



HealthOne welcomes St John and Access Community Health to the fold

Last week the HealthOne team welcomed St John and Access Community Health to the HealthOne community by making key patient health information available through the HealthOne secure portal. This major achievement is the latest step forward in providing better, safer and more integrated care to around half of the South Island's population.

HealthOne is the secure electronic patient health record developed by Canterbury DHB ISG team and clinicians, working in partnership with Pegasus Health and Orion Health. A secure, shared electronic patient record designed to be available whatever happens, it is a long-term solution to the difficulties in accessing both electronic and paper copy records experienced in the aftermath of the Canterbury earthquakes. HealthOne was developed with the key support and expertise of General Practice, pharmacy and Nurse Maude representing community nursing, alongside their secondary care colleagues in the Canterbury Health System.

HealthOne securely stores health information such as GP and hospital records, allergies, prescribed medications and test results. Authorised clinicians with a role in the care of a patient may then access that information through the secure HealthOne portal.

The HealthOne team has long recognised that good care extends well beyond the public health system. Besides the regional rollout, there has also been a lot of work done locally and at a national level to widen the reach and therefore the usefulness of HealthOne.

Both St John and Access Community Health play a key role in the mix of health care we provide to our community. It makes perfect sense for them to be able to access information generated by other health professionals when it can assist them to provide better care.

How it will work on the ground for St John ambulance officers

or paramedics in the field is that they will be able to obtain a patient's critical health information at the scene via the St John Clinical Desk, which now has direct access to the HealthOne system. As St John frequently handles emergency situations where time is of the essence, being able to access medical history, perhaps to help treat someone unconscious or incoherent, will save time and lives.

The care provided by Access Community Health will also benefit those providing care in the community as they will have a fuller picture of their clients' needs and current treatment.

HealthOne is working with a wide range of providers to enable them to safely contribute to and securely access HealthOne data. Providers we are currently working with to enable future access include:

- » Acute Demand Service, Canterbury
- » Southern Cross, Canterbury
- » Forte Health, Canterbury
- » St George's Hospitals, Canterbury
- » HealthCare NZ, Canterbury
- » Primary Mental Health Services, Canterbury

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HealthOne

Shared knowledge - better, safer care

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I expect more great things, and more great partners for HealthOne in the very near future. During the next couple of months we hope to be able to confirm the addition of both Southern Cross and Forte Health to the HealthOne community closely followed by St. George's Hospital.

HealthOne just goes from strength to strength and in the not so distant future, when all five South Island DHBs are on board, it will aid the delivery of safer, better informed care to more than one million New Zealanders across the entire South Island.

Italy and Myanmar - we're thinking of you

Seeing images of the devastation and rescuers at work in the Italian towns of Amatrice, Accumoli and Arquata del Tronto and also at Bagan in Myanmar following last week's devastating earthquakes provided a strong sense of déjà vu.

The loss of life, serious injuries along with damaged and broken infrastructure will take years to recover from, as we know. Donations to aid the recovery are being accepted through the many well-known global charities.

A timely reminder to you all that if you do find the coverage of these quakes upsetting our Employee Assistance Programme (EAP) provides confidential free counselling services. Contact details are on the intranet.

Have a great week

David



David Meates
CEO Canterbury District Health Board

Canterbury Grand Round

Friday 2 September 2016 – 12.15pm to 1.15pm with lunch from 11.45am

Venue: Rolleston Lecture Theatre

Speaker one: Dr Shaun Xiong, Spinal Unit

“What rehabilitation can contribute to medicine? Spinal injuries and neurorehabilitation. The “International Conference of Rehabilitation Medicine: coming to New Zealand 2018.”

Medicine, its science and art, is well reflected in the field of rehabilitation. Patients go through a comprehensive journey, receiving medical, surgical treatment, rehabilitation and eventually community re-integration.

Successful bid for the 2018 Conference for the Asia Oceania Society of Physical and Rehabilitation Medicine and lessons learnt.

Speaker two: Dr Raj Singhal, Burwood Spinal Unit

“A clinician's journey in innovation and an observational study looking into acute fracture dislocation of cervical spine and their neurological outcomes (2008-2014).”

Journey in innovation has its challenges. Juggling clinical work and work on innovative ideas is not possible without a supportive culture within an organisation. The talk highlights the journey in the development of the Spinal Traction Reduction device and the findings of the observational study.

Chair: Carl Hanger

Video Conference set up in:

- » Burwood Meeting Rooms 2.3a and 2.3b
- » Wakanui Room, Ashburton
- » Administration Building, Hillmorton
- » Pegasus, 160 Bealey Ave, Room 3
- » The Princess Margaret Hospital Riley Lounge

All staff and students welcome

These talks will be uploaded to the [intranet](#) within approximately two weeks.

Next is Grand Round is Friday 9 September 2016

Convener: Dr R L Spearing

Email: ruth.spearing@cdhb.health.nz

Facilities Fast Facts

Fast Facts - Burwood

Orange Line buses now stop on the Burwood Hospital site, and bus number 135 by request. A shelter with a seat has been installed.

The swipe-access bike shed next to the Back of House building will shortly be completed.

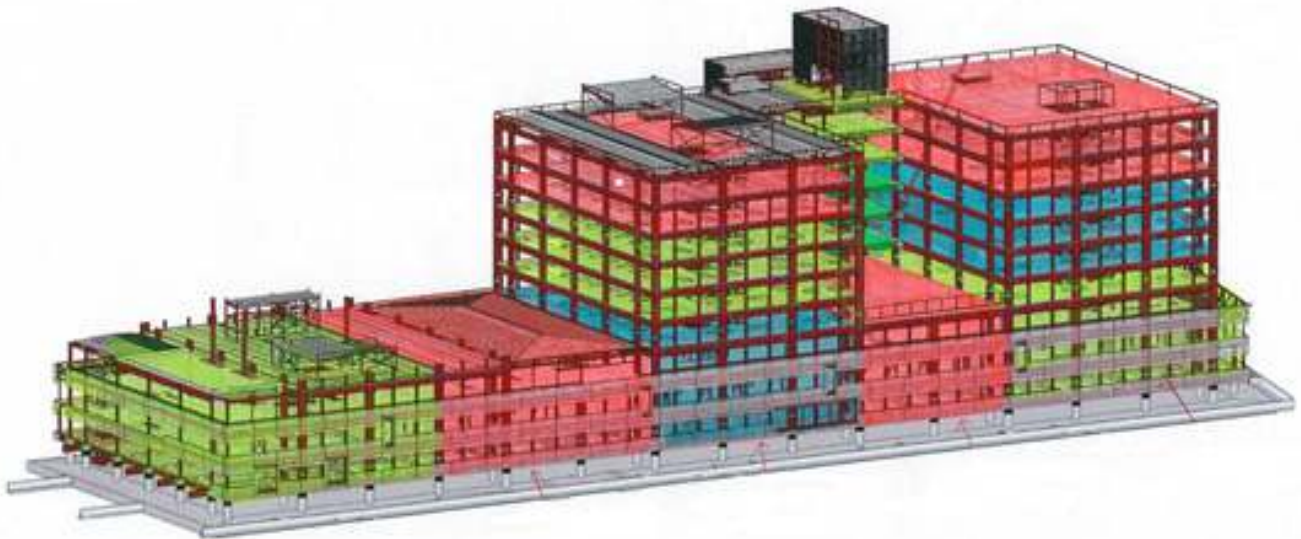
Dan Coward, General Manager of Older Persons' Health & Rehabilitation, is holding a staff forum on Wednesday 31 August at 2.30 pm in Burwood Hospital's Meeting Room 2.3. All staff are welcome to attend.



Fast Facts - Christchurch

Concrete pours continue at the Acute Services building site.

The diagram shows the main stages of the steel framing, looking at the building from the park.



On the western tower, the steelwork up to Level 6 is now nearly complete, and the steelwork on the eastern tower is up to Level 3.

Steelwork erection is also now beginning on the eastern end of the podium – the part of the Acute Services building nearest to the existing Riverside building. This area is shown in red and green on the left of the diagram. This part of the building will be three storeys high.

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The photo, taken on Thursday 25 August, shows progress to date.



Outpatients

The container walkway along the site boundary at the top of Antigua Street is expected to be opened for pedestrian use on Tuesday 30 August. Cyclists should dismount and use the walkway if travelling north towards the hospital.

Canterbury Clinical Network's end of year summary

Canterbury Clinical Network's annual Work Programme sets out their planned activities in line with their strategic priorities and the strategic objectives of the Canterbury Health System. It informs the Canterbury District Health Board Annual Plan and aligns with the National Health Targets and South Island Alliance Regional Plan.

This summary report highlights some of the activity and progress for the fourth quarter of 2015/16. Being the final quarter for the year, it presents the opportunity to take a look back at the year as a whole.

[View online.](#)



Bouquets

Christchurch Hospital

I'm happy that there is a hospital in town because my friend Arnika was beaten up and I'm glad that she can be helped by caring people.

Ward 24 (Neurology), Christchurch Hospital

The meals here have been really well presented and also very tasty. The staff have been really wonderful, nothing is too much for them. My time spent here has been wonderful and very caring.

Ward 20 (Plastic Surgery), Christchurch Hospital

Compliments concerning nurse Hanna. During my three week stay here I've been able to observe how non-judgemental she is towards others, also very affectionate and caring towards others. I've seen she makes all the patients in the ward her main priority whether they are under her or not. I've found Hanna to be a person who honours her ward and sees the problem through from beginning to end.

My education isn't that good but Hanna was able to spend time and break it down to my level of understanding. This way I was able to be on the same page around medical concerns. We have seen how other staff members and patients have great respect for Hanna and the beautiful thing about this is, she has earned this, it wasn't given. It's been a great pleasure to have known Hanna who I feel is here for the people. She values people and that's getting very rare to find in today's world. I feel Hanna will make a great asset to the medical industry. I wish Hanna all the best for the future.

Oxford Hospital

Dear Sarah, Judith and team. Thank you so much for your loving and professional care of ... in her last few weeks of life. Thank you also for making us feel so welcome, for providing us with delicious food, and for encouraging us to make ...'s environment a caring and comfortable one. Amongst the tough times we had many happy moments and you all helped to make that possible. I, along with the rest of the family, will remember and treasure those many moments of sensitivity, kind words, a listening ear, hugs and professional wisdom. We cannot thank you all enough for your loving care of ... and us.

Oxford Hospital

Thank you for the excellent and friendly care we received from

the management and staff during our stay at Oxford Hospital.

Oxford Hospital

To Sarah and the staff at Oxford Hospital. It is hard to put into words just how grateful we are for the outstanding care you and your staff provided for Mum. We know she was well loved and you all went the extra mile, although Mum always knew you would because that is what makes Oxford so special! Thank you also for your care of me and my brother throughout this time too.

Surgical, Burwood Hospital

I was most grateful to receive carpal tunnel surgery at Burwood Hospital, which has been very successful. My GP says the incision has healed very well and my hand, grip, freedom from pain, have all returned absolutely to normal. I wish to express my gratitude to Registrars (Gavin?) who was assisted by Mr. Lee - both of Dr. J.W. Simcock's Team - thank you very much for your care and skills. Also the theatre nurses and the nurses who prepared and later discharged my case - they were most congenial, efficient and a delight to be associated with. It was just minor surgery, but very important to me at 84 years of age - thank you all very much.

Ward 12, Christchurch Hospital

All the staff were very polite and professional at all times, and I would compliment the CDHB on their training needed to reach this level.

Ophthalmology, Christchurch Hospital

Dr Delia Wang was amazingly professional, top quality service, fast and efficient. Free of charge coffee and fresh water available. Many thanks.

Oncology, Christchurch Hospital

I would like to thank all the staff in this department for their kindness and helpfulness that they have given me, a wayward child. Thank you so much.

Oncology, Christchurch Hospital

The care and treatment was excellent. I could not fault any of this and also with the hospital and Cancer Society working together it is very good for family and partners of patients. Thank you and please continue with the wonderful care the hospital and Cancer Society give.

Hearty successes underway in the Canterbury Health System

Optimising management for people with heart failure to improve health and reduce the need for admission remains a key focus for the Canterbury Health System. In 2013, the Canterbury Heart Failure Initiative was launched to change the way the health system cares for people with heart failure.

The project is being driven by The Heart Failure Steering Group. The group is chaired by Carol Limber (Planning and Funding) and is made up of a variety of health professionals from both primary and secondary care including GP liaison Joan Leighton, Ramai Lord (Pegasus Health Māori Health Manager), Maria Pasene (Pegasus Health Pacific Health Manager), Acute Demand, Cardio-Respiratory Integrated Specialist Services (CRISS), General Medicine, Cardiology and Emergency Department representatives. The four areas of focus for the group are how we can improve services in Secondary Care, Primary Care, Palliative Care and Pharmacy.

Professor Richard Troughton says the work has been focused around changing the management of heart failure across the community and in hospital.

“Heart failure currently affects about 1-2% of our population but is set to rise to 3% in the next 30 years,” Professor Troughton says. “It’s also the leading cause of hospitalisation for the over 65s and has a high 30-day readmission rate of 25%. For Maori and Pacific people, the rates are significantly higher with the disease starting 10-15 years earlier than in Europeans.”

Professor Troughton says while the current outlook may seem scary, it can be changed if the right interventions and models of care are put in place.

“A big part of avoiding a hospital admission is improving transition of care between primary and secondary care and improving a person’s self-management, so we’ve been looking at how we can help people do this better,” he says. “Already we are starting to see reductions in the hospital length of stay for those with heart failure through standardising pathways of care and using the Acute Demand Service to support them on discharge.”

Acute Demand Service visits the person in their home for five to seven days after discharge and follows up at seven, 14 and 28 days via telephone support.

“But it doesn’t stop there. Community pharmacy is also involved in the new model of care by asking three simple questions when a person turn up to their pharmacist for medications. If the person answers yes to any they are encouraged to visit their general practice (GP).”

The Heart Failure Steering Group has recently undertaken patient interviews to find out what other barriers there are to people accessing care before they become too unwell.

“This has been really interesting. It will go a long way towards us figuring out what we can do next to make it easier for people to maintain self-management before they get too sick. One of the things we found is people who lived alone were more likely to ignore their symptoms and wait until they were too bad – whereas, those who lived with a partner had that encouragement to take action earlier.”

Professor Troughton says the next step of the project is to further develop the self-management information for patients and their whānau through enhanced videos and literature.

“We are also working with a number of general practices through a series of focus groups to find other ways to help primary care keep people with heart failure well and in their own homes,” he says. “We’re considering a range of options including how to make it easier for people to see their GP at the first sign of symptoms as well as how our specialist clinicians can support GPs more closely.”

Often those with heart failure have co-morbidities, which can increase the challenges around effective management. Raising awareness amongst clinicians about the community and Hospital Healthpathways for heart failure patients is key to ensuring better management.

“People need to know the signs and symptoms of heart failure and what to do if they are unsure. The [Healthinfo](#) website is a great source of information and we will be doing more around promoting this.”



Above: Michelle Hammond & Fiona Davison, Acute Demand Liaison Nurses.

Planning to ease Christchurch man's suffering

Steve Gibbins spends most days in a lot of pain. The Christchurch father-of-two has chronic pancreatitis, Factor 8 deficiency and chronic pain syndrome. While he tries to live a normal life, sometimes his pain is so bad that he needs pain killers that he can only get as an inpatient at Christchurch hospital.

"For a long time it was sheer misery," Steve recalls.

While he's in and out of hospital when his pain gets really bad, a few years ago it wasn't just the pain that was getting him down. The now retired computer engineer was also suffering through a lengthy process every time he needed hospital treatment.

"I had to see my GP and they would call an ambulance. That was \$65 for the doctor, a wait for the ambo and there was no fast tracking and no direct admission [to hospital]. It was pointless and a waste of everyone's time at every level."

Thanks to an Acute Plan developed with his specialist in the hospital, Steve can now get help for his chronic pain faster and easier. An Acute Plan records the actions that a person with complex health conditions and their health professionals recommend when they are really unwell.

In Canterbury, Acute Plans are shared electronically with any health professional supporting that person, including a GP, specialist, nurse or a pharmacist. The plans can be edited and updated by any of these health professionals. Shared care plans like these help health professionals to work together in the care of their patients.

Regardless of who takes Steve's phone call and meets him in the hospital ward, they can see straight away that Steve can be fast-tracked, which treatment is recommended and what they should do when he is ready to go back home.

"If they (the doctor or nurse) can't find it, I can tell them exactly where it is," Steve says. "The details that are relevant to them should miraculously appear."

Steve also has his own copy of the plan and his wife and two children are all well versed in what is in it and the actions they should take if Steve can't make them himself. Steve's plan is able to be edited each time there is a change in his treatment. Since it was developed, Steve says he's spent less time in ED waiting and the process for direct admission has improved significantly. Steve sums it up quite simply: "As a result, I suffer less."

Improved shared care plans were recently launched in Canterbury. For more information or to speak to a Collaborative Care Liaison, email info@ccn.health.nz or visit <http://bit.ly/sharedcareplans>



Above: Steve Gibbins



Above: Collaborative Care Liaison Rebecca Muir talking with Steve about his Acute Plan.



Hospital Health Pathways impresses

The Canterbury DHB Clinical Board is impressed with the progress of a number of key projects across the health system – particularly Hospital HealthPathways.

At the board's August meeting, Professor Mike Ardagh presented an update on the initiative, which follows on from the very successful Community HealthPathways.

Professor Geoff Shaw, Acting Clinical Board chair says Professor Ardagh has spent "many, many hours" working with clinicians to develop pathways specific to the hospital.

"It's a massive piece of work that Mike's done.

"It will replace the Blue Book at the end of this year on December 1, which was also hugely successful and there needs to be a big thanks to those who supported its development under John Thwaites."

Professor Shaw says once Hospital Health Pathways is fully implemented, Professor Ardagh plans to undertake research around measuring its effectiveness.

"This will be a really interesting piece of work, to see its true impact on clinical care."

Also at this month's meeting the board acknowledged the passing of consumer representative June Shaw, after a long battle with illness.

"We are very saddened by her passing. She was one of those people who always put everyone else before herself, even often at times when she was quite unwell herself."

Professor Shaw says Stella Ward updated members on the Health Precinct, noting the role and purpose of the Health Precinct Advisory Council.

"Stella also highlighted the current status of the precinct and other facilities, including master planning concepts.

"There's emphasis on enhancing the profile of the precinct, enabling the development of a research centre of excellence and providing innovative models of professional learning and education."

Professor Shaw says the Clinical Board is very interested and excited about how the Health Precinct will provide significant contribution to the advancement of clinical simulation, enabling the growth of clinical trials, strengthening of the innovation eco system by enabling and facilitating advancements in health information technology.

Another point of interest at this month's meeting was Chief Information Officer, Chris Dever's update on the IT Strategy noting that a lot of work is happening in this space, particularly around strategic alignment, he says.

"As we know technology is moving at a rapid speed and there are challenges around ensuring we keep up."

New phone project named 'Operation Switch'

We asked for your input in naming our new phone project and the winner is Consultant Emergency Physician Dr Mark Gilbert whose name, 'Operation Switch' fits the bill perfectly.

The new name, which was picked out by the project steering group will be used to oversee Canterbury DHB's transition to Vodafone as our phone provider.

Service Operations Manager Mohammed Sayeed wanted something catchy, simple and clever.

"Mark's suggestion, Operation Switch ticks all the boxes and it's great to have a snappy name to launch the project and start our move to Vodafone," says Mohammed.

Runner up goes to Business Analyst Mariska Penman who came up with a similar name, 'Project Switch'.

Well done, Mark and Mariska - a Samsung Galaxy J2 Smartphone is coming your way.



Heart Foundation approves grants for two Christchurch researchers

The Heart Foundation has announced the results of its 2016 research funding round and there are two successful applicants from Canterbury DHB, Cardiologist, Muhammad Arshad and Research Scientist, Joanna Young.

The grant will enable Muhammad to undertake a year of overseas training and an interventional cardiology research fellowship in Canada at the Peter Munck Cardiac Centre, University Health Network, in Ontario.

Muhammad says he is looking forward to bringing the overseas experience he will gain back to New Zealand.

“I really appreciate the contribution of the Heart Foundation towards better cardiovascular health of Kiwis.”

Joanna will undertake a three year post-doctoral research fellowship at Christchurch Hospital.

Joanna’s research will assess putting in place some innovative strategies so that acute myocardial infarction can be safely ruled out early in patients presenting to the Emergency Department or Primary Care.

Joanna says the fellowship will extend upon work at Christchurch Hospital that has already allowed emergency departments to achieve early discharge of patients with chest pain, and to maximise the number who are managed in the community.

“We will also test an optimised clinical decision rule for exercise ECG and cardiac stress testing.”

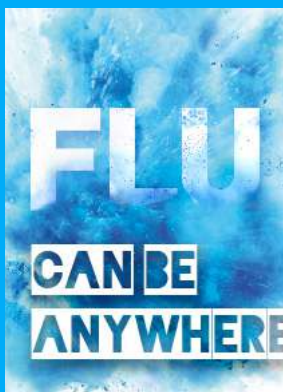
These projects should greatly improve the management of chest pain, in both hospitals and the community. I am very grateful to the Heart Foundation for their support, Joanna says.



Above: Joanna Young



Above: Muhammad Arshad



Staff influenza vaccinations – last chance!

Additional clinic scheduled:

» Wednesday 31 August, 13:30 -15:00 at the Endo room (off ward 26), Christchurch Hospital

(Influenza vaccine and general vaccinations)

100 Days Programme Elective Services Guidelines (The Orange Book) now available

‘Shorter waiting times are better for patients and increase the efficiency of the system by reducing waste.’

The Elective Services Guidelines (The Orange Book) has now been published on the 100 Days site on the Intranet. This document and its three short versions (for service managers, SMOs, and booking administrators) has been developed to help staff who work in elective services understand the principles of 100 Days and manage the processes to consistently meet Canterbury DHB’s 100 Days goals.

Two years ago CDHB introduced the 100 Days Programme with the goal of improving the throughput of patients awaiting elective surgery services. The aim of the programme was to implement a system that ensures no patient waits longer than 100 days for a First Specialist Assessment (FSA) appointment and, if treatment is recommended, waits no more than 100 days for treatment.

The guidelines describe the elective services process sequentially, following the patient journey from referral to treatment, and identify where and when the referrer and each hospital department is involved; (part one). They also cover other operational requirements related to elective services management; procedure, information flows, management of waiting lists and use of monitoring reports; (part two).

The principles in these guidelines are also likely to be useful for the management of other work streams in CDHB. The 100 Days goal is a ‘soft target maximum’ waiting time; there are shorter goals for high suspicion of cancer, and the Faster Cancer Treatment (FCT) objectives drive a large proportion of the ‘urgent’ electives volume.

However, the principles of clinical priority, patient-centricity and patient flow all apply to timelines from < 7 days to 100 days.

Now in August 2016, the Implementation Phase is complete and the programme has moved under the management of the Surgical Services SLA in Realign.

The guidelines are regarded as a ‘living document’ and the Implementation team is always interested to receive comments from users of the document to help improve its quality.



WHAT IS YOUR NEXT LEARNING JOURNEY?

The CDHB Education Fair 2016 is here!

Check it out now to see what is available, hear from others who are already enjoying the benefits of their development and have fun exploring and connecting.

We look forward to hearing all about your next move.

[Click here for the CDHB Education Fair](#)

[Click here for post-graduate nursing information sessions](#)

If you have any questions, please [contact](#) the Learning and Development team.



The best, 'not nice' thing you can do

A cervical screening smear might not be the nicest thing in the world to do but it can save your life. Who would care for your family if you couldn't?

Women all over New Zealand are being asked to do the best, not nice thing they can do during September which is Cervical Screening Awareness Month.

The focus of the month is to inspire women to think about the wider effect their health has on those they love – and how it is worth putting their health first.

“A cervical smear test usually takes less than 15 minutes and should be done every three years. While a smear isn't necessarily something we women look forward to, we recommend screening every three years to pick up changes early on and reduce the risk of developing cervical cancer. Having regular smears means any abnormal cells will be detected and treated early on, before they become cancerous,” says Joan Miles, Lead Provider Manager for ScreenSouth Ltd.

Screening rates for Māori, Pacific and Asian women are around 10 to 20 percent lower than other groups – so these women are a particular priority. A cervical smear is all about finding changes early. The sooner the presence of abnormal cells is detected, the sooner a woman can be treated.

You can book your smear at your General Practice, or check out bestnotnice.co.nz for other options. For more information about the cervical screening programme visit nsu.govt.nz/national-cervical-screening-programme.

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Think, don't click: Curiosity still kills cats

Most of us suffer from an itchy trigger finger on the mouse sometimes. You know, when you click on something when you didn't really mean to? Mostly you'd just have followed a link down some online rabbit hole to a website where you learn 15 reasons why you should never eat bananas. Frankly, you're lucky if the outcome is that benign.

'Itchy trigger finger' isn't such a silly metaphor when you consider the potential consequences of clicking on a suspect link, so perhaps we should treat our mouse with a little more respect. Malware downloaded to your computer, and then onto any or all of our Canterbury information systems could make systems unusable or even compromise the security of patient information.

All it would take is a thoughtless click.

The generic term for this kind of malicious link is malware, which includes viruses, Trojans, spyware, ransomware and the like. Until recently you had to wonder what people's motivation was in committing such acts of virtual vandalism. Whatever the answer used to be, it's now pure greed – there's money in it. Which means we can expect to see these attacks more often, in ever-smarter guises and with potentially devastating consequences.

Quite possibly the greatest threat to the integrity of all our electronic systems today, including patient information, is something called ransomware.

Ransomware encrypts files so that they can't be opened until you or your organisation pay for an electronic 'key'. Once you (or we) have paid the ransom, you still can't be sure you'll ever get that information back uncorrupted. Either way it would be precious health dollars wasted.

There are however, some easy precautions you can take to help keep ransomware, and other malware, out:

Think before you click. Hover first.

- » Hovering on a link will often display where it goes – is the web address one you'd expect, and does it look legit?

- » Were you expecting that email?
- » Is there anything about the email, the language used for example, that gives a clue that it's not genuine?
- » **If you think you have clicked on a malicious link, inform ISG straight away**

Not a real threat? Read on.

From Infosecurity magazine, Feb 2016

Ransomware strikes group of German hospitals

Initially staff were plagued by pop-up windows, then systems got slower and slower. As soon as the IT team realised it was a ransomware attack, they pulled the plug on everything – computers, servers, email. Doctors were reduced to swapping handwritten notes.

NZ Herald, also February 2016

Wanganui DHB systems held to ransom

Whanganui District Health Board has been targeted by hackers who infected its computers with a "ransomware" attack.

The virus, known as "Locky", has spread to hundreds of thousands of computers around the world since first appearing in February 2016.

From Healthcare IT NewsWeek, April 2016

Two more hospitals struck by ransomware, in California and Indiana

The steady drumbeat of ransomware attacks continued this past week with new reports of two hospitals forced to fight off malware that froze IT systems.

Same publication, later during April

Tips for protecting hospitals from ransomware as cyber attacks surge

It's now easier than ever for criminals to get into hospital networks, and ransomware is on the rise. Cybersecurity experts offer advice to help hospitals beat back the hackers.

Next week, we'll explore more of the devious ways people can be tempted to click when they shouldn't. Some of them are very clever and could catch the unwary. Forewarned is forearmed.



THINK, DON'T CLICK

Clinical Electronic Systems Discussion

The Hospital IT Advisory Group (HITAG) would like to thank all those who participated in a recent survey via Survey Monkey. The purpose was to identify concerns regarding current Health IT systems in use and barriers to achieving a paper-lite environment.

Feedback received from the survey has revealed 3 major themes;

- » Insufficient mechanisms to record inpatient electronic clinical notes
- » Limited access to computers
- » Need for a reliable and robust IT systems and network

The majority of survey participants were nurses (36.4%), followed by senior medical staff (24.9%). 32% were from Surgery, 28% from Medicine and 22% from Paediatrics.

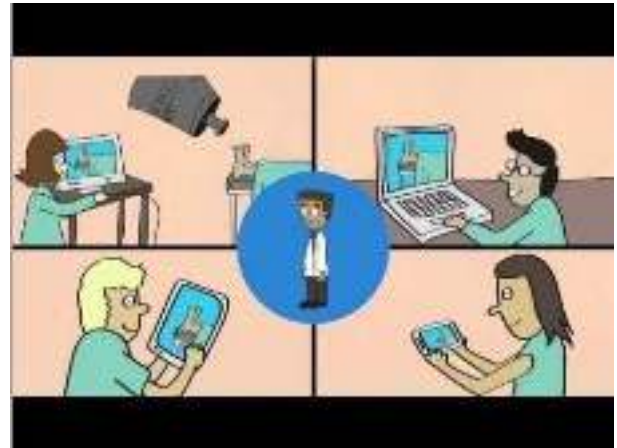
We received responses from just 4% of our target audience and would like to hear from more staff.

HITAG's purpose is to ensure that IT projects within the hospital are developed with the requirements of the end-user in mind. We have representation from all major groups within the hospital, but we need your help to represent you effectively: to listen to your concerns, to learn from mistakes, and to ensure that our successes can be replicated.

The full survey results are now available on Yammer via the Clinical Electronic System Discussion forum. Key points raised from the survey will be explored each week and the forum is open to all staff to join the discussion, express opinions and raise new issues.

To join the discussion go to: yammer.com/cdhb.health.nz

Use your CDHB e-mail address to activate your CDHB Yammer account and join the Clinical Electronic Systems Discussion group. We look forward to hearing from you.



2016 Hellers Pegasus Fun Run

The fifth annual [Hellers Pegasus Fun Run](#) will offer 11km, 6km and 2.5km run/walk options.

"We are pleased to bring this popular family event back to North Canterbury in 2016," says Sport Canterbury Event Manager [Lucy Ryan](#). "Cantabrians of all ages can finish winter by setting a realistic goal, and head into springtime with a sense of achievement."

The 6km and 2.5km courses are suitable for buggies. In a slight change to the 2015 route, the 11km and 6km courses will this year take walkers and runners alongside Lake Pegasus to the finish.

Hellers has supported the event since 2014, Sport Canterbury introduced the event in response to sport and recreation opportunities being affected by the region's earthquakes.

The cost of entry is \$15 (adult) and \$5 (under 12). Entry is free for under-fives.

[Event Information - 2016 Hellers Pegasus Fun Run](#)

Enter on-line by midnight Sunday 18 September and go in the draw to WIN – your very own Hanmer Springs Pamper Package for TWO – value \$349.



Staff Wellbeing workshop held for the first time in Kaikoura

The first ever Staff Wellbeing workshop is being held in Kaikoura on Monday 3 October from 1.00pm to 3.30pm.

Wellbeing Workshops

ALL STAFF

For All Canterbury District Health Board Staff

To support your wellbeing, the CDHB Staff Wellbeing Programme and MHERC are continuing to run a series of 2.5 hour wellbeing workshops.

You play a crucial role in the delivery of high quality care to the Canterbury community. It is more important than ever to take time to focus on your own wellbeing.

We are running a number of workshops in 2016 encouraging you to put your wellbeing first. Evidence suggests that by doing this, those around you – your family and friends, your colleagues and patients – will also benefit.

2.5 hours to focus on YOUR wellbeing!

Workshop Overview:

- The importance of wellbeing; psychological and emotional effects
- Learn about stress responses and how to cope with stressful environments
- Understand the science and practice of applications of self-care
- Gain skills and take ownership of tools for increasing your own and others' wellbeing
- Enhance positive relationships and social connections
- Improve your health and wellbeing: 5 Ways to Wellbeing, Staff Wellbeing Programme

Workshop Details:

- All workshops run for 2.5 hours, including refreshments
- Facilitated by Alison Ogier-Price MSo Psyc, B.Comm, BA Hons, C.AT, MNZAPP
- For dates and to register for a workshop – [click here](#)

[Click here to register](#)



Canterbury
District Health Board
Te Pōari Hauora o Waitaha

 **MHERC**
Mental Health Education & Resource Centre

For more information contact:

Lee Tuki
Lee.Tuki@cdhb.health.nz
027 689 0285

Recruitment

Clinical Manager – Allied Health, Ashburton Hospital

Permanent/Part Time

Health services in Canterbury continue to transform and we have an exciting opportunity to reshape the way we operate here as Ashburton Health Services, developing Allied Health services that will sustain us well into the future.

The Clinical Manager of Allied Health, Ashburton Hospital is a newly created role, to redefine and assist in the lead delivery of integrated health care across the Ashburton Health System.

Reporting to the Manager of Ashburton Health Services, you will work in partnership with Allied Health Teams to establish the shared vision and operation strategy that is aligned with the CDHB strategy and goals, delivering a patient and family focused service that optimises health outcomes.

You will be accountable for the operational and professional leadership of the Allied Health workforce across Ashburton Health Services and the operational management of the Allied Health workforce.

Working with key stakeholders to strategically develop service models of care that meet the needs of the patients and their families, you will participate in the negotiation of service contracts and fiscally manage resources within budget.

As an expert in leading service and/or professional change, you will be accountable for leading quality programmes, innovation and research, and will guide Allied Health professionals forward and break down clinical and knowledge silos to ensure that patients benefit from quality, coordinated and timely care.

We are seeking an experienced leader, with a qualification in an Allied Health profession and current practising certificate, who is innovative, outcome focused, and driven to achieve professional and operational excellence. You must be able to clearly articulate a vision that resonates with others, and have a deep commitment to working in collaboration across disciplines.

This is a permanent role of 32 hours per week. We're flexible in the arrangement of these hours. Perhaps you're interested in working 4 days a week? Or maybe shorter hours across 5 days a week?

If this sounds like your sort of challenge, we want to hear from you!

Enquiries should be directed to Heather Ewing, Recruitment Specialist on email heather.ewing@cdhb.health.nz.

Applications are only accepted online so please click the "Apply Now" button below to send us your CV and covering letter today!

Location: Ashburton

Closing Date: Monday, 5 September 2016

Apply Now >

Medical Physics Registrars

Fixed Term/Contract/Full Time

Graduating soon? Take physics out of the laboratory and into the world of Medicine.

Join this exciting paid programme in January 2017 and train to become a Medical Physicist!

Medical Physicists play a key role in the clinical team using radiation to treat cancer. As a part of this team you'll ensure treatments are safe and effective.

Positions are available based in Auckland, Hamilton, Wellington, Dunedin, or Christchurch to start a 5 year post-graduate training scheme in conjunction with the University of Canterbury. Once qualified, you'll be eligible for registration with the Australasian College of Physical Scientists and Engineers in Medicine (ACPSEM).

Study in Christchurch for your first year to complete the course work element of the MSc Medical Physics. Follow that with on-the-job training at your chosen sponsoring hospital while completing your research thesis. If you already have your MSc (or PhD) underway or completed you may still apply.

Take physics out of the laboratory and thrive in this field with your strong academic skills combined with your enthusiasm

and easy communication style.

Applications are being coordinated by Canterbury District Health Board and should be made via the [website](#).

You'll need to submit your academic transcript as well as a CV and covering letter telling us why Medical Physics is for you and which District Health Boards you want to be considered for.

You must be a New Zealand citizen or permanent resident to be eligible for these positions.

Visit phys.canterbury.ac.nz/medphys/courses for more information on the course, or learn more about the job at careers.govt.nz/jobs/science/physicist or acpsem.org.au

Enquiries should be directed to Heather Ewing, Recruitment Specialist on 03 337 7920, email heather.ewing@cdhb.health.nz.

Applications are only accepted online so please visit our website at careers.cdhb.govt.nz to complete an application and download a position description.

Location: Christchurch

Closing Date: Monday, 19 September 2016

One minute with... Winnie Li, Financial Analyst

What does your job involve?

I am a financial analyst for the corporate finance team. Since May I have been seconded to work on the National Oracle Solution (NOS) project. NOS undertakes the first implementation of a nationally-designed health board solution for finance, procurement and supply chain functions. My area of focus is mainly finance. I am currently working on writing test scripts for general ledger and cash management.

Why did you choose to work in this field?

Working on the NOS project gives me the opportunity to contribute what I know about the health system from a finance perspective. I am always looking at ways to learn something new. Working for the project team is an excellent way to gain new skills. I can also bring the knowledge and expertise back to the corporate finance team post implementation.

What do you like about it?

I love the variety of tasks I do, such as testing, process analysis and design, data migration and data cleansing and implementation. My job covers a wide range of areas, for example, receivables, payables, fixed assets, cash management and everything else that feeds into the general ledger.

What are the challenging bits?

With a project of this size, there are always competing priorities. As an accountant, I am used to working at juggling different priorities and meeting deadlines. I find working within a team helps to overcome these challenges. I always sing out when I need help.

Who inspires you?

All my colleagues who work tirelessly in supporting roles within the Canterbury Health System and what we do is making a difference in people's lives.

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?

Be considerate of others, stop and listen to and encourage their ideas. This is really important, that all project stakeholders' voices are heard. Financial reporting/systems provide accessible and timely information so that the best decisions can be made. They also provide accountability so we can be good stewards of taxpayers' money.

The last book I enjoyed was...

Between working full time and looking after three beautiful girls, I haven't read my own books for ages. The last books I enjoyed reading with my girls were related to Olympic Games, dinosaurs and Incy Wincy Spider.

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

Visiting my family in Canada.

My ultimate Sunday would involve...

Going to church with my family, dim sum for lunch and enjoying some play time in our local park.

One food I really like is...

My mum's dumplings which are very popular among my colleagues as well.

My favourite music is...

I love happy music. At the moment I am listening to 'Honey I am good', by Andy Grammer.



Above: Winnie Li

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

Applications for HWNZ funding – Postgraduate Nursing Study in 2017

Applications for funding for postgraduate nursing study in 2017 will open on 5 September 2016. Please apply using the online application form which will be activated on 5/9/16 at this location: [Postgraduate Nursing Education](#)

Further information regarding funding and eligibility is also available on the above website

Closing date for applications is Friday 21 October 2016.

Process: All applications will be considered after the closing date

Applications are forwarded to CNMs to confirm support.

Confirmed applications are forwarded to the relevant Director of Nursing for final approval.

Any queries should be directed to Jenny Gardner, Nurse Coordinator, PG Nursing Education on 68679 or jenny.gardner@cdhb.health.nz or to Margaret Bidois, Administrator, PG Nursing Education on 68680 or margaret.bidois@cdhb.health.nz

In brief

Ara Graduate Certificate, Nursing Study in 2017

Applications for study starting in Semester 1 2017 open on 1 September 2016. Please apply using the online application form which will be activated on 1/9/16 at this location: [ARA Graduate Nursing](#)

Closing date for applications is Friday 7 October 2016.

[Timetable for Ara Graduate Nursing Study in 2017](#)

Applications for Semester 2 - 2017 will open in March 2017.

Process: All applications will be considered after the application deadline.

Applications are forwarded to CNMs to confirm support.

Confirmed applications are forwarded to the relevant Director of Nursing for final approval.

Submit your Improvement Posters in the Canterbury Health System Quality Improvement & Innovation Awards

Enter a poster you have already prepared or use our template to showcase your quality improvement initiative.

Please complete an [Expression of interest form](#) by 26 August.

And submit your poster by 30 September to amanda.bielski@cdhb.health.nz

Visit [Quality Improvement and Innovation Awards](#) page for more information.



Nursing Education Fairs

Interested in further development? Want to know what is available to you or a friend/family member? Would you like to know what funding is available?

Come along and ask questions/receive information from education providers and HWNZ funding

Date	Location	Time
Mon 29 August	Christchurch Hospital Foyer at Medici	11am to 2:00pm
Tues 30 August	Burwood Hospital, foyer of main entrance	11am to 2:00pm
Wed 31 August	Ashburton Hospital, café	11am to 1:30pm
Thurs 1 September	Hillmorton – Fountain Room	11am to 1:30pm



We look forward to seeing you at one of the fairs!

If you have any further questions please contact:

Jenny Gardner

PG nursing Education

Extn 68679 or jenny.gardner@cdhb.health.nz

In brief

Christchurch



CHRISTCHURCH

Health Research Open Day

Explore the laboratories and Simulation Centre

Meet our talented researchers and hear about
the latest health research advances

Find out about postgraduate health research
and study opportunities

Sunday 18 September | 1.00pm – 5.00pm
University of Otago, Christchurch building
2 Riccarton Ave | Christchurch Hospital Campus

otago.ac.nz/christchurch



FOUR digital health conferences in ONE dynamic week

HiNZ Conference • NZ Nursing Informatics • Global Telehealth • Successes & Failures in Telehealth

31 October to 3 November 2016 | SKYCITY Auckland, New Zealand

220+ speakers from NZ, Australia, UK, USA, India, Iran, Sri Lanka, Brazil, Norway, South Africa, Japan, Taiwan, Canada, Columbia.

The world is coming to New Zealand! Are you?

Hear about the latest developments in digital health in one convenient location and meet the global experts.

Presentations from the Minister of Health and the Director-General of Health. Plus expert panel sessions on cybersecurity and analytics.

REGISTER ONCE TO ATTEND ANY SESSION ACROSS THE FOUR CONFERENCES

One, two or three day delegate passes. Optional workshops on 31 October. Discounts available for members of HiNZ, Australasian Telehealth Society, Australasian College of Health Informatics.

EARLYBIRD CLOSING 23 SEPTEMBER 2016

Find out more at www.hinz.org.nz

Lord Nigel Crisp (UK)

All Party Parliamentary Group on Global Health
Health leadership in the digital age: building a health-creating society

Dr. Monrad Aas (Norway)

Senior Researcher, Vesfold Hospital Trust
Telemedicine – the organisational problem and its solution

Prof. Marjorie Skubic (USA)

Director, MU Center for Eldercare & Rehabilitation Technology
Helping Lou and Mary Ann Age in Place

Dr. Andrew Wiesenthal (USA)

Managing Director, Deloitte Consulting
Realizing the promise of HIT investment-enabling information flow across the continuum

James Gaston (USA)

Senior Director, Model Development, HIMSS Analytics
Maturing Analytics Orientation

Prof. Chris Bladin (Australia)

Clinical Director, Victoria Telestroke
The Victorian Stroke Telemedicine program – a new paradigm delivering expert acute stroke care to regional hospitals

Prof. Margaret Hansen (USA)

San Francisco School of Nursing
The effects of complementary therapies delivered via mobile technologies on surgical patients

Alistair Gordon (Australia)

CEO and Chairman of HFL
Unleashing the untapped potential of technical experts

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