



Seven weeks to GO!

Christchurch Hospital Hagley is well on its way to being handed over to the operational team to begin orientation and wayfinding tours next month.

There is a clear plan in place to ensure it achieves the required safety standards and certification, which will be re-evaluated by the Clinical Leaders and Executive Management groups next week.

Cleaning and stocking continue at a great pace. By the end of this week, we anticipate that all levels apart from a small part of Level 8 will be complete. There is some ongoing rectification of minor defects which is a normal part of preparing new builds for occupancy, and these will be coordinated by Programme Manager Angela Mills and the Facilities Development Projects team.



The new Hybrid Theatre will open for training from early October



There will be more signage and display information popping up around campus in the coming weeks, like the new display in the corridor of Parkside, to keep our staff and patients informed of developments



The view from outside the new curtains in paediatric areas of Christchurch Hospital Hagley

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Celebrating the official opening of Te Nīkau

It was a pleasure to show the Prime Minister, the Right Honourable Jacinda Ardern, around our new facilities on the West Coast last week. Te Nīkau Hospital and Health Centre was officially opened by the Prime Minister, and the first sod was turned in Buller, symbolic of our collective commitment to building the new Buller Health Centre.



The Prime Minister met with maternity staff during her tour of Te Nīkau Hospital and Health Centre following the official opening last week

Accelerating our Future website up and running

A new website is now live for the DHB's [Accelerating Our Future programme](#) to help you learn more and get involved. Your support and participation is crucial.

Accelerating our Future builds on the deficit reduction work started last year and is based on our most recent draft 2020/21 annual plan. It is about doing the right thing, right now to operate sustainably and deliver for our community and achieve the \$56.9m savings plan approved by the Board in August this year. The whakataukī (proverb) guiding us is Hapaitia te ara tika pūmau ai te rangatiratanga mo ngā uri whakatipu – Foster the pathway of knowledge to strength, independence and growth for future generations.

All staff can view the website at work, home or on your mobile devices. It gives you an overview of the programme



ACCELERATING OUR FUTURE

Hapaitia te ara tika pūmau ai te rangatiratanga mo ngā uri whakatipu

and initiatives within each of the six areas of focus. The website also includes a section on how you can [share your cost-saving idea](#).

As the programme progresses the website will be refreshed with updates and stories showcasing innovative ideas from across the system, helping us achieve our savings and sustainability goals.

Appointment of Clinical Director for Infection Prevention and Control

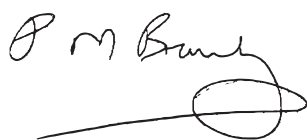
I am pleased to announce that Josh Freeman has accepted the position of Clinical Director for Infection Prevention and Control (IPC). Josh has been acting in this role for some time and has helped guide us through the challenges of COVID-19. This is a 0.5 position. This will mean some changes to the clinical leadership within Microbiology.

Josh will relinquish his position as Clinical Director of Microbiology, but he will remain an essential member of the Microbiology service, continuing as a 0.5 Microbiology Senior Medical Officer. To provide continuity of clinical leadership, Anja Werno will assume the role of Acting Clinical Director Microbiology. There is no change to Anja's role as Chief of Pathology and Laboratories.

On behalf of Canterbury DHB, I would like to thank Josh for his clinical leadership and direction for Microbiology over the past three years, and in particular recognise his significant contribution over the past few months and the system's response to the COVID-19 pandemic.

These changes are effective from today, Monday 28 September.

Ngā mihi nui



Peter Bramley
Acting 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](#).

Heading to Christchurch Hospital? The Hospital Shuttle has moved

Park at the new Deans Ave Car Park

The free Hospital Shuttle runs seven days a week to Christchurch Hospital and Outpatients

cdhb.health.nz/parking





Bouquets

Ward 24, Christchurch Hospital

We want to thank all of you from the bottom of our hearts for the outstanding care you provided to [patient's name] who passed away. You are wonderful people and should be very proud of yourselves. Your sincerity and empathy in dealing with our family member and us, kept us all calm at a time of considerable emotional stress. Thank you so much and take care.

Intensive Care Unit (ICU), Christchurch Hospital

You couldn't get a more caring team than the doctors and nurses in ICU. Marvellous, tremendous work every day, in people's time of need. Absolutely marvellous. Words can't express value and gratitude.

Cardiac Ward, Christchurch Hospital

Best after-care ever. After having a major heart attack, the treatment and after-care support I received was second to none. Well done and a huge thank you.

Michael Reeves, General Surgery Outpatients, Christchurch Hospital

I would like to thank Dr Michael Reeves for his professional approach on my visit. He put me at ease after a very stressful morning.

Registered Nurse Carmen Browne, Radiology, Christchurch Hospital

I would like to thank Radiology Nurse Carmen for her outstanding care during my recent liver biopsy. She put me at ease (my blood pressure recordings confirmed this). She was caring and professional with the appropriate amount of humour. Thank you very much Carmen.

Student Nurse Macy Tantoy and Registered Nurse Nicola, Medical Day Unit (MDU), Christchurch Hospital

Macy and Nicola provided absolutely fabulous care for me in the MDU. They were both friendly, reassuring and caring, with a bit of welcome humour. Thank you very much.

Donna Handy, Facilities Coordinator, Outpatients, Christchurch Hospital

I would like to complement Donna on her exceptional effort to find my knitting bag, it was very much appreciated.

Adib Khanafer, Vascular Clinic Outpatients, Christchurch Hospital

Mr Khanafer is the best clinician that I have ever been to. He is a fantastic operator, along with his team Emily and Shelley. I am in debt to them and Canterbury DHB for my leg care.

Emergency Department (ED), Christchurch Hospital

I was wanting to compliment the staff who took care of me in ED. Although ED was busy, they were professional and caring in what appeared to be a very busy department.

Oncology Department, Christchurch Hospital

The nurses are like angels, giving wonderful support for the treatment and dignity of all patients. The doctors are excellent. In fact, the entire staff at the hospital show care, providing a healing environment. I liked the receptionist who calls everybody 'darling'!

Emergency Department, Christchurch Hospital

I am making contact with Canterbury DHB from the perspective of a disabled person (wheelchair user) to provide you with some positive feedback – relating to Christchurch Hospital's Emergency Department. On arrival at the Emergency Department I found the nurse at reception to be friendly/helpful in finding out what I needed and taking me through to be seen by a doctor. I also found Emergency Department Nurse Ken and his female colleague to be very helpful.

Ward 20, Christchurch Hospital

Nurses and doctors were all very nice, looking after me during my recovery, making me feel comfortable. Thanks to everyone.

Ward 18, Christchurch Hospital

I wish to thank all the staff – surgeons, doctors, nurses, orderlies, cleaners and anyone else I came in contact with who have helped me. Heartfelt thanks and I wish you all the very best.

Security Team, Christchurch Hospital

The female security team member with the face tattoo is amazing. So helpful and nice.

Ward 12, Christchurch Hospital

A simple thank you to the nurses and doctors who cared for me in the week I stayed in Ward 12. The care I received was full of respect and kindness, even from the cleaners and orderlies. They always went out of their way to make me happy and comfortable. Special mention to Dr Puri and his team for the procedure. I didn't feel a thing. Thank you.

Ward BG, Burwood Hospital

Our Dad was admitted to Ward BG Burwood Hospital as a transfer from Christchurch Hospital. From the lovely and informative manner of the doctors, to the caring genuine and professional nurses, charge nurse manager, friendly administrators, social workers, occupational therapists, physiotherapists, nurse aides, WellFood staff and cleaners, we as a family and more importantly our beloved Dad, were well supported and cared for. Sadly, Dad passed away during his stay at Burwood Hospital but we will never forget the amazing people, care, love and support that he received, particularly once on the palliative pathway. Dad was in the best place under circumstances for his final innings. Many thanks to all concerned.

UNDER THE WEATHER?

Make your GP team your first call 24/7

Canterbury
District Health Board
Te Pori Hauora o Wairarapa



Hikina to Hagley

MIGRATING TO CHRISTCHURCH HOSPITAL HAGLEY

Orientation and wayfinding

Next week, Christchurch Hospital Hagley is expected to be handed over to the Operational team, opening the way for more staff access for orientation and wayfinding tours.

At this stage, more than 1100 staff members are booked in for sessions over the coming weeks, which correlates with the number of staff who have completed the new [healthLearn](#) module.

We encourage all staff who will be moving to Christchurch Hospital Hagley to book a session to come in and check out your new spaces and get familiar with the building. Don't underestimate how big it is!



Stocking has been continuing at a great rate throughout the building in preparation for tours and training

Things to think about before you come on your tour

- › Ensure you have completed the [healthLearn](#) package. You will not be able to come on a tour if you haven't done so.
- › Check out the additional training resources on the [Hikina to Hagley Prism page](#): these include videos for new equipment, manuals, plans and timetables.
- › Familiarise yourself with your areas: check out the full range of maps on the [Hikina to Hagley Prism page](#).
- › Check in with your Hagley Operational Team Rep: see if there's anything specific you need to know before you go in and be sure to give them any feedback you may have following your tour.



New equipment is being put in place ahead of training and tours

- › Put your migration date in your diary: we're counting down, and the time is going to fly by.
- › Dump the Junk: make sure you're clearing out all those bits and bobs you don't need to take with you, and you're following the plan to ensure everything you do need to take is set aside, labelled and ready to roll.



Stocking theatres in preparation for the move

FENZ on site

Last week you may have noticed a number of fire appliances outside Christchurch Hospital Hagley. Fire and Emergency NZ (FENZ) were on site to carry out a trial evacuation of Level 8, to ensure our staff and wardens are familiar with the processes and give their own staff a chance to get into and around the building.

Around a dozen staff took part in the exercise, volunteering to be patients on beds or staff who were responsible for ensuring those 'patients' were evacuated from the fire zone into the neighbouring clear zone.

The exercise was a success, with some valuable lessons learned by Canterbury DHB and FENZ staff alike.

Dump the Junk

The Five-S - Shine

The Shine stage of the Five-S process is all about making sure equipment is in good order and fit for purpose. Anything that you've put aside as something that you'll be keeping and taking with you, ask these questions:

- › Is it clean?
- › Is it functioning?
- › Does it need any maintenance?
- › Does it create the right impression?

The goal of this process is to ensure efficiency and safety of our equipment and processes, and keep our workplace a clean, safe and pleasant place to be.

When in place, anyone not familiar with the work environment should be able to detect any problems quickly and easily – any defects or equipment that doesn't belong should be obvious if things are shiny and in order.



TE HUARAHİ HOU – A new journey

Te Huarahi Hou is the new brand recently launched to help share the journey of the Hillmorton campus. You can find updates on construction, development and planning for new facilities for our Specialist Mental Health Services on the [Te Huarahi Hou Prism site](#).



Artist's impression of the High and Complex Needs unit



Artist's impression of the Integrated Family Services Centre

Ko timata – It has begun

The work on the North Car Park at Hillmorton signifies the much-anticipated new beginning for the development of mental health facilities in Canterbury.

A lot of work has gone on behind the scenes to ensure both practical and cultural considerations are addressed in the upcoming future work. Key principles around the development of the campus include incorporating our whakapapa in the new design.

A full list of these principles, the plans and designs can be found on our [Te Huarahi Hou Prism site](#). This will be the key place for you to get updates on what's happening, how it will affect staff and services, and celebrations of key milestones.

Ko te hau mua, ko te hau muri – The gathering of knowledge

Taking the lead from our tangata whenua, we have looked backward to plan forward, with the development of a cultural narrative for the Hillmorton campus. With thanks to the time and attention of Puamiriea Parata-Goodall from Te Pākura, we have a clear path from our past in this narrative. It shows a whakapapa rich in mahinga kai, manaakitanga, and mana motuhake. We have borrowed from the knowledge of Ngāi Tūāhuriri. If you wish to read the full narrative it is available on the [Te Huarahi Hou Prism site](#).

Te Huarahi Hou is not just our journey as a campus, but the journey each of us takes – spiritual, physical and mental – and about how we can support and assist in that journey. We will share more imagery and whakataukāki as we provide updates on our facilities journey.

Where to from here?

Our journey has already begun, with the construction of the North Car Park in August. This was the first step in the new builds for the Integrated Family Services Centre (IFSC) inpatient and outpatient services incorporating services from Mothers and Babies, Eating Disorders and Child and Family Inpatient unit; and the High and Complex Needs (HCN) unit – replacing the Seager clinic. Both of these will be given new names and we look forward to sharing these with you in the coming months. Construction on both buildings is expected to begin early next year.

Numbers tell a story about the Aseptic and Cytotoxic Area

What do \$22 million, 6000km and 20.75 hours have in common?

They are all numbers that reveal the variety and scale of work done in the Aseptic and Cytotoxic Area at Christchurch Hospital.

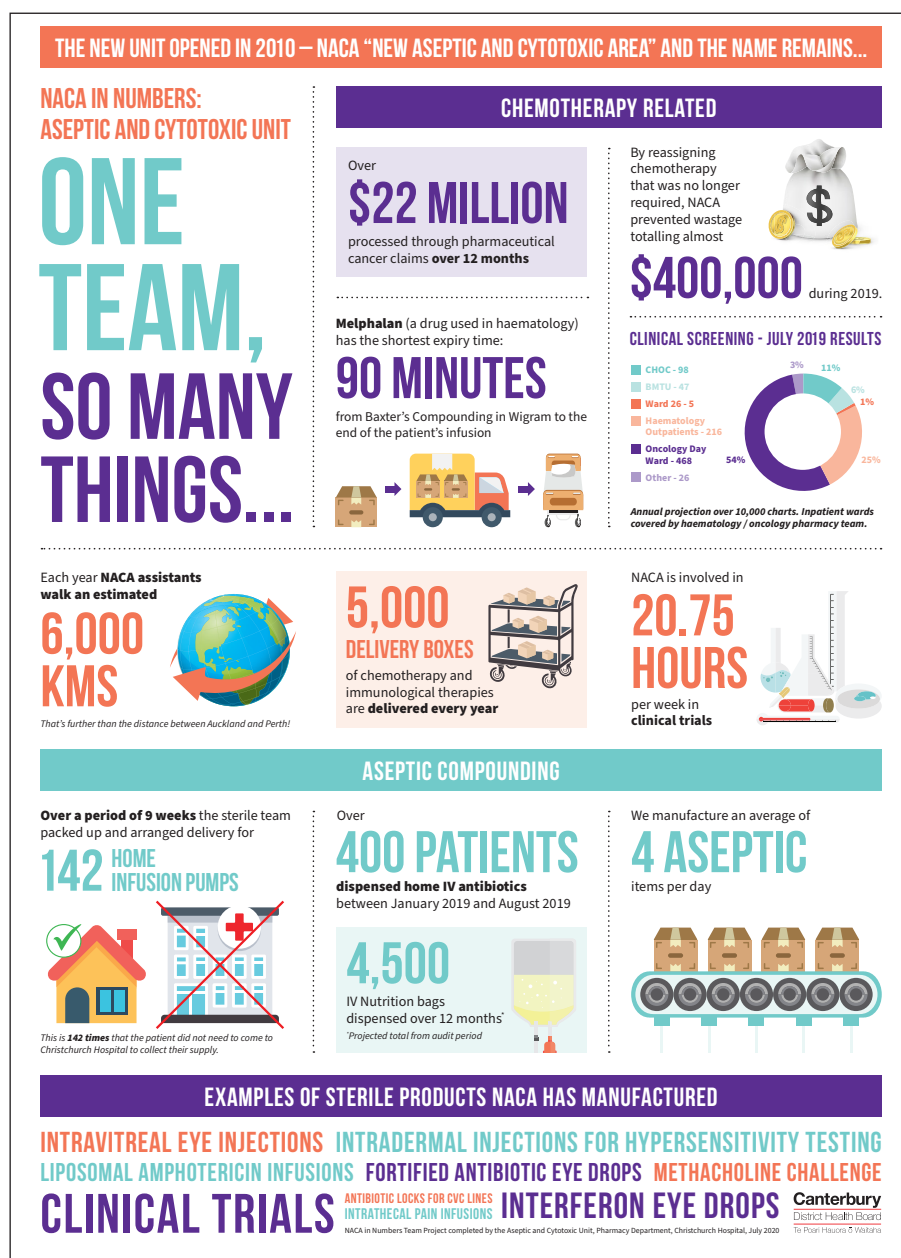
The combined area opened in 2010 and since then the name NACA (New Aseptic and Cytotoxic Area) has stuck. NACA is part of the Pharmacy Department and is involved in the key provision of ordering and processing cytotoxic drugs (such as those used in chemotherapy), manufacturing various products in a sterile environment (aseptic) plus many other roles.

Audits were used to measure, and in some cases, project, NACA's different activities for the 'NACA in Numbers' project, says Pharmacist Kate Walker.

"These ranged from tracking the distance our assistants walk around the hospital to using our dispensing software for reports. The whole team was involved in collating data which was then turned into a fantastic poster by the talented Kirsty Bowden of Medical Illustration."

Areas around the hospital that are significantly linked to NACA may have found it interesting to note the diverse workload, she says.

"It will hopefully add perspective that if we are unable to deliver a product straight away, our assistant might already be out completing another kilometre on their virtual trip to Perth; or if we can't answer a query straight away, the team might be ensuring we meet our deadline for the 4500 total parental nutrition bags per year or processing the daily arrival of expensive chemotherapy."



NACA in numbers infographic poster

The aim of the data collection project was to create awareness of the diversity of what NACA does; develop a sense of achievement among the NACA team of the amount of work processed and highlight the role NACA plays in the wider hospital environment.

"It was also an opportunity to highlight some areas where we could make a change, as even a small change can make a large difference over a year when the numbers are added up," Kate says.

Planning for a pharmacist preadmission service

A pharmacy preadmission service for elective general surgery patients was progressed at Collabor8 and it is hoped a trial of it will start soon.

Project leads, Pharmacy Team Leaders for Surgery Jacqui Walker and Philippa Stevenson say the service seeks to improve prescribing of medications on admission and reduce perioperative complications or delays to elective surgery related to medications. The service is important as part of the optimisation of patients for surgery and the safe prescribing of medications.

"We have been working with the Department of General Surgery, Anaesthetics and Outpatients to integrate into a streamlined and patient-centric pre-admission process," Jacqui says.

"Our current service is reactive, meaning that we see patients one to three days after their surgery. They're often still recovering from the effects of the anaesthetic, are in pain and not fully aware when answering medication-related questions."

"This means the benefit of our clinical knowledge and input is delayed, the focus switches to correcting prescribing errors instead of ensuring patients are prescribed the appropriate medications and doses in the first place. Establishing a pre-operative clinic will change our focus to provide a proactive service for our elective patients," Philippa says.

Medication errors are a well-recognised problem in hospitals and often occur during the transition from community to hospital care and back again. A preadmission pharmacist would provide support to house officers by preparing an accurate medication history pre-operatively and enabling more accurate and timely charting of medications on admission.

"They would also be able to advise the house officers of any adjustments that need to be made before the surgery. If pharmacists, doctors and nursing staff on the wards are spending less time sorting patients' admission medicines, they can turn their focus to optimising post-operative care," Jacqui says.

Advising patients and providing them with information on how to take or optimise their medications across the pre and post-operative period, also has the potential to reduce length of stay and improve their recovery, Philippa says.

"This is especially true for patients who are frail or elderly, those on multiple medicines, or those taking high-risk medications."



From left, Pharmacy Team Leaders for Surgery Philippa Stevenson and Jacqui Walker

This advice can also help reduce disruption to theatre lists from last-minute medicine-related cancellations, such as when a patient arrives for surgery but has taken their warfarin tablets instead of withholding it in the days before surgery, meaning surgery must be rescheduled because of the increased risks associated with bleeding if surgery were to proceed.

"Our proposed service would help to provide consistent advice and help patients to further understand aspects of their post-op care involving medicines such as pain, constipation, preventing venous thromboembolism."

Jacqui and Philippa say they weren't able to undertake a pilot earlier in the year due to the COVID-19 lockdown.

"But this hiatus, along with encouragement, advice and suggestions from those who attended the Collabor8 feedback session and the support from invested departments has enabled us to revisit our original ideas and come up with a plan that integrates more with our structures whilst continuing to value our time and expertise," Philippa says.

"We hope to get this trial up and running as soon as practicable. Collabor8 was a valuable opportunity for us to learn and engage with others to improve our service so that it can operate more efficiently."

Day one of the next Collabor8 course will be on 4 November 2020 and you can register on [healthLearn](https://healthlearn.org.nz) or email Collabor8@cdhb.health.nz or Director of Service Improvement Brian Dolan on brian.dolan@cdhb.health.nz for more details.

‘Get Dressed, Get Moving, Get Better’ – A Restorative Care Approach

A poem by Dr Amelia Crabtree, Dr Seuss-style

*Welcome to hospital, today is
the day.*

*To get up, to get dressed, to
move on your way.*

*Being in hospital is not
really fun.*

*So, let's get better! Get you
out in the sun.*

*We are so curious, to learn
all about you.*

*What's important, what
matters, and what we
can do.*

*To help you along, to help
you get out.*

Hospital's not fun, of that, there's no doubt!

We think it's a good thing to get out of bed.

It strengthens your muscles and the brains in your head.

Being in bed causes problems, it's true.

More infections, more weakness, it's not good for you.

The bed is the source of lots that is bad.

Pressure and low mood, it can make you feel sad.

Troubles with toileting, daily functions won't start.

A long time in bed, also weakens your heart.

A weakening of bones, walking gets hard.

The lungs lose their breath, joints feel quite jarred.

Dizziness, dehydration, falling down when you stand.

It's starting to seem that bed ain't so grand!

The list just goes on, poor sleep and blood clots.

Aches, pains, loss of strength, slowed gut and skin spots.

A long time in bed, confusion can increase.

Too much lying down, is what we need to cease.

The outcome of it all, independence is lost.

Lying down can feel good, but it comes at a cost.

The good news is that you can reduce your own risk.

It doesn't take too much, you don't need to be brisk.

To make you feel normal, wear clothes in the day.

It helps you feel better, sends the cobwebs away.

Our team will help, and guide you with pace.

Ask us your questions, we know what you face.

If you need help, we can keep you stable.

So get up and get moving, as much as you're able.



Burwood Hospital Ward B1 Physiotherapist Gabby Kelly and Occupational Therapist Nikayla Bolch supporting the Stand Up September cause!

Literature shows that on average, older adults in hospital can spend up to 83 percent of their time in bed. Spending this much time in bed has serious consequences, both during a person's hospital stay and beyond. These include:

- › Reduced mobility
- › Loss of muscle mass and muscle strength – deconditioning
- › Being more prone to falls.

By taking a restorative care approach, we can minimise the impacts hospitalisation can have on a person. Patients should be encouraged to move as much as they are able, with mobility plans made for each individual when care planning.

A big change within Christchurch Hospital has been the movement away from the use of 'non-slip' socks in all areas. Wherever possible, patients are encouraged to wear their own appropriate footwear as one of the strategies to promote safe mobility and to minimise the risk of falls. We encourage whānau/friends to bring appropriate footwear if the patient doesn't have footwear with them. Here is a link to the [Appropriate Footwear guidelines](#).

Areas within General Medicine have come up with initiatives to promote mobility. Ward 27 has developed an 'exercise' area, where patients can come and do gentle movements to assist in maintaining their strength and balance.

The new poster '[Review Patient's Fall Risk](#)' is now available in the controlled document library and links to this poster have been placed on the [Stand up September campaign page](#) also.

Catch-up MMR programme for 15- to 30-year-olds

People aged between 15 and 30 who haven't had their MMR (measles, mumps, rubella) vaccine, or they're not sure, are urged to get their free immunisation now.

Last year more than 2,000 Kiwis got sick from measles and more than 700 needed hospital treatment, while more than 80 people in Samoa, mostly children, died from the disease.

"Last year's measles outbreak and this year's COVID-19 pandemic have shown the impact infectious diseases can have when we are not immune," says Canterbury Medical Officer of Health Ramon Pink. "Now is the time to catch up on the vaccinations we have easy access to, such as MMR, to protect our community and whānau in the future."

Those born between 1990 and 2005 have the lowest immunity against measles and are most at risk of catching it because a higher than usual proportion of this age group didn't have their scheduled childhood MMR vaccinations. This group is not only more likely to catch measles but also spread it to others, which is why there is now a national catch-up programme focusing on improving the immunity of this group.

About ninety-five percent of people will be protected by just one dose of MMR, while two doses ensures more than 99 percent of people are protected. The vaccine also protects against mumps and rubella. It is safe to have an MMR even if you are unsure if you have been fully immunised.

"We're urging everyone aged 15 to 30 years old to get at least one MMR vaccination to help prevent future outbreaks of measles," says Ramon. "Ask your doctor, parents or caregiver if you had two doses of MMR as a kid, and if you didn't or aren't sure, it's a good idea to get one MMR dose now."



General Practice teams across Canterbury have started inviting people in this age group to come in for their free measles catch up. People can also get an MMR catch up from some pharmacies if they are aged over 16.

"Measles is more than eight times more infectious than COVID-19. It can make you very sick and affect your health for the rest of your life. Getting a catch-up dose now will make sure you and those around you are protected in the future," says Ramon.

MMR is also part of the childhood immunisation schedule (moving to 12 and 15 months from 1 October). Anyone born after 1969 continues to be eligible for two free MMR doses.

For more information, visit www.protectagainstmeasles.org.nz.

MMR clinics for staff

MMR vaccination clinics will be available for staff. Keep an eye on the daily staff email and *CEO Update* for more information.

First students complete rural medical studies in Ashburton



The four medical students who have completed their fifth year of studies in the Rural Medical Immersion Programme in Ashburton and their tutor. From left, Holly Barclay, Jack Sinclair, Janine Lander (tutor), James Jin and Kieren Deng

Ashburton Hospital has hosted its first students to complete studies through the Rural Medical Immersion Programme (RMIP).

The RMIP aims to provide an innovative, patient-centred, rural community-based and educationally-sound full-year rural medical programme. It arose through the vision of the late Wakatipu General Practitioner (GP) Pat Farry as a means of encouraging students to pursue careers in rural health and build and strengthen the relationship between rural health professionals and their communities.

The students – Sangjun Jin (James), Kieren Deng, Holly Barclay and Jack Sinclair – are all fifth-year students of the Bachelor of Medicine and Bachelor of Surgery (MBChB) programme through the University of Otago.

Ashburton's RMIP started in February this year with doctors Alex Ferberwee and Janine Lander sharing the teaching and coordination of the programme from the Rural Health Academic Centre Ashburton (RHACA).

The students have participated in caring for maternity and hospital patients, following them through to Christchurch Hospital where required. They have spent half their time in local general practices and undertaken shifts with the ski doctors at Mt Hutt Medical Centre. They have also experienced regular simulation-based teaching and skills training alongside Ashburton Hospital's junior doctors in the RHACA simulation suite which opened late last year.

James says he chose to participate in the RMIP because he wanted to understand the full picture of the health system and the journey a patient goes through.

"When I was getting trained in Christchurch Hospital last year, I often felt that I was only getting half of the picture. I think that having a better understanding of the entire process will translate into a better understanding of my patients and I can then provide better care."

Kieran says the rural-based training has exposed him to a lot more clinical decision-making experience than may be available in an urban-based programme.

"We can become involved in many different domains of care. I think the generalist approach can really benefit people's health."

Holly, who grew up rurally, says she was excited by the idea of returning to a small-town environment, the independence of the programme, increased learning opportunities and being one of a few students instead of one of many.

"Care of patients in a rural environment sometimes requires creativity in how to care for patients and it was interesting to see how this was done.

"Ashburton Hospital is such an asset. All the healthcare workers here are extremely skilled."

Jack says it has been a breath of fresh air to leave the city for a smaller place with less bustle and busyness.

"RMIP offers something different from the normal medical school programme. I feel pretty lucky to be involved – it's been a hugely rewarding experience."

Janine says the programme has shown the students the benefits of living and practising medicine within a rural community.

"A doctor practising in a smaller community is ideally placed to get to know their patients and colleagues better, allowing them to work together to identify what's important to the patient."

Advance Ashburton Charitable Foundation Chair Mary Ross says the value of having medical students studying across the various health domains within the district cannot be overstated.

"Various studies have clearly demonstrated the benefit of training a health workforce for a rural setting. Students have an opportunity to learn in settings where they experience a wide range of patient conditions, which in turn assists them to excel academically, and there is a greater possibility of them working in a rural area in the future."

RHACA and the RMIP are a collaboration between Canterbury District Health Board, University of Otago, Advance Ashburton Community Foundation and the Mackenzie Charitable Foundation.

PUT THE RIGHT THING IN THE RIGHT BIN

Tissues, paper towels,
takeaway coffee cups and
plastic lids can't be recycled.

They belong in the
general waste bin.



Element of surprise puts Kaikōura to the test

There's an emergency. You don't know what it is or where it is, but you know it's nearby and that your patients, colleagues and community could be at risk.

This is all the information Kaikōura Health Te Hā O Te Ora and Kaikōura District Council staff had when they came together to participate in a recent emergency response exercise, along with representatives from Fire and Emergency NZ, Police and St John.

Before the exercise, staff had completed a Coordinated Incident Management System training session, where they were introduced to new Emergency Plan and Standard Operating Procedures (SOPs), drafted with expert input from Canterbury DHB Emergency Planner Jane Lodge.

On exercise day, participants gathered in the Kaikōura Health Clinical Hub for a formal pre-exercise briefing.

As soon as the team was briefed about the emergency scenario, Kaikōura Health Services Manager and Incident Controller for the exercise Angela Blunt activated the Emergency Operations Centre and the team got to work in preparing their response.

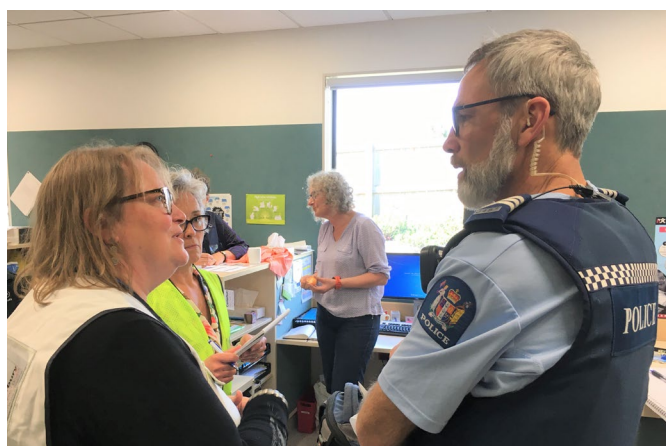
"Like any real-life emergency, the situation changes by the minute, so part of the exercise included adding 'scenario injects', which help to simulate a real-life event in a high-pressure environment," says Jane.

"The Emergency Operations Centre staff and liaison personnel responded with energy and confidence."

The team completed the exercise and finished up with a debrief to discuss key learnings and successes while the experience was still fresh in their minds. There was also general agreement that future regular training and exercising is essential for staff to gain and retain their skills in the Emergency Operations Centre.

"I certainly learned a lot as Incident Controller and we can now take what we learned, apply it on a regular basis and continue to improve our emergency response capability," says Angela.

Thanks to all participants for giving up time in a busy week to ensure we're better prepared for a future, real-life emergency.



EOC Incident Controller Angela Blunt seeks advice from Matt Boyce from NZ Police. The Controller's Assistant Michelle Ormsby (in hi-vis) records the advice and agreed actions



EOC Incident Controller Angela Blunt, Controller's Assistant Michelle Ormsby, (in hi-vis), and EOC Operations Kathy Brown (in the orange vest)



Order of St John participants Don Wright and Craig Scott (seated) in discussions with Kaikōura District Council Communications Advisor Kate Finnerty, who took up the role of EOC Public Information Manager

One minute with... John Hewitt, Registered Nurse (RN), Quality and Patient Safety

What does your job involve?

Working alongside Canterbury and West Coast DHB clinicians with clinical projects and change processes that involve clinical practice.

Why did you choose to work in this field?

I have been a registered nurse for over half of my life and have a deep love of nursing. I have experienced many changes to nursing that, though well meant, either make no sense or increase our already full work day. I chose to move from direct patient care so that I could better understand why we do what we do and from this help us to improve.

What do you like about it?

I love seeing the benefits of change, how supporting clinicians to work together to change practice can have a massive effect for people in our hospitals. I am lucky to be invited into all those little clinical worlds that sit within Canterbury DHB and experience the drive that we all have to make things better.

What are the challenging bits?

Culture. A famous quote says, "culture eats strategy for breakfast". It doesn't matter what you do, if people don't believe in it then they just won't do it. The challenge is to get the right people in the room, right at the start of any change and understanding what this means to them.

Who inspires you?

All of us. Every one of us gets up every day and comes to do a job that is solely to benefit other people. That's pretty inspiring.

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?

I don't just do stuff for stuff's sake. There has to be a purpose, it has to be for the betterment of what we do, and it has to be able to be measured.



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

Anything from after 2016.

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

At home.

What do you do on a typical Sunday?

Go for a surf or throw myself down a hill on a bike if there are no waves. Then have an easy evening with my family.

What's your favourite food?

Sausages. I grew up in Lincolnshire where they make the best sausages in the world. Also, you can't forget 'Friday Pideday'.

And your favourite music?

Funk, soul, disco and a bit of old school hip-hop.

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

Something For You

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

Make sure you take your ID badge along with you to redeem these deals!



BLACK
HAIRDRESSING

Black Hairdressing

363 Colombo Street,
Sydenham

\$50 off your first colour
appointment.



Iron Hood Fitness

63 Manchester Street,
Christchurch Central

10 percent off all
membership options.



Mr Moss

Discounted rates on all
moss removal treatments
and more, see the Home
Life and Maintenance
section for more detail..



Ramen Ria

96 Oxford Terrace, Riverside
Market, Christchurch
Central

Get 20 percent off your food
order.

We also have plenty of **brand new deals** from local businesses – check them out [here](#)!



The latest issue of the Health Quality & Safety Commission New Zealand's e-digest is available now. Read about the Whānau Ora approach to diabetes self-management, a case study about the needs of patients diagnosed with bowel cancer, a webinar about preventing pressure injuries, and more [here](#).



Canterbury DHB Youth Advisory Council is seeking new members

Are you between 16 and 24 years old and passionate about having the youth voice heard in the Canterbury Health System?

Canterbury DHB Youth Advisory Council is recruiting for new members to come and join the council next year.

You will be joining a group of young people who are passionate about advocating for young people in the health system and you'll get to be a part of exciting projects planned for next year!

If you are keen to be a part of the council, [please fill out this form](#) or share it with people you know who might be interested.

To find out more about the council, check out their [Facebook page](#) or email cdhbyouth@gmail.com if you have any questions.



Interprofessional Education and Practice (IPE) Showcase 2020, free event at Manawa – Christchurch – Friday 20 November

Developing and sustaining interprofessional relationships

This excellent showcase is being held in Auckland, at Auckland University of Technology (AUT)'s city campus, and online. This inaugural combined universities forum (AUT and University of Auckland), provides an excellent opportunity to network within the interprofessional education, practice and research community.

As attendance at this event in person is not possible for many in Canterbury and the wider South Island, we'd like to offer the opportunity to gather here in Canterbury and link in together as a group. Attendance is free.

Come and join us on the day at Manawa, 276 Antigua St, in the Te Papa Hauora Health Precinct to watch presentations streamed live from Auckland, network over refreshments, and take part in local discussions on IPE showcase topics.

What you need to do

- › If you are planning to attend (either in person or online): RSVP to [Jane.morgan@aut.ac.nz](mailto:jane.morgan@aut.ac.nz)
- › If you would like to come and join us at Manawa, please email admin@healthprecinct.org.nz

For more information contact Co-Chair Clinical IPE Research Group Dr Dale Sheehan via email dale.sheehan@canterbury.ac.nz or phone (03) 369 2790.

Supported by



Latest Community Health Information Centre newsletter out now

The Community Health Information Centre (CHIC) provides free health resources to any person or organisation in Canterbury, South Canterbury, West Coast and Chatham Islands.

The resources are developed by Community and Public Health staff, and other health agencies.

The [September 2020 edition of CHIC's newsletter](#) is out now and highlights new and revised free resources available from your local CHIC office, as well as recently deleted resources.

For more information about CHIC and to order resources online visit the [Community and Public Health website](#).

