### **CEO UPDATE**

27 July 2020 | 27 Hōngongoi 2020





# Cavities in Canterbury kids' teeth a cause for concern

Recent research by a group including Canterbury DHB's Community Dental Service Clinical Director Martin Lee and colleagues at the universities of Canterbury and Otago reveals the health of our kids' teeth is continuing to deteriorate.

The research, published in the New Zealand Medical Journal, looked at a sample of more than 10,000 children aged five years in Canterbury and concluded that our children are carrying a heavy oral health burden, which is unequally shared.

Canterbury five-year-olds with severe early childhood caries have, on average, 6.3 teeth either decayed, extracted or filled. Given dental decay is mostly preventable issue, this represents a huge toll on the health of young tamariki, and an enormous expense for parents and the wider health system.

Significant improvements in the proportion of children with no decay have been made in recent years for New Zealand children aged five years, but this has obscured unacceptably wide inequalities among different ethnic and socioeconomically disadvantaged communities persist and an increase in the number of children most severely affected by tooth decay. Right now, almost one in every five children in Canterbury has severe early childhood caries, and Māori and Pasifika children carry the heaviest burden.

Local innovations are making a difference. Community Dental Services are working on the cultural upskilling of oral health staff; e.g. increasing use of te reo Māori; our LinKIDs service for child health is helping to link newborn and child data with our oral health services so we can identify whānau who may have challenges in accessing services; and we've produced the Menemene Mai (Smile) early childhood oral health toolkit for Kaiako.

early childhood oral health toolkit for Kaiako.

One preventative strategy to improve the health of our children's teeth currently sits outside of our control in Canterbury. We are the only major metropolitan centre in New Zealand not to have fluoride in our displain water supply. Elevated time in the most effective way to reduce and health



The Menemene Mai (Smile) early childhood oral health toolkit is helping to promote healthy oral hygiene habits in Canterbury kids



Zealand not to have fluoride in our drinking water supply. Fluoridation is the most effective way to reduce oral health

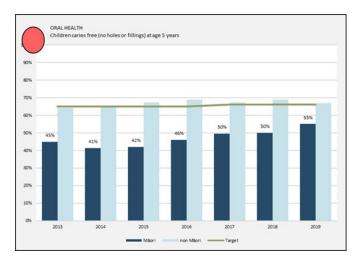
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inequities, especially for the most economically deprived. Fluoridation is safe and effective at usual water treatment dosages. There is currently a bill before parliament, which, if passed, would transfer the responsibility of fluoridating from local councils to DHBs.

Fluoridating our drinking water will also reduce hospital admissions and lead to significant savings.

A nationwide study by a group involving Martin, and researchers at University of Canterbury, ESR and Atkins Holm Majurey, will also be released this week looking at the association between community water fluoridation and severe dental caries experiences in four-year-old New Zealand children.



Canterbury children with caries free teeth at age 5 years

### What's the latest on COVID-19?

If you missed last Thursday's nights COVID-19 public lecture hosted by the Te Papa Hauora Health Precinct team, you can now watch it online. Entitled "The latest on the virus, vaccine and the ongoing impacts on our community's health and wellbeing" the session involved a line-up of Canterbury clinicians including Dr Alan Pithie, Canterbury DHB Consultant Physician in Infectious Diseases and General Medicine and Dr Mairin Taylor from the University of Canterbury, who talked about the ongoing impacts of COVID-19 on our health and wellbeing; while Professor David Murdoch, Dean of University

of Otago, Christchurch, and Dr Josh Freeman, Canterbury District Health Board (CDHB) Microbiology Clinical Director, discussed the latest on the vaccine and controlling future outbreaks.

The event is the latest in a series of free events to give the public the opportunity to hear from COVID-19 experts and ask questions.

Te Papa Hauora brings together key Canterbury organisations involved in health research and education and innovation to encourage collaboration and improve health outcomes for our community.

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



**CEO Canterbury District Health Board** 



Professor David Murdoch, Dr Mairin Taylor, Dr Josh Freeman and Dr Alan Pithie present at Te Papa Hauora's event last week

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. 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.



# **Bouquets**

### Stefan Dimou, Neurosurgery, Christchurch Hospital

Dr Stefan Dimou showed empathy, care and respect. He did his best for our daughter and dealt with difficult situations. He is a star.

### **Ward 18, Christchurch Hospital**

Absolutely no complaints at all. All staff on all shifts were super caring and kind. Every meal was beautiful, well executed and served, always wholesome. Staff bringing the meals were lovely and always pleasant. My Cloud 9 chair was super and suited my needs completely. The MRI and CT staff were excellent and cared for me so kindly. The orderlies were thoughtful and friendly. Everyone who I came into contact with far exceeded my expectations. I will always speak highly of the kind and caring service I received. I felt the staff went above and beyond the call of duty, always trying to be helpful and considerate to make me more comfortable. Thank you very much to everybody.

# **Caroline Mahon and Julia Zhu, Dermatology, Christchurch Hospital**

After a long period of discomfort and pain these two lovely ladies nailed it. My comfort level is 100 percent improved and the integrity of my skin has regained health, plumpness and vitality. They were incredibly approachable, informative and inclusive during the treatments. I asked any and all questions and left very happy, cared for and valued. Thank you, Caroline and Julia. It may sound over the top but you have changed and improved my quality of everyday life.

### X-ray, Radiology Department, Christchurch Hospital

I was professionally greeted and welcomed. The experience was professionally delivered... No problems but plenty of praise.

### Chaminda Gunawardana, Acute Medical Assessment Unit, (AMAU), nurses Lott Llagas and Mary Sese, Ward 26, and surgical team and Anaesthetist Robyn, Christchurch Hospital

I would like to express my sincere gratitude for your care of my mother. Thank you Dr Gunawardana for your exceptional care of Mum. She felt you genuinely cared, and she appreciated the time you took to explain what was going on. As a family you listened and acted on our concerns. Hoping we don't need your care again soon, but if we do, we would be lucky to have you as our physician. I also want to acknowledge and thank nurses Lott Llagas and Mary Sese in Ward 26 for their respectful and attentive care of Mum. Finally, to the surgical team and Robyn the anaesthetist – wow, my poor frail mum made it through major surgery thanks to your expertise. Thanks isn't really enough. You are an incredible team working often in challenging situations. Look after yourselves, we need you. Heartfelt thanks.

### **Emergency Department (ED), Christchurch Hospital**

The nurse, I can't remember her name, was very good and went out of her way to make me feel comfortable. She even walked me out and showed me the way. I was very impressed with the whole event and appreciated the staff who helped.

### **Ward 27, Christchurch Hospital**

All my healthcare team were excellent.

# Frances Jordan, Secretary, Neurology Department, Christchurch Hospital

Frances is absolutely wonderful. She is very helpful, happy, thoughtful, and kind, and she listens. We all need more people like her. Thank you, Frances, for your valuable time.

### **Ward 25, Christchurch Hospital**

My mother has been a patient with terminal respiratory illness and her current stay in Ward 25 of Christchurch Hospital has been for the last two weeks... This follows numerous visits over time, when she has suffered attacks and has been brought in for medical care and monitoring. The care and thoughtfulness of the support staff has always been amazing, and I regret I do not have the names, as there are too many of your team to mention. Mum has been through so many emotional and physical struggles, but the support of your team has helped her willingness to keep persevering and fighting as long as possible. Donna, one of the Respiratory Specialist Senior Registrars, has been supporting Mum and Dad over the past two-anda-half years, and the relationship and guidance she has provided has been influential in helping Mum's physical and mental wellbeing. The medical team have always been on hand to provide the best support they can, and this has been complemented outside the hospital by supporting Canterbury DHB networks, social services and Nurse Maude. Last week, Mum was feeling particularly depressed, and supporting words from one of the male nurses (I regret I do not have his name) helped provide reassurance... I am sure our story is only one example of so many similar cases but the hospital's and organisation's support for my family members means so much and we want to say a massive thank you to all the team concerned. It makes me appreciate the healthcare system we are blessed with in New Zealand and the work the health teams do every day, and I cannot thank you all enough.

### **Dental Department, Christchurch Hospital**

You are all so good at what you do. Thank you so, so much.

### **Radiology, Christchurch Hospital**

I have never been treated so kindly by such a caring bunch of happy, positive people. This short note doesn't go far enough to convey my message of thanks, while I am going through such a tough time with cancer treatment. Many thanks.

# Ward 26, Christchurch Hospital and Radiology, Burwood Hospital

Great, happy nurses and doctors. Lovely food as well. Everyone was on the same page as far as advice and care.

### **Christchurch Hospital**

How fortunate we are to have this health care system. Staff are committed and personable with good communication skills. Thank you.

### **Dental Department, Christchurch Hospital**

Great service, very professional.

## **Emergency Department and Radiology, Christchurch Hospital**

Please thank Sue, Henny, Zoe, Samuel, Thomas and Carla for looking after me so well.

### **Gastroenterology Day Ward, Christchurch Hospital**

A huge thank you to Dr Alison Ross and all the team in the Gastro Day Ward. Your warmth, compassion and professionalism made the process so much easier.

#### **Ward 23, Christchurch Hospital**

My needs were met. I was listened to and I feel my care was great. I would like to thank all the staff for that. I had my back dressing changed twice, both times by different nurses, they were caring, and I felt no pain. I was nervous to have my PICC line removed but it was the same, I never felt anything. A big thank you to all.

## Leanna Smail, Catering Assistant, Food Service, Christchurch Hospital

Leanna has shown excellent customer service skills, respect, integrity and positivity that words can't cover.





### Pressure Injury Prevention Advisory Group (PIPAG)

Pressure injuries, also known as bed sores, develop when skin breaks down due to sustained pressure or friction from not regularly changing position.

A recent report by KPMG says that 55,000 people a year will suffer from pressure injuries.

Pressure injuries are largely avoidable. They come with a significant physical, social and psychological burden for the person and their whānau, with an added fiscal burden to the health system. The Pressure Injury Prevention Advisory Group (PIPAG) is one of the groups that provides guidance and advice around the prevention of pressure injuries.

"Our promotion messages are related to community members and patients taking care of their skin, keeping themselves moving, healthy eating, managing incontinence and getting advice from their health provider if they need assistance or are deteriorating in health," says PIPAG Chair and Nurse Coordinator Robyn Cumings.

PIPAG has up to 30 regular members attending its monthly meetings, consisting of community providers, wound care specialists, occupational therapists, physiotherapists, dietitians and consultants, each of whom are at the forefront of pressure injury prevention in their work across Canterbury and the West Coast.

"By using our membership connections, we aim to guide and assist hospitals, aged residential care and community providers to place



On Zoom, Charge Nurse Manager, Middlepark Rest Home, Caren Bonghanoy; Registered Nurse, Ashburton Hospital, Laura Ciora; Nurse Educator, Ashburton Hospital, Edwina MacKenzie; and Clinical Nurse Specialist, Wound Specialist, Ashburton Community Services, Jess Goodman

Back row, standing from left, Registered Nurses, Intensive Care Unit, Angela Watts and Ali Maber; Nurse Coordinator, Corporate Quality and Patient Safety, Margaret Conaglen; Nurse Educator, Gynaecology, Rebecca Bell; Wound Clinical Nurse Specialist Nurse Maude, Cathy Hammond; Clinical Nurse Specialist (aged residential care), Sue Holland; Clinical Assessor, Community Assessment and Rehabilitation, Natalie Mcguffie; Occupational Therapist, Community Assessment and Rehabilitation, Rachael Watts; Educator, Theatre, Christchurch Hospital, Traci Mendiola; and Registered Nurse, Health Care New Zealand Leah Rankin Front row, seated, from left, Clinical Nurse Consultant, Christchurch Hospital Campus, Pam Mitchell; Nurse Educator, Ward 20, Christchurch Hospital, Maria Te Hove; Chair, Nurse Coordinator, Department of Nursing Christchurch Hospital, Robyn Cumings; and Clinical Nurse Specialist Health Care New Zealand Sinead Blee

pressure injury prevention at the forefront of their care from infants to the elderly.

"For years we have provided education to staff, promoted pressure Injury prevention across the region, and used international STOP Pressure Injury day in November to promote the part all healthcare workers play in pressure injury prevention.

"We are now supporting the ongoing quality improvement work of the Pressure Injury Prevention Link Nurse (PIPLN) champions across the sectors since the PIP Community of Practice Project work has finished. We are also assisting with the Canterbury DHB mattress replacement programme to supply higher grade mattresses to inpatients," she says.

At the meetings, the group discuss trends and issues in practice and establish any requirements for local, regional or sector guidance according to current evidence-based practices.

The group works from an action plan which is updated each year. The PILPNs are invited to join PIPAG's meetings or attend an online forum session after the meetings to

communicate their initiatives and work through any implementation or work sustainability issues they have.

"I enjoy chairing this group simply because we have a very passionate group of health care professionals who want to make a difference in the work they do. They are all committed to improving the lives of the patients they work with. "The work we do is a great example of how effective we can be when working together as one health system for the betterment of our people and their whānau," Robyn says.

To read more about the committee and view the full list of members, visit the <u>Pressure Injury Prevention page on PRISM</u>.



# A fruitful working relationship between ISG and Canterbury Health Laboratories

Canterbury Health Laboratories (CHL) is undertaking a large programme of work, and ISG is helping to make this happen.

The first project is the Delphic Laboratory Information System (LIS) upgrade from version 9 to version 10. CHL also hosts Hawke's Bay DHB, Taranaki DHB and West Coast DHB's instances of Delphic, so the CHL project team is also working closely with staff in these other DHBs.

"The Delphic project has been challenging given we are not only dealing with Canterbury DHB's IT environments but also those of other DHBs," says Cloud Transformation Project Manager Nick Wakefield.

"CHL has been great to work with – the team is fully engaged, attends daily stand-up meetings and organises regular Microsoft Team meetings to ensure things are progressing in accordance with business priorities."

The other CHL project ISG is working on is implementing cloud

infrastructure that will host the middleware and software needed for the High-Volume Automation (HVA) project. This is a major project for CHL, which will replace current end-of-life high volume analysers (which test patient samples in the core laboratory) with a fully integrated high-volume automation solution.

Working with ISG has been insightful for CHL, too.

"The CHL team has been learning about cloud infrastructure and Microsoft's cloud platform, Azure, and we have spent some time at ISG as work has progressed. ISG's Cloud team has been learning about laboratory hardware like analysers, as well as visiting the lab to see first-hand how it operates," says Project Manager, CHL, Kim Crawford.

Both projects have their challenges and both teams have been working collaboratively to problem solve and get resolutions.

"For us, this has been a good opportunity to get to know the





ISG team better and to build working relationships between our departments," she says.

# Looking after yourself

### Some reasons why for Dry July

Many have taken part in the promotional campaign of Dry July this month to raise money to fund projects that improve the wellbeing and comfort of people affected by cancer.

A few of our own Canterbury DHB people are taking part. Two of them share why they decided to take up the challenge.

Stop Smoking Practitioner, Community and Public Health Courtney Carter-Smith is participating in Dry July for two weeks during the second half of July. She's been 'dry' for nearly four years in the past and has also given up caffeine before.

She says: "These experiences demonstrate that we don't need substances and we can get by without them and even feel great without them. It's important to have a reason for doing it, a goal and a way to make it fun."

CIMs Logistics Team Lead, Community and Public Health Lee Tuki, also shares how her "dry-ish July" is going:

"During lockdown, I developed a bit of a habit to relax at the end of the day with a glass of pinot noir, accompanied by a beautiful cheese platter. This evening ritual had an unexpected consequence – the 'lockdown girth'

"My overflowing wardrobe and dresser full of clothing is now reduced to a capsule wardrobe of good ole faithful stretchy loose clothing items!





Raising funds for people affected by cancer

"I want to reduce this 'lockdown girth' and also manage any side

effects from coming off a medication I have been on for the past 19 months. Dry July seemed like a great way to support my desired goals! The All Right? campaign and its great mental health wellbeing messages have helped guide my approach to Dry-ish July."

### Helpful tips for mindful drinking

The Dry July Foundation website talks about <u>mindful</u> <u>drinking; how to sip less and enjoy it more</u>. Here are some top tips:

### > Find an alcohol substitute

People drink for different reasons. It might be to relax or to relieve boredom or stress. Often, it's just the ritual of sitting and pouring a drink that acts as a circuit breaker. Find something else you enjoy instead – go for a walk, listen to music, or just pour yourself a different kind of (non-alcoholic) drink.

### > Learn to manage social situations

Take your own non-alcoholic drink and drink it out of a wine glass. You shouldn't have to defend not drinking but if anyone asks, tell them you're doing Dry July and raising money for cancer or that you're taking a break from alcohol. If someone tries to persuade you that 'one

won't hurt' remember they're just trying to normalise their own drinking because you've made them feel uncomfortable.

### > Cultivate gratitude

If you're feeling stressed, count your blessings rather than have a drink – it reinforces the fact that going without a drink isn't the end of the world.

### > Practise self-kindness

When we're our own worst critics we're less likely to make helpful decisions but if we can practise self-compassion, we're less likely to drink at harmful levels. Be proud of yourself for going alcohol-free, whether it's for Dry July, a few days or for life.

# Local professor involved in Oxford University COVID-19 vaccine development

University of Otago, Christchurch Dean Professor David Murdoch is one of three international experts advising Oxford University's COVID-19 vaccine development effort.

The British research group is considered one of the most likely to succeed in developing a vaccine against the virus.

David is a world-recognised infectious diseases researcher. He also works as a clinical microbiologist at Canterbury Health Laboratories.

His role as a member of the Oxford University trial steering committee is to provide expert oversight on all aspects of vaccine development, including monitoring trials in small

then larger groups of people to test its effectiveness.

The Oxford vaccine is made from a weakened version of a common cold virus, which has been modified so it cannot grow in humans, David says.

"The spike glycoprotein from the virus that causes COVID-19 is added in the hope it will make the body recognise and develop an immune response to the spike protein and stop the SARS-CoV-2 virus entering human cells and therefore prevent infection."

There are six stages a vaccine must go through during development. These are: exploratory, pre-clinical, clinical development, regulatory review and approval, manufacturing and, finally, quality control.

The Oxford vaccine is currently at the third stage: clinical development. It is being trialled in people in the United



University of Otago, Christchurch Dean Professor David Murdoch

Kingdom and trials will soon extend to Brazil and Africa.

These are good places to test new vaccines as COVID-19 is still widespread in the community, he says.



CHRISTCHURCH

"In contrast, New Zealand is not an option for large-scale trials of COVID-19 vaccines because of our relative success in containing the virus."

David is also a member of the New Zealand Government's vaccine strategy advisory group. This group advise on plans to source, manufacture and distribute any vaccine developed to New Zealanders.

# PPE champions celebrated

The outstanding work done by Personal Protective Equipment (PPE) champions during the COVID-19 Level 4 lockdown was celebrated last week with a function at Manawa.

The event was organised by the Infection Prevention and Control (IPC) team to honour the role played by the champions.

The idea for PPE champions came from the Canterbury region's COVID-19 Technical Advisory Group and was forwarded to the Emergency Coordination Centre during Level 4 to meet the need for more support in facilities to ensure PPE was being used safely.

A team of PPE champions was put together to support aged residential care (ARC) facilities with their infection prevention and control processes, particularly the correct

and effective use of PPE. The champions (Canterbury DHB employees) came from a range of workplaces such as midwifery, infectious diseases, outpatients, specialist mental health and a large contingent from the dental department.

The volunteers were provided with education, facilitated by Christine Beasley from The Manawa Simulation Centre, on PPE use, infection prevention and control; and what to expect in ARC facilities. They were then allocated shifts at ARC facilities including Rosewood Rest Home and managed isolation hotels.

Their role was to observe the use and practice of PPE, hand hygiene, environmental cleaning and provide on-the-spot education for staff to support correct and effective use, but they ended up being involved in every aspect of patient care, says IPC Nursing Director Sarah Berger.

"They really went above and beyond, getting involved in a range of activities from reorganising kitchens to helping support a dying resident and their family. We wanted to pay tribute to that."



From left, Clinical Skills Coordinator Christine Beasley, Community Dental Service Dental Assistant Dana Hobbs, Hospital Dental Service Dental Assistant Harriette Van der Zee, Allied Health Project Facilitator: Workforce Richard McKinlay, Hospital Dental Service Dental Assistant Nikki Lynn, Community Dental Service Dental Therapist Shelley Hsueh, Community Dental Service Dental Therapist Celeste Compton, and Infection Prevention and Control Clinical Nurse Specialist Sacha McMillan

"The PPE champions were on the ground and able to continually monitor and correct PPE usage. The feedback we got from them meant we were able to provide further assistance on any areas of concern."

Creating the PPE champion team was achieved in a short space of time, due to the collaborative work of many people, including Richard McKinlay of the ECC (Emergency Coordination Centre) Logistics Staffing Team, who also provided a voice of comfort at the end of the phone to the volunteers.

Relationships have been strengthened through this experience, says IPC Clinical Nurse Specialist Sacha McMillan.

"The champions were a successful strategy to support and reinforce correct practice for staff working under stressful conditions and in need of reassurance."

Failure to adhere to IPC guidance would have been detrimental to staff and patients, Sacha says.

# Press-up comp raises money for guests in managed isolation

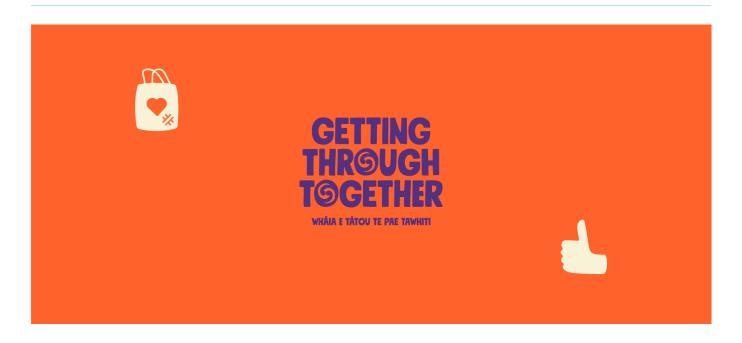
When the New Zealand Defence Force put out the challenge of a press-up comp to help kids in isolation, everyone at the Chateau on the Park got on board.

The competition featured representatives from each of the agencies.

The NZDF and Canterbury DHB teams were no match for the hotel team which won 'hands down'. The competition raised \$350 which will be used to purchase toys and supplies for guests while staying in managed isolation.



The team of press-up challenge participants with the some of the supplies they purchased from the fundraising



# Survey highlights value of Emergency Department primary physiotherapy role

Physiotherapists as the primary contact for people arriving at Christchurch Hospital's Emergency Department (ED) with musculoskeletal problems is improving patient care and saving money.

Canterbury DHB is leading the way in New Zealand with this initiative. Some hospitals, such as Nelson and Timaru, have begun a similar service and visited Christchurch for information and guidance. Other hospitals have begun trialling the service.

ED's Physiotherapy Service was redesigned in 2018 to improve the patient journey, especially for people turning up with chronic back pain. It gave physios more wide-ranging functions and greater responsibilities.

Emergency Department Physiotherapist Hannah Phillips



Emergency Department Physiotherapist Sarah Thom

Rather than everyone with these issues being assessed by a doctor in the first instance, some are seen by a physio first, and only referred to a doctor when necessary, says Clinical Manager Physiotherapy Jenny Conroy.

"This frees up doctors to see more urgent cases and streamlines the patient's journey as they are seen by the right person from the start."

The changes saw the service go from one physio rostered on from 8am to 4pm weekdays to 2.1 full-time equivalent physios from 7.30am to 8pm, week days and 8am to 6.30pm weekends. Data from a recent survey shows patients rated the service an average of 8.3 out of 10, and 82 per cent of ED staff said it was excellent.

One patient wrote: "Very good communication. Talking through things clearly. Didn't rush me."

Staff responded with comments such as "Excellent, really makes a difference to our service" and "Love the extended hours and roles. Great to get people home without seeing a doctor".

ED Physio Sarah Thom says there are big advantages for both patients and the hospital, these include reduced wait times, less duplication of services, reduced length of stay in the department, fewer hospital admissions and reduced unnecessary radiology imaging rates.

ED Physio Hannah Phillips says the primary contact role allows the physio to order x-rays and ultrasound and complete ACC paperwork, as well as give basic pain relief under standing orders.

Since starting the expanded role, the ED physios have been involved in regular teaching sessions with doctors, clinical nurse specialists and nurse practitioners. They spoke at the 2020 Canterbury DHB Board induction day, network with primary contact physios around the world, and advise other physios in New Zealand wanting to learn more about the expanded role and how it was put in place.

# Health system cementing technology gains from COVID-19

The health system will give patients and health workers access to more user-friendly Apps, 'chatbots' and video consultations as it works to cement technology gains made during the COVID-19 crisis.

Canterbury DHB Chief Digital Officer and a Te Papa Hauora Advisory Council member Stella Ward says the pandemic sped up planned technology programmes such as telehealth. It triggered the development of apps to help staff and patients in the ever-changing COVID-19 situation.

An expected increase in demand for mental health services will call for more technology innovation to help people easily and quickly access care and information.

A number of consumer-focused apps, for contact tracing and sharing information, were rapidly developed during the pandemic, she says.

One example was the Āwhina app developed by the Ministry of Health to give health workers up-to-the-minute information on personal protective equipment, testing centres and alert levels. Canterbury DHB will continue to use the app to share non-COVID health information with its workforce.

"The other change fast-tracked because of COVID was the use of telehealth, or virtual health. It was the same as in every industry – people were on Team or Zoom meetings. That was a phenomenal shift."

Clinicians were seeing patients via Zoom or Teams as well as talking to them on the phone.

"We ran virtual ward rounds so health professionals could look at a patient's records remotely. This meant patients got the best care, but we limited the number of people in the environment."

Multi-disciplinary care meetings, where specialists meet to devise patient plans, were done by Microsoft Team meetings.

The pandemic accelerated plans – and Canterbury DHB wants to maintain momentum, Stella says.

"We had to deploy at speed programmes and ideas we were planning. For example, we had the Microsoft technology but instead of a staged roll-out, everyone started using it with support.

"Our clinicians needed to do diagnostic reviews and planning remotely so we had to get them secure access from home into the clinical systems."



The Director-General of Health, Ashley Bloomfield, has asked Canterbury DHB to "lock in data and digital gains made as part of the pandemic response", she says.

At Canterbury DHB, clinicians can continue to collaborate by Team meeting and the DHB is exploring the usefulness of Microsoft health applications and will increasingly offer patients the option of a video consultation.

Canterbury DHB is expecting an increase in demand for mental health services and is developing technology to help people get the right information and care.

"If the earthquakes and mosque attacks taught us anything, we are going to see a different demand for services as people reflect and perhaps have difficulty coping with the economic or other impacts of the pandemic. We are looking at technology that gives people more information before they come into the health system to streamline their care.

"A 'chatbot', which allows people to ask and answer questions, will point them towards a particular service or source of information. This interactive technology is really new and will be publicised in coming months."

Stella says safeguarding patients' private information is a priority for Canterbury DHB.

"The information we hold is very private so while we want to improve ease of use and access we don't want to breach patient privacy. Investing in security is an important part of our technology plans."

Technology is an enabler – not a substitute for good care and processes.

"We always look at new technologies critically. How does it speed up diagnosis, how does it improve the experience of care for the patient and the experience of work for the clinician? We don't just introduce technology because it is cool, but because it helps us make a positive difference to people's health and wellbeing," she says.

To read other articles in the 'Healthy Future' series, visit the <u>Te Papa Hauora website</u>.

# Partnership helps bridge digital divide for access to essential health information

The Ministry of Health and mobile network operators are collaborating to offer free access to essential health information and digital health services.

The Sponsored Data partnership between the Ministry of Health and mobile network operators Spark, Vodafone and 2degrees means Kiwis won't incur mobile data charges when they access essential COVID-19 information, health information and resources, and eligible online health services.

The number of sponsored websites will increase over time so New Zealanders can access even more key health information and services without mobile data charges.

In the first instance, anyone using the mobile networks of the country's largest telco providers can now access 11 key health websites and two general practice portals free of data charges:

- > covid19.govt.nz
- > health.govt.nz
- > zerodata.plunket.org.nz
- > healthnavigator.org.nz

- > mentalhealth.org.nz
- > depression.org.nz
- > thelowdown.co.nz
- > booksonprescription.co.nz
- > choicenotchance.org.nz
- > allright.org.nz
- > managemyhealth.co.nz
- > www.health365.co.nz
- > myexperience.health.nz

All mobile data charges for these websites will be charged back to the Ministry until June 2021, with six monthly reviews to confirm extensions to the initiative.

Director-General of Health Ashley Bloomfield says this ensures people who use pre-paid mobiles can continue to access important health, mental health and wellbeing information through their mobile if they run out of data.

"During lockdown, health providers and organisations that provide mental health services quickly moved to connect with their communities online. This is likely to continue to be a popular option for many, especially young people and those who live in remote locations."

However, the Ministry of Health has received clear feedback from health providers around the country that the cost of mobile data can be a barrier to people accessing key health and wellbeing information or services, he says.

A key finding which helped develop a business case for Sponsored Data on a national scale, was that many lower socioeconomic families use pre-paid mobiles and regularly run out of data, and that providing free access to digital health services provides these New Zealanders with significant benefits.

The Sponsored Data partnership is helping remove this barrier and will increase the number of Kiwis who can access virtual health services easily instead of visiting the doctor or nurse in person, where there may be a risk of being exposed to COVID-19 or another infectious illness.

"Having free access to online health and wellbeing information, services and tools where and when it suits people is key to ensuring fair access for all New Zealanders," Ashley says.



# DISTANCE NOT DISTANT

TINANA TAWHITI, WHAKAARO TATA



# Housing First plans to house another 120 homeless people

Housing First Christchurch has accepted the challenge of housing 120 homeless people over the next two years.

Housing First Christchurch was established in 2018 to house Christchurch's chronically homeless. So far it has housed 118 of the city's most vulnerable people.

Led by the Christchurch Methodist Mission, Housing First Christchurch is a collaboration of six organisations working together to help people stay in their homes and never return to homelessness.

Its collaboration partners are: Comcare Trust, Emerge Aotearoa, Christchurch City Mission, Ōtautahi Community Housing Trust, Christchurch Methodist Mission, and Te Whare Roimata. Canterbury DHB is in Housing First's wider champion/management group.

The Ministry of Housing and Urban Development has extended Housing First Christchurch's contract and set the target of housing 120 more homeless people over the next two years.

Housing First Christchurch Manager, Nicola Fleming says the new contract recognises that what they're doing is working.

"Our approach works because we focus on providing housing first and then wrapping around the appropriate support services. Many of our kaewa, have complex needs, that don't fit in a box."

This internationally proven model recognises that people are better equipped to address issues such as mental health and substance use, once they are housed.

"We've made huge progress in helping those on the street. A key challenge now is getting to those living in cars, garages or couch surfing."

What Housing First Christchurch needs more than anything right now is rental properties, Nicola says.



"We could solve chronic homelessness in our city tomorrow if we had more landlords offering up their properties. It's a great deal for landlords. We visit weekly, guarantee rent and stand by both landlord and tenant – it's truly a win for all involved."

She is urging landlords to rent their properties to them and says the misconceptions about homeless people are far outweighed by the reality.

"Eighty-three percent of our kaewa have been offered a lease renewal by their landlord, so we know our kaewa are great tenants."

Housing First Christchurch is interested in renting one- or two-bedroom properties across Christchurch and is urging landlords to get in touch to find out more about the process of renting their investment property with them.

If you want to get in touch please contact Debbie Watson on 027 646 3898 or <a href="mailto:debbiew@housingfirstchch.co.nz">debbiew@housingfirstchch.co.nz</a>

# One minute with... Roxanne McKerras, Nurse Coordinator Corporate Quality and Patient Safety Team and Clinical Team Coordinator Burwood Hospital

### What does your job involve?

Making things safer. I have the patient experience portfolio within the corporate Quality and Patient Safety team and publish all the patient experience comments for the patient experience survey. The vast majority of consumers of our services are very grateful for the care they receive and write nice things about us. You're all doing a great job! Check out their responses on the Patient Experience intranet page.

Also, getting very cool tools like NADIA (a digital audit app) off the ground. And any other project work the boss chucks my way. My connection to clinical reality is really important to me, so I also work part-time at Burwood Hospital as a Clinical Team Coordinator. I also seem to be on the Canterbury DHB 'unusual events list' so I get seconded to all sorts of places and get to do all sorts of interesting things. Kind of fun. Mostly.

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

I like a bit of chaos and unpredictability.

### What do you like about it?

The chaos and unpredictability. Being part of improving process and practice, and efficiencies and inequalities for the consumers of our services. Making things better. It's quite humbling to be part of being able to encourage, create and nourish different ways of working.

### What are the challenging bits?

That's easy. People with painted on ears.

### Who inspires you?

Dogs. The world would be a better place if everyone could learn to love unconditionally like dogs. The patients and their whānau. Also, the people I work with every day. Especially the people who worked, and supported those who worked, with the COVID-19 situation. Legends. Thank you.

### 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?

Great values. I'm all about outcomes. I have worked with some amazing teams that have achieved extraordinary outcomes. What a fabulous place we would be in if everyone really lived these values.

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

I'm a boomer. I don't have a LinkedIn profile. But if I did it wouldn't say that I am a member of the Infection Prevention and Control synchronised swimming team.

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

New Brighton, Christchurch. Come and check out our amazing surfing beach and hot pools.

### What do you do on a typical Sunday?

In the winter I always seem to be working or hoovering on a Sunday. Doesn't seem right. In the summer you'll find me at a surf beach. I am a very bad surfer, but my kids are awesome surfers. I am often found tabulating for the South Island surf comps – usually outside. In the cold – apparently I am too noisy to be inside the judging tent!



Roxanne at New Brighton beach in a howling easterly wind, tabulating results for the Duke Festival of Surfing

### What's your favourite food?

Hard to go past a potato top pie.

### And your favourite music?

Usually what my kids are listening to, ranging from quite terrible to songs that I remember from the 80s.

If you would like to take part in the column or would like to nominate someone please contact Naomi.Gilling@cdhb.health.nz.

# Something For You

Something *For You* is the Canterbury DHB employee benefits programme. The deals offered are from the Canterbury business community to say thank you for all that you do.



Porters Ski Field have kindly gifted us some day passes to giveaway. To enter the draw, email somethingforyou@ cdhb.health.nz by **Sunday 2 August** with your name and work location. Winners will be contacted by Wednesday 5 August.

We also have plenty of **brand new deals** from local businesses – check them out here.



### FREE DAY PASSES TO GIVEAWAY!!



# MAKE THE SWITCH

IN 2019 OVER 350,000 WASTE ITEMS FROM BEVERAGES ALONE WERE SOLD THROUGH CANTERBURY DHB CAFES



WHAT YOU CAN DO:

Use your own water bottle

Use your own reusable coffee cup





CURRENTLY TAKE AWAY CUPS CANNOT BE RECYCLED OR COMMERCIALLY COMPOSTED LOCALLY.

ALL WENT TO LANDFILL – OVER 3000 KGS OF WASTE.

**SWITCHING TO REUSABLE CUPS WOULD SAVE 88 TREES WORTH OF CARBON** 

Brought to you by the Transalpine Sustainability Governanace Group





All planning, policies and actions can potentially affect the health of the community. As we work and plan together we can create opportunities to improve the wellbeing of the community.

Broadly Speaking is a free interactive training course run over two morning sessions focusing on the determinants of health. Work with others from across the wider health sector, local government, and communities to unpack the complexities of wellbeing in our population.

### 2020 course dates:

1
WORKSHOP 1
Wed 26 February
WORKSHOP 2
Wed 11 March

2	
WORKSHOP 1	
Wed 13 May	
WORKSHOP 2	
Wed 27 May	

3	
WORKSHOP 1	
Wed 12 August	
WORKSHOP 2	
Wed 26 August	



Facilitators:	Experienced practitioners from Community & Public Health
Location:	Christchurch Community House, 301 Tuam Street, Christchurch
Гime:	8:30am - 12:30pm
Cost:	Free

"Excellent course. Refocused my awareness of the social determinants of health. Great to add the big picture to the day to day interface with people."

Service Managei

### Keen to enrol? Contact hiap@cdhb.health.nz

For more information on the social determinants of health and the Health in All Policies approach in Canterbury visit: https://www.cph.co.nz/your-health/health-in-all-policies/



# **NURSING / PRE-HEALTH**

Learn about nursing study options at Ara and find out how our pre-health course can help you meet the entry criteria for a nursing degree or diploma.

### Wednesday 5 August

Manawa campus, 276 Antigua Street

Nursing: 5.30pm-6.30pm Pre-health: 6.30pm-7pm

Register to attend at ara.ac.nz

ADVANTAGE YOU

