



Planning progressing for facilities on the remainder of the Christchurch Campus and on the Hillmorton Campus

The detailed business case and programme business case for the remainder of the Christchurch Hospital Campus were formally submitted and presented to both the Hospitals Redevelopment Partnership Group and the Capital Investment Committee last week, following a presentation to Canterbury DHB Board members the previous week.

The business cases reflect the significant input from the Clinical Leaders Group, and many clinicians and services right across the DHB. Teams have worked closely with EY and other consultants, including health planners,

engineers, quantity surveyors, as well as the Ministry of Health. The business cases also cover the remainder of the significant earthquake repair programme of works that are still to be completed and, in many cases, were started following the February 2011 quakes. The Christchurch Campus business case reflects one of the most complex programmes ever to be undertaken in New Zealand and is intended to build on the soon-to-be-completed Christchurch Hospital Hagley.

Due to the fact that we can't stop providing health services while our facilities redevelopments take place we will be



Artist's impression – subject to change – shows the exterior of the planned new Integrated Family Service Centre to be built on the Hillmorton Campus. The building will provide inpatient facilities for mothers and babies, eating disorders and children and family (CAF). Outpatient services for mothers and babies, eating disorders will also be provided

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living with decants and disruption for some years to come. The end result, however, will be well worth the wait.

The business cases have now been submitted and will be assessed in the context of the national capital allocation for health.

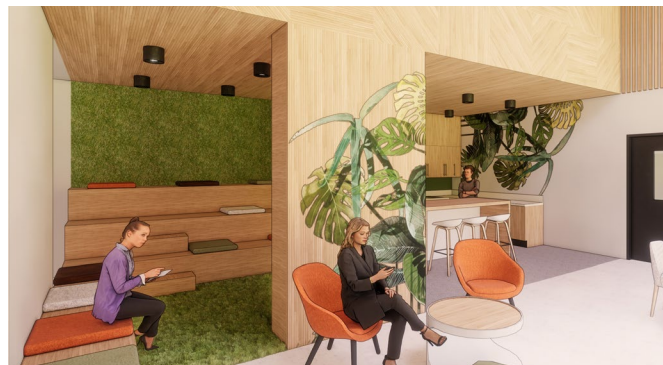
Across at the Hillmorton Campus the preliminary design for new facilities for the Mothers and Babies, Eating Disorders,



Artist's impression – subject to change – shows a draft interior design of the planned living/dining/kitchen area in the Child Adolescent and Family service

Child and Youth, and High and Complex Care services has now been signed off by the Facilities Governance Group, Clinical Leaders Group and the Hospitals Development Partnership Group. The project remains on track to be delivered by end of 2022.

Here are some of the artist's impressions of the new facilities to be built on the Hillmorton Campus for some of our Specialist Mental Health Services.



Artist's impression – subject to change – shows a draft interior design of the planned living/dining/kitchen area in the Child Adolescent and Family service

Reaching staff in an emergency

Following the mosque attacks in March this year it became crystal clear to us that sending global emails to all staff wasn't an effective way of reaching all staff – particularly those who are working in the community.

The need to rapidly alert staff when action needs to be taken was a frequent suggestion following the mosque attacks. This can be achieved using a mass text alert and our Emergency Planning team is working with ISG to set this up. This alert will initially go to all Canterbury DHB-issued cell phones. These should be registered through the online phone directory.

If you have a Canterbury DHB-issued cell phone, please check and update your details by **Friday 13 December**:

- › Go to PRISM (the intranet) and open 'Phone Book'

- › Search your name in the phone directory
- › Check your mobile number is correct
- › If it's not, select 'update my details' in the top right corner of the page

Contacts Contact List | **Update My Details** | Help

Search: Full Name Contains Search Reset

Select a contact to view detailed information.

Request New Contact Update My Details Text Direct Export to PDF Export to XLS Export to RTF Export to CSV

Display Name	Extension	External (DDI)	Mobile	Title	Department	Email Address
2nd line	33489				Takahe	
A T & R	31712	3392712			AT&R Inpatient Services	
A T & R Mainphone	31710	3392710			AT&R Inpatient Services	
A T & R O/T Office	33794				AT&R Inpatient Services	
A T & R O/T Room	33797				AT&R Inpatient Services	
A T & R Office	33791				AT&R Inpatient Services	

- › Follow the log-in instructions and change/add or delete your cell phone number
- › Amend any other details you wish to
- › Make sure you click 'update' when you are finished.

The plan is to send a 'test' message out before the end of this year.

The second stage of this work will be to give staff the option of registering personal phones for the alert but this won't happen until the best process to maintain confidentiality of registered details is confirmed.

If you have any questions around this please email Emergency Planning Service Manager [Megan Gibbs](#).

Please note:

- › This alert is a Canterbury DHB alert to employees. It is not a Civil Defence emergency mobile alert (EMA) and will not replace that.
- › This process will be used for emergencies only and when the Executive Management Team decide staff need information urgently.
- › As not all staff carry Canterbury DHB cell phones it's expected that those receiving a text will ensure their colleagues are made aware of the alert.
- › It will not replace any other methods of communication already in place.

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

David Meates
CEO Canterbury District Health Board

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

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



Bouquets

Tony Harley, Community Alcohol and Drug Service, Hillmorton campus

I met with Psychiatry Registrar Tony Harley and he has really helped me with my mental health and moving forward.

Ward AG, Burwood Hospital

Without the wonderful friendly staff of AG, I wouldn't be the 'me' that I was meant to be. It's just so great. They always greet me with love and affection. Thank you all.

Neurosurgery and Ward 28, Christchurch Hospital

I am very grateful to my surgeon, Claudio de Tommasi, who I found very professional, explained things well and for his kindness and genuine concern. He is clearly a very skilled and proficient surgeon and came up with a solution in my first operation when things were different to what he was expecting. Thank you also to his registrar, Justin, for all he did in the operation and being there at 2am when I presented in the Emergency Department. He did thorough tests on me, which resulted in surgery in the next few hours. I trust them both 100 percent and I am very lucky and grateful to have had them work on me. All the staff in Ward 28 were wonderful, caring and kind. I feel so lucky to have had access to the incredible care I received.

Emergency Department, Christchurch Hospital

My husband was in the Emergency Department today and we would like to say thank you to the amazing and caring team who helped look after us both.

Ward 19, Christchurch Hospital

I would like to thank the staff of Ward 19 for their amazing care of me during my stay after a traumatic scooter injury... I had no friends or family in Christchurch so was alone for a week. The care of the staff in Ward 19 made all the difference to my state of mind and recovery. Thank you all for being there for me at a vulnerable time in my life. Keep doing what you're doing, knowing that it really does make a difference in people's lives every day. Thank you to Ward Clerk Shirley for going above and beyond to get me back home to Auckland, I will be forever grateful! And to those running Christchurch Hospital, I hope you value and appreciate these men and women and all that they do with limited resources. The equipment and wards are old and run down, but they do their best every day, despite their many challenges. They are true heroes in my book. Kia kaha and much aroha to each and every one of you.

Eye Service, Christchurch Women's Hospital Ward 11, Christchurch Hospital

We would like to sincerely thank Christchurch Hospital's Eye Service, Christchurch Women's Hospital and

Ward 11 for looking after my father, who is three months from his 91st birthday. We travelled by car from Nelson, with my 87-year-old mum, for eye surgery for my father, a traumatic trip for them both. The staff were all so amazing. We didn't get all the names but especially want to thank Dr Lam, Adam, Julie, and Pip, for caring so well for my dad.

Surgical Assessment and Review Area, Ward 11, Emergency Department and Surgery, Christchurch Hospital

I just want to thank all the surgeons, nurses, doctors, orderlies, anyone who helped with my operation and recovery. I found everyone so friendly and willing to help in any way they could. I especially want to say a special thank you to the orderly who was super kind and gave my two children a special present. They really appreciated his kindness. Thank you all.

Gastroenterology Clinic, Christchurch Hospital

I had a colonoscopy last Friday. I have worked in many hospitals in New Zealand and Australia as a project manager and a process re-engineer and would change nothing about what the Gastroenterology Clinic did on the day. The timing was perfect and the care after the procedure was exceptional.

Hillmorton Hospital

I want to say how happy I am with my case worker Deb. She is wonderful to me. Of course Rebecca too. Means a lot.



Let's get ready to move

Christchurch Hospital Hagley

Update No: 29

The move to Christchurch Hospital Hagley will bring with it many new ways of working. Over the coming weeks, we'll be looking at some of the main changes. Many of these are included in the [healthLearn](#) module, which all staff are expected to complete before migration begins.

Access to Christchurch Hospital Hagley

With the handover of the building now delayed, access to Christchurch Hospital Hagley remains as it has been to date – controlled and managed via Facilities Development Project (FDP).

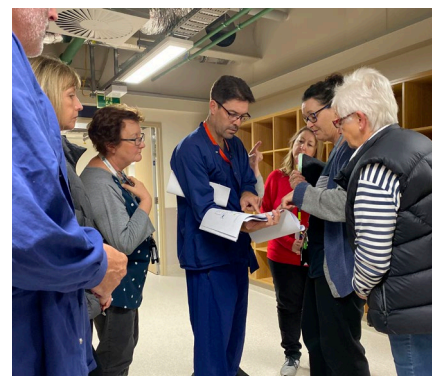
Tours

Comprehensive orientation tours have been put on hold, replaced by shorter planning/familiarisation sessions. These will allow staff limited access to the building to check routes and access and plan for the new ways of working.

Canterbury DHB does not own the building and it is still an active construction site. Given the tour numbers are higher than the available FDP team members, trainers are

currently being inducted to be able to lead these tours.

These trainers will be expected to manage and control the tours, including undertaking responsibility for any damage to the building and their group's health and safety. They will also need to be able to quickly and efficiently evacuate the tour members in case of an emergency.



Members of the Perioperative team check their floor plans and get their bearings during a familiarisation tour last week. A dispensation was sought from the contractors for the tour, given the large size of the group

Access

Please note, all access still needs to be requested via the FDP team, who then request access from the contractor. This is a requirement from the Ministry of Health and the construction companies involved. Trainers will be

provided a security card for the tours, but this will be held by FDP and must be collected from and returned to the team before and after any site access.

The induction of trainers and increased tour numbers does not

equate to free and unfettered access. No entry will be permitted to any staff who have not been identified, named and permitted entry through the request process.

Personal Protective Equipment (PPE)

Full PPE is required for all visits unless a dispensation has been sought and approved. There are specific criteria for the dispensation, so unless you have been told otherwise, full PPE is required – long sleeves, pants, high-vis vest, gloves, glasses, hard hat and boots. A relaxation of the PPE

requirements is always the exception not the rule, and staff may have several visits with different requirements. Full PPE is always the expectation.

We are grateful to the Ministry of Health and the construction companies for allowing us to continue

with these tours. While some of the requirements for access can seem an inconvenience, we appreciate that it is at the discretion of both that we are allowed in at all. Please be respectful of the rules in place so our access may continue.

Stay in touch

Follow the [Facebook page](#) or email us at letsgetreadytomove@cdhb.health.nz.

Looking after yourself

Pauline Clark shares how she looks after herself

We all know how tricky it can be to implement self-care in the busyness of our day-to-day work.

So, Wellbeing, Health and Safety team has started asking the question: What do you do to Look After Yourself? We've asked some of our leaders to share what they do to look after themselves.

General Manager Christchurch Hospital Pauline Clark

What's something you do to boost your own wellbeing?

There's lots of little things I find I can do to boost my own wellbeing, depending on what the day has presented me! Every evening I take a moment to reflect on how I did, as believe me I'm not hitting the 100 percent mark, but I make a point each day of acknowledging my efforts... praising and inviting myself to consider a tweak for tomorrow that would aid in meeting my self-care objectives. Some additional things I find helpful are:

- > daily meditation practice
- > daily movement, for example, gym/ yoga/stretches/park walk
- > adequate hydration
- > clean/fresh/unprocessed food options
- > prioritising sleep
- > time with family and friends.

What are some of the challenges you experience when practising self-care?

Prioritising self-care is a tricky one, as in, being consistent in daily application of the above-mentioned practices. I like the analogy of putting on my own oxygen mask first, then looking at how I can help others, just as they suggest in air safety videos.

What's the biggest benefit you see that comes from looking after yourself/practicing self-care?

My ability to 'keep calm and carry on.' I feel better for being disciplined in investing in self-care practice and it ideally assists others to find their way when I am centred, measured, engaged, energised, consistent and reliable in their presence.

We all know life can get busy and the small but valuable things can fall short, so what's a quick self-care exercise or activity you practice when time's short?

Slaying ANTs (Automatic Negative Thoughts). Self-talk is positive, kind and encouraging. I also find daily appreciation/gratitude practice at the end of each day can be really useful. It's a great way to put the day to rest and approach tomorrow with a clear mind. At work I sometimes talk about 'catching people doing something good or great' so it's akin to that premise of helping others to recognise achievements within themselves.



General Manager Christchurch Hospital
Pauline Clark

On Behalf of the Committee

The Antimicrobial Stewardship Committee

To tie in with World Antibiotic Awareness Week, we introduce Sarah Metcalf, Chair of the Antimicrobial Stewardship Committee (AMSC).

New Zealand has high antibiotic use compared with many other countries, with around 95 percent of dispensed prescriptions occurring in the community.

Here in Canterbury, AMSC meets fortnightly to provide oversight of and guidance around the best practice use of antimicrobial agents in our facilities. This means using antimicrobials only when clearly indicated, and in a way that is effective and minimises harm (the right antimicrobial at the right dose, route and duration). The committee has a focus on Christchurch Hospital, where half of all inpatients receive antimicrobial therapy.

"Activities that we use to achieve these goals include policy and guideline development, assessment of antimicrobial usage, quality improvement initiatives, education and research.

"One of the strengths of our committee is that we seek early engagement with local experts. This means that, by the time a guideline is released, it already has the support of key departments, which greatly assists with implementation (see [metronidazole initiative](#))," Sarah says.



Members (and area of responsibility), front row: Scott Pearson (Emergency), Steve Chambers (Infectious Diseases), Julie Creighton (Canterbury Health Laboratories), Jill Gerken (Infection Prevention)

Back row: Tim Vincent (Pharmacy), Richard McNeill (Clinical Pharmacology), Paul Chin (Clinical Pharmacology), Sarah Metcalf (Infectious Diseases/General Medicine), Sharon Gardiner (Pharmacy/Infectious Diseases/Clinical Pharmacology), Danielle Bucknall (Summer Student working in Infectious Diseases)

Absent (not pictured): Michaela Beattie (Pharmacy); Mark Birch, Michelle Casey, Simon Dalton, Heather Isenman, David Palmer, Alan Pithie and Euna Sahng (Infectious Diseases +/- General Medicine); Josh Freeman, and Aaron Keene (Microbiology); and Michael Maze (Respiratory Medicine)

AMSC is also working to increase its engagement with community prescribers to develop a more cohesive approach to antimicrobial stewardship across our healthcare system.

"Being part of this committee provides a good opportunity to interact with other colleagues, especially those in Clinical Microbiology, Pharmacy and Clinical Pharmacology, as well as the opportunity to influence and improve

healthcare and patient outcomes at a more global level. We want to make choosing the right antimicrobial for each patient easy for clinicians."

The work encompasses plenty of literature reading, audit work, process improvement and strategising which is quite different from direct patient care, and is intellectually stimulating as well, Sarah says.

If you have any questions on AMSC, contact [Sarah Metcalf](#).

Are you on a committee you'd like featured in the *CEO Update*? Let us know at communications@cdhb.health.nz.

The global threat of superbugs, and why you should care this World Antibiotic Awareness Week

"Antibiotic resistance poses a catastrophic threat. If we don't act now, any one of us could go into hospital in 20 years for minor surgery and die because of an ordinary infection that can't be treated by antibiotics."

– Professor Dame Sally Davies, Chief Medical Officer for England (2013)

The discovery of antibiotics has been one of the most important advances in modern medicine – infections like pneumonia or cellulitis that once commonly killed people were suddenly able to be treated effectively.

However, the widespread inappropriate use of antibiotics (for example, to 'treat' viral infections) has contributed to the rise in antibiotic resistant organisms. This is where the organisms (like bacteria) develop the ability to stop antibiotics from working. These antibiotic-resistant bacteria are sometimes referred to as 'superbugs'.

Worldwide, antibiotic-resistant infections kill more than 700,000 individuals per year. This figure may increase to more than 10 million deaths per year by 2050 (within a single generation) if we do not make drastic changes now.

To increase global awareness of antibiotic resistance and encourage best practice antibiotic use the World Health Organization (WHO) leads World Antibiotic Awareness Week (WAAW) each November. Ultimately, the goal is to avoid the further emergence and spread of superbugs, and thus antibiotic-resistant infections.

"World Antibiotic Awareness Week is an opportunity to think about what we here in Canterbury can all do to 'handle antibiotics with care' – the WHO's theme this year – so we're only using antibiotics when needed (not 'just in case') and using them in the most effective way (the right dose, route and duration), says Antimicrobial Pharmacist Sharon Gardiner.

This WAAW, Canterbury DHB is going to build on PHARMAC's local work on antibiotic resistance and echo the message that, 'Together, we can keep antibiotics

working'. Key antimicrobial staff and around 70 pharmacy and home intravenous staff will be wearing 'Keep Antibiotics Working' t-shirts to encourage conversation.

The week is also a chance to think about other ways of minimising the need for antibiotics through infection prevention strategies, such as ensuring people get recommended vaccinations, effective hand hygiene (at work and at home), and safe travel and sex practices.

To tie in with WAAW, community pharmacies around New Zealand are promoting an 'Antibiotic Amnesty' from now until the end of December 2019.

It's an opportunity to remove unused antibiotics from our homes to avoid them going to landfill or getting into our waterways, as well as reduce the risk they'll be shared with people who don't need them.

Unichem Parkside Pharmacy and Unichem Burwood Hospital Pharmacy are participating and are happy to receive returned household antibiotics.

Canterbury DHB Hospital Pharmacy staff will also talk with inpatients about the amnesty and encourage them to return unused household stashes to their own pharmacy on discharge.

Before your next visit to the pharmacy, check your medicine cabinet and take unused antibiotics with you so the pharmacy can safely dispose of them.

For more information, check out PHARMAC's [keep antibiotics working page](#), and [WHO's World Antibiotic Awareness Week page](#).



Together we can

KEEP ANTIBIOTICS WORKING

keepantibioticsworking.nz

Remembering Lynn Chisholm

Written by Communications Team Leader Mick O'Donnell

I was deeply saddened; as anyone who knew her would be, to hear about the recent death of Lynn Chisholm.

It was a huge surprise too, as I distinctly remember going to her official retirement at perhaps five years ago – and finding out only a little later that she had no intention of retiring, she was just easing back a little.

She had so much energy and was always as sharp as a tack, I genuinely felt I'd be seeing her well into her 80s, still working, still telling it like it is, and still making me feel like a bit of slacker.

The Lynn I knew, and I knew her best as Executive Assistant to Carolyn Gullery, Executive Director Planning, Funding and Decision Support, was one of the original straight-talkers. You knew exactly where you were with her, always knew exactly what she thought, and she had a knack of cutting right through all the fluff and flannel like a fresh southerly.

Lynn's farewell was one of the most emotional I have ever been to, and it was packed. That was the measure of the woman, one right out of the box who had clearly earned the love and respect of the hundreds of people she worked with.

Lynn had a soft side, a warmth that she tried to hide but couldn't and a bona fide, 24 carat heart of gold. She also



Executive Director Planning, Funding and Decision Support Carolyn Gullery and Lynn Chisholm

had a rapier wit and importantly knew how to laugh and she shared that gift everywhere she worked.

God bless you Lynn, but I know there won't be any resting in peace for you – you never could sit idle.

KEEPING OUR COMMUNITY HEALTHY

**WELL
NOW**
SPRING 2019
CANTERBURY
A snapshot of how we're doing

**Your community
health magazine
is out now!**

Keep an eye on your
mailbox, or check it
out on our website.

cdhb.health.nz

Stop Pressure Injury Day reminds us to work together

Stop Pressure Injury Day is this Thursday 21 November and there are various ways you can be involved in promoting the message of pressure injury prevention.

After all, it takes a team to prevent pressure injuries so take this opportunity to reach out to your colleagues and share your knowledge about providing quality care for our patients and our community.

Come along and find out more

There will be stands set up in the foyer at the University of Otago, Christchurch and in the Great Escape Café at the Christchurch campus, and at Burwood Hospital. A barbeque will be held at Ashburton Hospital on the day.

We invite you to come and learn about pressure injuries, compete for prizes by testing your knowledge with a quick quiz, share your ideas for pressure injury prevention and connect with colleagues who share the goal of improving the quality of care for our patients. There will be giveaways!

A new lanyard is available for staff and students on SSKIN and discharge/transfer planning. You can order these through [Medical Illustration](#).

IT TAKES A TEAM TO PREVENT A PRESSURE INJURY



Throughout this month, members of interdisciplinary teams are sharing how they're responsible for preventing pressure injuries.

Dietitian Emily Gilchrist says the importance of nutrition and fluids in the prevention and management of pressure injuries is fundamental and dietitians should be involved when the risk of both malnutrition and pressure injuries is high.

She urges her fellow dietitians to look out for patients on wards who would benefit from their input to prevent pressure injuries or aid wound healing.

SSKIN

Manage comorbidities that increase PI risk

Skin: Check bony prominences/medical devices.

Surface: Consider specific seating equipment, avoid friction and shear - bed/chair/hoisting.

Keep moving: Encourage mobility and repositioning and document a plan.

Incontinence and increased moisture: Assess and manage incontinence and moisture, protect skin.

Nutrition and hydration: Ensure a healthy diet and adequate fluid intake. Manage malnutrition and dehydration.

247 Aug 2019

Canterbury PIP Advisory Group

Last chance to send in your pressure injury prevention photos to win!

Remember to send in your photos sharing how you are helping to reduce pressure injuries.

Email your best high-quality photo to communications@cdhb.health.nz by **Monday 25 November** and you could win a gift hamper of tasty treats.

*Please ensure everyone pictured has provided consent for their photo to be shared across the regions and online.

New commercial freezer for Human Milk Bank

A commercial freezer for the Human Milk Bank has been installed in the Neonatal Intensive Care Unit (NICU) at Christchurch Hospital for breast milk storage.

A Human Milk Bank, or breast milk bank, is a service which collects, screens, pasteurises, stores and dispenses by prescription, human milk donated by breastfeeding mothers.

The Human Milk Bank serves the sick and preterm babies in the Neonatal Unit and pasteurises about 580 litres of breast milk a year.

The amount of breast milk and number of donors fluctuate through the year and freezer capacity also guides how much milk the bank is able to pasteurise, says Milk Bank Manager Anthea Franks.

"Currently the Human Milk Bank is looking for donors. However, in February 2018 there was a backlog of donor milk as the pasteuriser required repairs."



From left, Volunteer Barbara Henry, Milk Bank Manager Anthea Franks, Neonatal Nurse Manager Debbie O'Donoghue, and Volunteer Shona Ericson

An appeal went out campus-wide for freezer space.

"The response was encouraging with people wishing to donate their domestic freezers. The Milk Bank remains grateful to those people who donated their freezers.

"The hospital volunteers group also answered our appeal, wanting to gift the freezer, which has now been installed and is being used regularly."

The Milk Bank and the Neonatal Unit wish to thank the hospital volunteers for their generosity and support for mothers in the Neonatal Unit.

Holiday publication dates and deadlines for the *CEO Update*

The last CEO Update for 2019 will be a Christmas special, to be published on **Monday 16 December**, with a deadline of midday on Thursday 12 December.

Please send in your Christmas-themed photos – whether it's decorations, a tree, a festive team outing or activity. Share the love and help us spread some Christmas cheer.

The first issue for 2020 will be published on **Monday 20 January**, with a deadline of midday Thursday 16 January.

Feel free to share some holiday snaps to show how you made the most of some time off work.

Photos and stories should be sent to communications@cdhb.health.nz.

We're always after new people to interview as part of our 'One Minute With' series – feel free to nominate a colleague or yourself.



Phase one of the National Maternity Early Warning System goes live

October marked the phase one rollout of the national Maternity Early Warning System (MEWS) to the Maternity ward, Birthing Suite, Women's Outpatient clinics and the Maternity Assessment Unit.

The maternity vital signs chart is based on the New Zealand adult Early Warning Score (EWS) system that was implemented across Canterbury DHB as a part of the patient deterioration programme.

The MEWS is designed specifically to address the unique physiology related to pregnancy which can mask early indicators of deterioration.

The system helps clinicians identify when a pregnant woman's condition is becoming worse, prompting a rapid response using the tailored escalation pathway.

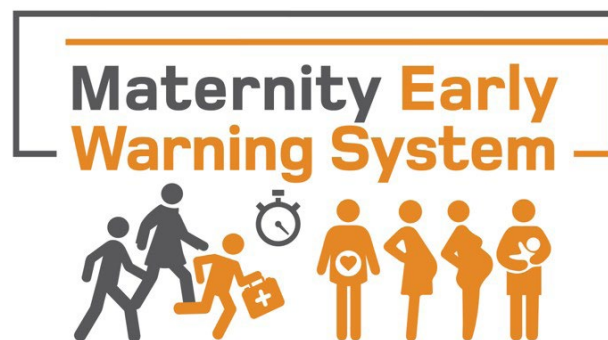
The MEWS has been developed nationally giving a standardised chart for clinicians regardless of ward setting and is for all women from a positive pregnancy test through to six weeks postnatal.

As a DHB we are part of the first cohort nationally to implement the MEWS. The West Coast has also recently implemented the system.

The multidisciplinary project team consists of:

- › Norma Campbell, Director of Midwifery
- › Suzanne Esson, Senior Medical Officer, Obstetrics and Gynaecology
- › Daniel Mattingley, Senior Medical Officer, Anaesthesia
- › Helen Fraser, Lead Maternity Carer and LMC Liaison
- › Tina Hewitt, Midwifery Educator
- › Rhonda Robertson, Midwifery Educator
- › Sam Burke, Maternity Quality and Safety Coordinator
- › Louise McKinney, Associate Charge Midwife Manager.

The working group will now begin working on phase two to implement the MEWS into the seven primary birthing units,



From left, Midwife Educator Rhonda Robertson, Maternity Quality and Safety Programme Coordinator Sam Burke, Associate Charge Midwife Manager Louise McKinney, Midwife Educator Tina Hewitt, Obstetrics and Gynaecology Senior Medical Officer Suzanne Esson, Lead Maternity Carer (LMC) and LMC Liaison Helen Fraser

with a final phase three to extend the system across the rest of Canterbury DHB's non-maternity areas over the next year.

More information can be found on the [Deteriorating Patient intranet site](#).

Dressed to the nines for Cup Day

Following on from the success of 'The Great Haematology Bake Off', the Haematology department celebrated New Zealand Trotting Cup Day in style with a best dressed team event.

"We have done 'Hats n' Heels' on this day for the past few years but took it to the next level this year," says organiser, Haematologist Emma-Jane McDonald.

"We were very fortunate to have fashionista Executive Director Communications Karalyn van Deursen judge for us. We took her on a tour of Haematology locations across the campus to meet the teams."

Thanks also to Medical Illustration for taking the photos, Emma-Jane says.

Karalyn says it was a privilege to join Emma for a whistle-stop tour of all Haematology sites across the Christchurch Campus.

"It's great to see busy teams taking time to schedule some fun into their day – we saw fabulous fascinators, sky high heels, resourceful hand-crafted creations along with the best accessory anyone can wear – a smile – and there were plenty of them about.

"A huge shout-out to Emma for the effort and energy she puts into organising these events and injecting

a hefty dose of fun into the workplace. She's already thinking about her next team event. Watch this space – it's going to be a good one.

"Special thanks, too, to fellow fashionista and Communications team member Dee McCarthy, who assisted with the hard task of choosing the winners."

Without any further ado... the winners are:

BEST TEAM: The Bone Marrow Transplant Unit – A fabulous inclusive turnout, staff sporting heels, hats, ties and very wide smiles.

RUNNERS UP: The Canterbury Health Laboratories (CHL) team – A resplendent turnout, bow ties, heels and original artworks.

HIGHLY COMMENDED: Outpatient Administrator Christelle Jones from Haematology Outpatients for an incredible Steampunk-inspired hat.

Medical Laboratory Scientist Christi Swart from CHL for her hand-crafted, Frida Kahlo-inspired headband.

Bone Marrow Transplant Unit Social Worker Gaelle Baxter for her inspirational head piece crafted from a purple surgical glove and powder blue face mask – simply stunning!



Best team: Bone Marrow transplant unit



Runners up: CHL team



Christelle Jones



Christi Swart



Gaelle Baxter

Research confirms psychological barriers to insulin use

Diabetes Nurse Specialist Lupesiliva Tu'ulua hopes her recent research will contribute to better knowledge of current issues facing Pasifika people with diabetes.

Lupe has graduated from the University of Otago with a Master of Health Sciences with credit, endorsed in Nursing (Clinical).

Her final Master's paper was a 20,000 word dissertation involving a research venture. The title of Lupe's research was Exploring the phenomenon Psychological Insulin Resistance in two Pacific Islands clients with Type 2 Diabetes Mellitus who are New Zealand residents.

Diabetes affects 425 million adults world-wide and one in every two people are undiagnosed, according to the International Diabetes Federation and Diabetes New Zealand.

"It is a serious and costly disorder which needs timely and effective treatment such as insulin therapy, to prevent complications such as blindness, kidney failure and strokes," Lupe says.

Pasifika people with diabetes have the poorest health outcomes from diabetes complications, compared to other populations in New Zealand.

"I hope my research can contribute to better knowledge of the current issues facing Pasifika people with diabetes, so that appropriate solutions are applied and adequate resources are allocated."

Psychological insulin resistance (PIR) has been recognised as a significant barrier to timely initiation and continuation of insulin therapy. PIR refers to psychological barriers to insulin use.

Lupe's research looked in depth at how two Pasifika women diagnosed with type 2 diabetes responded to having an insulin prescription and ongoing insulin treatment.

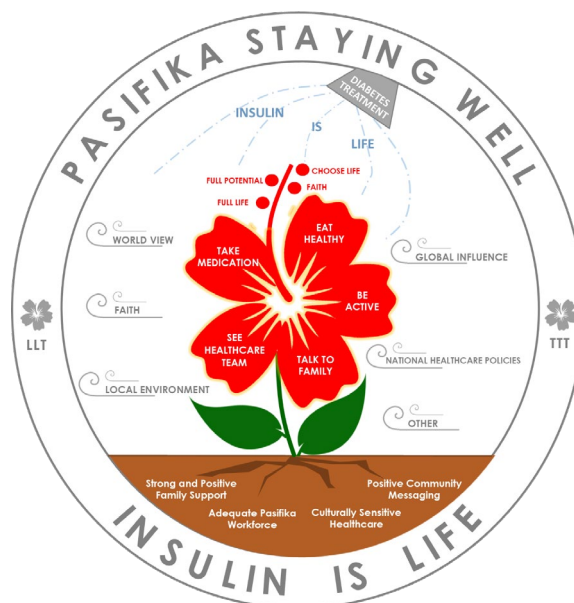
"My findings showed that the two women experienced the same multifaceted psychosocial issues and physical complications identified in the literature regarding PIR."

The most prominent issues identified were fear of needles and injections; lack of family support; low health literacy; daily diabetes care competing with parental duties; and lack of clinical and culturally-sensitive support.

"The conclusion and implications of my research led me to produce Pasifika Educational Chart in Diabetes which simplifies diabetes treatment messages."

You can read Lupe's complete dissertation [here](#).

Nurse Coordinator Postgraduate Education Jacinda King says on behalf of Canterbury DHB's Nursing Research Alliance she would like to congratulate Lupe on the completion of her Master of Nursing degree including her dissertation.



Diabetes Nurse Specialist Lupesiliva Tu'ulua

Woman of Achievement award for work in Mongolia

Congratulations to Ashburton Hospital Maternity Unit Midwife Manager Julie Dockrill who recently received a Woman of Achievement award from Zonta International in recognition of her work in Mongolia.

She was among 50 nominees around New Zealand.

Julie, who has always had a passion for educating women and is a passionate breastfeeding advocate and childbirth educator. She was involved with a team working in Mongolia between 2013 and 2018 implementing a childbirth education programme and teaching obstetric emergency processes to local doctors, midwives and nurses in the main centres and out in rural communities.

The programme had four key approaches:

1. Interactive, participatory and experiential learning.
2. A sandwich model – top down and bottom up so everyone has common goals.
3. The mantra: “Education is the best weapon you can use to change the world” – Nelson Mandela.
4. To ensure all our intellectual property is 100 percent available to everyone.

Part of this work involved designing a manual which has been translated and embedded into national midwifery training at all universities in Mongolia. The project also evoked a national legislation change, meaning all pregnant women are now required to attend three childbirth education classes prior to receiving a maternity benefit.

“When we talked to health professionals, we realised that many clinical areas of practice hadn’t been

updated for 10 years or more and were certainly not based on current best clinical practice” Julie says.

“They were doing things like fundal pressure in the second stage of labour. They believed the baby had to be born within 10 to 20 minutes once a woman started pushing and, due to the programme, there have been huge changes in this practice alone, which are having improved outcomes for mothers, babies, families, and health professionals.

“They also didn’t know how to properly resuscitate a baby, which is why the obstetric emergency teaching eventuated.”

Implementation of the programme has resulted in maternity and neonatal morbidity and mortality reducing between 50 and 70 percent, depending on the area.

About 3500 people, including those in very remote rural communities in the Gobi Desert, have received the training.

Julie says it is exceptionally rewarding to see how grateful the women and health professionals have been, and how willing the universities were to embrace change.

“We have seen the role of the midwife grow and flourish.”

“I am very humbled by the award and whilst my name is on the certificate, I have accepted it on behalf of the team and everyone involved in the project from all corners of the world, including Rotary who has funded and believed in the project,” she says.

A similar project will soon be put in place in Nepal for the next four to six years with the next trip planned for May 2020.



From left, Zonta Ashburton President Judith Early, Ashburton Hospital Maternity Unit Midwife Manager Julie Dockrill and Zonta Area Five Director Alison Jordan. The cake is to celebrate 100 years of Zonta International



The award Julie received for her work in Mongolia



Julie with 32-week-old (eight weeks premature) Mongolian twins

Burwood Hospital's gift shop funds making a difference

The gift shop at Burwood Hospital is staffed by a team of dedicated volunteers who help customers in the shop; not only providing many services to the hospital, but also helping to raise money for a worthy cause.

All proceeds from the shop go towards projects at Burwood that provide patient comfort and staff training. The grants have allowed some staff to attend conferences and training to improve their knowledge and network with other experts in the field.

Gift shop coordinator Debbie McFadden says she is thankful for the opportunity to be able to give back to the Burwood community.

"We are able to provide grants that really make a difference to patients and visitors who come into the hospital, providing things that standard funding just isn't able to provide."

One of the gift shop volunteers, Carole Kennedy, says helping others makes her feel good.

"It's a great experience; to be able to do something for someone else in need, and to see the results of my time given."

Carole has been volunteering at Burwood every week for over two years serving customers, and also helps with creating new displays.

"Being at the hospital also makes me very grateful for what I have. I often feel that we can take our health for granted. My time volunteering grounds me and makes me open my eyes to see the needs that others have, and how I can help."

Since opening, the gift shop has provided more than \$15,000 worth of grants, Volunteer Co-ordinator Rachael Walker says.

"Among the many items that have been funded are activity trolleys for the Older Person's Health wards. These aid



Registered Nurse David Tieleman and Charge Nurse Manager Maria van den Heuvel test out the new recliner for the Burwood Spinal Unit

patient rehabilitation by helping to reduce anxiety and stress and improve interactions and social stimulation."

A new recliner chair was funded in the Spinal Unit so that family members could be at the bedside to support their loved ones. Yoga mats and balls were bought for the gym for physical therapy, and computer tablets have been provided for the library so that patients could keep up to date with the news and current events.

The gift shop volunteers recently also funded 21 new artworks for the Burwood Outpatients area, creating a warm, welcoming and vibrant space.

Customers to the gift shop can feel great in the knowledge that all proceeds from their purchases in the shop will help fund more projects that can be used by so many patients and visitors at Burwood, Rachael says.

Cake competition success continues

The following was written by Paediatric Haematology and Oncology Pharmacist Hannah Soper, who is a dedicated foodie and esteemed cake judge of the many years this competition has been running.

Every year, in September, our Surgical team – pharmacists and technicians – swap their medicines history and reconciliation forms for cake mixers and fondant icing and throw themselves wholeheartedly into the kitchen.

The annual Pharmacy Surgical team cake-off is an eagerly anticipated event on the Pharmacy Department's social calendar and this year was no exception.

This competition is into its fifth year and every year the standard keeps rising. This year saw a total of 12 cakes entered, with the winning cake being a creative take on the well-loved family board game 'Operation'.

The runner up, titled 'Chocolate caramel explosion' sported its own collection of painstakingly constructed handmade pills, and in third place, 'Neapolitan cake' took the ticket on taste alone.

There was an appreciable buzz about the department as the esteemed judging panel worked their way through tasting all 13 cakes (tough gig, but somebody had to do it!).

The Pharmacy Surgical team is the epitome of what 'team spirit' and collegiality is all about and set an excellent example for our other clinical teams. It is worth a mention that several of the members of the team were not at all domestically inclined, however they shelved their reservations and mucked right on in.

On the day they raised \$114 for the staff social fund, which goes towards the purchasing of cards/flowers and other sundry items that we all take for granted as just appearing out of thin air when needed.

Thanks to all the Pharmacy Surgical team for their massive efforts (time, money, blood, sweat and tears) and thanks to their colleagues who rattled their wallets and contributed for their slice(s) of the action.



Pharmacy Surgical team



The winning cake



The cakes entered into the competition

Celebrity quiz night being compered by 'chaser'

If you, like many in New Zealand, are fans of the popular British television programme *The Chase*, you may want to go along to a fundraiser for Diabetes Christchurch and some other health-based charities.

The Shaun Wallace Celebrity Charity Quiz Show being held on 20 November at the La Vida Conference Centre is being compered by the Shaun Wallace, aka "The Dark Destroyer". Shaun has been a 'Chaser' on the television quiz series for about 10 years.

Diabetes Christchurch Manager Lynne Taylor says she happened to meet Shaun at his book launch earlier this year and he agreed to attend the

Diabetes Christchurch event. Four other charities are involved and each one will be paired with local celebrities who will compete against each other.

The celebrities include former Christchurch Mayor Sir Bob Parker, Brett and Angel from *Married at First Sight*, Metropol Editor Melinda Collins, Masterchef 2011 runner-up Jax Hamilton, Executive Director of the Arbitrators' and Mediators' Institute of New Zealand Sue Wells, and Christchurch City Councillor Aaron Keown.

Proceeds from the quiz will go to Diabetes Christchurch and the prize money to the winning charity. The other charities are the Christchurch



Shaun Wallace

Kidney Society, the Bone Marrow Cancer Trust and Age Concern Canterbury.

For more information and tickets go to the [Ticket Direct website](#) or phone 0800 224 224.

Bunny raffle raises money for Countdown Kids Hospital Appeal

This giant soft Lindt bunny was donated to Child Health which raffled it and put the funds towards the Countdown Kids Hospital Appeal.

The draw took place on Thursday 31 October and the winner was Catering Assistant Jacqui van Brucken, pictured here holding the bunny. On her right is her daughter Savannah Riwaka carrying baby Jasper.



One minute with... Pam Mitchell, Nurse Consultant Wound Management

What does your job involve?

Like most staff I have multiple facets to my position. Clinical consulting, mentoring staff to manage complex wounds, education and advisory, across the Christchurch campus and supporting other sites.

Why did you choose to work in this field?

Putting the person/patient at the centre. Longing to optimise the journey of the person with wounds that always impact on their quality of life to a lesser or greater degree.

What do you like about it?

Working with people, listening to their concerns about their wounds. Working with staff, seeing them grow in their wound assessment and management skills. When improving management of a wound brings better quality of life for a person. Working with my colleagues across the organisation and the community, it is a privilege to work in collaboration.

What are the challenging bits?

Not enough time, to provide ongoing oversight, or provide education on the wards and provide ongoing support to staff or people with wounds.

Who inspires you?

When people feel their wound is not controlling their lives, they have control again. When staff become confident with a complex wound and can manage it with limited oversight. Staff confidence in identifying a pressure injury and classifying it accurately.

What do Canterbury DHB's values (Care and respect for others, Integrity in all we do and Responsibility for outcomes) mean to you in your role?

These values mimic my values in life. I try to live by them but I'm human and sometimes I fail.

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

I have had the privilege to be involved in local, national, and international wound care groups and three pressure injury guidelines over the past 10 years. An absolute privilege and responsibility, hence my work with the three government bodies (ACC, Ministry of Health and the Health Quality and Safety Commission) on pressure injuries.

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

Working with the surgical team of Mercy Ships.



What do you do on a typical Sunday?

Attend my church, meet with family or friends, walk or bike, garden or read.

What's your favourite food?

Blue cheese, grapes and tomatoes.

And your favourite music?

Brooke Fraser's song, 'What a beautiful name it is.'

Canterbury Grand Round

Friday 22 November 2019 – 12.15 to 1.15pm, with lunch from 11.50am. All staff and students welcome.

Venue: Rolleston Lecture Theatre.

Speaker 1: Dr Amanda Landers, Community Palliative Care. "Palliative Care Saves Lives"

There is increasing evidence that quality palliative care increases survival. This is the case of a man who was saved by the expertise of specialist palliative care.

Speaker 2: Dr David Gibbs, Medical Oncologist. "Playing in the sandbox – developing a data set to explore flow and hospital resource utilisation by people with cancer"

As the complexity of cancer care has increased, so has the need to understand how people with the diagnosis move through the system. Beginning with a project to measure variability in radiology utilisation, we are extending the data collection using existing data sources to provide a rich source of information that we hope will be useful for many other projects in this area.

Chair: TBA

It is requested out of politeness to the speaker(s), that people do not leave halfway through the Grand Rounds. This talk will be uploaded to the Grand Round page on the [intranet](#).

Video Conference set up in:

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

Next Grand Round is on Friday 29 November 2019, Rolleston Lecture Theatre.

Convener: Dr R L Spearing (email: ruth.spearing@cdhb.health.nz).

Something For You

Something For You is Canterbury DHB's employee benefits programme.

The deals offered are from the Canterbury business community to say thank you for all that you do. You can access all your deals right [here](#). Remember, you'll need your Canterbury DHB ID badge to claim these deals, so be sure to take it along with you.

Porse

New to Something For You, Porse is offering various discounts on childcare. See more information under the Home Life and Maintenance section.

Caci Clinic

Merivale, Riccarton, Sydenham, Rolleston

Have a free consultation and try a skin conditioning treatment for \$50 (usually up to \$120) at any Caci Clinic.

The Auto Shop

10 Waller Terrace, Addington

Take your vehicle into The Auto Shop and receive 10 percent off all services.

Check out [Something For You](#) for information on more special offers!



South Island Alliance update



The South Island Alliance is a collaboration of the five South Island district health boards (DHBs). This bimonthly update from the South Island Alliance Programme Office aims to educate, inform and celebrate our achievements as we work towards improving health outcomes for all South Islanders.

In this month's edition you can read about a South Island service providing relief for kids with drug-resistant epilepsy; improving emergency outcomes at aged care facilities; the South Island Alliance Major Trauma Workstream which hosted trauma care specialists from around the South Island in Dunedin, and more [here](#).

Canterbury
District Health Board
Te Poari Hauora o Waitaha



Simulation Operational Group (*SimOps*)

Following the informal meetings to generate ideas, the first *SimOps* formal meeting has been organised.

Date: 11 December 2019

Where: Room 303, Manawa

Zoom option available

For further information please contact: christine.beasley@cdhb.health.nz

You are invited to a Waka Toa Ora lunchtime seminar:



CANTERBURY WELLBEING INDEX

Updates from 2019 Wellbeing Survey

Since the first publication in 2013, the **Canterbury Wellbeing Index** has been a source of high-quality information about wellbeing in Christchurch City, Selwyn District and Waimakariri District.

The Index has been available online at www.canterburywellbeing.org.nz for a year now and has been visited by thousands of users looking for information about our region's employment, education, housing, income, social capital and other wellbeing-related topics.

Join us to share the latest updates to the Index and He Tohu Ora, with a focus on indicators using data from the 2019 Canterbury Wellbeing Survey. We will share the latest information about how we rate our quality of life and emotional wellbeing as well as sharing data about loneliness and access to emotional support, amongst other topics.

Speakers from Community & Public Health:

Annabel Begg (*Public Health Specialist*)

Kirsty Peel (*Policy Advisor*)

Date: Monday 2 December 2019

Time: 12:15 noon – 1:15 pm

Location: Community and Public Health
310 Manchester Street

Please [Click here to book online](#) or RSVP to
tracy.abbot@cdhb.health.nz

An Outlook calendar appointment will be sent following registration





Heart Foundation™

Focus on Atrial Fibrillation



Atrial Fibrillation Awareness Week 18 - 24 November 2019

Why?

Atrial Fibrillation (AF) is the most common Cardiac Arrhythmia, causing a fast and irregular heart beat.

One in 35 New Zealanders between the age of 35 and 74 years have been diagnosed with AF - more than 60,000 Kiwis.

AF is more common as we age, peaking at 8.7% of Kiwis aged 70 to 74 years. On average Māori people are more affected and are diagnosed 10 years younger than non-Māori.

What?

To promote awareness and teach self-monitoring for pulse checks to the public.

Encourage GP awareness and participation in the campaign and do pulse checks in their practices.

Awareness layers to this campaign

GP awareness

AF webinar with Dr Andrew Martin, Cardiologist. **Register now.**

Posters and brochures in GP practices through Mediboard.

GP practice nurse pulse checks.

Resources to share on social media

GPs can **register to get involved** and enter to win an AliveCor

Kardia Mobile ECG monitor.*



Public awareness

Pulse checkpoints at 18 locations throughout New Zealand.

Posters and brochures in GP practices through Mediboard.

Specialist-led AF educational sessions throughout New Zealand.

Messaging through social media and general media.

Information and resources at heartfoundation.org.nz

Email us at hearthealthinfo@heartfoundation.org.nz

*Terms and conditions apply.

New Zealand Government



PHARMACEUTICAL SOCIETY
of New Zealand Incorporated



ANTIBIOTIC AMNESTY

DO YOU HAVE ANY UNUSED ANTIBIOTICS AT HOME?



Help prevent antibiotic resistance in New Zealand.

**Return unused antibiotics to your pharmacy for
safe disposal.**



Together we can

KEEP ANTIBIOTICS WORKING

keepantibioticsworking.nz