, and what can be learnt from those comparisons.

For the Inquiry to get the best picture of experiences with EQC, and to recommend any changes that might be needed, people need to participate.

**If you have had an experience with EQC, such as a claim from one of the earthquakes, you can use this process to relate that experience and suggest changes in how the EQC should respond to events in future.**

Two of our Community and Public Health (C&PH) staff, Sara Epperson and Kirsty Peel, have been seconded to the Department of Prime Minister and Cabinet to work on the Inquiry.

Kirsty's current role at C&PH is as a Health in All Policies advisor. She recently worked on the Canterbury Wellbeing Index and is one of the Canterbury DHB submissions co-ordinators responsible for managing and writing submissions on a wide variety of issues. Her involvement on the receiving end of submissions during the secondment will provide valuable insight into the submissions process.



Sara is an Advisor on the Communities team and has supported the Waka Toa Ora – Healthy Greater Christchurch network and the Psychosocial recovery and wellbeing work since we inherited this work from CERA in 2016. Her role within the inquiry will be similar to Kirsty's and will also support public engagement.

This is one of those opportunities you should not miss – there would be few people in Canterbury who did not engage with EQC during the past nine years or so. This is your chance to shape how the EQC works in future. Don't miss it!

1. Participate by making a submission – have your say – submissions close 26 May.
2. Look out for public forums where you can listen to what others have to say and may be able to make a more interactive contribution.

# One minute with... Cari Ramsay, Business Continuity Planner

## What does your job involve?

Business continuity is about pre-planning how you will continue to deliver critical services and functions in a limited work environment within a pre-determined timeframe following a disruptive incident. You need to plan for how you will cope with a lack of staff to carry out activities; where staff will work from if the building becomes unavailable; manual workarounds for activities that rely on IT systems and services if these are unavailable; backup supplier for critical services in the event a critical third party suppliers experiences a disruption and can no longer provide you the service.

In my role I meet with staff from each area to work out their "plan B", by undertaking business impact analysis and then assisting with the development and ongoing exercising and reviewing of business continuity plans. My role also involves raising awareness about business continuity. This week, 13–17 May, is Business Continuity Awareness Week, which aims to raise awareness of business continuity arrangements within organisations. It's a good time to pull out your business continuity plan and ensure it's up to date and will work as intended.

## Why did you choose to work in this field?

I'm very passionate about organisational resilience.

## What do you like about it?

It's a role with plenty of people contact which I enjoy, and I can share my knowledge of business continuity management.

## What are the challenging bits?

It can be challenging to get some areas of an organisation involved, but it's a good challenge.

## Who inspires you?

Several people for different reasons. I'm inspired by people who are passionate and enthusiastic about that they do, have vision and clarity about where they want to make a difference, and have a positive influence on others.

## 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?

Being respectful toward all the staff I am working with, taking the time to help them understand the business continuity activities to be undertaken, and being available to provide ongoing guidance or advice.



## Something you won't find on my LinkedIn profile is...

I'm a belly dancer and have performed in Australia, New Zealand and Egypt.

## If I could be anywhere in the world right now it would be...

In Egypt with my two Arabian horses.

## What do you do on a typical Sunday?

I enjoy time with my greyhounds and my family.

## One food I really like is...

I love chicken cooked with vegetables in my tajine. I also like chicken shawarma, a Middle Eastern dish similar to a chicken doner kebab but served with flat bread, tabouli, tomato and hummus, rather than wrapped in flat bread with salad.

## My favourite music is...

Music from the 70s and 80s.

If you would like to take part in this column or would like to nominate someone please contact [Naomi.Gilling@cdhb.health.nz](mailto:Naomi.Gilling@cdhb.health.nz).



# Canterbury Grand Round

Friday 17 May 2019 – 12.15pm to 1.15pm with lunch from 11.50am

Venue: Rolleston Lecture Theatre

## Speaker 1: Heather Gunter, Registered Nurse and Matt's mother

### "Matt's Story"

Come and hear about the preventable death that occurred following missed cues from the patient and their mother, whereby patient safety was compromised leading to this event. Some of you may remember Matt Gunter and the tragedy surrounding his death spending his last few days at Canterbury DHB. This true life story explains why 'critical thinking' and 'communication' is so important and when missed can have tragic consequences. As health professionals we never know when we may find ourselves faced with a similar situation. How will you react? Come along and see what happened.

## Speaker 2: ACC Representative (last five minutes)

This presentation will be followed by a five-minute presentation by a representative from ACC to let staff know what is available from ACC in the Prevention of Harm.

## Chair: David Meates

It is requested out of politeness to the speaker(s), that people do not leave half way through the Grand Rounds. All staff and students welcome.

This talk will be uploaded to the staff [intranet](#) within approximately two weeks.

Video conference set up in:

- › Burwood Meeting Room 2.6
- › Wakanui Room, Ashburton
- › Administration Building, Hillmorton
- › The Princess Margaret Hospital, Riley Lounge

Next is – Friday 24 May 2019

Convener: Dr R L Spearing [ruth.spearing@cdhb.health.nz](mailto:ruth.spearing@cdhb.health.nz)



New Zealand's meeting place for digital health

# HiNZ Conference 2019: Abstract submissions close 15 May

This is your chance to be a speaker at the 2019 HiNZ Conference on 20–22 November (which is part of Digital Health Week NZ). These peer reviewed presentations cover a broad range of themes. There is a submission type to suit most situations.

## Why you should submit an abstract

- › Show others how your organisation has been successful in using e-health
- › Share your research and studies on ways to improve healthcare
- › Have your voice heard
- › Partner with healthcare facilities, clinicians, vendors and others to present a compelling case for the value of your implementation
- › Make sure your research, your project, your innovation, your experience, your learnings are a part of the biggest digital health event in New Zealand

**Submissions close: midnight, Wednesday 15 May 2019**

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PLEASE RSVP TO [TRACY.ABBOT@CDHB.HEALTH.NZ](mailto:TRACY.ABBOT@CDHB.HEALTH.NZ)



## Invitation

# 'Vaping to Stop Smoking' Seminar

A 'Vaping to Stop Smoking' seminar organised by Smokefree Canterbury, in association with the Health Promotion Agency, is being held in Christchurch in May.

**WHEN:** Wednesday 29 May 2019

**TIME:** 10am – 3pm

**WHERE:** The McFaddens Centre  
64 McFaddens Rd  
St Albans, Christchurch

This seminar is open to those who are working toward New Zealand's Smokefree 2025 goal, community members, health professionals and organisations.

### The programme will cover:

- Vaping: A research evidence update
- Some local real life perspectives of those who have successfully vaped to quit
- Hear about the Health Promotion Agency's national campaign: Increasing public awareness
- Update from the Ministry of Health: Smokefree legislation and how we can contribute
- Smokefree Environments: Panel discussion with representatives from the Cancer Society, local government and Tobacco Control.

To view the full programme and to register for the event, visit the [event page here](#).  
Please note, numbers are limited.



# SEX AND CONSEQUENCES

## A New Zealand Update

**Wednesday 12 June 2019**  
**1pm – 5pm**

Oxford Terrace Baptist Church Lounge  
 288 Oxford Terrace (Corner Oxford Terrace and Madras Street)

- 1.00 – 1.15pm WELCOME**  
 Facilitator: David Miller, Public Health Specialist
- 1.15 – 1.45pm** Dr Edward Coughlan, Clinical Director, Christchurch Sexual Health Centre.  
**Syphilis – An Ongoing Epidemic**
- 1.45 – 2.15 pm** Jen Desrosiers, Lecturer, Social Accountability Academic Lead,  
 Department of Population Health, University of Otago  
**Enhancing healthcare provider knowledge, comfort and  
 perceptions about sexual and gender diversity**
- 2.15 – 2.45 pm** Dr Heather Young, Sexual Health Physician, Christchurch Sexual Health Centre  
**Gonorrhoea – The Changing Landscape. Updates on  
 Swab-taking and Treatment Guidelines**
- 2.45 – 3.45pm AFTERNOON TEA/ NETWORKING**
- 3.45 – 4.15pm** David Shanks, Chief Censor, Office of Film and Literature Classification  
**Young People and Media: Challenge and Opportunity**
- 4.15 – 4.45pm** Gillian Abel, Associate Professor, Head of Department, Department of  
 Population Health, University of Otago, Christchurch  
**The Christchurch Street-Based Sex Work Collaborative  
 Project – A Community Development Approach**
- 5pm CLOSING**

Please RSVP by Friday 7 June to  
 Diane Shannon by email: [diane.shannon@cdhb.health.nz](mailto:diane.shannon@cdhb.health.nz)  
 or phone (03) 378 6755



New Zealand AIDS Foundation  
 Te Tuapapa Mate Arahore o Aotearoa

**Canterbury**  
 District Health Board  
 Te Poari Hauora o Waitaha

# Investing in Resilience



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