

KEEPING OUR COMMUNITY HEALTHY

# WELL NOW

SPRING 2020

CANTERBURY

A snapshot of how we're doing



## Waipapa, Christchurch Hospital, Hagley opens this month

Your first look inside starts on page 10

**The Emergency  
Department is  
moving** (see back cover)

**A behind-the-scenes  
look at our pandemic  
response**

**Canterbury**

District Health Board

Te Poari Hauora o Waitaha

**our** health system



# Avoiding Legionnaires' this spring

Spring is a great time to be out in the garden, but it's also important to take care of yourself when handling potting mix and compost to prevent Legionnaires' disease. Here are five easy things you can do:

- 1** Open potting mix or compost bags carefully with scissors.
- 2** Wear a well-fitting disposable face mask and gloves.
- 3** Reduce dust by dampening down potting mix or compost.
- 4** Work with potting mix or compost in a well-ventilated area outside.
- 5** Wash your hands after handling potting mix or compost and before removing your mask.



# Welcome to the spring/summer edition of WellNow.

**WellNow** is one way you can keep updated on what's happening in your health system.

COVID-19 has dominated the headlines this year, and it's also dominated the lives of many working throughout our health system: from our General Practice teams, pharmacies and community health providers to those working in our hospitals and health centres.

In this issue we take you behind the scenes to meet some of the people involved in our laboratory, and the infection, prevention and control teams, who both play vital roles in our COVID-19 response.

One team that deserves a special mention is our Community and Public Health Unit. In a public health crisis they are always first in and last out and if you could see behind the scenes as I have, you would be truly astonished by their skill, knowledge, commitment and professionalism.

Community and Public Health are involved with keeping our borders safe: ports, airports and our managed isolation and quarantine facilities in Canterbury. They are also involved with contact tracing. Our Medical Officers of Health and Health Protection Officers provide advice to individuals affected by infectious diseases such as COVID-19 and communicate to you via the media. We all owe them our thanks.

The newest addition to Christchurch Hospital is admitting patients from 16 November. I am immensely proud to be able to commend to you New Zealand's newest hospital, Waipapa, *Christchurch Hospital, Hagley*.

The name 'Waipapa' has been gifted by the Ūpopko (head) of Ngāi Tūāhuriri Rūnanga, Te Maire Tau.

The takiwā (district) of Te Ngāi Tūāhuriri Rūnanga centres on Tuahiwi and extends from the Hurunui to the Hakatere river and inland to the Main Divide and includes Christchurch city.

Details of what's opening and when at Waipapa, can be found on our website. You can see some of the highlights, on pages 10 to 15. One key point to note is that the Christchurch Hospital Emergency Department is moving to the ground floor of Waipapa. If you, or someone you care for has a disability or needs additional support to be able to access services on the Christchurch Hospital Campus, or for advice prior to your hospital visit please call our Volunteers Coordinator on 021 581 489.

Great progress is being made on a number of other upgrades to health

facilities. Work has started on a new Energy Centre on St Asaph Street that will break our dependency on coal and set us up for being carbon neutral, in terms of our heating, by late next year.



**Andrew Brant,**  
Acting Chief Executive,  
Canterbury DHB.

Work is also underway in preparation for construction of the Integrated Family Services Centre and the High and Complex Needs buildings on our Hillmorton Campus. These new facilities will support the provision of contemporary, specialist mental health treatment and care.

While we still have much to do between now and Christmas, it's almost time for the summer break. It's important for our wellbeing that we all take time out to spend quality time with friends and whānau and to recharge our batteries.

We are always available to meet your urgent health needs over the holiday season, and wherever possible we encourage our staff to take a break too. They can only look after you if they first look after themselves.

Please keep in mind that the Christmas period can be a lonely and sad time for many in our community, so do check in on those who live alone and those who may need extra support. The team of counsellors at 1737 is available 24/7 – you can text or call.

Ngā mihi nui

**Andrew Brant**  
Acting Chief Executive  
Canterbury DHB



To help keep you and your whānau COVID-free:

- Keep a record of where you've been by using the COVID tracer app and 'check in' with the QR codes when you're out and about or keep a written record of where you've been.
- Stay home if you're sick, and if you have flu-like symptoms call your general practice team and ask about getting tested.
- Wash and dry your hands thoroughly and frequently.



# Inspirational 86-year-old on her feet hours after her operation

**Strength and balance classes have been worth their weight in gold for 86-year-old Shirley Van Grinsven from Wainoni. Not even a major operation due to cancer could keep Shirley in bed, and she was on her feet just hours later.**

Shirley has been going to strength and balance classes in Burwood Hospital for about six years and credits this as contributing to her remarkable post-op recovery.

When Shirley was diagnosed with cancer and needed a hysterectomy just before the national COVID-19 lockdown in late March. Her instructor, Krissy Christensen motivated her to exercise at home, go for small walks and practise deep breathing.

"If I hadn't done all the exercising and walking, I wouldn't have recovered as well as I have. I told the hospital staff about my classes and my instructor and how it was all her doing. I will be forever grateful," says Shirley.

"All the doctors and nurses were so surprised how well I came through the surgery. My recovery was so good that I was back in the ward by 1pm and out of bed walking down the corridor by 4.30pm, feeling very proud of myself."

"When the hospital staff saw me coming, they shook their heads in amazement, gave me the thumbs up and said 'What a legend!'"

"The surgeon told me they were using my remarkable story of recovery to inspire and motivate other patients younger than me, who were anxious about surgery."

"I also owe a lot to my fellow class mates who all supported me and sent me their best wishes. Not only

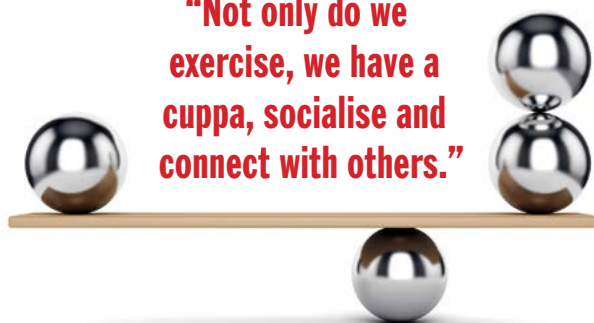
do we exercise, we have a cuppa, socialise and connect with others."

Since the quakes, which caused significant damage to buildings and land in Wainoni, many of the group members have moved across town – but it hasn't stopped them and now they travel across to Burwood for the classes.

"The classes are gentle and you can take it at your own pace. We have a lot of laughs and reminisce while we move to the music we grew up with."

There are nearly 200 approved strength and balance classes running weekly within the Canterbury DHB region. These classes are part of the Live Stronger for Longer project, which supports older adults to live independently and injury-free in their own homes, by reducing their risk of falling.

**"Not only do we  
exercise, we have a  
cuppa, socialise and  
connect with others."**



Sport Canterbury Community Strength and Balance Project Leader Rebecca Logan says this is a collective, whole-system approach to falls prevention. It encompasses in-home support, pharmacy, and community strength and balance classes.

"One of the goals of the Live Stronger for Longer project is to ensure that every person in New Zealand, aged 65 years and over, can attend a strength and balance class within their community," says Rebecca.

Classes can be found through an interactive map on the Live Stronger for Longer webpage [livestronger.org.nz/home/find-class/find-a-class-near-you](https://livestronger.org.nz/home/find-class/find-a-class-near-you) or by contacting Sport Canterbury via email [sport@sportcanterbury.org.nz](mailto:sport@sportcanterbury.org.nz) or phone (03) 373 5060.



**Shirley Van Grinsven in class.**



# TE WHARE WHETU (HOUSE OF STARS):

## Reconnecting Māori mental health consumers with their whakapapa brings hope and healing

*Many Māori tangata whaiora (people seeking wellness) under the care of Hillmorton's Forensic Services have lost connection with their whānau and their whakapapa (cultural identity), and have limited understanding of traditional cultural practices. The Te Whare Whetu (House of Stars) programme is helping to change that.*

**The programme, run by and predominantly for Māori, helps tangata whaiora build links with their community, strengthen their kaupapa (Māori ideology) and develop their mihi (speech of greeting).**

It runs for six weeks, two hours a week, and each session begins with a karakia (prayer) and a waiata (song). As well as discussing traditional cultural practices, the sessions also cover physical health, taking medication, and helping tangata whaiora accept they have a mental illness, enjoy who they are and not allow illness to define them.

The programme ends with a graduation ceremony with whānau and supporters as guests where participants receive a certificate of achievement, recite their mihi, and enjoy a hāngī with their supporters.

The pukenga atawhai (Māori mental health workers) facilitating the course report increased levels of confidence, pride, sense of identity and sense of belonging as the tangata whaiora gain knowledge and familiarity with cultural practices.

The pukenga atawhai also share their individual iwi links and backgrounds with the group, which gives those taking part direction

and encouragement to explore their own whakapapa.

"Many participants had limited knowledge of their mountain, river, iwi, hapū and marae, and through using Te Reo and audio-visual equipment, were able to visualise their own iwi home lands," says pukenga atawhai to the Forensic Community team Daryl Beattie.

The growth of the participants from week one to week six is evident, and that is the most rewarding part of running these courses, Daryl says.

"I remember when one of our tangata whaiora who hardly spoke for the first few sessions stood up during the third session and did their mihi and sung. They blew everyone away with their new-found confidence," says Team Leader of the Forensic Community team Mike Manahi.

Another participant reconnected with his whānau after finishing the



**Te Whare Whetu team.**

programme – many of whom he hadn't seen since he was a tamariki (child).

He says that, "learning about your whakapapa can stop you from falling back into your old and bad habits of taking drugs and abusing alcohol. Failing to cope with drugs and alcohol made me lose touch with my whānau.

"Once you have this knowledge of yourself it will bring you confidence and help you to go back to a time before things got complicated by drugs and alcohol; a time where you were stable."

**"Once you have this knowledge of yourself it will bring you confidence and help you to go back to a time before things got complicated by drugs and alcohol; a time where you were stable."**



# NATIONAL BOWEL SCREENING PROGRAMME

## “Do it for the mokopuna”

Time to  
screen

National  
Bowel  
Screening  
Programme

A free simple-to-use bowel screening kit that could save lives has just started arriving in Canterbury mailboxes, as the region joins the National Bowel Screening Programme. Close to 90,000 Canterbury people aged 60 to 74 will be eligible to take part and will receive their own life-saving kit over the next two years.

This is great news for the 100 or so each year who would have a cancer detected early because they've used the test kit. Finding and removing those growths at an early stage will dramatically increase their chance of survival.

National Bowel Screening Programme Clinical Director Dr Susan Parry says many people are totally unaware they have bowel cancer. “That is why screening is so important. The testing kit is designed to pick up tiny traces of blood in their faeces (poo) and to catch cancers before they become advanced and more difficult to treat.”

People aged from 60 to 74 with an ‘even-date’ birthday (2nd, 4th, 6th of the month, etc) will receive a test kit in the mail near their birthday during the first year of the two-year cycle. Those with an odd-date birthday will receive theirs in the second year.

After you have used your test kit, seal the sample tube in the prepaid packaging provided and post it back ASAP.

Dr Parry says bowel cancer typically affects older people, which is why the programme is aimed at people aged 60 to 74.

“These are mātua (parents) and tūpuna (grandparents) who are often at a stage where they are enjoying more free time and performing an important role supporting whānau. It is tragic to lose these people before their time to an entirely preventable disease.”

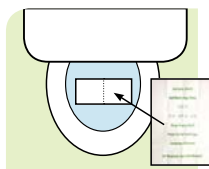
### How to do the test



**1** Fill in the **consent form**. Write the **date** you do the test on the consent form.



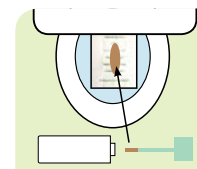
**2** Peel off one **yellow barcode sticker** from the consent form and **stick** on the flat side of **tube**.



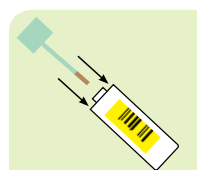
**3** Urinate (pee) and then flush toilet. Put some toilet paper in toilet. **Now put sample sheet on top of paper.**



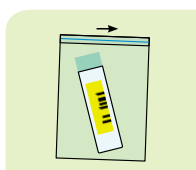
**4** **Do bowel motion (poo) on sample sheet.** Now be quick - before it sinks.



**5** Twist lid off tube. **Scrape end of stick over bowel motion** so end of stick is well covered. This amount is enough.



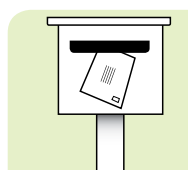
**6** Carefully put stick back into tube. Push lid down to **click** shut. **Do not open again.** Flush bowel motion and sample sheet down toilet. Wash and dry hands well.



**7** Put tube into zip-lock bag. Make sure bag is well sealed.



**8** Put **zip-lock bag** with **tube** and **consent form** into reply-paid envelope and seal it.



**9** Keep in a cool place until you post it. It does not need to be kept in the fridge. **Post as soon as possible.**

**Thank you for doing this test.** You will get your results within three weeks.



This image shows how small the test kit tube is.



Here's what to look out for in the mail.

New Zealand has one of the highest rates of bowel cancer in the world. With 1200 dying from this disease each year, it is the second most common cause of death from cancer.

You can reduce your risk of developing bowel cancer by having a healthy diet high in fruit, vegetables and fibre; exercising regularly; and by not smoking.

Since it began, just over three years ago, the programme has detected more than 700 cancers, early enough for successful treatment in 90 percent of cases.



Key staff from Canterbury DHB's National Bowel Screening Programme team with representatives from the Tangata Atumotu Trust, following an engagement/education session.

#### What you need to do:

1. If you are 60 to 74 years old, look out for the test kit in your mailbox. Read the instructions carefully, complete the consent form, seal the sample tube and post using the prepaid packaging provided. Put simply – **this little kit could save your life.**
2. If you aren't 60 to 74, tell someone who is to look out for their kit and use it and return it straight away – **this little kit could save their life too.**
3. If, at any age, you have worrying signs or symptoms such as blood in your poo or unusual bowel movements that continue for weeks – make an appointment to see your doctor immediately.

# We want to hear from you!



Canterbury District Health Board is committed to providing quality healthcare. Understanding how people experience healthcare gives us valuable insight into what went well and what we could have done better.

Each fortnight we invite patients who spent at least one night in hospital or have attended an outpatient clinic to participate in our survey. An invitation to participate in the survey is delivered via email or a link in a text message. Taking part is voluntary. Feedback is anonymous, and you cannot be identified.

## WHAT DO WE DO WITH YOUR FEEDBACK?

Good or bad, we listen – and improve where we can.

In response to a moderate rating for the adult inpatient experience survey question ***'Where possible, did staff include your family/whānau or someone close to you in discussions about your care?'***

we looked into the reasons why 47 percent answered 'sometimes' or 'no' and found that staff did not always know who the patient wanted involved in their care.

To resolve this we launched the *Planning for better care together* project.

Focus groups were held with whānau/family members who had provided support during a recent admission. Our next task was to create a process to make sure we had a Nominated Contact for each admission. A Nominated Contact supports the patient's personal

needs, is the preferred contact in an emergency and keeps family/whānau informed.

During the COVID-19 pandemic we also asked how safe people felt in hospital, and here's what they said:

***"Overall my stay was as good as could be under the lockdown and the staff kept us well informed as to our status. We are very lucky to have a hospital system like ours in New Zealand."***

***"The staff were always friendly, had a smile and were understanding that, due to the lockdown and my being from out of town, being isolated was affecting my anxiety. They were very encouraging when I was apprehensive, and I never felt pushed to overdo anything, which helped keep my anxiety levels down."***

Patients also told us that approximately 30 percent of the time they were not always provided with a suitable alternative for keeping their hands clean when they couldn't wash their hands independently. Initiatives are currently underway to provide suitable alternatives that enable people to look after their hand hygiene independently in future – such as providing individual packs of wipes or small bottles of alcohol-based hand gel at the bedside.

## GENERAL PRACTICE IS ALSO INTERESTED IN YOUR EXPERIENCE OF HEALTHCARE

The preliminary results are just in for the special COVID-19 patient experience survey, run across primary care by the Health Quality and Safety Commission. Its purpose was to gain a better understanding of people's experience of accessing healthcare during COVID-19 Alert Levels 3 and 4.

Nationally, nearly 25,000 people responded to the survey, around 14,000 of whom had an appointment during the period 27 April to 10 May 2020. The 22 participating Primary Health Organisations – in Canterbury, that's Pegasus Health, Waitaha Primary Health and Christchurch PHO – have received their results and a national report will be available later this year.

As a sneak preview though, how people connected with their General Practice changed, and GP teams have done really well to adapt to patient needs and preferences.

For example, pre COVID-19, 95 percent of appointments were in person, while under Alert Level 3 this dropped to around 42 percent with almost 40 percent having a healthcare consultation by phone – and almost 4 percent took advantage of connecting via video link. Appointments in person have climbed back to 80 percent more recently. Interestingly though, it looks like video is here to stay and some people have clearly become more comfortable with having some of their needs met through a well-managed phone call.



A daily newsletter helped connect with Managed Isolation and Quarantine guests.



Question	Percent
Does your GP or nurse inform you what you have to say?	94
Does your GP or nurse inform you as much as you wanted about your health condition, treatment or care?	87
Does your GP or nurse explain things in a way that is easy to understand?	93
Does your GP or nurse treat you with kindness and understanding?	95
Does your GP or nurse treat you with respect?	96
Does your GP or nurse spend enough time with you?	89
Have you been involved in decisions about your care and treatment as much as you wanted to be?	88

A snapshot that shows how well general practice meets people's needs. The scores indicate the most positive option (e.g. "Yes, definitely") for each question.

### In September 2020, a COVID-19 Managed Isolation Facilities Survey was developed

for people returning from overseas and undergoing isolation in our facilities in Canterbury. This has provided the multi-agency teams with valuable feedback about how we can improve the experience for those undergoing isolation and what we can do to keep our communities safer.

Here's what some of our MIQ guests said about their experience:

*"I appreciate that New Zealand and I are being kept safe through a well-managed isolation programme*

*which also manages to be humane and dignified. Thank you."*

*"I was very impressed with the whole programme."*

One talented guest decided on a more creative way to express their thanks and appreciation. At Chateau on the Park, Christchurch, guests are delivered meals to their room, covered in a foil 'tent' – to keep it hot and as an added precaution against dust and germs.

Our creative guest found a different use for that foil each day and on their last day, decided to say thank you to hotel staff in their own special way.



Many departing guests expressed their gratitude to the wellbeing team, the New Zealand Defence Force leaders, nurses and hotel staff.

*"My family would like to express their gratitude for the care and affection shown by the wellbeing team and the hotel staff during their isolation period. We all are forever indebted for such excellent support."*



1000 Push ups challenge: New Zealand Defence Force, Police and security vs hotel staff, nurses and the Wellbeing team raised money to purchase toys for young guests.

All features are designed to make a stressful time a little less stressful.



## Our NEW Emergency Department – opens from 7.30am, Wednesday 18 November

The new Emergency Department (ED) on the ground floor of Waipapa, *Christchurch Hospital, Hagley* features bigger spaces, new ways of assessing and accommodating patients, and four new single rooms with ensuites.

There are more staff stations, meaning patients are within sight of a nurse or doctor at all times. The bays are more private than before – with three solid walls and a curtained opening, and the windows provide plenty of natural light and beautiful views over the gardens – all features designed to make a stressful time a little less stressful.

Emergency Radiology is nearby so that you can get imaging such as X-rays and scans faster.



The bays in Emergency Department are larger than before and each one has its own computer, allowing staff to update notes at the bedside.



A CT (computed tomography) scanner in the new Emergency Department.



The bright new Emergency Department reception area.



**As many as 6,000 extra surgeries and procedures can take place on the Christchurch Hospital Campus every year.**



## SMOOTH OPERATORS

**Waipapa adds 16 theatres to the 20 existing operating theatres in Christchurch Hospital's Parkside and Christchurch Women's Hospital.**

There are new theatres for paediatrics, neurosurgery, vascular surgery, orthopaedic trauma – including spinal injuries, mixed acute or emergency theatres, a specialist cardiac theatre, two general surgical theatres and a new 'hybrid' theatre, pictured above right.

There are additional admitting and recovery spaces for patients, which are light and spacious – and for the first time, we have dedicated spaces for our child patients.



**The new hybrid theatre brings imaging and surgery into the same space and is the most technologically advanced operating theatre in the South Island.**



**The new Children's Admitting area is designed to give our tamariki their very own spaces.**





## Spring of Wellness: MATATIKI

Throughout Waipapa, *Christchurch Hospital, Hagley* there are many spaces designed for some of our most precious patients, our tamariki (children). We have adopted a Matatiki theme across all child health services.

From the decals on the walls to the curtains around the beds, our young patient spaces are designed to be

low-stress and comfortingly familiar – providing a welcome distraction while we provide the best possible care.



The new Children's Recovery area also features the nature-inspired Matatiki theme.





Salad days for our littlest patients.



Budding fire chiefs, fairies, doctors and fishers will all have a space to be themselves.



Special images on the glass in Children's treatment and observation areas mark the spaces as special to our tamariki.



Little hands will find plenty to keep themselves busy in the new patient play space.



Would-be chefs will be limited only by their imagination in their new play therapy area.



It's forever spring in the shared play area.

## HOPE ON HIGH – our new helipad

The jewel in Waipapa's crown has to be the new helipad on top of Tower A. It will dramatically reduce the time it takes for critically unwell patients to access life-saving treatment.

The Māia Health Foundation raised \$2 million for a bigger helipad than in the initial design. It is now large enough for two choppers and a clinical support unit to provide immediate, life-saving measures on touchdown.



The large helipad allows for two helicopters to be on hand at the same time.

# In a nutshell

With a  
**BUILDING FOOTPRINT** of

**10,450m<sup>2</sup>**

Waipapa is the South Island's largest hospital building.



**3,000** ROOMS

The building is fitted with

**129 BASE ISOLATORS**



which brings it up to IL4 (Importance Level 4) standards, or 180 percent of building code. This is the highest level for a building designated as an essential facility that needs to be up and running after a disaster.

Spare a thought for the team working on the fittings, fixtures and equipment. Waipapa features:

**1,200**   
**PAPER TOWEL DISPENSERS**

**13**   
**LIFTS**

**157**   
**CEILING TRACK HOISTS**

**1,807**   
**SOAP DISPENSERS**

**428**   
**TOILETS**

**1,153**   
**HAND BASINS**





Around half our beds are single rooms with ensuites, better for patient comfort, privacy and for preventing the spread of infection.

## New thinking on ward layouts

The adult wards in Waipapa, *Christchurch Hospital, Hagley* feature a multi-bed layout with eight beds separated by sliding doors so each bed can be partitioned off from the others for privacy and to reduce noise. A staff station sits in the heart of each space, providing staff a clear view of all beds.

A unique angled position for the beds also increases privacy, while allowing patients to chat if they want to. Around half our beds are single rooms with ensuites, better for patient comfort, privacy and for preventing the spread of infection.

Our children's rooms all have built-in parent beds, provided by donations to the Māia Health Foundation so that parents and caregivers can stay overnight with their tamariki if they need to.



The new Linear Multi Bed bays are unique to Waipapa and provide staff a clear line of sight over patients while at the same time increasing privacy for our patients.



Parent beds in our Children's Ward can accommodate parents and caregivers who need to stay – and Matatiki curtains mark the space as a child-centred space.

# We're all COVID-19 experts now – but here are some things you didn't know

## CANTERBURY HEALTH LABORATORIES: BEHIND THE SCENES WITH THE REAL CURVE CRUSHERS

Laboratory staff are the very definition of a “behind the scenes” team and for that reason, don't often get public recognition. But when they hear the call to “Test, test, test”, the sleeves go up at Canterbury Health Laboratories (CHL) and the gears go up a notch or two.

Kirsten Beynon, General Manager at CHL, says the work is challenging, interesting and demands a flexible attitude and a readiness to adapt quickly.

“Staff are proud to be part of a well-oiled machine that plays a vital role in our country's COVID-19 response, and there is a real sense of achievement in doing something proactively for the health of New Zealanders.”

As a key component of the national testing strategy, CHL can receive samples from anywhere in New Zealand. CHL was the first routine diagnostic laboratory to be ready to process COVID-19 tests and that is something the scientists are particularly proud of.

Testing at CHL during the first wave of COVID-19 infections hit a peak of 1000 tests per day. But the second wave saw much larger testing volumes, with over 4000 results reported in a single day.



▲ COVID-19 testing at Canterbury Health Laboratories. ▼

By early September they had clocked up 100,000 test results and celebrated briefly with a cake, aptly covered with – hundreds and thousands. Only a month later they have already exceeded 120,000 tests processed.

To assume that all CHL does is COVID-19 tests is a bit like saying a top chef just boils eggs. If you have ever had bloods taken or pretty much any other test requested in the hospital or in general practice, there is a very good chance that CHL processed it and provided the results – from routine blood counts to highly specialised genetic tests.

“CHL is a tertiary lab, meaning that there is also a research and academic component to the lab that enables innovation to occur. For example, CHL's Virology team developed an in-house assay to test and show if COVID-19 is present.



This meant that CHL didn't need to rely on commercial assays alone, which, at a time of high global demand, meant that testing could continue while others were running low on supplies,” says Kirsten.

“CHL has the benefit of teams of scientists, clinicians and laboratory management working together, enabling forward thinking, encouraging research and the investigation of novel technologies.

“This team and their enthusiasm to do the right thing by the patient has made Canterbury Health Laboratories a frontrunner laboratory that prides itself on excellence and innovative thinking.”



**CHL was the first routine diagnostic laboratory to be ready to process COVID-19 tests and that is something the scientists are particularly proud of.**





'COVID-19' collaborative dental team.

## RESPONDING TO PEOPLE NEEDING URGENT DENTAL CARE DURING LOCKDOWN

The COVID-19 lockdown stopped many things, but not toothache, dental infections and accidents that damaged people's teeth.

Many dental treatments involve procedures that have an increased risk of spreading infectious diseases – so most general dentists had to close their doors during COVID-19 Alert Levels 3 and 4.

To help people who had dental emergencies, the Christchurch Hospital Dental Service, the Community Dental Service, and private dental practices in Canterbury, supported by the local branch of the New Zealand Dental Association (NZDA), joined forces to create an efficient process to assess, give advice and provide safe care.

In the space of one week an 0800 number was set up through the Community Dental Service call centre for people in Canterbury and on the West Coast with acute dental problems. The NZDA Canterbury branch provided a roster of

**“It was very reassuring for people to be able to speak on the phone to a dentist, particularly for elderly patients feeling isolated and anxious about leaving their homes.”**

members for treating adolescents who could work in the phone triaging and treatment teams.

The emergency dental system ran seven days a week from 30 March until 13 May when Alert Level 3 ended. In Christchurch, up to 118 calls were made to the 0800 number and the total number of calls during lockdown reached almost 2000 in a single day.

“Anyone with dental pain was able to get a free oral health consultation. We were very busy and had a lot of very grateful patients,” says Dental Specialist Juliet Gray.

“It was very reassuring for people to be able to speak on the phone to a dentist, particularly for elderly patients feeling isolated and anxious about leaving their homes.”

Some people were supported with pain relief and antibiotics. If the problem didn't resolve or couldn't

wait they were seen by either a dental practice or the Hospital Dental Service depending on their individual circumstances.

“Telehealth became a useful tool for the paediatric dental team who used it to assess children with pain and those on waitlists or due for recall appointments. Parents appreciated not having to bring their children out when there was an increased risk of exposure to COVID.”

Hospital, community and general dental practices coming together to provide free or subsidised dental treatment via a single point of access is unique in New Zealand, Juliet says.

“Many of the clinical pathways we developed for safe provision of dental triage and care were adopted locally and nationally, and being able to find a collaborative solution so quickly was an unexpected silver lining from the lockdown,” Juliet says.

# INFECTION PREVENTION AND CONTROL – gloved up and ready to go

**The Infection Prevention and Control (IP&C) Service are trained specialists with expertise in stopping the spread of infections. A handy superpower to have in these challenging times.**

As early as January, the team developed COVID-19 preparedness/ personal protective equipment (PPE) training resources and started delivering education sessions for staff.

As the pandemic unfolded and evolved, hundreds of emails and phone calls from across the Canterbury Health System flooded in, says IP&C Nursing Director Sarah Berger.

Working with their Professional Development Unit colleagues, the team rapidly made available online training on COVID-19, available to thousands of healthcare workers nationally, including ARA Institute of Canterbury students – and a range of other external groups were trained, such as land and air transport agencies.



**Common PPE items.**



**Superheroes wear masks appropriately.**

The team collaborated with a number of services, one of the most important being Supply and Procurement.

“This close working relationship supported strategic decision-making and enabled us to obtain critical stock items, especially PPE stock, cleaning and disinfection products and waste management supplies in a turbulent international supply environment,” Sarah says.

As directed by the Ministry of Health, the team undertook COVID-19 preparedness assessments of all aged residential care (ARCs) facilities and a range of disability service facilities across Canterbury. They also responded to outbreaks in residential care facilities.

“We also worked closely with Canterbury Health Laboratories who were fantastic. We’d ring them and say we’re coming to get the swabs we needed for testing and they’d have them ready for us right away,” says IP&C Clinical Nurse Specialist Jill Gerken.

Other work for the IP&C team included advising the Emergency

Coordination Centre and assisting Occupational Health with vulnerable staff assessments and Community and Public Health with contact tracing, as well as advice on establishing a COVID-19 Assessment Unit, community-based assessment centres, the staff testing clinic, and managed isolation hotels.

“Some days were emotionally-charged and we would go home after the shift tired but unable to sleep. The team used synchronised swimming training as a way of improving our team work and cohesion,” says Clinical Nurse Specialist Sacha McMillan.

Sarah says a positive spinoff of the pandemic is that hand hygiene improved dramatically and there were fewer hospital-acquired infections.

“Our message to our colleagues and to the public is that we’ve got your back. The IP&C Service is here to help – and after all this is over, we are looking forward to taking a nice long holiday,” Sarah says.

Aren’t we all!





Encouraging people to look after themselves and those around them is a key driver of Getting Through Together, which is what makes Maggie's story so special.

Maggie Wyse

## Looking after mental health and wellbeing through the pandemic

**When the global pandemic reached our shores, Canterbury's All Right? wellbeing campaign and the Mental Health Foundation teamed up to support New Zealanders to get through the COVID-19 outbreak – together.**

The resulting Getting Through Together campaign set out to share what people were doing to feel good, what they were finding tough, and provide tips and tricks on how to get through the uncertainty of the pandemic.

All Right? Mental Health Strategist Ciaran Fox says the campaign was about encouraging people to think about how they were feeling, and what they could do to look after themselves and each other.

"When the pandemic hit earlier this year, there was a lot for people to take in. Jobs were under threat, there was the fear of being sick and most of us were being asked to stay at home. It was unfamiliar territory for all of us, and it was crucial we moved swiftly to give people the tools they needed to get themselves – and those around them – through in the best possible way."

Fox says that the campaign's messages, such as *'aroha from afar'* and *'distance, not distant'* seemed to resonate with New Zealanders everywhere.

"Over the past 10 years Cantabrians have learned a lot about looking after their mental health. COVID-19's arrival meant that for the first time, the All Right? campaign's messages were supporting people nationwide. It was a real privilege, and slightly daunting, to share some of what we've learned with communities all over the country," says Ciaran.

As part of Getting Through Together, All Right? has been creating and sharing real life stories of Kiwis doing life during the pandemic.

"As much as the pandemic has caused great upheaval and sadness, it has brought about beautiful, kind and touching moments. The incredible stories on our website have allowed us to shine a light on Kiwis doing wonderful things," says Ciaran.

There is the story of the Wellington reverend supporting seafarers stuck at sea, the Kiwi Dad doing things tough in Melbourne with his family, and the newlyweds who overcame the pandemic, cancelled flights and countless Partnership Visa rejections to be together.

Encouraging people to look after themselves and those around them is a key driver of Getting Through Together, which is what makes Maggie's story so special.

Maggie Wyse, 79, who lives in a retirement home in Christchurch, did everything she could to help look after her fellow residents and keep up their spirits during their endless weeks spent in isolation. Maggie, who also lived through the polio pandemic in Scotland, offered her sewing and hairdressing services to her fellow residents. She even lent her device out to anyone that needed to connect with family online, while they remained in lockdown.

Such simple actions kept people better connected and made life more enjoyable for those around her.

Visit [www.mentalhealth.org.nz](http://www.mentalhealth.org.nz) – Looking after mental health and wellbeing through COVID-19 for more information and tips.

**“It’s really exciting to also be able to demonstrate significant reductions in the DHB’s carbon footprint and we haven’t stopped yet.”**



**The woody biomass storage area at Burwood Hospital.**

## **We are one of New Zealand’s top carbon-reducers in 2020**

**Canterbury DHB achieved a 15 percent reduction in emissions in the four years to 2018/19, gaining third place on the leaderboard of Top 10 Carbon Reducers as released by Toitū Envirocare. The list looks at a broad mix of public sector and commercial industries.**

Further savings are in the pipeline with new energy centres for Christchurch and Ashburton hospitals that will eliminate our coal use altogether, which accounts for around 50 per cent of our emissions – by the end of 2021.

Globally, healthcare systems are responsible for about five percent of the world’s carbon footprint. Because it is a ‘waste’ product from the forestry industry, using woody biomass in the energy centre at Burwood Hospital reduces that footprint.

Being able to document our contribution to carbon reduction with Toitū Envirocare demonstrates our commitment to transparency

in this area, says Public Health Physician Anna Stevenson.

“It’s really exciting to also be able to demonstrate significant reductions in the DHB’s carbon footprint and we haven’t stopped yet.”

“Toitū is honoured to support the exceptional leadership of your organisation,” says Toitū Chief Executive Becky Lloyd.

“We provide the tools and evidence, but it’s the mahi of our collective that deserves celebration.”

Collectively, 2020’s Te Rōpū Kōkiri (the group that leads a cause) has avoided 55,979 tonnes of carbon

dioxide equivalents going into the atmosphere. That’s the same as taking 33,000 cars off congested urban streets for a year.

Becky says the diversity of this year’s Top 10 reiterates that carbon reduction is achievable for everyone, no matter the unique circumstances of their industry or footprint.

Toitū Envirocare, formerly Enviro-Mark Solutions, is owned by Manaaki Whenua Landcare Research, a Crown Research Institute, provides support to help organisations set and achieve science-based emissions reduction targets.



**Explaining how a 4mW biomass boiler works.**



# Helping people understand medication in any language

**A young Riccarton pharmacist is helping his local Cantonese and Mandarin speaking community understand their medications and take them properly.**

Aston from Remedy Pharmacy in Riccarton sees a diverse range of people from different ethnicities and age groups come through the door.

Originally from Hong Kong, he moved to New Zealand when he was five years old with his family. He speaks both Cantonese and Mandarin.

"When some people come into the pharmacy and English is not their first language, you can see the relief on their face when you start speaking to them in their language," says Aston.

Take this scenario, where the Canterbury Community Pharmacy Group referred an older Chinese man who speaks Cantonese to Aston for a Medicines Use Review.

A Medicines Use Review is a one-on-one session between a pharmacist and patient to look at their medications and makes sure the

patient knows what they are taking and why. They discuss when and how they take their medicines. They also talk about diet and lifestyle. It can be completed in a pharmacy or their home.

"Being able to do this review in the person's own language and not having to use a translator helps build a good relationship with the patient."

Aston went to the patient's home, which gave him the opportunity to learn more about his living environment.

"He brought out two big bags of medication, which were in a real

**"The medication labels were all in English, which he couldn't understand, so there was a definite language barrier."**

mess and some medicines had been put back into the wrong packaging. In some cases he was taking the wrong amount and he didn't know what many of them were for."

Remedy Pharmacy offered to organise his medication into sachets and print the name of the medications with the time and date they should be taken, all in the appropriate language. This is a free service for eligible patients.

"The patient was thankful and appreciative for the Medicines Use Review and for Aston's help. Like many others, he didn't know about the service."

The patient has now been put onto a Long Term Conditions Service, which is designed for people with long-term illnesses who need ongoing support with their medicines.

"The patient seems to be doing better and walked in to pick up his last prescription, which was great to see. It's also helpful to have a close relationship with Doctors on Riccarton who are next door to the pharmacy and have a high proportion of Chinese patients. If we have any questions about a patient's prescription, it's easy to check."

"This is a rewarding part of the job for me. This is why we are here as community pharmacists – to educate and to offer people so much more than just filling a prescription for them."

Aston encourages other pharmacists who speak different languages to let the Canterbury Community Pharmacy Group know, so non-English speaking patients can be referred to them.



Aston from Remedy Pharmacy in Riccarton.

# OUR MASKED HERO ON THE FRONTLINE

**If there is one thing Suzy the security guard enjoys doing, it's making people laugh.**

For 12 hours each day, Suzy stands or sits in position at the entrance to an exercise area in one of Christchurch's Managed Isolation Facilities (MIF).

"I get the privilege of spending my days with our guests," says Suzy.

"I love being able to make people smile and laugh. And to know that at the end of it, they're safe, they've kept us safe and they've done us and New Zealand a huge service."

Dressed in required PPE, she greets all the returning New Zealanders at the hotel. She is the person many guests will see each day when they want to get moving outdoors.

"They're not just room numbers," says Suzy.

"I treat people like I would like to be treated. I learn their names and then I can establish a connection. I ask questions, find out little things about them. It's just about showing an interest and caring."

Suzy hasn't always been a security guard. After she was made redundant from her hardware store job during the pandemic, she was asked if she would be interested in security work. She then got posted to the MIF. She's now making a difference in the lives of all those returning Kiwis as a "masked hero".

All Right? first learnt about Suzy, when Max and Kara Phillips shared their love story. Kara recalled the advice she had received from "Suzy the security guard" on day two of her stay in the MIF.

"She asked me 'how often is it that you don't have to think about work for two weeks'. She told me to give myself permission to rest and to surrender to it," says Kara.

It's this message that has been resonating with all those guests lucky



enough to meet Suzy – the humble and kind security guard.

"I've been giving it out a lot. I ask them 'how many times in your life do you sit down when you're so busy and say you would love to have a week where you don't have to do anything'."

"This time in isolation is a chance to have that long shower, that bubble bath and read that book you've always wanted to read."

It's advice Suzy is also learning to give herself, as a "working mum and wife".

"I've been told I don't know how to stop. So I've said it to myself. We don't know how to self care anymore – it has gone out the window and

there's all this stress everywhere. Yet you need to look after yourself before you can look after others."

Suzy hears the stories of many of our returning New Zealanders and is all too aware of the stressful situations many have come from or are preparing to face.

"It has been hard hearing those stories – and there have been times when you just want to give someone a hug. I really feel for these people who are going through so much and I can't do much for them. But if I can make them smile or laugh, then that's something."

Suzy has noticed that many people are apprehensive about isolating initially, because of what they've read or seen in the mainstream media but their feelings change as they move through their quarantine.

"It's that unknown of what to expect."

Suzy enjoys going through the experience with each guest – even counting down and getting excited for all those that complete their quarantine.

"The only downfall is once they leave the hotel we never know how they get on. I wish everyone well and all the best once they leave, as that is the end of my chapter in their lives."

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CANTERBURY  
AGAINST MEASLES**

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# How we measure up

Canterbury DHB strives to ensure our services are safe, integrated, focused on evidence-based best practice, and are responsive to consumer needs. This section aims to provide readers with a picture of how well our Health System is meeting Canterbury's health needs. It also reinforces our vision of an integrated Canterbury Health System by showcasing what we are doing well, outlines what we have learned, and signals our future plans. It also demonstrates our commitment to high-quality healthcare and explains how we monitor quality and safety.



# Improving system performance through the System Level Measures

**The System Level Measures are one of the national outcomes frameworks developed to recognise and strengthen integration across the health system and measure system performance.**

Six measures were set: Ambulatory Sensitive Hospitalisation (ASH) rates, acute hospital bed days, patient experience of care, amenable mortality, youth access to health services, and babies in smokefree homes.

Canterbury DHB then identified local priorities and activities that would positively influence performance against the System Level Measures in the coming year.

While the System Level Measures only capture a small part of what is necessary and important to our community's health, they provide a focus for collective action across our health system. The 2018/19 Improvement Plan, championed by the Canterbury Clinical Network alliance, highlights the commitments made by us and our partners and can be found on our website.

1. **Amenable mortality:** The aim of this measure is to reduce avoidable causes of death

for people under 75 years of age. A review of these causes indicates that a number of medical conditions contributing to Canterbury's amenable mortality rate are influenced by lifestyle choices, including activity levels, nutrition and smoking. Our focus is to assist people to better manage their own health outcomes, improve quality of life and reduce mortality.

2. **Youth access:** In Canterbury, youth access to health services is focused on those in high school (up to 17 years old) using DHB-funded dental services. The proportion of our younger population using this service has changed little over the past 10 years, and Canterbury sits below the national average. We are working with young people to better understand how we can make services more youth-friendly and accessible.
3. **Babies in smokefree homes:** We aim to increase these numbers to ensure the best start to life. While Canterbury has higher rates of babies in smokefree homes than the national average, Canterbury's results for Māori and Pasifika are lower than the Canterbury Total Population. To address the

ethnic variation between Māori and Pasifika people and the Total Population, our priority will be on strengthening referral pathways into our smoking cessation programmes.

4. **ASH rates:** Our focus through monitoring this measure is to improve equity through initiative aimed at reducing the gap between the rates for our Pacific Peoples and the Total Population. In Canterbury, Pacific Peoples have a high ASH rate compared to other ethnicities.
5. **Acute hospital bed days:** Our aim is to reduce the number of acute hospital bed days while ensuring those who need to be in hospital still receive the optimum level of services. Stroke and other cerebrovascular disorders are higher in Canterbury than other parts of New Zealand, and are the largest contributors to Canterbury's acute hospital bed day rate.
6. **Patient experience of care** is a marker of how well a health system is working overall. Our priority is to use information from the inpatient and primary care patient experience surveys to drive quality improvements.





## How we've performed over the past year:

June 2020 System Level Measure targets	How did we do?	
<b>Babies in smokefree homes</b> Increase the number of infants living in smokefree homes and reduce the equity gap for Māori and Pacific Peoples babies.	Despite the milestone being achieved, an equity gap for Māori and Pacific still exists. The aim is to improve Māori rates from 0.84 to 0.85 and for Pacific Peoples from 0.71 to 0.75.	✓
<b>Youth access to services</b> Increase utilisation of oral health service to 63% of adolescents (Year 9 to 17 years of age) using DHB funded dental services.	63% of adolescents from Year 9 to 17 years utilised the DHB-funded dental service.* <i>* 2019 latest data from Ministry of Health.</i>	✓
<b>Amenable mortality</b> Maintain a downward trend, achieving an amenable mortality rate of 83 per 100,000 people by June 2019.	Canterbury's rate in 2016 was 75.3 per 100,000*. <i>* Ministry of Health publishes data yearly with a delay of 3 years.</i>	✓
<b>ASH rates for 0 - 4 year olds</b> Reduce the average ratio (Total rate: Pacific) over four years between the Total Population and Pacific People ASH rates for 0 - 4 year olds to 1:2.00 or less.	The four-year average ratio as at March 2020 was 1:2.12 (Total rate: Pacific), which is the same as last year.  Performance improvement initiatives have been impacted by COVID-19 response and funding constraints. The initiatives focus on dental care for children 0 to 2 years old, and meeting the need of the children of Pacific Peoples.	↻
<b>Acute hospital bed days</b> Reduce Canterbury's Acute Bed Day rate to 280 days per 1,000 population, or fewer.	Canterbury's acute bed day rate was 283 bed days per 1000 population Year to March 2020.  Overall across all ethnic groups a reduction of rate was achieved, comparing the latest data against the previous year.  <i>Note: Latest data from Ministry of Health is published after a 3 months delay.</i>	↻
<b>Patient experience of care</b> Maintaining the inpatient survey results by June 2020.  Improved score for communications about medications experience within primary care: "Were you told what to do if you experienced side effects?" Aim: Average 12 months score improved from 6.8/10 to 6.9/10 or more. "Were the possible side effects of the medication explained in a way you could understand?" Aim: Average 12 months score from 7.5/10 to 7.6/10 or more. "Were you told what could happen if you didn't take the medication, in a way you could understand?" Aim: Average 12 month score from 7.5/10 to 7.6/10 or more.	The milestone – to maintain inpatient survey results was achieved.  Two out of the 3 milestones for communications about medication experience were achieved, based on the most recent survey results (November 2019).  Being told what to do if experienced side effects communication achieved average of 6.9/10.  Being told of the possible side-effects of the medication achieved average of 7.6/10.  Being told what could happen if medications were not taken – average response rate was 7.5/10.	↻

# Your Experience Matters to Us – Patient Experience Survey



The Patient Experience Survey asks for feedback from patients 15 years and older who recently spent time as inpatients in our hospitals, or have had an outpatient appointment. The Canterbury Health System is measured on its performance in relation to the patient experience of care.

Understanding how a patient experiences healthcare gives us valuable insight into where we can do better and provides opportunities to celebrate our success and do more of what we are already doing well.

The survey focuses on four areas: the quality of communication experienced, whether the patient

felt involved in decisions about their care (partnership), coordination of care and how well physical and emotional needs were met on a scale from 1 to 10.

Surveys are emailed or sent by text message via a link to patients who have been in hospital. They are asked to respond to a range of

questions about their healthcare experience – next time you receive healthcare, you may like to check your email address is up to date so that you can have your say.

Our goal for 2021 is to increase the number of patients completing the Patient Experience Survey and to improve the patient experience in relation to communication around medications.

## Patient Experience Survey results

### Communication



	2019/20	2018/19	2017/18	2016/17	2015/16
Primary care	8.3*	8.5	8.4	8.5	8.5
Hospital care	8.5	8.4	8.6	8.6	8.6

### Partnership



	2019/20	2018/19	2017/18	2016/17	2015/16
Primary care	7.7*	7.6	7.6	7.7	7.6
Hospital care	8.5	8.6	8.6	8.6	8.6

### Coordination



	2019/20	2018/19	2017/18	2016/17	2015/16
Primary care	8.4*	8.5	8.4	8.7	8.6
Hospital care	8.5	8.4	8.5	8.6	8.5

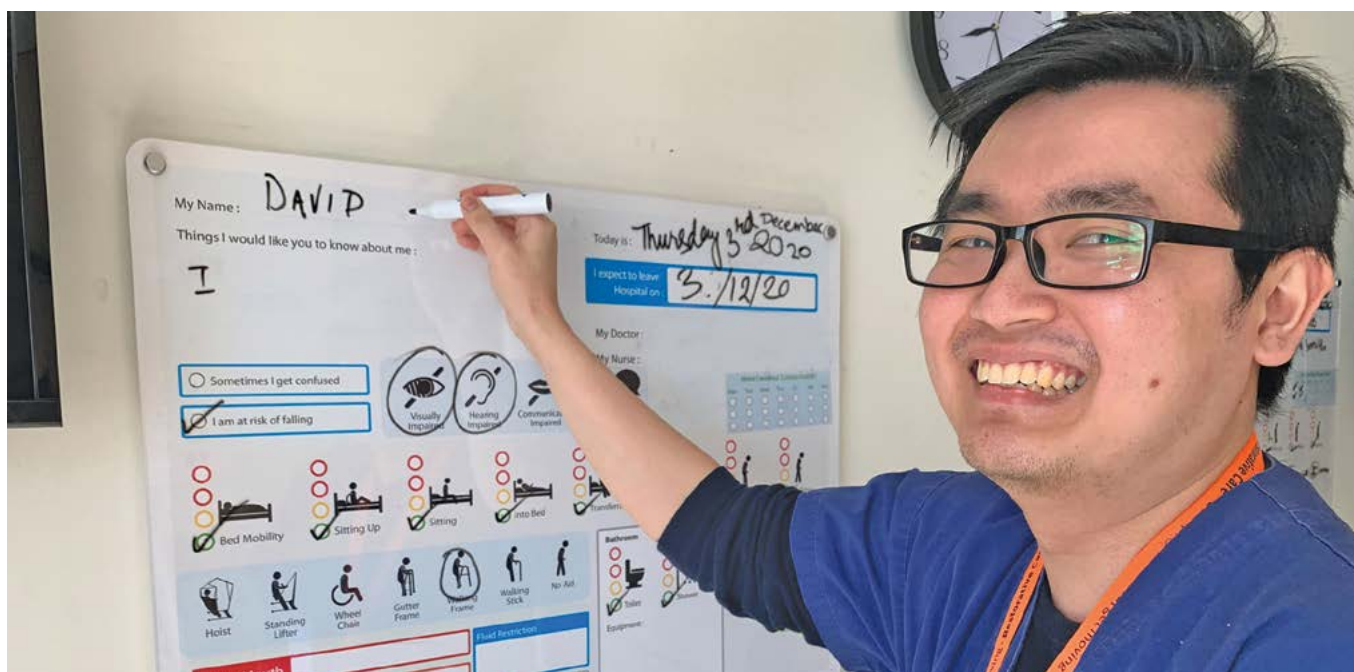
### Physical & emotional needs



	2019/20	2018/19	2017/18	2016/17	2015/16
Primary care	8.4*	7.8	7.8	8.0	8.0
Hospital care	8.6	8.7	8.8	8.8	8.8

\* is July 2019 to December 2020.





# Quality and Safety Markers

**Health Quality and Safety Markers are designed to track progress to help us improve healthcare and reduce patient harm. Areas of work include reduction of falls and surgical site infections, safe surgery, improved hand hygiene, medication reconciliation and the deteriorating patient.**

The markers measure healthcare processes and outcomes, and the thresholds have been set by the Health Quality & Safety Commission's (HQSC) expert advisory groups. HQSC has updated the **Dashboard of health system** quality that brings the range of measures together in one place. Below are some of the key Canterbury DHB improvement initiatives linked to the markers and designed to improve patient outcomes include the following:

## Falls Prevention

Canterbury has a 'whole-of-system approach' to falls prevention, which

aims to reduce harm from falls through initiatives to reduce them. We are committed to achieving zero harm, as falls can have both a detrimental physical and psychological effect. Older people who fall are more likely to lose confidence and independence, are at greater risk of falling again, and may stay in hospital longer.

Our safe mobility and fall prevention strategies focus on the three key areas:

- 1 falls prevention in the wider community
- 2 falls prevention in aged care facilities; and
- 3 falls prevention while receiving care in our hospitals.

### *In the community and rest homes*

Falls Prevention is still a key focus for the health of older persons. In 2019/2020 1852 people aged 75+ were identified as at risk of a fall and have benefited from the Canterbury Community Falls Prevention Programme. The number of referrals received this year

has been impacted by COVID 19. The Falls & Fracture Service Level Alliance, established in October 2017 to enhance and improve the falls and fragility fracture prevention work in Canterbury has concluded its 3 year work plan. ongoing governance is now under the Older Persons Workstream.

By the end of June 2020 11,785 places had been filled in community-based strength and balance classes aimed at further decreasing older persons' risk of a fall. Under COVID Alert Level 3 and 4, Sport Canterbury supported accredited providers to offer exercise opportunities to their participants and 21 of the 40 accredited providers delivered online content during this period. Since we have been at Alert Level 2 and below, Sport Canterbury has re-engaged with some of the community groups who support culturally and linguistically diverse populations within Christchurch.

### *In our hospitals*

From a total of 2,143 inpatient falls across all our hospital facilities,

a quarter of patients (544) were injured. There has been a reduction from 1.54 to 1.45 falls resulting in injury per 1000 inpatient bed days compared to the 18/19 year.

Of the fall events, 40 patient injuries were confirmed as resulting in a fracture or head injury (classified as serious harm) in the 2019/20 year. Each serious harm fall has an independent file review to determine contributory factors and identify if there are any care management issues that could be improved upon. These reviews are moderated by a multidisciplinary review panel and recommendations are made as required.

There continues to be a focus on safe mobility, identifying risk factors and tailoring falls prevention interventions to meet the needs of individual patients while they are in hospital, and at home. There is an ongoing focus of patients using appropriate footwear in hospital and bringing in their own walking aids which they are used to.

Partnering with the patient/whānau and empowering them to stay safe while in hospital continues to be an important part of our hospital falls prevention strategy. This includes discussions around the patient's

potential risk of falling and prevention interventions as well as providing them with educational material.

Improvement activities include standardising process and practice, such as the use of visual aids to indicate a patient's safe mobility level (e.g. wrist bracelet) and bedside safe mobility plans for all inpatients. Bedside handover and the use of Bedside Boards are examples of encouraging and enabling opportunities for patients and their whānau.

## ARE WE DOING THINGS RIGHT?

**Canterbury DHB has consistently achieved the HQSC 90 percent target for patients aged 75+ (or 55+ for Māori and Pacific Peoples) who received a falls risk assessment over time, with the quarterly range in the 1 July 2019 to 30 June 2020 year being 92 to 97 percent. The quarterly results for patients at risk, but with an individualised care plan ranged from 96 to 98 percent for the same period.**

## Pressure injury prevention

Pressure injuries (PI) [also known as pressure ulcers or bed sores] can occur if care is not tailored to the person's risk factors. PI's are mainly considered as a needed preventable adverse event. These injuries usually effect 'bony' parts of the body and are due to sustained pressure or from shear and/or friction.

Canterbury DHB is committed to ensuring all steps are taken to prevent pressure injuries developing while people are in our care. We have also been proactive in the community by implementing multi-pronged strategies to prevent pressure injuries.

### *In our facilities*

In 2019/2020 we treated 120,074 patients, using 374,338 bed days. A total of 706 hospital acquired pressure injuries were reported across our facilities. Of these Pressure Injuries, 292 were stage 1 (reddened area), 381 were stage 2 with partial loss of the top of the skin (dermis), and 31 were confirmed as a stage 3, 4, unstageable or deep tissue pressure injury. Each hospital acquired pressure injury stage 3 or greater has an independent file review to determine contributory factors and to identify if there were any care management problems. These reviews are moderated by a multidisciplinary expert Review Panel which includes a consumer, and recommendations were made.

### *Improvements across the Canterbury Health System*

Canterbury DHB is continuing to work closely with ACC to strengthen best practice across the health community through the implementation of a system-wide Pressure Injury Prevention (PIP) Community of Practice which includes both Canterbury and West Coast DHBs.





## IT TAKES A TEAM TO PREVENT A PRESSURE INJURY



**S**KIN CHECKS  
**S**UPPORT SURFACES  
**K**EEP MOVING  
**I**NCONTINENCE & MOISTURE  
**N**UTRITION

The one-year PIP Link Nurse training programme was celebrated in December 2019 with a pressure Injury showcase. Nurses working in a variety of settings were trained to teach, promote, monitor/undertake surveillance, and support improvement processes with colleagues to deliver best practices in the prevention, assessment and the management of pressure injuries. The Link Nurse Programme also taught quality improvement methods that applied to pressure injury prevention. Over 30 nurses from both Canterbury DHB and the West Coast DHB, aged care and hospital systems participated.

The Canterbury and West Coast Pressure Injury Advisory Group meets regularly with the aim of improving clinical outcomes and standardising clinical best practice. This is achieved by producing clinical resources to use in practice across the sectors and both districts utilising an 'It takes a team' approach to pressure injury prevention.

Mattresses have been upgraded through a full mattress replacement programme. Mattresses are now able to be dual purpose. Pressure reduction can be achieved by adding a pump to the mattress. This means patients no longer have to wait for a pressure-relieving mattress or be transferred.

A video – **SSKIN and Positioning Education** was developed and has been shared with the Health Quality and Safety Commission.

The **PIPE (Pressure Injury Protein Energy) Diet** is being implemented across the facilities, led by the Medical Surgical Division who have introduced this diet for patients with PIs. This has been a joint project between Clinical Dietetics, the Canterbury and West Coast Pressure Injury Prevention Advisory Group, and WellFood.

### ARE WE DOING THINGS RIGHT?

**Canterbury DHB has consistently achieved above 90 percent for both HQSC process markers in the 1 July 2019 to 30 June 2020 year. The quarterly results for patients with a documented and current pressure injury assessment have ranged from 95 to 97 percent and quarterly results for at-risk patients with a documented and current individualised care plan ranged from 96 to 98 percent for the same period.**



## Hand hygiene

Worldwide, one in 10 patients get an avoidable healthcare-associated infection while receiving care – which can lead to disability, antibiotic resistance, an increased hospital stay, and in some cases, death. Canterbury DHB's Infection Prevention and Control team provides direction for staff on best practice, including hand hygiene, using an evidence-based approach which has proven benefits for quality of care and improving patient safety across all parts of the health system.

An infection spread by unclean hands can have a devastating impact on a patient and their family/whānau. This makes it vitally important for health care workers to practice good hand hygiene. In fact, good hand hygiene is one of the simplest, most effective ways to prevent the spread of healthcare associated infections, which makes it a key patient safety priority.

Effective hand hygiene by healthcare workers is therefore a core strategy in the prevention of healthcare-associated infections and recognised worldwide as the most useful strategy to prevent the spread of infection and has become more significant than ever in reducing the spread of COVID-19.

Canterbury DHB promotes good staff hand hygiene, either by washing with liquid soap or using alcohol-based hand rub, and has participated in the HQSC Hand Hygiene Programme since 2010.

**The hand hygiene patient information leaflet is available to the public on [www.healthinfo.org.nz](http://www.healthinfo.org.nz).**

The World Health Organization Hand Hygiene Day was observed on Tuesday 5 May. The theme for 2020 was “Clean Care is in your Hands” during the COVID-19 pandemic highlighted this vital easy intervention to reduce the opportunity for spread of infection.

The inpatient and outpatient surveys ask specific Hand Hygiene-related questions. Both ask “Did staff use hand sanitiser or wash their hands before they touched or examined

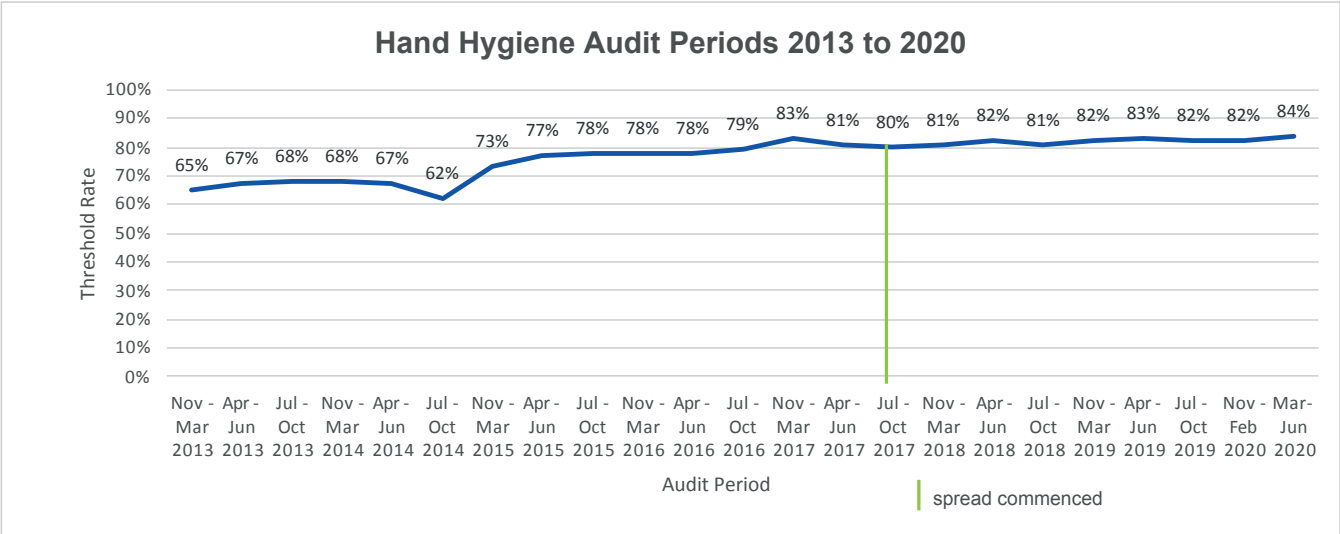
you?” Consumers feedback. Consumers also told us they could not clean their hands independently as they were unable to walk to a basin. This resulted in a different product trial being undertaken to see how this can be improved.

**Threshold**

The national target for health professionals carrying out hand hygiene at the right time is 80 percent.

ARE WE DOING THINGS RIGHT?

Canterbury DHB first passed the 80 percent Hand Hygiene target with 83.3 percent for the audit period finishing on 31 March 2017. This performance has been sustained, with the latest audit result of 84.1 percent for the period ending 30 June 2020 and 11 consecutive audit period results have achieved over 80 percent while spreading from 28 to



In response to the COVID-19 pandemic, the Health Quality & Safety Commission temporarily suspended the requirement for district health boards (DHBs) to report on manually collected quality and safety marker (QSM) measures from 23 March 2020 until 30 June 2020. The date for submitting data for all surgical site infection (SSI) process and outcome measures was also extended to 30 June 2020.

During this period, the HQSC continued to monitor and publish

outcome measures where data is obtained from the National Minimum Dataset (NMDs), for example, falls with a fractured neck of femur.

The measures published in the reports for the January–March and April–June 2020 quarters are:

- in-hospital falls causing fractured neck of femur
- risk-adjusted postoperative deep vein thrombosis/pulmonary embolism (DVT/PE) cases

- opioid-related harm for surgical episodes of care.

Canterbury DHB continued to collect Hand Hygiene moments during lock down, given the critical importance of hand hygiene throughout the COVID-19 Pandemic.

Canterbury DHB recommenced collecting data for all QSM measures from the 1 July and submitted it early November 2020.



## Safe Surgery

Canterbury DHB participates in the Safe Surgery NZ programme which aims to improve teamwork and communication by surgical teams through using a surgical safety checklist. Direct observational auditing is used to assess three surgical safety components:

- sign in (led by an anaesthetist before induction)
- time out (led by a surgeon after positioning and before skin incision)
- sign out (led by a nurse before patient leaves theatre).

### Threshold

A minimum of 50 observational audits per part (sign in, time out and sign out), per quarter are required.

### Outcome Measure

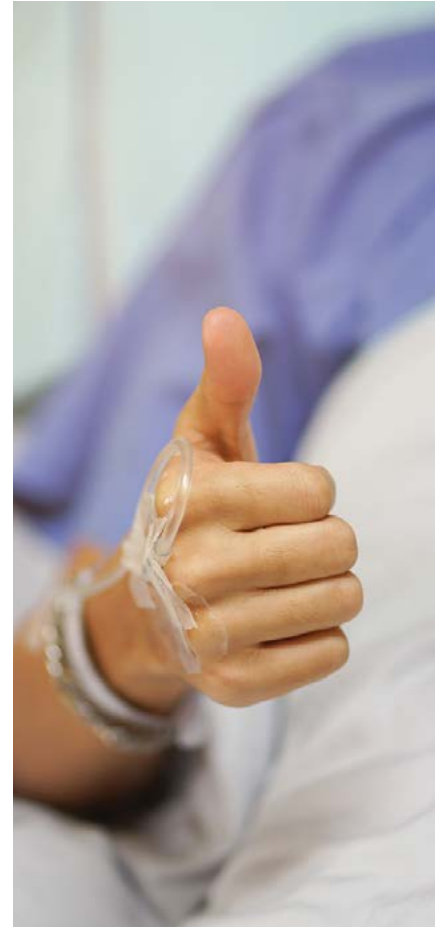
A clot in the leg ( Deep Vein Thrombosis, DVT) or lung (Pulmonary Embolism, PE) can be a complication of surgery.

## ARE WE DOING THINGS RIGHT?

**Canterbury DHB has met the threshold for 50 observational audits for all audit periods, and is one of 11 DHBs to achieve 50 audits in each checklist section.**

**The target for 100 percent uptake of observed operations, where the checklist has been completed, was met for Sign-In, and missed Time-Out by 2 percent and for Sign-Out by 1 percent.**

**The target is 95% for engagement and Canterbury DHB has achieved this for all three surgical safety components. Over the past 12 months improvements have been achieved, with ongoing results of improvements expected in**



## SIGN IN

Led by anaesthetist before induction (block or GA)

- 1. Team has confirmed:**
  - Correct patient
  - Correct procedure
  - Correct site / side
- 2. Allergies?**
- 3. Difficult airway?**
- 4. Group and screen or blood available?**
- 5. Special equipment available?**
  - Anaesthetic
  - Surgical
  - Other

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## TIME OUT

Led by surgeon after positioning and before skin incision

- 1. Team members introduced by name and role.**
- 2. Team has reconfirmed:**
  - Correct patient
  - Correct procedure
  - Correct site / side
- 3. Correct imaging displayed?**
- 4. Other drugs?**
  - Antibiotics
  - Other drugs, e.g. local anaesthetics, heparin
- 5. Intraoperative DVT prophylaxis?**
- 6. Concerns or anticipated critical events?**
  - Surgeon
  - Anaesthetist
  - Nurse
  - Other, e.g. perfusionist

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## SIGN OUT

Led by nurse before patient leaves theatre

- 1. Instrument, swab and needle counts are correct.**
- 2. Correct procedure/s recorded.**
- 3. Specimens correctly labelled / sent?**
- 4. Postoperative DVT prophylaxis?**
- 5. Equipment issues?**
- 6. Concerns for post-op management?**
  - Surgeon
  - Anaesthetist
  - Other

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## Are we doing things right?

Canterbury DHB	Sign in						Time Out						Sign Out					
	Baseline	Rolling	Q1, 2019	Q2, 2019	Q3, 2019	Q4, 2019	Baseline	Rolling	Q1, 2019	Q2, 2019	Q3, 2019	Q4, 2019	Baseline	Rolling	Q1, 2019	Q2, 2019	Q3, 2019	Q4, 2019
% audits <b>all components</b> reviewed (target 100%)	91	100	100	99	100	100	92	98	99	100	97	99	96	100	100	100	100	99
% audits with <b>engagement</b> scores of 5 or higher (target 95%)	88	100	98	100	100	100	76	99	97	96	100	99	65	93	91	88	96	95

**Key** ■ Target Achieved 100% ■ Between 75% & Target ■ Less than 75%

## Canterbury

Observations: number of observational audits carried out (target 50 per 3 months)

	Sign in	Time out	Sign out
Observed	125	158	94

Uptake: count and percentage of observed operations where checklist was completed (target 100%)

	Sign in	Time out	Sign out
Numerator	125	155	93
Uptake Rate	100%	98%	99%

Engagement: percentage of observed stages with scores of 5, 6 or 7 (target 95%)

	Sign in engage	Time out engage	Sign out engage
Engagement	100%	99%	95%

■ Target achieved ■ Lower group: <75%  
■ Middle group: between 75% and target ■ Fewer than 50 observations

DVT/PE cases per quarter - risk-adjustment model



## Surgical Site Infection Prevention Programme

A surgical site infection is an infection of a surgical wound following surgery. Some infections are minor and only skin-deep, others can be deeper – even involving organs or implanted material, such as a prosthesis used in joint replacements.

The Health Quality and Safety Commission continues its focus on reducing surgical site infections following orthopaedic hip and knee replacement surgeries, and cardiac surgeries. The recommendation is that the correct dose and type of antibiotic is given within a set timeframe prior to the surgical procedure (0 – 60 minutes before 'knife to skin') to help prevent infection. Canterbury DHB participates in this national programme, achieving rates comparable with other DHBs in both cardiac and orthopaedic procedures.



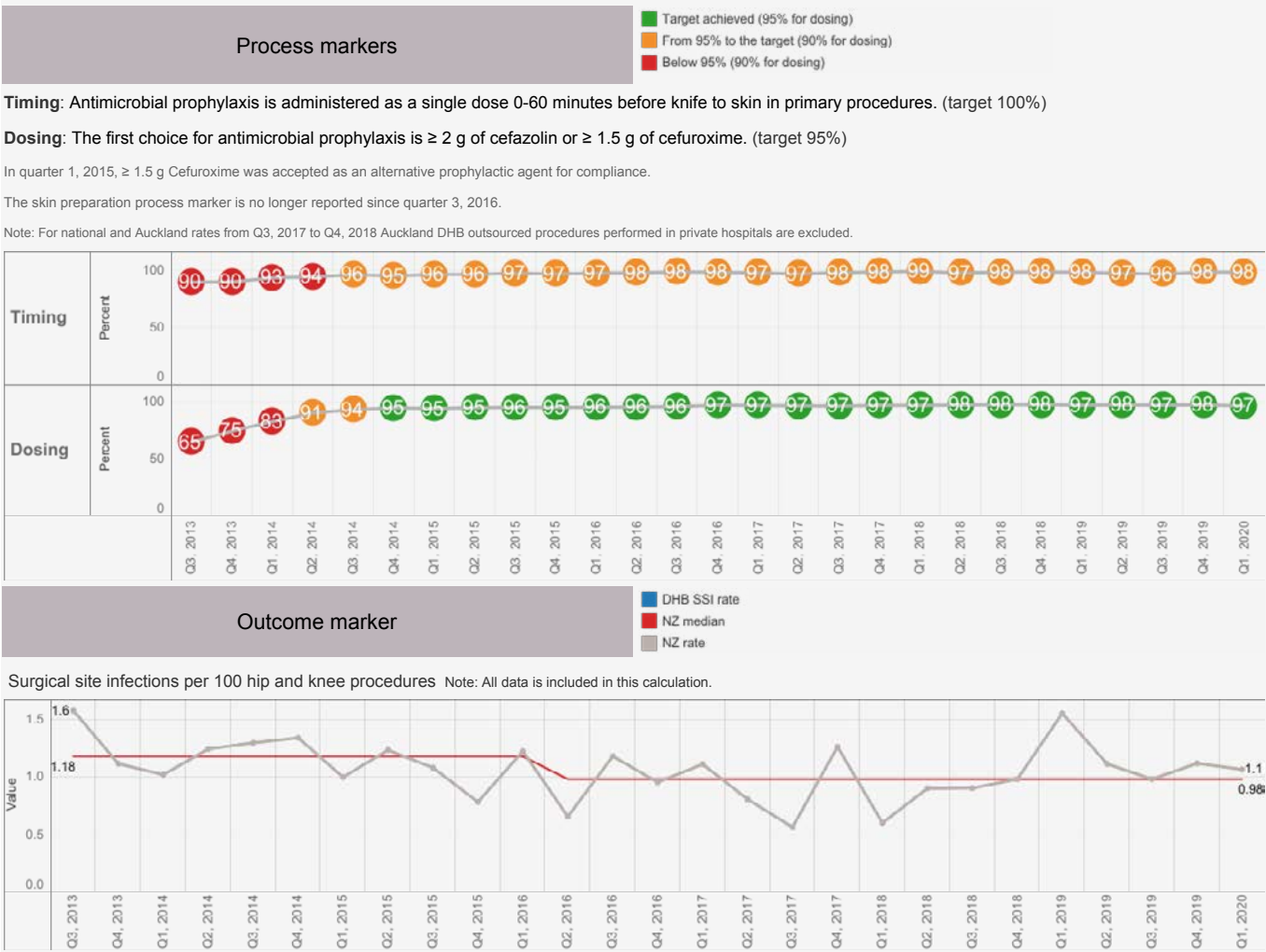
Threshold

For orthopaedic hip and knee replacements, the following thresholds have been set by the HQSC:

- 100 percent of primary hip and knee replacement patients will receive the appropriate antibiotics 0 – 60 minutes before incision.
- 95 percent of hip and knee replacement patients will receive 1.5g or more of cefazolin or 1.5g or more cefuroxime as a prophylactic antibiotic before surgery.

ARE WE DOING THINGS RIGHT?

In the last quarter of 2019 (October to December), 96 percent of hip and knee arthroplasty procedures involved giving an antibiotic within 60 minutes before incision. For 2020, that figure was 99 percent for quarter 1, 90 percent for quarter 2, 87 percent for quarter 3 and 96 percent for quarter 4. Greater than 95 percent of procedures in all four quarters of 2020 received the right antibiotic and right dose. Canterbury DHB was one of 19 DHBs that achieved this national goal.



In **cardiac** surgeries the current thresholds are:

- 100 percent of cardiac procedure patients will receive the appropriate antibiotics 0 – 60 minutes before incision.
- 95 percent of cardiac adult patients will receive the prophylaxis antibiotic of choice (cefazolin >2g).
- 100 percent of cardiac procedures will receive alcohol-based skin antisepsis.

## ARE WE DOING THINGS RIGHT?

In quarter of 2019 (October to December), in 98 percent of cardiac surgeries the antibiotic was given no more than 60 minutes before incision, missing the target by 2 percent. The antibiotic of choice (cefazolin) was given 98 percent of the time. Canterbury DHB met the skin antisepsis marker 100 percent of the time through the use of an alcohol-based skin preparation.



### Process markers

- Target achieved (95% for dosing)
- From 95% to the target (90% for dosing)

**Timing:** Antimicrobial prophylaxis is administered as a single dose 0-60 minutes before knife to skin. (target 100%)

**Dosing:** The first choice for antimicrobial prophylaxis is  $\geq 2$  g of cefazolin. (target 95%)

**Skin preparation:** Alcohol based skin antisepsis is always used. (target 100%)

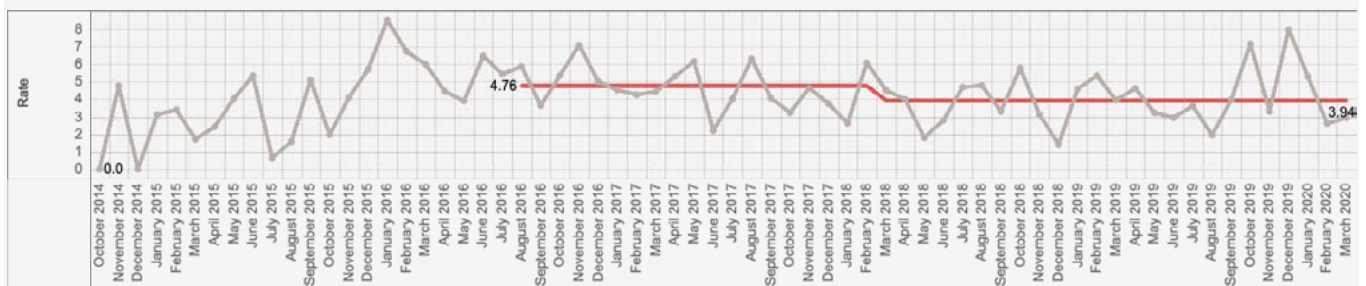
In quarter 3, 2016, all five DHBs started submitting data.



### Outcome marker

- DHB SSI rate
- NZ rate
- NZ median

Surgical site infections per 100 cardiac procedures





## Medicine reconciliation

Medicine reconciliation is defined as obtaining the most accurate list of patient medicines, allergies and adverse drug reactions and comparing this with the prescribed medicines and documented allergies and adverse drug reactions (including allergy). Any discrepancies are then documented and reconciled. The information is then used during the patient's time in care.

An accurate medicines list can be reviewed to check the medicines are appropriate and safe. Medicines that should be continued, stopped or temporarily stopped can be documented on the list.

Reconciliation reduces the risk of medicines being:

- omitted
- prescribed at the wrong dose
- prescribed to a patient who is allergic
- prescribed when they have the potential to interact with other prescribed medicines.

The introduction of electronic medicine reconciliation (eMedRec) allows reconciliation to be done more routinely, including at discharge.

Canterbury DHB is one of six DHBs that has implemented eMedRec, and 100 percent of eligible wards have implemented eMedRec. At this stage Northland and Taranaki DHB hospitals are reporting process markers as further work is being undertaken on refining and agreeing the eMedRec marker definitions with the HQSC. Once these definitions are finalised, Canterbury DHB will work on processes to enable reporting of the process markers.

## Safe Use of Opioids

Opioid medicines (morphine, oxycodone, fentanyl, methadone, tramadol, codeine) are high-risk medicines which are excellent at controlling pain but have several unintended side-effects (e.g., nausea, vomiting, constipation, urinary retention). Opioids can also cause serious harm when given in high doses, or to individuals who are at higher risk (e.g., opioid-induced ventilatory impairment [OIVI] and arrest).

Opioids are a leading contributor of health care associated harm in New Zealand, which ranges from patients experiencing mild distress, to substantial patient harm and increased costs to hospital services.

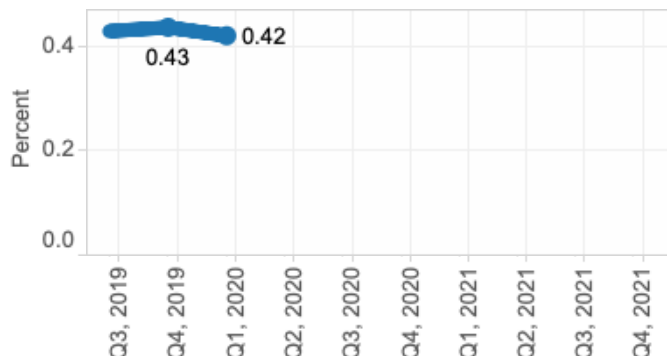
The HQSC introduced two process measures and a balancing measure against which Canterbury DHB has not yet reported. An electronic process for providing the data for the balancing and process markers was developed and tested. This highlighted that the sedation scores, bowel monitoring and pain score are not well documented in the electronic system. A staff education plan for surgical wards and ward level reports are being developed to help improve this documentation.

The percentage of surgical admission episodes with opioid-related harm for Canterbury DHB during the Jan-Mar 2020 quarter was 0.36 percent. The national figure for this measure was a rate of 0.42 percent. Canterbury DHB's opioid related harm categories continue to be reported as opioid induced constipation and nausea/vomiting (sourced from national minimum dataset).

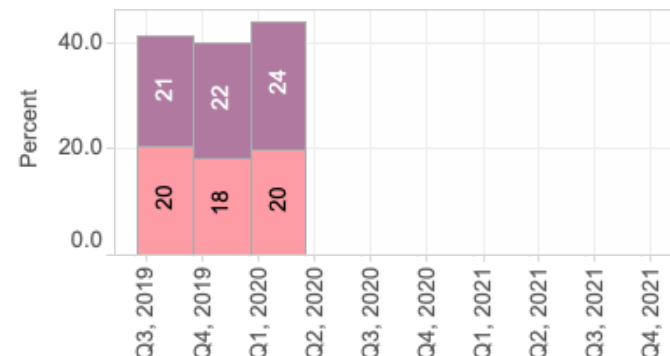


## Opioids outcome measures - Percent

Opioid related harm for surgical episodes of care



Composition of opioid harm diagnoses



### What is an episode of care?

- The admission surgical episode of care is a continuous stay in hospital. Events are joined up if they overlap.

### How we identify harm.

- Opioid related harm is identified if there is the external cause code 'Y450' during the admission surgical episode of care.

- We identify harm using

'R11' = Nausea and vomiting,  
'K590' = Constipation,  
'J80' = Adult respiratory distress syndrome,  
'R400', 'F050', 'F051', 'F058', 'F059', 'I950', 'I951', 'I952', 'I958',  
'R21', 'G471' for other harms related to opioid use.

### Harm Diagnosis

■ % of OIC (opioid induced constipation)  
■ % of OINV (opioid induced nausea and vomiting)  
■ % of OIVI (opioid induced ventilatory impairment)

Proportions do not always add up to 100%.

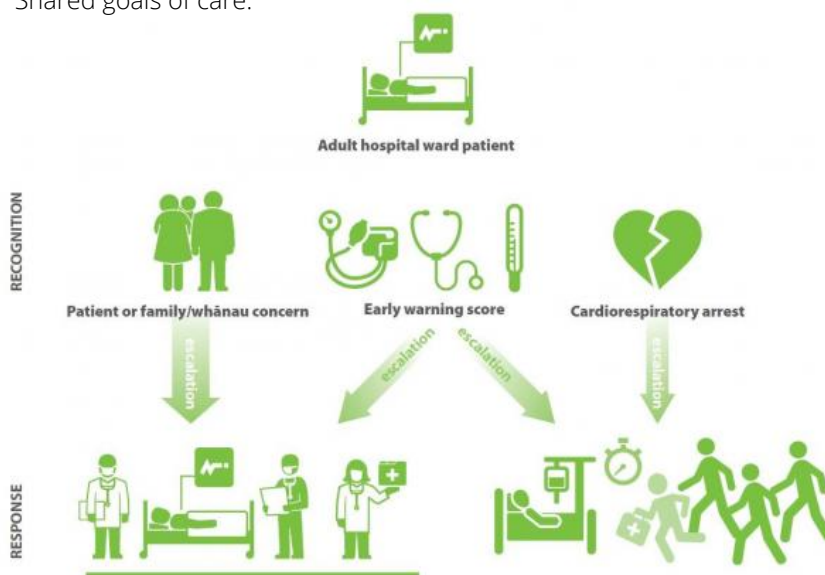
- This is the percentage of admissions which have the selected harm diagnosis. Multiple harms can be diagnosed, so the total of the proportions does not necessarily equal to 100%. We only display the three main harms of interest; OIC, OINV and OIVI.

## Deteriorating Patient Programme

Acute deterioration can happen at any point during a patient's admission to hospital. Many patients show signs and symptoms of physiological instability for some time before events such as cardiac arrest or unplanned admission to an intensive care unit (ICU). This means there are opportunities to intervene and prevent these events from occurring. HQSC has introduced a five-year national Patient Deterioration Programme that aims to reduce harm from failures to recognise or respond to acute physical deterioration among adult inpatients.

The programme consists of three workstreams:

- Recognition and response systems
- Kōrero mai – patient, family and whānau escalation
- Shared goals of care.





### Recognition and response systems

Canterbury DHB introduced the NZ Early Warning Score (NZEWS) across all of our adult inpatient services (excluding Maternity) in September 2017. At the time, Canterbury was the only DHB to introduce this as part of an electronic vital signs and assessments platform. The NZEWS is a track and trigger system that adds up and scores a set of vital signs within the defined parameters. The result of this score is visible to clinicians who use set pathways to respond in a timely manner.

The benefits of the electronic platform include:

- The NZEWS always being correctly totalled and accurately charted.

- Being visible remotely.
- Better collection of data for quality improvement and governance.

In the past 12 months, the data allowed large quality improvement study to be undertaken, aimed at improving response times to the NZEWS. This work and resultant changes have been agreed to by the HQSC. These changes have been in place since May 2019 and we are currently monitoring them to ensure the benefits are being realised.

Canterbury DHB has been testing the national Newborn Early Warning Score, and also adopted the national Maternity Early Warning Score in November 2019.

### Threshold

The Quality and Safety markers are:

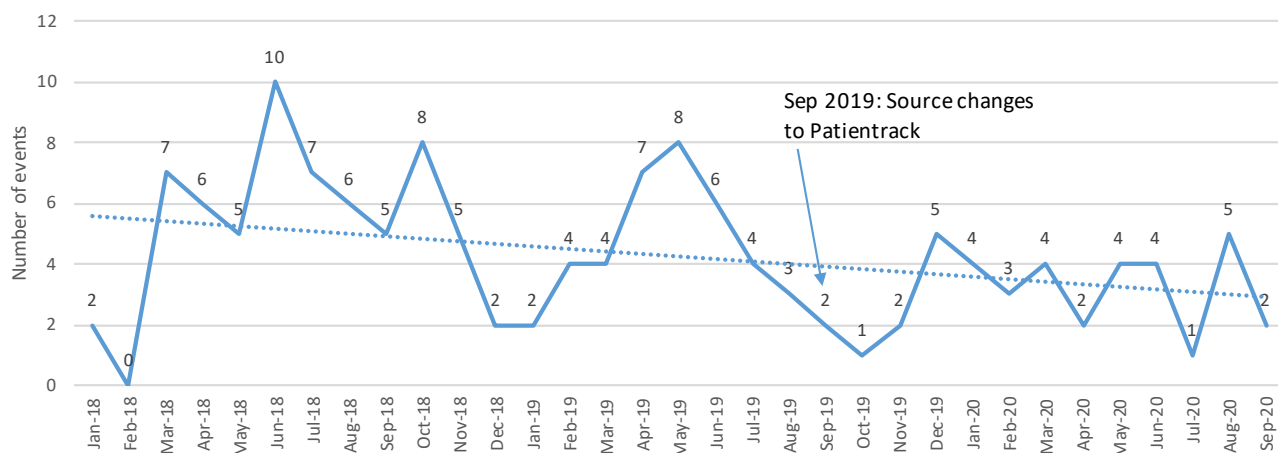
- 1 the spread across the hospitals – 100 percent
- 2 the percentage of early warning scores added up correctly – 100 percent
- 3 the percentage of patients requiring an escalation response within the correct timeframes – 100 percent
- 4 the number of cardiac arrests in hospital – no threshold
- 5 the number of rapid response calls in the hospitals – no threshold.



### ARE WE DOING THINGS RIGHT?

Canterbury DHB has an electronic observation system in use across all hospital facilities (100 percent, meeting the threshold for marker 1) of which the NZEWS is an integral part. Every day, 3500 sets of vitals are completed and 100 percent are added up correctly (meeting the threshold for marker 2). On average, 220 sets of observations are scored as red or blue and require escalation. In the Jan-March 2020 audit, 89 percent of the patients that triggered an escalation to red or blue response pathways, received the appropriate response in the timeframes required by the pathway, and had a documented medical plan.

The number of in hospital cardio pulmonary arrests in adult inpatient wards at CDHB



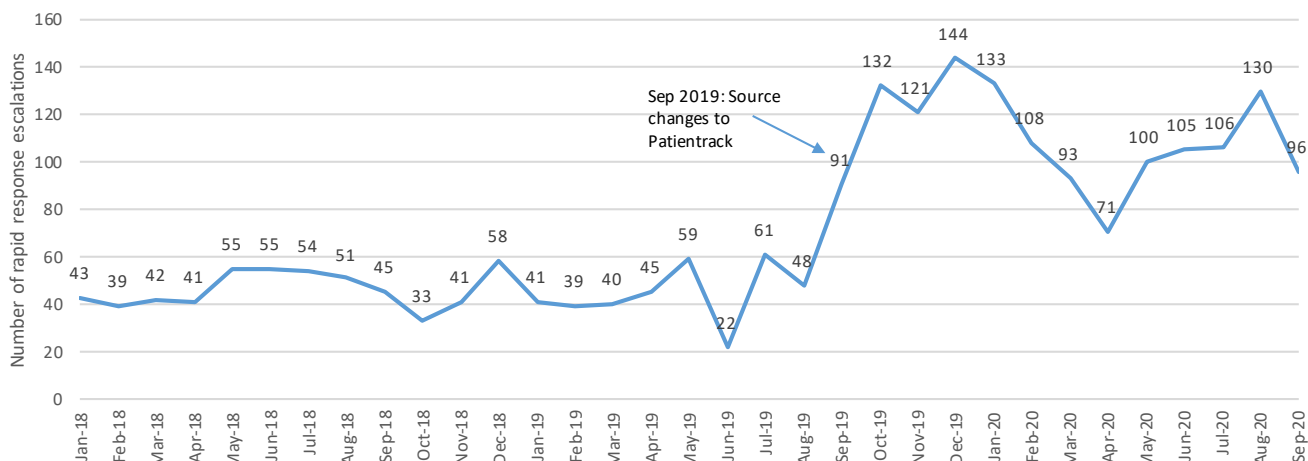
Following the changes to the NZEWS (single red triggers have been moved to the orange zone), a baseline clinical audit showed that often the appropriate planning and response did not happen until the person became unwell. The first six months of 2020 have been spent developing education, documentation and local audit protocols to ensure that the Yellow and Orange Zones are being responded to appropriately. This was re-audited in September 2020 to measure these ongoing quality

improvements, but the results were not yet available at the time this document was published.

For marker 4, the number of in-hospital cardio pulmonary arrests in adult inpatient wards, units or departments has continued to reduce steadily since the NZEWS was introduced. This will not be due solely to the NZEWS, as there are other initiatives that will be contributing to this improvement. Marker 5 is the number of rapid

response escalations that involve our Intensive care outreach team. As part of the NZEWS working group quality improvement, the Intensive Care Outreach clinical noting was transitioned into the same digital platform used for the vital signs observations and NZEWS scoring. This has vastly improved our ability to capture the true ICU Outreach activity – previously this could only be captured by clinical note audit or coding.

Total rapid response escalations in the month for CDHB



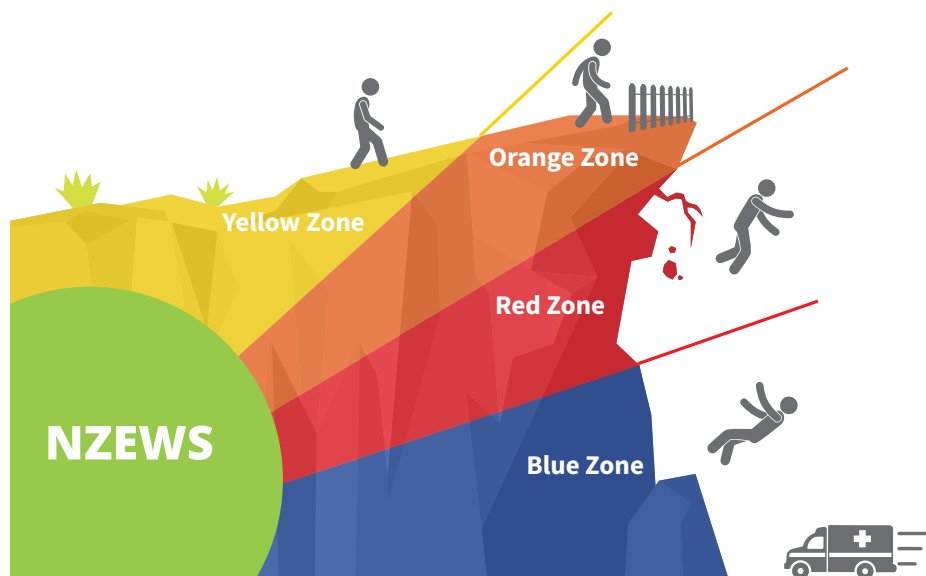


## ARE WE DOING THINGS RIGHT?

In 2020 the focus of the NZEWS working group has been to review changes and human factors alongside the data from audit and electronic systems. Continuing review, systems improvement and re-review allows us to continuously improve our process and improve our care of our adult inpatient population. Concentrating on EARLY recognition and appropriate planning allows Canterbury DHB to move away from reacting to the deteriorating patient, to proactive planning in partnership with the person.

### *Kōrero mai – patient, family and whānau escalation*

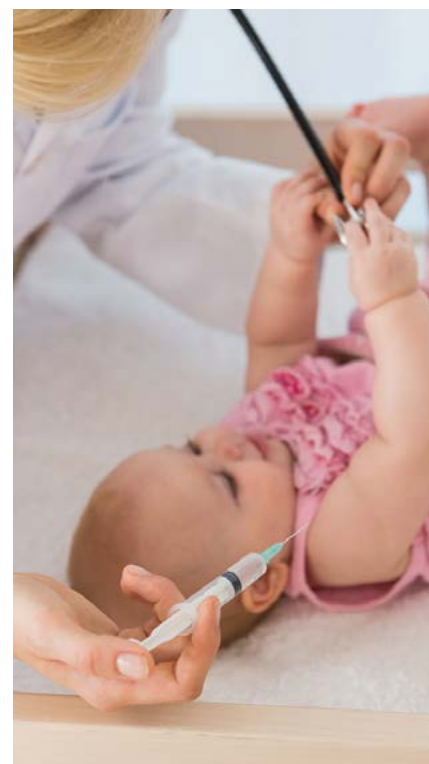
Patients and whānau often recognise subtle signs of deterioration, even if vital signs are normal. The purpose of the HQSC-led Kōrero Mai (Talk to Me) was to co-design a patient, family and whānau communication process to enable staff to establish whether family and whānau were concerned about a person's care. We found that, through working with families and whānau in paediatrics, asking them if they had any questions did not open up a conversation about concerns. So, families are now asked proactively if they have any questions or any concerns. We also provide them with information on how to get help if the situation is not resolved for them.



By showing we act on these concerns, discussing patients' preferences for care early, and encouraging shared decisions around care, we can improve communication, resulting in better experiences and more appropriate responses to acute deterioration. The focus this year has been on implementing the Kōrero Mai process in all paediatric wards and planning is underway to understand how this process would work in our adult population.

### *Shared Goals of Care*

This work stream is to ensure that the patient's goals are established and reflected in the care documented in the clinical record. Shared Goals-of-Care plans were introduced at Burwood Hospital in August 2020 and plans are underway for a phased introduction to the wider Canterbury DHB.



# What's next?

Some of the planned improvement projects include:

## The Always Know Who to Contact project

Not having the right contact person on record has resulted in challenging situations whereby clinical staff have not been able to contact the key person when a patient is deteriorating. Consumers answering the patient experience survey during the last quarter told us that while 5.9 percent of patients said they do not want family involved in discussion about their care, 48.2 percent of patients reported that staff always involved family and whānau in discussions about care.

Our information system is being updated to capture the universal terminology of nominated contact to replace and standardise existing language which varies across the system – such as Next of Kin, Emergency Contact, Key Contact, Preferred Contact.

When under our care consumers are asked to nominate two contact people, ideally from different households, who are in the best position to support the patient during a hospital stay. This role might support personal needs while admitted, keep other family/whānau members up to date, or assist in coordinating discharge arrangements and ongoing care.

## Consumer engagement

Canterbury DHB was one of four pilot sites to develop a Quality and Safety marker designed to measure how effectively DHBs are involving and responding to consumers in organisational service development and improvement.

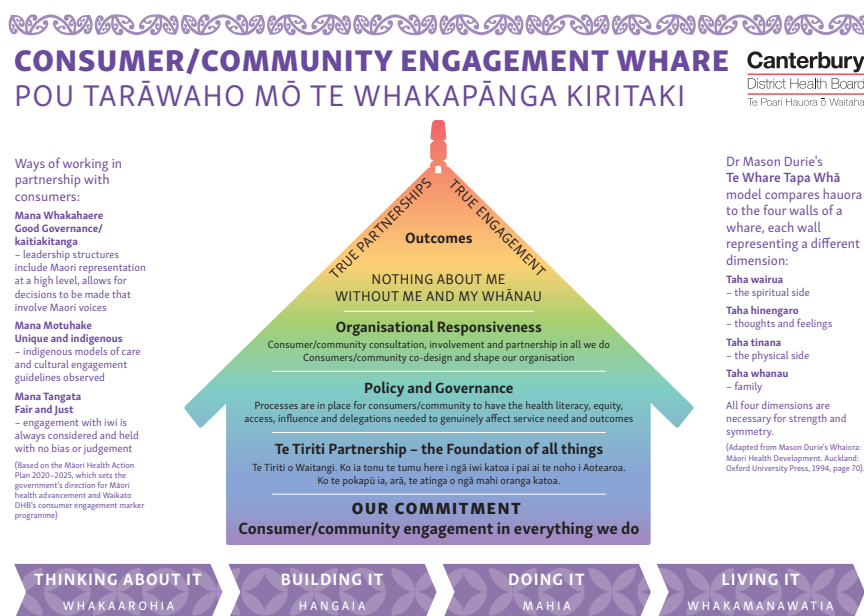
The new HQSC consumer engagement marker is being introduced as part of the 2020/2021 annual plan. The goal is to model what successful engagement looks like, and how consumer engagement improves the quality and safety of services for our consumers and their communities.

The Canterbury Health System is being asked to report twice yearly on how consumer engagement takes place across the organisation and to self-assess organisational maturity with respect to consumer engagement. The HQSC has 4 possible ratings – minimal, consultation,

involvement and partnership & shared leadership. To support rating examples, Canterbury DHB is required to upload evidence which will be publicly available. The first evidence is expected in March 2021.

During the pilot phase there was strong consumer feedback on the complexity of the HQSC framework and how it would work. A visual communication tool – a Whare, was developed with consumer, Māori and Pacific Peoples input. The Whare captures the building blocks of the Consumer Engagement Framework and the maturity journey as shown across the bottom of the graphic below. Its walls represent the different dimensions of hauora for our consumers and their communities, with our ways of working based on the Māori Health Action Plan.

The overall message for our organisation is 'nothing about me without me and my whānau'.







## Sundried tomato and olive risotto

**Serves 5-6 | Vegan-friendly option**

50ml olive oil	1 bay leaf
200g diced onion	50g sliced capsicum
75g diced celery	50g sundried tomatoes
75g diced leek	50g sliced olives
1 litre vegetable stock	20g parmesan or vegan parmesan cheese
1 tbsp crushed garlic	2 tbsp of chopped parsley
400g arborio rice	Salt and pepper to taste.
1 tsp Italian herbs	

1. Heat up stock in a pot, bring to boil and set aside
2. In a medium heated pot, soften onions, celery and leek in the olive oil, stir for 5 minutes or until translucent and soft
3. Add and soften garlic
4. Add arborio rice and cook the ingredients for one minute
5. Add a ladle full of stock at a time and stir until absorbed. Add more stock until rice is cooked
6. Add olives and sundried tomatoes
7. Add parmesan cheese (or vegan parmesan), salt and pepper to taste and stir through chopped parsley
8. Serve immediately.



We welcome your feedback. Email [communications@cdhb.health.nz](mailto:communications@cdhb.health.nz)

Or write to: Communications team, Canterbury District Health Board,  
PO Box 1600, Christchurch 8041.

[www.cdhb.health.nz](http://www.cdhb.health.nz)

## Urgent after-hours care

**Call your General Practice team first.**

For health advice after hours, call your own General Practice team. A nurse is available to provide free health advice after hours.

If you need urgent care, you can use the services below.

### 24 HOUR SURGERY

**401 Madras Street – open every day**

Tel: 03 365 7777

[www.24hoursurgery.co.nz](http://www.24hoursurgery.co.nz)

- Urgent accident and medical care.
- Specialist-led fracture service (X-ray and plaster service on-site).
- Five-bed observation unit with an attached whānau room.
- Free treatment for under-14s who are eligible for publicly-funded health services.
- Sports injuries.

### MOORHOUSE MEDICAL

**3 Pilgrim Place**

**– open 8am to 8pm every day**

Tel: 03 365 7900

[www.moorhousemedical.co.nz](http://www.moorhousemedical.co.nz)

- Free ACC wound care for everyone (no surcharge).
- X-rays and fracture clinic on-site.
- Free treatment for under-14s who are eligible for publicly-funded health services.
- Minor surgery, sexual health, traveller's health and immigration medicals.
- Pharmacy open until 8pm daily.

### RICCARTON CLINIC

**4 Yaldhurst Road**

**– open 8am to 8pm every day**

Tel: 03 343 3661

[www.riccartonclinic.co.nz](http://www.riccartonclinic.co.nz)

- Resuscitation room, plaster room, minor surgery room, treatment and triage rooms along with general practice consulting rooms.
- Specialist travel doctor and nurses.
- Free treatment for under-14s who are eligible for publicly-funded health services.
- X-rays, physiotherapy, optometry and podiatry also on-site.

**Emergency mental health services  
– 24 hours, every day**

Freephone: 0800 920 092

**In an emergency, call 111.**

**Free counselling 24/7, call or text 1737.**

# Christchurch Hospital's Emergency Department is moving

The new ED opens 7.30am on 18 November 2020.



The new Emergency Department is on the ground floor of Waipapa, *Christchurch Hospital, Hagley* and is open from 7.30am on Wednesday 18 November 2020.

**The entrance to the new Emergency Department is to the left of Christchurch Women's Hospital off Riccarton Avenue.**

Visit [cdhb.health.nz/Waipapa](https://cdhb.health.nz/Waipapa) for more information, including a map of the hospital campus.

[newzealand.govt.nz](https://newzealand.govt.nz)

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