

KEEPING OUR COMMUNITY HEALTHY

WELL NOW

SPRING 2018

CANTERBURY

QUALITY ACCOUNTS EDITION

Roll on
summer!

**Faster follow-ups
for Eye Service
outpatients**

Mana Ake
– A stronger tomorrow
for Canterbury kids

Canterbury

District Health Board

Te Poari Hauora o Waitaha

our health system

**Avoiding a
Legionnaires'
spring spike**

Full story on page 11

FIVE WAYS TO WELLBEING

Ē TAHI ARA E RIMA KI TE
NGĀKAU ORA

The following five actions can make a big difference to the way we feel. Give them a whirl any time and you'll begin to feel the benefits.

CONNECT

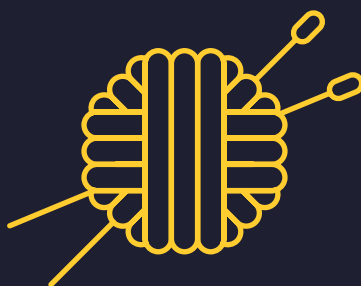
ME WHAKAWHANAUNGA



Time with others can be a real pick me up, even if we just grab a cuppa or say 'giddyay'!

KEEP LEARNING

ME AKO TONU



When we learn, we exercise the old grey matter, so be curious, try something new.

TAKE NOTICE

ME ARO TONU



Noticing the little things and using our senses can really help us enjoy the moment.

BE ACTIVE

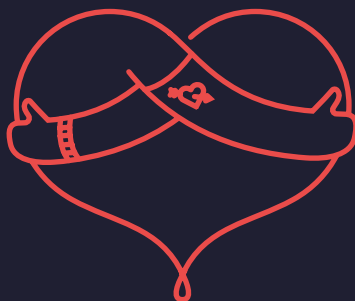
ME KORI TONU



Moving our body can move our mood. Just do what you can and enjoy what you do.

GIVE

TUKUA



Smile, share a kind word, lend a hand. The things we do for others can be a real pick-me-up!

all
right?

[ALLRIGHT.ORG.NZ](https://www.allright.org.nz)

Welcome to the spring edition of your community health magazine.

I hope you find the stories interesting and informative, and that by the time you are reading this Canterbury and the Chatham Islands will be enjoying some warmer weather.

Looking back on 2018 we've had another challenging year. Thankfully we weren't hard hit with influenza but nasty respiratory infections still did the rounds with some hospitalisations for influenza complications. Overall we were lucky that so many people protected themselves and others by having their annual flu shot.

Our Emergency Department (ED), wards and Intensive Care Unit have all been extremely busy. In the ED we have been seeing more than 300 people a day, and Canterbury's urgent and extended hours clinics have also seen hundreds of people each day.

Most people in Canterbury are enrolled with a General Practice, which is good news as it means you have a team of people working alongside and for you, to help you make the most of free health checks and free immunisations – and you'll pay less for your health care.

Being linked to a General Practice means you also have free access to health advice after-hours – all you need to do is call your usual General Practice team phone number – if the practice is closed, follow the instructions on the message that plays and you'll be put through to a nurse who can provide free health advice at any time of the day or night. It's care-around-the-clock, free of charge, 365 days a year. If you or one of the whānau needs to be seen urgently, the nurse will tell you what to do and where to go.

If you want general information on a range of common health conditions from A-Z, or want to find out more about your medication, check out HealthInfo – a source of local health information you can trust: healthinfo.org.nz



Taking responsibility for your health starts with healthy food, regular exercise and time to do the things that make you happy. The Five Ways to Wellbeing shown opposite are proven ways to boost your wellbeing. Five simple things, which, if done regularly, really can help.

Mana Ake – *Stronger for tomorrow* was launched back in March as part of a Ministry-backed collaborative response to the increased demand post-quakes for mental health services for children. It promotes wellbeing and positive mental health for children in school years 1-8 across much of Canterbury. The service can support individual children or groups of children and provide advice, guidance and support for educators and parents/whānau. Read more on page 12.

Our specialist mental health services have been challenged as more people need our help than ever before. For our

staff, this means they are supporting 700 more people every month in our adult general mental health service than pre-quake; 450 more people every month in our Child and Youth mental health service, and the number of mental health Crisis Assessments carried out in the Emergency Department has increased from 700 to 1500 assessments.

During the past year 32,341 people received mental health support from our health system. With one in five Cantabrians accessing mental health support, nearly every Canterbury household will have, or know, someone who has lived experience of mental health issues.

NEED TO TALK?



**free call or text
any time**

Free counselling 24/7 over the phone – or by text

If you or someone you know is struggling and you need someone to talk to, I encourage you to call or text 1737. This four digit number is free to text or call, and is answered in person 24/7. A trained counsellor is waiting to take your call 24/7. It's a free service for anyone feeling anxious, out-of-sorts or depressed. Whatever it is, there's someone to talk to – free call or text 1737 any time or visit 1737.org.nz for more information.

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

David Meates
Chief Executive,
Canterbury
DHB





South Island's only Hyperbaric Unit – *not just for divers!*

Hyperbaric chambers are probably best known for treating divers for decompression sickness ('the bends') – but they also help with wound healing, carbon monoxide poisoning, treating gas bubbles in the arteries, and a number of other conditions.

Christchurch Hospital's Hyperbaric Unit provides specialised services to people south of Taupo, and recent upgrades have brought the facility in line with Australasian quality standards for hyperbaric medicine.

Technical Supervisor Warren Harper has worked in Christchurch Hospital's Hyperbaric Unit since 2008 and has first-hand experience of the benefits the upgrades have brought for staff and patients.

"Upgrades to the chamber included new lighting for better patient observation, new flooring and an upgraded sprinkler system. The chamber ceiling tiles were also replaced to provide better acoustics.

"Up to five patients can be inside the chamber at any one time, sometimes spending many hours inside. Some previously found the sounds disconcerting, so the tile upgrades have made the experience much easier on the ears," Warren says.

The control panel also had a makeover. It now has touchscreen technology and electronically-controlled valves, allowing for precise control and more advanced safety features such as alarms for gas pressures.

Patient monitoring system upgrades have also improved day-to-day work, as Hyperbaric Technician Moira Rihari can attest: "Previously, video monitoring of patients in the chamber was in black and white. Now that it's in colour, as well as in higher definition, I'm able to spot subtle signs that a patient may need assistance much quicker."

Nicki Benge from Carterton has been a regular visitor to the chamber after starting an eight-week course of daily two-hour treatments in August for a shoulder wound that wasn't healing.

The sessions have made a big difference, and she's well on the path to recovery.

"It was hard to know what to expect at first, but the staff have a sixth sense – they're very intuitive and empathetic. I got to have a look around the Unit before my first treatment, and my daughter watched

my first chamber treatment through the portholes," Nicki says.

In terms of the experience in the chamber itself, "when the doors shut, you can feel the pressure. It's very much like an aeroplane landing in that you need to clear your ears throughout the process," Nicki says.



Nicki Benge just about to start a treatment session.



Hyperbaric Technician Warren Harper monitors patients inside the chamber.



Focusing on *the Canterbury Eye Service*

Clinical Director of Canterbury Eye Service Dr Rebecca Stack with patient John Thorburn.

In June 2017, the Ministry of Health raised concerns about national Ophthalmology overdue follow-up times for people diagnosed with eye disease, and provided funding to all DHBs to reduce their waiting lists by 30 June 2018. Through hard work and collaboration, the Canterbury Eye Service reduced an overdue follow-up waiting list of 3,347 patients down to 719 in one year.

The Eye Service ran over 100 outpatient clinics, including at night, weekends and during last year's Christmas break to maximise the number of additional patients seen.

The project team also worked with Canterbury DHB's Decision Support team to improve how patients waiting for follow-up were prioritised and reported. Detailed weekly reports identified the highest priority patients and those who

had been waiting longest in a way that was easy-to-follow, using colour-coding and percentages.

When this project started in June 2017, the number of people waiting 50 percent longer than intended for their follow-up appointment was 937. This had dropped to 20 by the time the project ended a year later.

For the Glaucoma Service, the number of people waiting longer than intended

for follow-up appointments dropped from 650 to 97.

Ophthalmology Clinical Director Rebecca Stack guided the Eye Service team through the project: "I'm really pleased with what the team achieved in terms of managing the backlog and improving the service. With new models of care, we're able to look after even more patients, which is critical with an ageing population."



Glaucoma Service



People waiting **50%**
longer than intended

June 2017: **166**
June 2018: **0**

People waiting **100%**
longer than intended

June 2017: **117**
June 2018: **0**

Ophthalmology Service



People waiting **50%**
longer than intended

June 2017: **937**
June 2018: **20**

People waiting **100%**
longer than intended

June 2017: **692**
June 2018: **11**

Hearing the voice of maternity consumers

Consumer engagement has been a priority for the maternity service to ensure we hear the voice of our changing population and that tangata whenua are involved.

An inaugural Canterbury Maternity Health System Advisory Council meeting was held in July 2017 and was attended by various community groups, with representation from Manawhenua ki Waitaha – a representative collective of the seven Ngāi Tahu Rūnanga that are in the Canterbury DHB rohe.

“The forum has grown organically and membership increasingly reflects our birthing community,” Maternity Quality Safety Programme Coordinator Sam Burke says, describing how the committee has naturally developed from modest beginnings. The quarterly meetings provide the opportunity for information sharing, feedback, consultation and networking.

According to Maternity Consumer Representative and current Chair of the Maternity Consumer Advisory Committee, Jen Coster, “our aim is to include the consumer perspective as part of a more holistic view of health. We want to open up two-way conversation with policy and decision makers, to ensure the right decisions are made for Canterbury women/wāhine and family/whānau.”

Positive changes have been made in response to feedback based on the patient experience principle *Nothing About Me Without Me*.

“Sometimes subtle changes can have a huge impact. For example, women told us that the catering assistant sometimes woke them up very early in the morning to offer them drinks, when they had just got to sleep after a busy night with their baby. Instead of an early call, this service is now part of breakfast,” Jen says.

Maternity Ward visiting hours include a rest period between 1pm and 3pm each day, which, ideally, would be visitor-free. However, this has traditionally been difficult to enforce. A survey undertaken by Jen sought feedback from women on the current visiting hours and whether they should change.

Seventy percent of women surveyed liked the current visiting hours and less than

50 percent wanted the visiting hours changed. Visiting hours stay the same, with mothers being encouraged to communicate their wishes, including visitor-free times, to friends and family.

Maternity is trialling a ‘Do not disturb’ sign and a ‘Visitors welcome’ one for antenatal inpatients to hang on their doors to give mothers another means of communicating their wishes.



The Canterbury Maternity Health System Advisory Council. From the back L-R: Shanti Paudel, Jen Coster (Chair), Brogan MacKinnon, Kiri Williams, Norma Campbell (Canterbury DHB). Front row L-R: Sonya Conner, Lou Cootes, Mary Cronin and Sam Burke (Canterbury DHB).

Canterbury babies benefit from beanie and bootie bonanza

Women in Christchurch Women's Prison have been busy with knitting needles, making booties, onesies and beanies for Canterbury newborns – donated to Christchurch Women's Hospital earlier this year.

The knitting was part of a project known as Project Esther, which supports knitting projects at Christchurch Women's Prison, giving prisoners the opportunity to knit clothes for babies.

"Women comment on the benefits of having something creative to do, and have even taught each other to knit and crochet. They enjoy making little garments for others in need," Ecumenical Chaplain at Christchurch Women's Prison Daphne Marsden says.

Maternity is gifted knitting from keen and generous members of the public too.

"We (and our mums) are really grateful for these donations from many groups over the years.

"It's really a win-win situation for everyone involved: it's lovely to receive something someone has put so much time and effort into making; encouraging for us as staff to see that the community is thinking of our babies; and it's nice for the knitters themselves to know that their efforts are so appreciated," Midwife Manager Katherine Gee says.



'Project Esther' Director Daphne Marsden (L) and Midwife Manager Katherine Gee (R) with baby Ariana Aliwate.



New mum Cristy Aliwate with baby Ariana.

"It's lovely to receive something someone has put so much time and effort into making."



KNOW ANYONE WITH A KNACK FOR KNITTING?

Calling all knitters! With 16 births every day, we willingly welcome wonderful woollies for babies – particularly singlets, cardigans and blankets made from 100% wool.

Donations can be left at the main reception of Christchurch Women's Hospital or will be gratefully received by the receptionists on the Maternity Ward (Level 5) or Birthing Suite (Level 3) of Christchurch Women's Hospital.

If you'd like to donate wool to Project Esther, please contact Regional Volunteer Coordinator, Department of Corrections Jen Hardy on jennifer.hardy@corrections.govt.nz

Prostate cancer:

Making time for those who matter most

Prostate cancer is the most commonly diagnosed cancer in men and finding it early can save lives.

Treatment can include surgery, chemotherapy, hormone and radiation therapy, or a combination of therapies. The Radiation Oncology team tailors treatment plans for individual patients to ensure each person's needs are met.

This targeted delivery may lead to better outcomes for the patient, improving survival rates or relieving pain. Focusing the radiation on the area to be treated reduces the impact of treatment on healthy areas of the body, limiting side effects and impacting less on people's quality of life.



Patient Adrian Burke with Radiation Therapist Nicole Stuart.

Patients having treatment for prostate cancer at Christchurch Hospital are routinely booked into a scheduled weekly doctor's review while they are having radiation therapy. Patients were sometimes waiting up to an hour to see the doctor for a short consult, only to confirm that there were no side effects as yet, and no obvious cause for concern.

In 2016, Radiation Therapist Nicole Stuart led a pilot to reduce the amount of time patients spent waiting.

"By reducing the number of clinics the patients were required to attend, this would save not only their valuable time but allow the medical staff to see more patients," Nicole says.

Over a period of three months, 10 patients were asked to complete an assessment tool every second week to check whether they needed to attend the hospital for a medical review. Patients still had the option to see the Radiation Oncologist if they had something to discuss.

From the initial 10 patients who took part in the trial, a total of 27 reviews were freed up, saving each patient up to an hour a week and freeing up consultation time for other patients.

This waiving of unnecessary early appointments has now become the standard for all patients having treatment for prostate cancer. Feedback from both patients and staff has been positive because we save time, enabling Radiation Oncologists to focus on people who need more urgent care.

PROSTATE CANCER
AWARENESS

Clever air mattress solution to sounder sleep

Ben Reid has a cheeky sense of humour and his mum Andrea can make him “smile on cue”.

He likes watching *Country Calendar* and motor racing on TV, enjoys music, swimming, and horse riding. He's a big fan of books and his family joke that he is the farm manager as he loves to be outside with the animals and machinery on their 300 hectare farm, “Gumshade”, in Kirwee.

“He knows heaps of stuff about centre pivot irrigators,” Andrea says.

The 14-year-old is part of a close family: Andrea his mum, 16-year-old sister Mya, and his 11-year-old brother James. His dad Hamish sadly died just over a year ago from Hodgkin's lymphoma.

Ben attends Waitaha Special School in Rolleston because he has spastic quadriplegia cerebral palsy, the result of viral meningitis he contracted as a premature baby. His trunk, arms and legs

“When movement is limited, even sleeping a full night can create the risk of infected and painful pressure injuries developing.”

**– Child Development Service Manager
Kay Boone**

are severely affected, his muscles are tight and he's unable to walk or use his hands.

Night-time has been particularly difficult for Ben and Andrea as he gets uncomfortable in bed and can't change position. Throughout Ben's life Andrea has had to get up to him at least three times a night. This was particularly exhausting for Andrea during her husband Hamish's four-year illness and after he died last September.

“I was looking after Ben by myself, plus our two other children and running the family farm and was dangerously tired.”

About four months ago Andrea spoke about Ben's discomfort to the team at Canterbury DHB's Child Development Service which provides support to children with disabilities and their families.

Child Development Service Manager Kay Boone says when movement is limited, even sleeping a full night can create the risk of infected and painful pressure injuries developing.

The service trialled a range of approaches and found success with an alternating air mattress which automatically inflates and deflates, changing the pressures on the body to avoid discomfort and the development of pressure areas.

Andrea says that in the first two weeks with the mattress she only woke to care for Ben during the night three times in total. He now sleeps comfortably most nights – and so does she. And reducing the risk of pressure injuries developing on Ben's body has improved his quality of life still further.

“People say to me that I look physically better. I think Ben looks well in himself too. He hasn't needed a nap after school since he got the new mattress.

“The Child Development Service team have been fantastic at looking at Ben's needs and we are both lucky to have parents and great friends who support us.”

Pressure injury prevention is a key area of improvement work for the Canterbury Health System. With the support of ACC, clinicians have embarked on a two-year project to align and improve care across the system.



PHOTO CREDIT: RINA S. JARDIN, THOMPSON PHOTOGRAPHY

Ben and Andrea on the family farm.

Making a big noise about the 'silent epidemic', hepatitis C



There are more than 50,000 people in New Zealand living with the hepatitis C virus (hep C), but probably fewer than half know it. Knowing what puts you at risk of hep C and getting tested is the key to preventing long-term liver damage caused by what's now a curable illness.

Hep C is spread through blood-to-blood contact. If left untreated, it can cause chronic liver disease, leading to liver failure or liver cancer.

New Zealand has signed up to the World Health Organization's global strategy on viral hepatitis which has the goal of eliminating hepatitis B and C by 2030.

"One of the challenges with hep C is that people may not notice symptoms until 20 or 30 years after infection and when they do, those symptoms can be non-specific such as fatigue. This is why it's sometimes called the 'silent epidemic'.

"We can only treat someone if we know they have it, which is why getting tested is so important," Gastroenterologist

Associate Professor Catherine Stedman says, who is part of a South Island Alliance Hepatitis C project.

"We also know that three in four New Zealanders with hep C were born between 1945 and 1965. Educating people in this age range on the risk factors so they can take the next step and be tested is the key to eliminating hep C," Catherine says.

People can contract hep C from one-off events that may have happened many years ago. Take the following scenario as an example: 63 year old Doug was a globetrotter in his younger days and liked to do something unique in every country. On his last night in Thailand, after having a few drinks, a tattoo seemed like a good idea – and checking that they used sterilised equipment was the last thing on his mind.

He was (surprisingly) happy enough with the tattoo the next day, but that wasn't the only 'souvenir' he brought back from Thailand that day...it would be two decades before he found that out that he'd unwittingly joined the ranks of the silent 50,000.

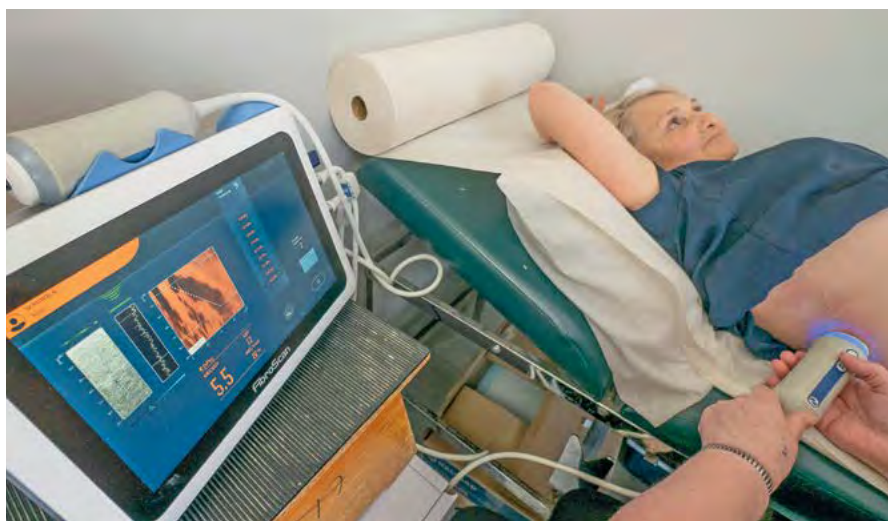
Doug started experiencing abnormal fatigue and noticed his eyes starting to yellow. After seeing his doctor, who ordered a blood test, Doug found he had hep C. He was prescribed a course of tablets, and was cured.

People who fall into an at-risk category should visit their General Practice team to get tested – 55 percent of people with hep C can be cured right now. For the others, it's expected that the funding for the drugs to treat all types of hep C will soon be available in New Zealand.

The Hepatitis C Community Clinic at 10 Washington Way (phone 03 377 8689) is another option, offering free consultations, testing and treatment.

An online checklist is also available at hepcinfo.co.nz/get-tested to help people decide if they need to be tested.

"Ignoring it won't make it go away. Testing saves lives," Hepatitis C Community Clinic Nurse Jenny Bourke says.



Nurse Jenny using a FibroScan® to scan patient Julie Warwick's liver – a painless, non-invasive procedure that can detect liver damage.



You might have increased your risk of getting Hep C if you've:

- Had a **tattoo or body piercing** using unsterile equipment.
- **Injected drugs** – even as a one-off.
- Got/had a **mother or household member** with hep C.

Avoiding a Legionnaires' spring spike

Canterbury's gardeners are being urged to take care with potting mix and compost following a spike in Legionnaires' disease cases last spring.

Canterbury Medical Officer of Health Dr Alistair Humphrey says 24 Cantabrians were diagnosed with Legionnaires' last November, the highest monthly number ever recorded.

He's warning gardeners to take care with bagged potting mix and compost to avoid the life-threatening disease, which can have an incubation period of up to two weeks.

"Gardeners are at particularly high-risk of catching Legionnaires' disease, as the bacteria thrives in bags of potting mix and compost," Dr Humphrey says.

Dr Humphrey says there are five simple actions gardeners can take to avoid getting Legionnaires':

- 1 Open potting mix or compost carefully – use scissors instead of ripping the bag.
- 2 Wear a well-fitting disposable face mask and gloves, and remember not to touch your mask when gardening.
- 3 Reduce dust by dampening down potting mix or compost with a sprinkle of water.
- 4 Work with potting mix or compost in a well-ventilated outdoor area.
- 5 Thoroughly wash your hands after handling potting mix or compost.

The illness may be mild but can sometimes be fatal. It's more common in older people, particularly if they smoke, have poor immunity or a chronic illness. Symptoms include dry coughing, high fever, chills, diarrhoea, shortness of breath, chest pains, headaches, excessive sweating, nausea, vomiting and abdominal pain.

Anyone who gets these symptoms should see their General Practice team right away and let them know if you've been handling potting mix or compost.



All geared up! Team Leader of Kaiarahi Māori Health Services Eru Waiti gets into some gardening.

Mana Ake - Stronger for Tomorrow

In April, the Government announced Mana Ake, an initiative to deliver dedicated mental health and wellbeing support to children in school years 1-8 (students aged 5-12) living with the legacy of earthquakes, in greater Christchurch, the Hurunui and Kaikōura.

Mana Ake works with schools to identify and support children where wellbeing or mental health concerns are identified, with the aim of intervening early, building resilience and where possible, preventing the development of more serious issues.

The Mana Ake initiative is a collaboration between the Ministry of Health, the Ministry of Education and Canterbury DHB, Police, non-government organisations and consumers, facilitated by the Canterbury Clinical Network. The Canterbury Clinical Network leads its design and implementation.

Shortly after the launch of the initiative, Prime Minister Jacinda Ardern said “we all want our kids to have a happy and carefree childhood, but sadly for too many in Canterbury that’s not the reality.

“This new approach will allow specialist support to be tailored to the needs of individual children, their families and communities. It’ll mean that, in those critical early years, young people get all the help they need to grow up safe, healthy and happy.”

Since April, Mana Ake has grown to encompass five school clusters and at the time of writing, was providing individual support for 170 students and supporting 120 students through group interventions.



The Mana Ake team at the mihi whakatau.

“In those critical early years, young people get all the help they need to grow up safe, healthy and happy.”

The progressive roll-out is scheduled for completion by June 2019, with each school having been told when Mana Ake will be available to their school community.

On 1 October, a further seven school clusters had Mana Ake kaimahi (workers) allocated, bringing the number of Mana Ake kaimahi to 40. They can provide whole class, group or individual support for children and whānau.

Kaimahi also work with educators to understand how to provide them with the right kind of support and the best ways of building capacity.

A Special Needs Coordinator from the Hornby Kāhui Ako (community of learning) says “we are really enjoying having Mana Ake in our school. They are a really diverse and talented bunch so we can always find the person best suited to the needs of the family.

“The best bit is that they are so accessible and we don’t have to go through lengthy referrals and assessments.”

Leading Lights has been created to provide a ‘one-stop-shop’ for educators and professionals who provide pastoral support to schools. It’s an online tool that supports them to recognise and respond appropriately, and to know when and where to request additional support when they have a wellbeing concern about a child.

Pathways will include information to support educators when they notice developmental and learning concerns as well as social, emotional or behavioural concerns. Information on the site is revised and updated according to the latest information and in response to feedback through the ‘send feedback’ button.



MANA AKE
STRONGER FOR TOMORROW



Easing the move from Child to Adult Services



The world's changing. More young people with chronic conditions are not only surviving but are thriving, and have a much higher life expectancy.

In healthcare, we use the word 'transition' to describe the gradual process of planning, preparing and moving on from the Child Health team to the Adult team. What happens during adolescence can affect health in the adult years, and ultimately the health and development of the next generation. In Canterbury, the aim is that most young adults have moved on to their Adult team by their sixteenth birthday.

Prior to 2016, Canterbury DHB services were achieving transition in different ways with varying success. The first introduction to an adult ward for the young person was often in an acute situation with no prior discussion, resulting in frustration for all parties.

The Sydney Children's Hospitals Network established *Trapeze* in 2012 to support young people to manage their conditions, live their own lives and stay out of hospital. Borrowing from this framework, the paediatric outreach and day stay nurses worked closely with the Canterbury DHB Youth Advisory Council to develop a transition pack.

This was then trialled for 12 months with over 40 patients enrolled. Transition was divided into three stages: Getting Ready (12-13 years), Starting



Jessica Pennack attends her appointment in Adult Services supported by Paediatric Nurse Brenda McGregor.

Transition (14-15 years) and Transition Completed (15-16 years).

An online learning package *Working with Youth in Our Care* was created for nursing staff working with young people. Information sheets were also developed for patients and their families to explain the transition process.

The findings from the pilot will be presented at the 2018 Youth Health Conference in Australia.

Evaluation showed that the transition pack worked well for 80 percent of young adults but wasn't comprehensive enough

for those with more complex needs. So the Paediatric Transition Group joined with the Paediatric Collaborative Care and Adult Rehabilitation Improvement Project groups to explore a model of care for the 20 percent of young people who needed more support.

Charge Nurse Manager of the Paediatric Outpatient/Outreach/Day Stay Department and Transition Group Facilitator Nicola Scott says "the willingness, expertise and enthusiasm of this group is astounding and only through their collaborative efforts is it possible to provide a comprehensive transition service."

Fush, whānau and Fresh Air

Co-owner of Fush eatery in Wigram, Anton Matthews, is well-known around town for his passion for conserving the Māori language. Along with co-owners Jess and Māia Matthews, he offers customers a menu in both te reo Māori and English, and runs te reo classes on the side.

Now he's got his sights on protecting the health of his community by making Fush a smokefree space.

Fush is the latest venue to join the Fresh Air Project, a collaboration between the Cancer Society and Canterbury DHB, along with more than 50 cafés across Canterbury. The project supports the goal of Smokefree Aotearoa 2025 to reduce smoking levels across New Zealand.

"Fush is embracing auahi kore (smokefree) dining to protect our staff and customers from the dangers of secondhand smoke, and to set a good example for tamariki and the broader community," Anton says.

Anton adds that sharing and enjoying kai is about bringing whānau together, while smoking is becoming increasingly anti-social.

"Going auahi kore (smokefree) is about looking after future generations. There's nothing positive about smoking – no social benefits, it hurts you in the pocket, and it's bad for your health."

"Now if we have a customer come in who wants to be smokefree, we are ready to have a korero about it and help them find the support they need," Anton says.

According to the Health Promotion Agency, Māori are 2.6 times more likely to be smokers than non-Māori, and have higher rates of death and tobacco-related illness than non-Māori. Māori smokers are also the youngest to start, at just over 14-years-old on average.

"We're thrilled to have Fush come on board as a Fresh Air venue and be part of the conversation with Māori in Christchurch about how they can find support to be smokefree," Cancer Society spokesperson Amanda Dodd says.

"We know going smokefree is hard to achieve without the right support," Māori Health Promoter Aaron Hapuku says.

"Do it as a whānau and with support from Te Hā-Waitaha Stop Smoking Canterbury."



For support, visit www.stopsmokingcanterbury.org.nz or phone Te Hā-Waitaha Stop Smoking Canterbury on 0800 425 700.

Fush joins many other hospitality venues across Canterbury making their outdoor dining areas cleaner, greener and more pleasant environments.

Visit www.freshairproject.org.nz to find a Fresh Air venue near you.



Fush co-owner Anton Matthews.

the
**FRESH
AIR**
project

WORKING
TOWARDS
SMOKEFREE
COMMUNITY
SPACES

Visit [FreshAir
Project.org.nz](http://FreshAirProject.org.nz)
to support a
fresher future.



Inspiring Māori health through relationships

Brendon McIntosh is a Māori pharmacist with a passion for taking health to the people. He believes that our current health system's not doing enough to reach Māori and is constantly looking for ways to improve the health outcomes of tangata whenua.

“That’s why I started Kia Kaha Chemist – Strengthening relationships to inspire Māori health. Through my engagement with kaumātua, I hope to show I’m a bit different to the chemist they usually get their medicines from,” Brendon says.

Kia Kaha Chemist is a mobile service that focuses on medicines education, health literacy and wellbeing, and has a presence on Facebook, Instagram and Snapchat. The service also has a poorly-hidden agenda, to strengthen the relationships between kaumātua, their pharmacist, and their General Practice team.

A lot of the people Brendon comes across have almost lost faith in our health system, won’t take medicines, miss outpatient appointments and go to their peers for health advice rather than ‘The man’.



Brendon McIntosh at Rehua Marae.

Brendon regularly attends different marae around Waitaha (Canterbury) giving presentations to kaumātua and dispelling myths associated with medicines, vitamins, and our health system as a whole. After the presentation, some kaumātua now bring their medicines along and Brendon is able to perform a ‘Māorified’ Medicines Use Review in an environment where people are comfortable.

He is also developing a Kaupapa Māori Medicines Therapy Assessment framework using Suzanne Pitama’s Meihana model.

“It’s a massive job trying to change the way a big machine like our health system operates but I’ve had some very positive hui with key stakeholders both within the system and with the Māori and Pacific NGO providers.

“It’s going to take a whole lot of cooperation to bring us closer to an equitable health system. Inter-organisational politics and some egos need to be left at the door if we want to keep the patient at the centre and truly improve health outcomes for Māori.”

Searching for help with your medicines is easy – go to www.healthinfo.org.nz and click on Pharmacy and Medications.

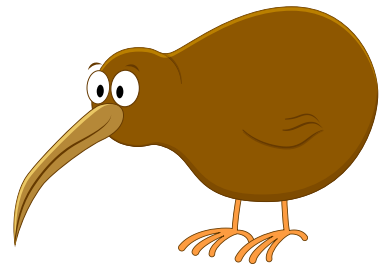
“E hara taku toa i te toa takitahi, engari he toa takimano, takitini – Success is not the work of one, but the work of many.”



Brendon providing a flu shot at the Woolston Kaumātua Hui last year.

MOTomed

- keeping people mobile and moving



Have you ever thought about what would happen to your muscles, strength and sense of balance if you were mostly immobile for a number of weeks?

People who are bed or chair-bound lose muscle strength quickly, a process known as 'deconditioning', which slows down their rehabilitation and makes it more difficult to regain the function required to successfully return home.

Last year, the Physiotherapy service purchased two pieces of equipment to try out, via Canterbury DHB Trust Funds, to help patients exercise while in hospital.

The two MOTomed devices are designed to increase physical activity for people in hospital through arm or leg cycle exercises. Early rehabilitation has been shown to decrease the time a patient needs to be in hospital and is safe and effective – even for patients who are critically ill.

Physiotherapists Claire Martin, Jenny Thompson and Allied Health Assistant Aimee Taylor work in Ward 24, the Acute Stroke Unit at Christchurch Hospital. They begin the rehabilitation process before patients move on to Burwood Hospital for further rehabilitation.

Patients are supervised during their MOTomed sessions, which range from 10 – 20 minutes.

The information shown on the MOTomed screen is similar to what you'd see on a cycle machine or cross-trainer at the gym – it shows how far you've travelled, how many calories you've burned, and the speed (RPM) you're travelling.

Unlike a regular gym machine though, it shows what percentage of the work each leg or arm's actually doing, and can also detect muscle spasms – and it will 'reverse' its travel direction until the spasm passes. Also unlike your regular gym exercise machines, MOTomed can operate 'passively' and will keep going if the patient stops pedalling, switching back to 'active' mode when it recognises them starting again.

Senior Physiotherapist Claire Martin had been looking for ways to make the exercise more engaging for patients, and recently, with Jenny and Aimee's help, created some charts to get Steve the Kiwi to 'MOTomed' his way from Bluff to Cape Reinga – a journey of over 2,000 kilometres.

"Each day, the number of kilometres travelled on the machines is added to the chart, and we move Steve accordingly. It's something tangible that the patients can see. It also creates a sense of healthy competition, as well as a sense of teamwork towards a common goal – in this case, getting Steve on his way," Aimee says.



Allied Health Assistant Aimee Taylor moves Steve the Kiwi on the map.



Aimee with patient Matilda Carrell on one of the MOTomed machines.

Clearer pathway for people seeking support with alcohol or drug addiction

The Christchurch Central Service (CCS) is the starting point for all adult referrals to Canterbury alcohol and other drug (AOD) community-based treatment.

Christchurch Central Service is run by Odyssey House Trust, Christchurch and operates under Canterbury DHB and Ministry of Health contracts. CCS also accepts self-referrals, referrals from General Practice teams, Crisis Resolution and other community agencies.

The process begins with an assessment of someone's alcohol and substance usage and risk, then linking them with the right service. This could include residential services, peer support workers, individual counselling and group education sessions, and detox options. The service has social workers, counsellors, nurses, peer support workers and a psychologist on the team.

Christchurch Central Service was created in recognition of the steady increase in demand over recent years, and to improve access for the people who need those



The Christchurch Central team.

services. By October 2017 the service had to move to larger premises, which were officially opened by Minister of Health David Clark earlier this year.

“As well as an increase in service demand, we’ve also seen a change in the primary substances people are seeing us for: Prior to July 2017, we mostly saw people for alcohol-related problems, followed by cannabis, then methamphetamine (crystal meth or ‘P’). Now, meth is second only to alcohol,” CCS Team Leader Tracey Fitzgerald says.

“To better respond to this change, a new venture for this year has been providing education sessions to other professionals around the effects of meth. This includes covering the different treatment options, what to look for that signals someone’s using meth, and understanding the overall consequences of meth addiction – such as the harm to relationships, mental and physical health, and the financial impacts.”

If you or someone you know is struggling with alcohol and other drug dependence and would like help, contact the CCS team by email to chchaod@odysseychch.org.nz or by phoning 03 338 4437.



Jasmin and Jaqueline from the Peer Support team.

CCS Team Leader
Tracey Fitzgerald.

2016 saw **1778 referrals** to CCS, rising to **2163** for 2017 – a 22% increase. Based on the first part of this year, with a referral rate of more than **180 per month**, referrals for 2018 could approach **2300** – a 6% increase.

Treating early-stage, inoperable lung cancer faster



Lung cancer kills more people in New Zealand than any other cancer – largely because it's often detected late, when the disease is very advanced and has spread. However, many cancers can be cured if they are found and treated in time.

In New Zealand, about one person in every three who gets cancer is cured. Where the cancer cannot be cured, more

effective treatment means many people with cancer are now living longer.

Radiation treatment treats cancer by using X-rays to kill cancer cells. Stereotactic ablative body radiotherapy (SABR) is a state-of-the-art radiation therapy technique delivering a high radiation dose to a very small area. This treatment can also be delivered over a much smaller number of treatments (three to four) compared to conventional radiotherapy treatment (12-20), as well as safely deliver a higher

radiation dose to the tumour. This means patients attend fewer appointments at the hospital, reducing demand on a very specialised piece of radiotherapy equipment: the linear accelerator (sometimes referred to as the LINAC).

The Canterbury Regional Cancer and Haematology Service began using SABR in 2015 as part of an Australasian clinical group trial. Each appointment was approximately one hour long and many patients found staying still for this amount of time uncomfortable.

Further developments in technology have made the process significantly faster, and treatment appointments have been reduced from one hour to 20-25 minutes. Each year, 20 patients are now receiving the shorter treatment.

The reduced number of appointments and reduced treatment times enable patients from outside of Christchurch to be treated as a day case, with no need for an overnight stay.

Chief Medical Physicist Andrew Cousins says the project's one of the things he's proudest of since he began working for Canterbury DHB: "Stereotactic ablative body radiotherapy has now become our standard treatment for early stage inoperable lung cancer and Canterbury leads New Zealand in the implementation of this technique."

In New Zealand, about one person in every three who gets cancer is cured.



The LINAC machine.



Our new Christchurch Outpatients facility is open for business.

New Outpatients now open

Just over two years since the soil-turning and blessing that marked the start of construction, our new Christchurch Outpatients facility is open for business. With nearly 400,000 outpatient visits across more than 27 services over a year, this will be a busy facility.

Small teams of people working in the DHB have lived and breathed a vision of our new facilities for close to five years. First they helped us deliver Burwood Hospital two years ago, and in October they did everything necessary so we could finally open the doors of the new Christchurch Outpatients to eager staff and patients.

Seven years after the Canterbury quakes forced many of our outpatient services into temporary accommodation, we now have a facility that is fit for purpose.

Three principles have underpinned the Canterbury DHB outpatient care model. These are:

PATIENT-CENTRED – a patient-centred model of outpatient care aims to provide timely, planned and well communicated health care with minimal wait. We can achieve this through streamlining and standardising our referral, booking and scheduling systems around the needs of our patients.

MULTIDISCIPLINARY AND COLLABORATIVE – this includes developing nurse-led and Allied Health-

.....
Co-location of services makes it possible to be efficient through not duplicating equipment, services, or resources.

led clinics and nurse practitioner roles, among others. It also sees us work closer with community-based care providers including General Practice teams, and strengthening our models of care to look after our patients along every step of their health journey.

ACCESSIBLE – as we face increasing demands from our ageing population we want to make sure our services are accessible. The aim is to provide a co-ordinated system that will allow

people greater choice and flexibility in accessing health services. In effect, it's a one-stop-shop philosophy.

In our new building, this thinking is at the heart of this facility, demonstrated by the co-location of services. This makes it possible to be efficient through not duplicating equipment, services or resources. While a few services such as Dental, Diabetes and Ophthalmology need more specialised equipment and to have their own spaces, we adopted the philosophy that general clinical spaces could all co-exist. This has allowed us to group departments together.

Another significant milestone for us is the opportunity this facility gives us to go 'paper-lite'. We live in an increasingly digital world, and it makes sense to adopt technology that streamlines our patient records and makes them easy to navigate across services, and also reduces the need for volumes of paper.

We're excited about the future of being able to deliver world-class patient care in our new Outpatient facility.

One of New Zealand's leading master carvers, Riki Manuel, created the large wooden sculpture on the wall in the wind lobby of Christchurch Outpatients. Called Kotuku, the carving represents the swell and flow of water.



Christchurch Outpatients

A group of more than 20 chaplains and spiritual leaders led a moving ceremony to bless our new Outpatient facility in October.

The blessing marked that start of the move-in process for staff eager to get into their new facilities, many of whom have spent at least six years working out of temporary clinic rooms and

administration spaces. The move into the Christchurch Outpatients building took place over three weekends as more than 300 staff from across 27 different services moved into their new home.

A big **thank you** to the many teams of dedicated staff who have put a lot of time and effort into making sure we designed facilities that were fit for purpose. There were **six User Groups** involved with the process which required people to spend **nearly 200 hours** over and above their normal working hours on getting the building right.



Canterbury DHB Kaumātua Maurice Gray (seated, centre) leads the blessing service.

Snapshot of Christchurch Outpatients

10,500m² | **5** floors

127
consult
rooms

14 procedure/
treatment rooms

13

special testing rooms, including general consult clinics, Dental, Eyes, Diabetes, Endocrine, Allied Health, and a Blood Test Centre

Acute Services building

The site of the Acute Services building is increasingly busy as more than 600 contractors start the finishing works required to complete our new facilities. Scheduled to open in 2019, the Acute Services building comprises a three storey podium housing the majority of Christchurch Hospital's acute facilities and clinical support areas. Above the podium are inpatient ward blocks over six upper floors.

The plant, providing services such as air conditioning, oxygen and gases is located on Level 2. Below this on Level 1 are the operating theatres and Intensive Care Unit, with the Emergency Department, Radiology and Acute Medical Assessment unit on the Ground

Floor. The two six-level towers will house inpatient floors as well as inpatient units for Paediatric, a Bone Marrow Treatment Unit and a Child Haematology Oncology Unit (CHOC). It's estimated that this will create a total of 62,000m² of new hospital space.

The building has been built to Importance Level 4 standards (180 percent of New Building Standard (NBS)) and is base isolated. It also features purpose-designed spaces for children and a helipad.



Curtain wall washers getting ready to wash the south-facing windows of the east tower.



In our Design Lab, teams of users (including staff and consumers) suggested better ways of doing things.



These ideas became cardboard mock-ups where the staff could practise new ways of working.



Three years later, the multi-bed linear wards are a step closer to completion.

With more than 1,300 glass panels making up the façade of the building, a team of abseiling window-washers has been kept busy cleaning the curtain wall. As well as being double-glazed and designed to protect against winter heat loss and summer overheating, the windows also have a ceramic etching on them. Known as fritting, the ceramic material helps cut down reflections and reduces glare for people both inside and outside the building. The pattern of the fritting was inspired by harakeke leaves.

The building has been built to Importance Level 4 standards (180 percent of NBS) and is base isolated.

It's all happening

Akaroa Health Hub

Good progress is being made on the new Akaroa Health Centre Te Hauora o Rākaihautū following a soil-turning ceremony in February.

The new centre is expected to be complete mid-2019 and will provide Akaroa residents with General Practice team services, including four flexibeds, and eight Aged Residential Care beds.

The facility was needed after the Akaroa Hospital was forced to close post-earthquakes. It's been designed to make the most of the site, which overlooks Akaroa Harbour.

Along with large feature windows that will let in lots of natural light, a courtyard in the centre of the site can be accessed from multiple parts of the facility. For more information on the project, visit www.akaroahealthhub.org.nz

Construction progress has been rapid over the past seven months, as you can see in the photos to the right.



A panorama of the site shows the foundations in place and the timber framing for the walls going up.

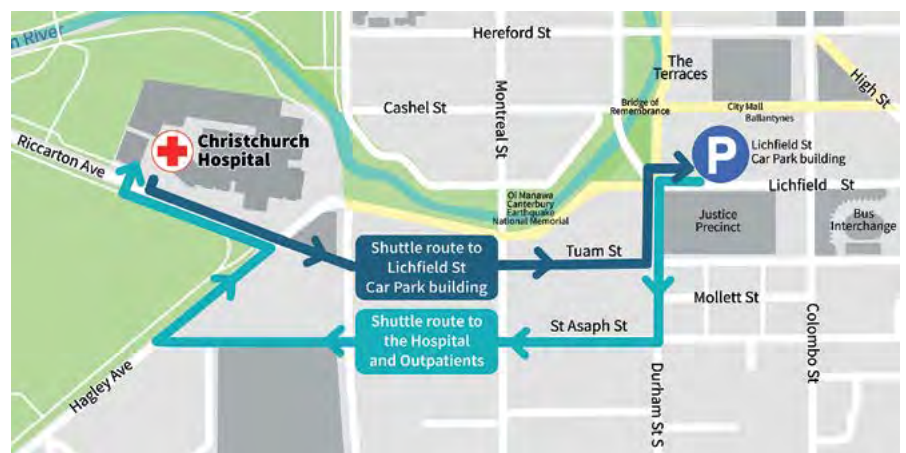


Scaffolding going up around the site for the timber framing that will form the two gables.

Heading to hospital? *Plan your trip.*

If you're coming to the Christchurch Health campus, please remember that parking in this area's extremely challenging. Plan your trip and leave plenty of time to get to your appointment.

- Use the Christchurch City Council (CCC) on-street parking and nearby Wilsons parking but be aware that space is at a premium.
- Use the bus if this is appropriate for you.
- Arrange with a family member or friend to drop you off and pick you up in the drop off zones outside the main entrances of the Christchurch Outpatients or Christchurch Hospital.
- Park at 33 Lichfield Street (opposite the Justice Precinct) and then catch the free hospital shuttle. CCC parking rates apply.



Parking is still going to be challenging for a little while longer, until the roads around our buildings are finished. To help ease some of the stress of coming to the

Christchurch Health campus, whether you are visiting outpatients or hospital, **PLAN YOUR TRIP!**



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



Delivering on the National Health Targets

The National Health Targets are performance measures set for all DHBs by the Government.







While they capture only a small part of what is important in terms of our region's health, they provide a focus for collective action and performance improvement.

They also present a summary of performance across the continuum of care, from prevention and early intervention through to improved access to intensive treatment and support. In this sense, achievement of the health targets is a reflection of how well the health system is working together to improve the health and wellbeing of our population. The National Health Targets are under review for 2018/19.

This was a positive year for Canterbury DHB in terms of delivery against these targets. Although we missed one of them in the final quarter, we improved or maintained performance on all six target areas.

In terms of the one target missed by Canterbury DHB, there has been considerable growth in demand for Emergency Department (ED) services. There were 103,116 presentations to Canterbury EDs in 2017/18, with an 18 percent increase in demand over the past five years. This pattern was seen across New Zealand, with significantly higher numbers of younger adults presenting at ED services.

Results show the quarterly results across 2017/18. The national average reflects the final quarter.

<div>Increased</div> <div></div> <div>Immunisation</div>	<div>Increased immunisation</div> <div>95% of eight-month-olds are fully immunised (i.e. have had their primary course of immunisation at six weeks, three months and five months).</div>	<div>Target 95%</div> <table><tr><td>Q1</td><td>95%</td><td>✓</td></tr><tr><td>Q2</td><td>95%</td><td>✓</td></tr><tr><td>Q3</td><td>95%</td><td>✓</td></tr><tr><td>Q4</td><td>95%</td><td>✓</td></tr></table> <div>NZ 91%</div>	Q1	95%	✓	Q2	95%	✓	Q3	95%	✓	Q4	95%	✓
Q1	95%	✓												
Q2	95%	✓												
Q3	95%	✓												
Q4	95%	✓												
<div>Raising</div> <div></div> <div>Healthy Kids</div>	<div>Raising healthy kids</div> <div>100% of children identified as obese at their B4 School Check were offered a referral to a health professional for clinical assessment and healthy lifestyle interventions.</div>	<div>Target 95%</div> <table><tr><td>Q1</td><td>93%</td><td>✗</td></tr><tr><td>Q2</td><td>96%</td><td>✓</td></tr><tr><td>Q3</td><td>98%</td><td>✓</td></tr><tr><td>Q4</td><td>100%</td><td>✓</td></tr></table> <div>NZ 98%</div>	Q1	93%	✗	Q2	96%	✓	Q3	98%	✓	Q4	100%	✓
Q1	93%	✗												
Q2	96%	✓												
Q3	98%	✓												
Q4	100%	✓												
<div>Better help for</div> <div></div> <div>Smokers to Quit</div>	<div>Better help for smokers to quit</div> <div>93% of Primary Health Organisation-enrolled patients who smoked were offered advice and help to quit smoking from a health professional at least once every 15 months.</div>	<div>Target 90%</div> <table><tr><td>Q1</td><td>91%</td><td>✓</td></tr><tr><td>Q2</td><td>90%</td><td>✓</td></tr><tr><td>Q3</td><td>90%</td><td>✓</td></tr><tr><td>Q4</td><td>93%</td><td>✓</td></tr></table> <div>NZ 90%</div>	Q1	91%	✓	Q2	90%	✓	Q3	90%	✓	Q4	93%	✓
Q1	91%	✓												
Q2	90%	✓												
Q3	90%	✓												
Q4	93%	✓												
<div>Shorter stays in</div> <div></div> <div>Emergency Departments</div>	<div>Shorter stays in Emergency Departments</div> <div>The target was 95% of patients presenting in an Emergency Department (ED) being admitted, discharged, or transferred within six hours. Canterbury's result counts the Christchurch and Ashburton Hospital Emergency Departments.</div>	<div>Target 95%</div> <table><tr><td>Q1</td><td>94%</td><td>✗</td></tr><tr><td>Q2</td><td>95%</td><td>✓</td></tr><tr><td>Q3</td><td>95%</td><td>✓</td></tr><tr><td>Q4</td><td>94%</td><td>✗</td></tr></table> <div>NZ 91%</div>	Q1	94%	✗	Q2	95%	✓	Q3	95%	✓	Q4	94%	✗
Q1	94%	✗												
Q2	95%	✓												
Q3	95%	✓												
Q4	94%	✗												
<div>Improved access to</div> <div></div> <div>Elective Surgery</div>	<div>Improved access to elective surgery</div> <div>The national target was an increase in the volume of elective surgeries by at least 4,000 discharges per year. Canterbury's target for 2017/18 was 21,330, and we completed 21,402 elective surgeries by the end of quarter four.</div>	<div>Target 21,330</div> <table><tr><td>Q1</td><td>4,989</td><td></td></tr><tr><td>Q2</td><td>10,344</td><td></td></tr><tr><td>Q3</td><td>15,341</td><td></td></tr><tr><td>Q4</td><td>21,402</td><td>✓</td></tr></table>	Q1	4,989		Q2	10,344		Q3	15,341		Q4	21,402	✓
Q1	4,989													
Q2	10,344													
Q3	15,341													
Q4	21,402	✓												
<div>Faster</div> <div></div> <div>Cancer Treatment</div>	<div>Faster cancer treatment</div> <div>The target was 90% of patients (referred with a high suspicion of cancer and a need to be seen within two weeks) receiving their first cancer treatment within 62 days of referral. Canterbury reached 94% at the end of quarter four.</div>	<div>Target 90%</div> <table><tr><td>Q1</td><td>95%</td><td>✓</td></tr><tr><td>Q2</td><td>94%</td><td>✓</td></tr><tr><td>Q3</td><td>91%</td><td>✓</td></tr><tr><td>Q4</td><td>94%</td><td>✓</td></tr></table> <div>NZ 91%</div>	Q1	95%	✓	Q2	94%	✓	Q3	91%	✓	Q4	94%	✓
Q1	95%	✓												
Q2	94%	✓												
Q3	91%	✓												
Q4	94%	✓												

Delivering on the System Level Measures

The System Level Measures are one of the outcomes frameworks used by the Ministry of Health to strengthen integration across the health system and measure performance.

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

Canterbury DHB then identified local priorities and activity that would positively influence performance against the System Level Measures.

While the System Level Measures only capture a small part of what is necessary and important to our community's health, they provide a focus for collective action across the health system and performance improvement. The 2018/19 System Level Measures Improvement Plan can be found on our website here. Focus areas include:

1. **ASH rates:** We aim to reduce the ethnic variation between our Pasifika and Total Population. In Canterbury,

Pasifika people have a high ASH rate compared to other ethnicities, so we are working on initiatives in this area.

2. **Patient experience of care:** This is a marker of how well a health system is working overall, and our priority is to use information from the in-hospital and primary care Patient Experience Survey (page 26) to drive quality improvement.

3. **Acute hospital bed days:** We aim to reduce the higher bed day rates while ensuring those who need to be in hospital still receive the optimum level of services. Stroke and other cerebrovascular disorders are higher in Canterbury than other parts of New Zealand, and are the largest contributors to Canterbury's acute hospital bed day rate.

4. **Amenable mortality:** We aim to reduce avoidable causes of death. A review of these causes indicates that a number of medical conditions contributing to Canterbury's amenable mortality rate (death that could have potentially been avoided, given effective and timely healthcare) are influenced by lifestyle choices,

including activity levels, nutrition and smoking. Our focus is to assist people to better manage their own health outcomes, improve quality of life and reduce mortality.

5. **Youth access:** In Canterbury, youth access to health services is focused on those in high school – up to 17 years of age – using DHB-funded dental services. The numbers using this service have changed little over the past 10 years, and Canterbury sits below the national average. We are working with dental practices to strengthen transfer of care and recall processes, and determining factors that impact adolescent engagement with services and ways to increase use.

6. **Babies in smokefree homes:** We aim to increase these numbers to ensure the best start to life. While Canterbury has higher rates of babies in smokefree homes than the national average, Canterbury's results for Māori and Pasifika are lower than the Canterbury Total Population. We aim to address the ethnic variation between Māori and Pasifika people and the Total population.

System Level Measures June 2018 milestone	How did we do?	
ASH rates for 0-4 year olds Milestone: The average four-year ratio for the 0-4 year old ASH for Pasifika: Total population is 1.99:1 or less.	This target was being met throughout the year but was not met in the final quarter with an average ratio for the 0-4 year old ASH for Pasifika: Total population of 2.08:1.	✗
Patient experience of care Milestone: 70% of General Practice teams are seeking feedback from their enrolled population via the Primary Care Patient Experience Survey.	May 2018 data indicated that 72% of General Practice teams are seeking feedback from their enrolled population.	✓
Acute hospital bed days Milestone: 2017/18 Acute Bed Days rate of 292 per 1,000 population.	At March 2018 Canterbury had an Acute Hospital Bed Days rate of 284 per 1,000 population.	✓
Amenable mortality Milestone: Maintain the downward trend with an amenable mortality rate at 30 June 2018 of 84 per 100,000.	2018 data is not yet available. However available data has Canterbury's rate in 2015 as 85.3 per 100,000. Overall Canterbury's rate continues its downward trend, indicating we are on track to achieve the June 2018 milestone.	✓
Youth access to health services Milestone: 63% of adolescents in high school and up to 17 years of age are using the DHB-funded dental service.	63% of adolescents in high school and up to 17 years of age utilised the DHB-funded dental service.	✓
Babies in smokefree homes Milestone: An increase in the percentage of completed records in the Well Child Tamariki Ora (WCTO) first contact data fields.	Over the past year there has been an increase from 92% to 95% in the completion of records in the WCTO first contact data fields.	✓

The National Patient Experience Survey

Another initiative introduced by the Health Quality & Safety Commission and mandated by the Ministry of Health is the National Patient Experience Survey. It is the largest health survey in New Zealand, and canvasses the views of patients 15 years and older who recently spent time as inpatients in our hospitals or visited their General Practice team.

The survey covers four areas for patients: the quality of communication experienced, whether the patient felt involved in decisions about their care (partnership), coordination of care, and how well their physical and emotional needs were met. Understanding how a patient experiences healthcare gives us valuable insights into where we can do better.

Survey links are sent out every two weeks via email or text message to patients who have been in hospital, and for a week every three months for those who have visited their General Practice team. Patients are asked to respond to a range of questions about their healthcare experience. Next time you receive healthcare, you may like to check your email address is up to date so that you can have your say.

Our goal over 2018/19 is to maintain and increase patient participation in the Patient Experience Survey, and evaluate feedback to drive improvement.



Communication



	2015/16	2016/17	2017/18
Primary Care	8.5	8.5	8.4
Secondary Care	8.6	8.6	8.6

Partnership



	2015/16	2016/17	2017/18
Primary Care	7.6	7.7	7.6
Secondary Care	8.6	8.6	8.6

Coordination



	2015/16	2016/17	2017/18
Primary Care	8.6	8.7	8.4
Secondary Care	8.5	8.6	8.5

Physical & Emotional Needs



	2015/16	2016/17	2017/18
Primary Care	8.0	8.0	7.8
Secondary Care	8.8	8.8	8.8

The survey gives an overall score out of ten on the four areas.

Quality and safety markers

Health quality and safety markers are designed to track progress and aid in improving healthcare and reducing patient harm.

Areas of work include preventing falls, better hand hygiene, safe surgery, preventing surgical site infections, medication reconciliation and preventing patient deterioration. An **interactive dashboard** shows the results for the quality and safety markers and Patient Experience Survey data, by DHB.

Falls

Strategy

Canterbury DHB has a 'whole of system approach' to falls prevention, which aims to reduce harm through initiatives to reduce falls in the wider community, in rest homes and for older people receiving care in our hospitals.

In the community and rest homes

Over the past year, the Canterbury Falls Prevention Programme has helped over 1,650 people aged 75+ years in reducing their risk of a fall. The Falls & Fragility Fracture Prevention Service Level Alliance was established in October 2017 as a three-year group to enhance and improve the falls and fragility fracture prevention work in Canterbury. Falls initiatives in 2017/18 included a partnership between the Accident Compensation Corporation (ACC), Sport Canterbury and the Canterbury Clinical Network to coordinate 12,000 places in community-based strength and balance



An example of work done in April on falls prevention.

classes to improve strength and balance to further decrease older person's falls.

In our hospitals

From a total of 2,464 patient falls, 50 had falls that were confirmed as resulting in serious harm during the 2017/18 year. We are continuing to focus on identifying risk factors and tailoring falls prevention strategies to enhance safe mobility and meet the needs of individual patients while they are in hospital, and for when they

return home. We are continuing to focus on involving the patient's family/whānau in fall prevention planning, including discussion around their fall risk factors, as well as providing them with educational material. Routine activities include the use of visual cues, safe mobility plans for all patients, monitoring and feeding back falls measures, Releasing Time to Care activity such as intentional rounding (hourly checks of patients to assess things like pain and positioning) and bedside handover, the annual Falls Awareness Campaign, procedures and care planning guidance' for staff, and updating patient/whānau information pamphlets.

The workstreams have reframed the use of non-slip socks for staff as a temporary measure until appropriate footwear can be brought in for a patient, and explored options for operationalising the Safe Recovery Patient Education Programme within Older Person's Health rehabilitation services.

Canterbury DHB also led the review of the South Island Generic Fall Prevention Self Learning Package for community and hospital staff in healthLearn.

Improvements to the electronic incident management system fall event form have also been identified to help improve the data used to identify trends and focus future improvement work.



Registered Nurse Alex Willets with Mrs Iris Bishop.



Getting up and moving can help prevent pressure injuries.

Pressure Injury Prevention

Strategy

Canterbury DHB is committed to ensuring all steps are taken to prevent pressure injuries from developing while people are in our care. Canterbury DHB is also proactive in the community, implementing multi-faceted strategies to prevent pressure injuries from developing.

In our hospitals

Fourteen hospital-acquired pressure injuries were confirmed in 2017/18 as a stage 3 or 4, or as unstageable. Each one that is stage 3 or greater has an independent file review to determine contributory factors and care management problems, with recommendations made and moderated by a multidisciplinary Review Panel.

Routine activities to prevent pressure injuries include use of standardised clinical skin and risk assessments undertaken by nursing staff to identify people at risk of developing a pressure injury on admission and during care, the inclusion of pressure injuries prevention strategies into patient care plans, use of appropriate pressure relieving equipment, repositioning and appropriate mobilisation of the patients/clients, promoting safe patient handling practice, and optimal nutrition and continence management.

The Canterbury Pressure Injury Advisory Group aims to improve clinical outcomes and standardise clinical practice across the District. The Group has been proactive in developing and implementing pressure injury prevention strategies which range from survey of staff knowledge and confidence in identifying and staging injuries, point prevalence surveys and improving professional development through a staff pressure injury prevention e-learning package.

Canterbury DHB has also updated its Pressure Injury Policy and supporting documents, enhancing pressure injury prevention communication across Canterbury by including community providers on the Group, and holding numerous pressure injury prevention activities for the annual World Stop Pressure Injury Day on 15 November.

Across the Canterbury Health System

To further our 'whole of system' approach, we are working closely with ACC to strengthen practice across the health community through the implementation of a system-wide pressure injury prevention project.

Key initiatives aimed at reducing pressure injuries in 2017/18 included:

- The review of pressure injury resource requirements with a stocktake of all pressure injury resources and activity completed for the Canterbury DHB. A community stocktake is currently underway.
- The development of a Pressure Injury Prevention Link Nurse (PIPLN) role, which is a frontline nurse in any setting who is trained to teach, promote, monitor/undertake surveillance, and support improvement processes with colleagues to deliver best practices in the prevention and management of pressure injuries.
- The development of a structured Community of Practice (CoP) to support and assist health professionals in all settings to share and develop knowledge and skills in pressure injury prevention and management. Specifically, the CoP will use social media to effectively mobilise and communicate PIPLN issues to engage health professionals in sharing pressure injury prevention learning and resources.
- Work with community stakeholders in mutual areas of identified improvement.
- A consumer survey on pressure injury knowledge that will be used to help design pressure injury resources for patients, residents, staff and the community.
- Co-designing health education resources with the community that will inform people about how to prevent pressure injuries that occur during a temporary illness that reduces activity, or with a long-term functional impairment that limits physical activity. Once developed, these resources will be integrated within established information repositories and services.

Hand hygiene

Effective healthcare worker hand hygiene is a core strategy in the prevention of healthcare-associated infections, and is recognised worldwide as the most useful strategy to prevent the spread of infection. Canterbury DHB promotes good staff hand hygiene, either by washing with liquid soap or using alcohol-based hand rub, and has participated in the Health Quality & Safety Commission's Hand Hygiene Programme since 2010.

Threshold

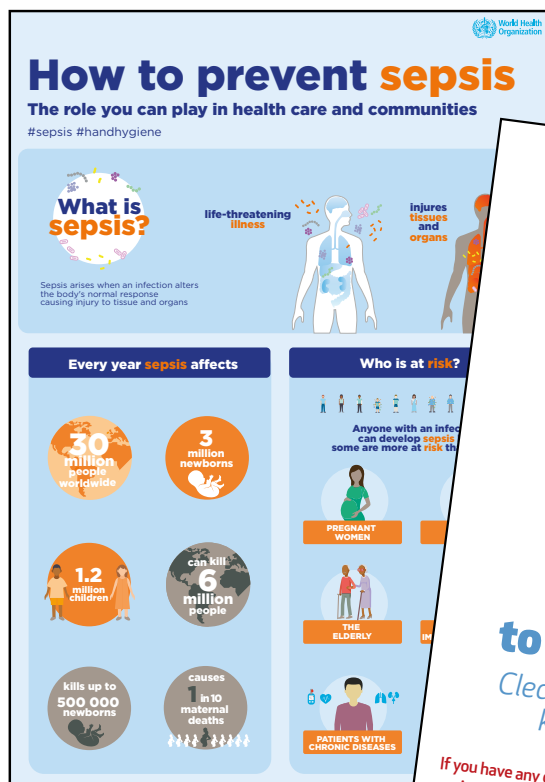
The national hand hygiene threshold is 80 percent.

Are we doing things right?

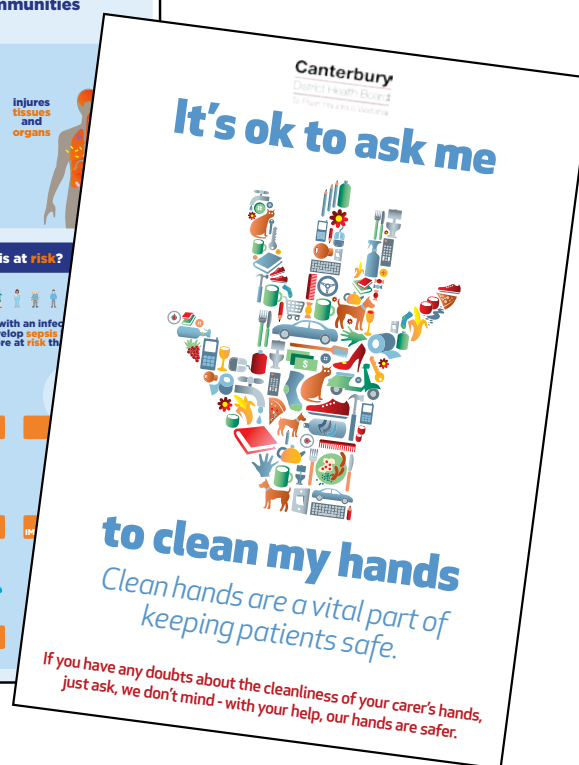
Canterbury DHB first surpassed the 80 percent hand hygiene target for the audit period finishing on the 31 March 2017, with 83.3 percent. This result has continued to be sustained: the latest audit period of 30 June 2018 resulted in Canterbury DHB surpassing the 80 percent target for the fifth consecutive time (82 percent).

Hand hygiene initiatives are happening across the Canterbury Health System. Canterbury DHB took the World Health Organization's Hand Hygiene Day on 5 May 2018 a step further by continuing to promote hand hygiene for the whole month of May.

The World Health Organization's 2018 hand hygiene theme was *SAVE LIVES: Clean Your Hands* with the slogan *"It's In Your Hands – Prevent Sepsis in*



One of the World Health Organization's hand hygiene posters.

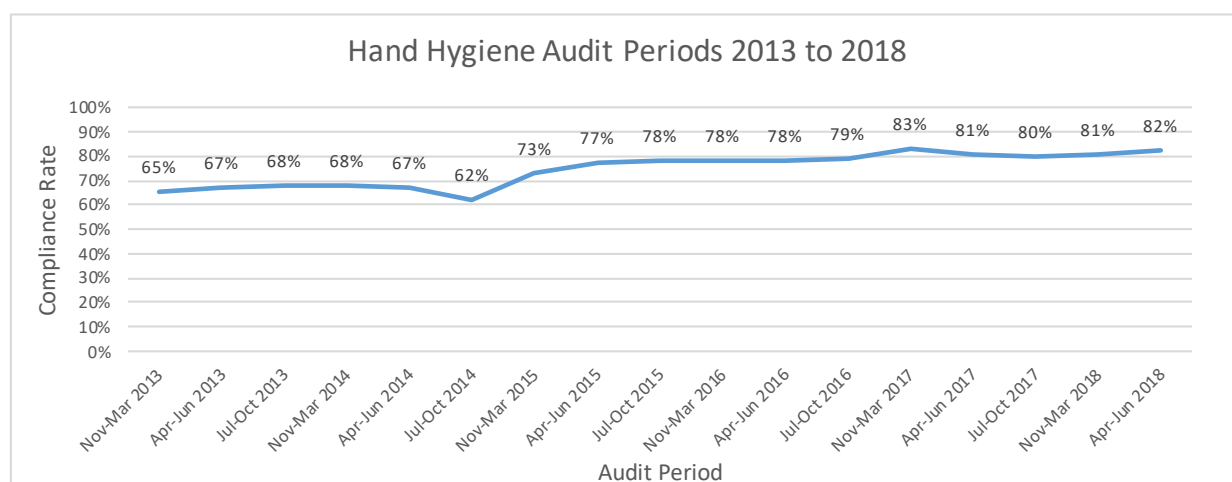


Healthcare". The Health Quality & Safety Commission's resources were displayed in public spaces encouraging patients to ask staff to clean their hands with the tagline 'It's okay to ask me to clean my hands', continuing the initiative first introduced for the 2016 campaign.

Local activities were promoted during May 2018. For example, the Neonatal Intensive Care Unit, a complex intensive care environment, had a rethink on "baby zones" and educating staff on how they can make the hand hygiene initiatives work in a fast-paced, patient-focused yet technical environment. The Acute

Medical Assessment Unit made use of the hand washing visual aids, ensuring hand hygiene was part of everyday clinical conversations and team updates. The Commonwealth Games inspired a hand hygiene challenge at Canterbury DHB Older Person's Health, and Ashburton Hospital's initiative was to provide feedback on 'missed hand hygiene opportunities' with clinical staff.

Visit www.healthinfo.org.nz/hand-hygiene.htm for more information on hand hygiene. To see the Canterbury DHB hand hygiene patient information leaflet, click [here](#).





Safe Surgery programme

Canterbury DHB participates in the Safe Surgery NZ programme which aims to improve teamwork and communication in the patient perioperative journey. Three points have direct observational auditing to assess three surgical safety components being: sign in, time out and sign out.

Threshold

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

Are we doing things right?

Canterbury DHB has met the threshold for 50 observational audits for all audit periods, and is one of ten DHBs that have achieved 50 audits in each checklist section.

The target of 95 percent for all three surgical safety components are sign in, time out and sign out. Canterbury DHB has achieved this in sign in and just missed achieving this score for the remaining two components.

The latest audit period is only the eighth quarter in which DHBs have measured the impact of the programme. The focus is still on embedding the programme and the auditing method. Improved results are expected in future quarters.

Canterbury DHB	Sign in						Time Out						Sign Out					
	Baseline	Rolling	Q3, 2017	Q4, 2017	Q1, 2018	Q2, 2018	Baseline	Rolling	Q3, 2017	Q4, 2017	Q1, 2018	Q2, 2018	Baseline	Rolling	Q3, 2017	Q4, 2017	Q1, 2018	Q2, 2018
% audits all components reviewed (target 100%)	91	98	97	98	99	100	92	97	94	99	95	99	96	99	98	100	97	100
% audits with engagement scores of 5 or higher (target 95%)	88	96	97	98	93	98	76	89	83	91	88	94	65	87	82	84	90	93

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

Surgical Site Infection Prevention Programme

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

The Health Quality & Safety Commission continues its focus on reducing surgical site infections following orthopaedic hip and knee replacement surgeries, and cardiac surgeries. The recommendation is that the correct dose and type of antibiotic is given within a set timeframe prior to the surgical procedure, and that this be combined with the correct skin preparation to help prevent infections. Canterbury DHB participates in this national programme achieving similar rates to other DHBs in both cardiac and orthopaedic procedures.

Threshold

For hip and knee replacements the following thresholds have been set by the Commission:

- 100 percent of primary hip and knee replacement patients will receive the appropriate antibiotics 0-60 minutes before incision.
- 100 percent of primary hip and knee replacement patients will have appropriate skin antisepsis in surgery using alcohol/chlorhexidine or alcohol/povidone iodine.
- 95 percent of hip and knee replacement patients will receive 1.5g or more of cefazolin or 1.5g or more cefuroxime as a prophylactic antibiotic before surgery.



- Antibiotic prophylaxis (cefazolin or cefuroxime) is stopped within 24 hours of hip and knee replacement surgery. Three doses are given every eight hours within 24 hours.

In cardiac surgeries the following are the current thresholds:

- 100 percent of cardiac procedure patients receive the appropriate antibiotics 0-60 minutes before incision.
- 95 percent of cardiac adult patients will receive the prophylaxis antibiotic of choice (cefazolin >2g).
- Antibiotic prophylaxis (cefazolin) is stopped within 48 hours of cardiac surgery. Six doses are given every eight hours and are stopped within 48 hours.
- 100 percent of cardiac procedures will receive alcohol-based skin antisepsis.

Are we doing things right?

Orthopaedic From January to March 2018, 100 percent of hip and knee

arthroplasty procedures involved the giving of an antibiotic within 60 minutes before incision. Canterbury DHB was one of 13 DHBs that achieved the national goal.

Cardiac From January to March 2018, 87 percent of cardiac surgeries involved the giving of the antibiotic within 60 minutes before incision, and the antibiotic of choice (cefazolin) was given 90 percent of the time. Canterbury DHB met the skin antisepsis marker 100 percent of the time, being the use of an alcohol-based skin preparation.

Medicine reconciliation

Medicine reconciliation is a process by which health professionals accurately document all medicines a patient is taking and their adverse reactions history (including allergy). The information is then used during the patient's transition in care. An accurate medicines list can be reviewed to check the medicines are appropriate and safe.

Medicines that should be continued or stopped (completely or temporarily) can be documented on the list. Reconciliation reduces the risk of medicines being:

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

The introduction of electronic medicine reconciliation (eMedRec) allows reconciliation to be done more routinely, including at discharge. Canterbury DHB has implemented the eMedRec as part of the national programme and will be reporting on the process markers in the near future.



Deteriorating Patient Programme

Acute physical deterioration can happen at any point during a patient's admission to hospital. Many patients show signs and symptoms of physiological instability for some time before events such as cardiac arrest or unplanned admission to an intensive care unit (ICU). This means there are opportunities to intervene and prevent these events from occurring. The Health Quality & Safety Commission has introduced a Patient Deterioration Programme to ensure that all patients receive early detection and response to early signs regardless of geographical location, their location within the hospital or the time of day. The NZ Early Warning Score (EWS) is fine-tuned to be more sensitive to patient deterioration and scoring is aligned with coloured zones that will be responded to in the new deteriorating patient pathway.

The changeover to the Canterbury DHB NZ Early Warning Scoring system occurred on 19 September 2017 across all hospital facilities' inpatient services.

The next workstream underway is the code sign of patient and whānau escalation processes. Patients and whānau often recognise subtle signs of patient deterioration, even if vital signs are normal, but clinicians respond variably to these concerns. Acting on these concerns, discussing patients' preferences for care early on, and making shared decisions about the goals of an episode of care can improve communication, provide better experiences for all involved and ensure appropriate responses to acute deterioration.

New Quality and Safety Markers have been introduced by the Health Quality & Safety Commission to track performance of the EWS. The thresholds are:

- 1) The spread across the hospitals – 100 percent.
- 2) The percentage of early warning scores added up correctly – 100 percent.
- 3) The percentage of patients requiring an escalation response within the correct timeframes – 100 percent.



- 4) The number of cardiac arrests in hospital – no threshold.
- 5) The number of rapid response calls in the hospitals – no threshold.

Are we doing things right?

Canterbury DHB has an electronic observation system in use across all hospital facilities (100 percent of marker 1) in which the New Zealand EWS is an integral part. Every day, 3,500 sets of vitals are completed and 100 percent are added up correctly (marker 2). Of the

average 220 sets, observations are scored as red or blue and require escalation. An audit of 141 records found that 55 percent received the appropriate review within the prescribed timeframes (marker 3).

The number of in-hospital cardiovascular pulmonary arrests in adult inpatient wards, units or departments for January to March 2018 was 9 and was 21 for April to June 2018. The number of rapid response escalations for January to March 2018 was 124 and was 151 for April to June 2018.

People are at the heart of all we do

We want Canterbury DHB to be a good employer and a great place to work and grow professionally. To help achieve this, we're committed to engaging our people in creating and constantly evolving our programmes and policies, including our good employer programmes.

Leadership, accountability and culture

It is often said that an organisation's strength is derived from its culture – and we believe the standard for this is set by our leaders and their behaviour, our systems and processes, and the way we tell our stories.

As well as delivering quality health services to our communities, building this strong culture is integral to achieving our vision. Of course there are other important ingredients to make our organisation a great place to work too, like aligned strategies, structures, staffing and skills; fit-for-purpose facilities; great information technology infrastructure; and strong relationships and networks. But underpinning it all is an engaged, motivated, and highly-skilled workforce committed to doing its best for patients and for the wider health system.

This workforce deserves to be led not only by skilled professionals, but by people who can communicate effectively, who motivate and energise their teams to meet goals, and who will be accountable.



When it comes to leadership, our people have told us this matters. So, we've responded by developing new online leadership content for our managers, and by starting a new shared approach to leadership development across the public sector. Where we've started is just the beginning and there's much more that we'll be delivering in this space as we grow the capability of leaders and leadership.

Employee engagement

We've sent out three staff wellbeing surveys since 2012, all of which have included measures for engagement.

In a 2016 Staff Wellbeing Survey, more than 4,000 people (42 percent of all staff) were clear about what they needed from us to help them do their best work. One of the key themes was removing disabling bureaucracy and providing technology that made it easy to get things done. Our response was to co-design human resource (HR) services from the ground up, and deliver many of these services using our online self-service HR portal, named Max. We're helping our DHB make work work better.

Traditional HR services such as updating personal details, changing roster patterns, updating bank account details, and applying for leave are now able to be completed online, and all employees can access their leave balances and pay-slips instantly.

In the nine months since the launch, there are now 20 HR services available via Max. This includes complex cross-functional services such as on-boarding of new employees, which is saving thousands of hours of administration for hiring managers across the organisation.

People also told us to put them at the centre of our decision-making. As a result, we launched our Care Starts Here programme to promote:

- Doing the Right Thing, *He tika he tika.*
- Valuing Everyone, *Mana tangata.*
- Being and Staying Well, *Oranga Tonutanga.*

We've engaged thousands of staff in a conversation about what we care about and how we do things around here; we're strengthening our core people policies and processes – including our Code of Conduct, and we're developing tools and resources to help people live our values.



Workplace safety, health and wellbeing

We're committed to supporting and further developing a safe and healthy workplace. This focus is supported by our Wellbeing, Health and Safety team, which includes experts in workplace safety, occupational health and rehabilitation, and employee wellbeing.

There is a health monitoring programme which includes screening and

immunisation, plus the entire workforce and their families are provided with free access to an Employee Assistance Programme if they're faced with work or personal issues that are negatively impacting on them. There's also access to onsite confidential support services through an external provider.

We also support our staff with programmes and activities around healthier lifestyles, and there are many opportunities for workforce engagement and participation in health and safety, including committees and training. As part of this approach, our people are supported and encouraged to be responsible for building and maintaining a healthy and safe environment at work.

Canterbury DHB continues to participate in the ACC Accredited

Employer Programme to promote a safe work environment. Injury prevention programmes are in place, and there's a focus on supporting staff to return to work following an injury or illness. We've reviewed our occupational health and injury management service, and we're now focused on expanding it to provide a broader range of support and interventions to promote wellbeing, prevent sickness and injury, and rehabilitate people more effectively when they do become unwell.

Equal opportunities and positive behaviours

We do not tolerate any form of harassment or workplace bullying and we continue to work to ensure all staff are aware of harassment policies and procedures. This includes discussions with individuals new to the organisation and training for managers to facilitate early intervention.

We're also working to remove barriers to the recruitment, retention, development and promotion of our employees.

**SAFETY
FIRST**

Improving patient flow



Releasing Time to Care programme

In Canterbury health facilities, service quality relies on the right care being delivered by the right person in the right place and at the right time, delivering the right experience. No wait, no harm, and no waste are Canterbury DHB principles driving our improvement programmes. The Releasing Time to Care programme (RT2C) enables healthcare teams to focus on improving process, practice and environments. RT2C is best described as a ward-based quality improvement programme to empower teams to make changes to improve the safety, quality and delivery of care. Changing practice and process is focused at the ward/unit/service level, as changes that are staff driven are more likely to be continue.

The programme focuses on four domains of improvement: patient safety, patient experience and outcomes, value and efficiency of care, and team performance and staff well-being. Data-driven improvement based on facts not perception is vital for improving our services. RT2C workshops encouraged teams to work together focusing on patient-centric care that was solutions-based upon best experience for patients, effective use of time and resources and consistency through standardisation.

The improvements have given our Canterbury healthcare teams opportunities to spend more time with their patients. Healthcare teams often spend valuable time away from the patient looking for items, searching for information about patients and dealing

The Faster Cancer Treatment programme

The Faster Cancer Treatment (FCT) programme aims to improve the quality and timeliness of services for patients along their cancer pathway by ensuring they have timely access to appointments, appropriate diagnostic tests and treatment.

The 62 days target refers to the time from a patient's referral to when they receive their first treatment. In July last year, the Ministry of Health changed the FCT compliance target to 90 percent, as well as changed the eligibility criteria for inclusion – in effect no longer counting patients who choose to delay their treatment or who are delayed because of clinical considerations. Since the change, Canterbury DHB has consistently met the target.

The 31 days measure refers to the number of days between a patient and their clinician agreeing on a treatment plan (a Decision to Treat, or DTT) to receiving their first treatment. The compliance target for the measure is 85 percent and again Canterbury DHB has consistently met this threshold.

Canterbury DHB, in collaboration with Nelson Marlborough DHB, participated in a project to review the patient pathway for those with head and neck cancer.

To understand what's important to our patients, we decided that the best way was to ask them. In-depth face-to-face interviews were held with a sample of patients followed by a postal survey of all patients diagnosed with a head and neck cancer in the last two years. The responses were overwhelmingly positive, but the project team identified areas for improvements based on the survey's results. One example was how patients are supported and followed up post-treatment, and the team is investigating ways to improve post-treatment services, which aligns with Canterbury DHB's commitment to put our patients at the heart of all we do.



Mrs Andrews with Clinical Nurse Specialist Kerry Winchester at Christchurch Hospital.

with numerous interruptions. RT2C helps healthcare teams change the way they work by identifying where they spend time on activities that do not add value for patients, so they can increase the time they spend providing patient care. We've started by making our ward environments and schedules more organised, so we can continue to concentrate on providing really good care. We want to give our patients and their whānau the best possible experience during their time with us, making sure they know what to expect while they are with us and what is likely to happen next. We want to make sure that staff morale is high and involve our teams in designing the best ways of working. We'd like a seamless, integrated health service that meets the community's needs. And we'd really like consistency in the care we deliver.

Christchurch Hospital, Burwood Hospital, Ashburton Hospital, Christchurch Women's Hospital, the rural maternity units and rural hospitals are participating in the programme in a staged approach.

Bedside boards incorporating safe mobility plans were a simple but smart solution to preventing harm in our hospitals. With a highly flexible workforce often working in more than one location, consistency was really important in preventing harm to the people under our care.

Key safety measures are displayed on boards in ward areas so we know how well we are doing, and can be viewed by staff, patients, their whānau, and visitors. The visual approach to error and risk has helped engage and raise staff awareness of safety issues and improvement activities. The boards highlight issues and actions towards achieving certain targets or goals by way of action plans.



One of the bedside boards.



Restorative care

A restorative approach to health supports people with making the most of their independence for as long as possible. It's a flexible approach to health care that respects the individual and supports them to obtain and maintain their highest level of function. This includes strengthening their ability to live independently and participate within their community or whānau for longer. It also includes strengthening their ability to recover quickly from injury or illness and contribute actively to decisions about their care.

At Canterbury DHB, we've started to use a restorative care framework to improve the patient journey in acute care; building on earlier successful work in Older Person's Health and Community based Care.

There are many opportunities to provide restorative care throughout the patient journey. Strategies supporting a restorative approach to care are proven to reduce time spent in hospital, and to reduce problems associated with deconditioning and loss of physical and mental function. Through drawing up an individual care plan for every patient, our clinicians will make sure patients are able to keep active during hospital stays, aiming to get patients home as soon as they are medically well enough to do so, and enabling access to community-based support to continue this restorative process once a patient is back at home.

Pharmacy services

In Canterbury, we see the pharmacist as an important component of people's healthcare teams and have already demonstrated how pharmacists can contribute to keeping people healthy in their own homes and out of hospital. This year we have built on ways the Canterbury Community Pharmacies Group (CCPG) extends the services it provides so it can work even more effectively with other health providers.

This work aims to empower people – especially those living with long-term conditions, mental health conditions, the frail elderly, their carers, and vulnerable children and their whānau – to manage their own health with the help of healthcare providers in the community, like Pharmacy and General Practice teams. Our goal is to improve people's health outcomes because pharmacists, as part of the wider health care team, are providing a broader range of high-quality health promotion and preventive services that meet local health needs. The other goal is to make sure Cantabrians are supported to use medicines safely, effectively and consistently.

Notable developments for the 2017/18 year include:

1. Medicines therapy assessments: 115 patients and their General Practice team benefitted in 2017/18 from pharmacist advice about how to optimise ongoing prescription



medicines to reduce risks and to make them easier to manage. There are 19 pharmacists in Canterbury qualified to provide this advice to patients and prescribers.

2. Motivational conversations: 70 community pharmacists and five Pharmacy Technicians have received DHB-funded training in conducting motivation conversations with patients – a valuable skill in counselling patients about self-managing their medicines and other health-related issues, such as smoking cessation.
3. Patient guide to medicines management – with DHB support, CCPG is producing a guide for patients and their whānau on how to self-manage their medicines, as well as to let them know about the support pharmacies offer.

What next?

Delivering care closer to home

Rural health

The Canterbury Clinical Network is leading the development of models of care with rural communities through multi-agency, community-endorsed Health Service Development Groups. The models of care identify service needs, opportunities to enhance service delivery and the most appropriate and sustainable way to deliver health services in each rural community.

Kaikōura's health providers are working together to meet the changing needs of the community following the 2016 earthquakes. There has been an increased focus on community well-being with enhanced mental health services delivery. Maternity services have been enhanced with two lead maternity carers delivering services to the women in Kaikōura. Moving forward, the focus is on ensuring equitable access that best meets the community's needs with ongoing service improvement initiatives.

In the Hurunui, the Hurunui Health Services Development Group (HHSDG) has delivered a community-supported and Canterbury DHB-endorsed model of care that supports keeping people well in their communities by increasing delivery of health services in the home or as close to home as possible and ensuring timely access to tertiary services when required.

Implementation is now underway on a number of proposals including:

- Improving access to urgent care after hours with the Hurunui practices working with St John on sharing on-call duties.

- Introduction of local acute observation services in the Hurunui for people who may not require a transfer to hospital,
- Establishing a telehealth facility to enable Hurunui residents to use secure video-conferencing facilities for Christchurch-based specialist appointments.
- Working with tertiary trainers to improve training options for rural health providers.

The Oxford and Surrounding Areas Health Services Development Group (OSHSDG) has completed community consultation on their model of care and are finalising recommendations for the Canterbury Clinical Network endorsement. The themes are similar to those identified in the Hurunui District.

The Akaroa development is progressing well with construction of the new health facility due for completion by July 2019. The Akaroa Community Trust has established their operating company and have purchased the Akaroa Health Centre. The Akaroa model of care has been endorsed by the Akaroa community and the new single facility will provide opportunities for increased integration of health service delivery.

The health needs of the Chatham Islands community are increasing with the ageing population. Health service delivery is via services through specialist on-island clinics, telehealth, and an increasing number of contracted providers. A contract with an off-island mental health provider is being well utilised and is providing more options for service delivery to this small population.



The Community and Public Health team in Kaikōura in late 2016.



NZ Spinal Cord Impairment Action Plan 2014-2019

The Burwood Spinal Service continues to implement strategies from the Spinal Cord Impairment Action Plan (SCIAP) 2014-2019 which include the NZ Spinal Cord Registry, telehealth, and facilities repair and upgrade.

New Zealand Spinal Cord Injury Registry

As part of the SCIAP, a pilot study was conducted at the Burwood Spinal Unit with the Burwood Academy of Independent Living, to determine the best registry for New Zealand. Canada's Rick Hansen Spinal Cord Injury Registry (RHSCIR) was identified as the best fit for New Zealand, and the New Zealand Spinal Cord Injury Registry (NZSCIR) was launched 1 August 2016. We continue to collaborate with the Rick Hansen Institute.

The Accident Compensation Commission (ACC) has sponsored the NZSCIR, in association with Counties Manukau Health and Canterbury DHB. The Governance Group consists of clinicians, funders, service management, researchers and consumers.

The information collected is demographics – such as age, gender and ethnicity, where treatment was received and information about the spinal cord injury (SCI). We also collect details about participants' SCI, treatment, complications, rehabilitation, and medical conditions. This information is gathered from medical records, clinicians and questionnaires with the participant prior to discharge, and is then entered into the national registry.

The NZSCIR will follow participants into their community at 18 months, five years and 10+ years following the initial presentation. This information is vital in seeing how SCI affects those in the community and what services are needed to ensure ongoing community participation. The information will be used to improve our understanding of SCI in New Zealand, improve how we support people with an SCI. It will also improve how we prevent SCI and related medical complications by supporting,

managing and improving quality of patient care, research evaluating data quality and assessment tools.

The statistics can be found on the New Zealand Spinal Trust website at nzspinaltrust.org.nz/current-nzscir-statistics-and-information

Telehealth

The Burwood Spinal Service is exploring ways to support spinal patients in their own communities via a range of IT possibilities. This includes experimenting with some platforms that will provide the privacy and robustness required to reduce the need for patients to travel to Christchurch – where appropriate. The expansion of devices and software available gives a huge scope to look at alternatives to being seen face-to-face. It is an exciting area for the Spinal Service to be in, where the catchment is from New Plymouth across to Hastings and everything South.

Spinal facilities repair and upgrade

The Burwood Spinal Unit has moved to a temporary ward (FG) on the Burwood campus to allow for earthquake repairs and some enhancements to be made to the unit. The building project is expected to take about 12 months, planning a return to Ward HG around June 2019.

While most of the unit layout remains the same, the significant damage to the seven single rooms at the east end of the ward meant demolition was more economic than repair, and allowed planning for eight purpose-built single rooms with ensuites. This new area will improve the patient experience by supporting the rehabilitation journey, allowing greater independence and privacy with ensuites, customised head boards and screens with specific adaptive arms that can be used for multiple purposes ranging from TV, streaming, accessing family and friends on social networks via the Internet, and enabling assistive technology such as eye tracking software to be downloaded and installed by patients.

The staff experience should also improve with better light, equipment, and spacious rooms allowing better ease of movement – as well as the installation of ceiling hoists for safe handling.

Realigning Canterbury's Maternity System

It is time to revisit how we provide care to women and their babies and part of this work is underway for the realignment of the Canterbury Maternity System. The proposed strategy includes the following workstreams:

- becoming pregnant in Canterbury
- having a baby in Canterbury
- becoming a parent in Canterbury
- being a child in Canterbury.

Canterbury's birthing population has changed from previous generations. On average, mothers are now older, and some women present with complex health needs that weren't seen as frequently in the past. Higher rates of obesity in our population are starting to impact upon the health of women before, during and after pregnancy, and rates of diabetes in pregnancy have doubled over the past 10 years. These factors impact upon the demand for high level services that can only be provided at Christchurch Women's Hospital, meaning that this service is now overstretched. There is a need to start to consider where women who do not need this level of care could be going to have their babies.

The *Having a Baby in Canterbury* workstream aims to reduce the demand on Christchurch Women's Hospital. Over 80 percent of Canterbury's babies are born at this secondary/tertiary level hospital, meaning the appropriate level of care is not being accessed by some women. Planning is occurring around rearranging maternity services in Canterbury to ensure that well women and babies access the appropriate level of birthing care to reduce demand on Christchurch Women's Hospital. By providing a range of birthing options for women depending on their needs, it is expected that the wider maternity system will be able to function more efficiently and provide optimal health outcomes for both women and babies.

Becoming pregnant in Canterbury will focus on public health messaging for women well before they become pregnant to ensure they are healthy enough to provide their baby with the best start to life.

Becoming a parent in Canterbury will focus on supporting breastfeeding, reducing sudden unexpected death in infancy, and providing pregnancy



and parenting education, among other initiatives, to support an infant's first 1000 days.

Being a Child in Canterbury will link the maternity strategy to the Child and Youth workstream, which includes immunisation and Well Child Tamariki Ora checks.

Reducing sudden unexpected death in infancy (SUDI)

A 2018-19 SUDI Prevention Plan has been developed with a range of measures to reduce Canterbury's SUDI rate. Key parts of the plan include ensuring all Canterbury babies have a safe sleep space that is their own, such as a cot or bassinets. For infants who do not have their own bed or their caregiver/s may bedshare with them, a wahakura or Pepi Pod will be provided, along with information about safe sleep, including the PEPE message:

Place baby in his or her own baby bed

Eliminate smoking in pregnancy, in the whānau and in the home

Position baby on his or her back to sleep

Encourage and support mum so baby is breastfed.

Smoking during pregnancy and in the home once a baby has been born has been shown to increase the risk of SUDI. The SUDI Prevention Plan aims to improve referral for pregnant smokers to existing smoking cessation services. A high

number of pregnant women who smoke are also our younger mothers. A range of services are being developed to help young parents to access the services they need during pregnancy and after their baby has been born. A service is expected to be in place soon that will ensure young pregnant women less than 20 years old are assisted to find a lead maternity carer during their first trimester.



Breastfeeding is another activity recognised to reduce the SUDI rate. Canterbury has high rates of breastfeeding initiation, but this drops to only 61 percent of infants being breastfed at three months. Breastfeeding rates drop off quicker and are lower among Māori and Pasifika people, and those living in high-deprivation areas. The South Island Alliance (SIA) is running a South Island-wide study looking at what supports and hinders mothers in relation to breastfeeding. The SUDI Prevention team looks forward to working alongside SIA once the study is completed to implement initiatives that will prolong and protect breastfeeding.

Other aspects of the SUDI Prevention Plan include workforce education and development, developing Health Pathways, modelling safe sleep for infants in all DHB facilities, and working with whānau who have previously had SUDI on future prevention.



Registered Nurse Samantha Bray and Mr Russell Lambie.

Health of older persons

The continual growth in the number of InterRAI clinical assessments undertaken in Aged Residential Care (ARC) facilities is improving the quantity and quality of care plans in ARC facilities. Care plans are essential for supporting the appropriate level of care and delivering resident-focused restorative goals with residents. A total of 9,592 InterRAI assessments were completed by ARC facilities in 2017/18, which is an increase of 16 percent on the number of assessments completed in 2016/17.

The growing number of new ARC facilities in Canterbury is increasing consumer choice when choosing an ARC location. An unintended consequence of the new offerings is decreased occupancy rates by facility which may impact on their long-term viability.

Fall prevention has also been a major focus of Older Person's health – see the falls section on page 27.

Home support and community nursing

In Canterbury, community service providers have worked together to provide health services in the community that help people to live safely within their own homes and communities. Canterbury DHB along with our service provider partners have provided over 750,000 hours of home support care and 200,000 hours of community nursing in 2017/18. This successful way of working has contributed to a reduction in aged residential care admissions and shorter hospital stays for older Cantabrians, ultimately helping people to stay in their own homes for longer.

The Canterbury Health System is currently undergoing a community services redesign process. This includes focusing our efforts on embedding our restorative care model and the necessary tools to support patients and clinicians. The process involves all parts of our health system, including patients/consumers.

Psychosocial Recovery programme – Kaikōura and North Canterbury

Health has continued to play an active role in the psychosocial recovery work post-November 2016 earthquake. Leading and coordinating the multi-agency Psychosocial Recovery programme has resulted in the collaboration of health, social and education services, the Hurunui and the Kaikōura District Councils, and a number of NGOs, each separately and collectively providing a network of support to the affected communities.

The Ministry of Education has provided a range of additional supports to their school communities. This has been supplemented by mental health support in schools, Mental Health Education & Resource Centre education sessions for parents, and Red Cross grants in schools. In the pre-school environment both Plunket and Barnardos have provided additional parenting supports. Some schools have had counsellors provided through Department of Internal Affairs funding.

Earthquake Navigators and Whānau Ora workers have assisted people whose homes were damaged with navigating their way through the myriad of reports and plans necessary to progress their repairs or rebuilds.

Rural Support Trusts, Community and Youth development staff from the District Councils, social workers and community workers from agencies such as Wellbeing North Canterbury and Presbyterian Support have each played an invaluable role in supporting people impacted or affected by the earthquake.



A Hurunui and Kaikōura-focused “All Right?” campaign has been developed and rolled out in both districts, with a survey in April 2018 showing some expected ongoing issues but also many very positive elements in their recovery. In addition, the health services meet the needs of their respective consumer groups.

The Recovery and Wellbeing team of mental health clinicians working in the area have bolstered the capacity of the primary mental health workers in Hurunui and Kaikōura. Together, all of the recovery workers in the field have contributed to a decline in the number of referrals from the Hurunui and Kaikōura into secondary mental health services – especially in the child and youth age services. This positive outcome

suggests that, collectively, the supports are meeting needs and is a tribute to all parties in the recovery picture.

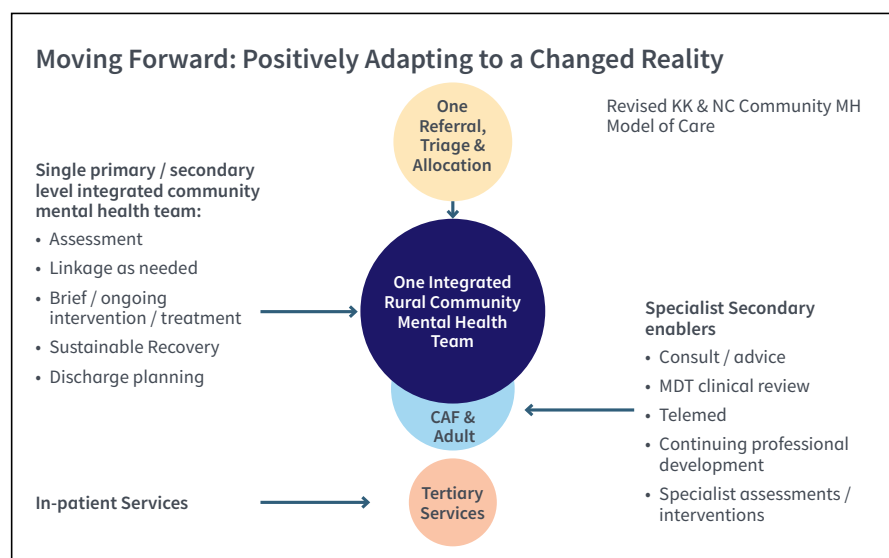
As we near the two-year earthquake anniversary mark, all agencies have agreed to transition away from their recovery roles and replace these with their ‘new business as usual’ in order to both continue the necessary supports for those still needing it and also provide a more future focused community wellbeing emphasis.

Regarding future mental health needs, a combined working group comprised primary, secondary and planning and funding representatives have developed an alternative model of care integrating primary and secondary community



teams into the local General Practice services. These will be actively supported by secondary expertise as needed. This model is summarised in the diagram to the left and is currently in the early stages of implementation.

More broadly we continue to develop our psychosocial leadership and coordination roles with the development of a Psychosocial Framework and involvement in the national psychosocial leads forum convened by the Ministry of Health. Work to further develop the national network is ongoing.



Stopping smoking

Our Stop Smoking Service – an integrated, community-based approach

The development of the Te Hā – Waitaha Stop Smoking service (phone 0800 425 700) has strengthened Canterbury’s integrated smokefree approach by involving a range of health and community organisations in designing and establishing it. These organisations include Manawhenua ki Waitaha, the New Zealand College of Midwives (Canterbury-West Coast), health and social services providers for



Māori and Pasifika people, CanBreathe, Quitline, mental health NGOs, Canterbury Community Pharmacy Group, Canterbury Primary Health Organisations (PHOs) (Christchurch PHO, Rural Canterbury PHO, Pegasus Health) and Canterbury DHB.

This integrated approach to the design and implementation of Te Hā – Waitaha has enabled a wide reach into the community for promoting smokefree initiatives and generating referrals to help smokers quit.

Organisations involved in the delivery of Te Hā – Waitaha services are:

- He Waka Tapu
- Purapura Whetu Trust
- Te Puawaitanga Ki Ōtautahi Charitable Trust
- Rural Canterbury PHO
- Pasifika Futures/Etu Pasifika
- Canterbury DHB.

Complementing Te Hā – Waitaha is the smoking cessation support provided by all Canterbury PHOs and Quitline.

Promoting equity of health outcomes

An underpinning principle of Canterbury's Health System is to

promote equity in health outcomes, by working to reduce inequity in smoking rates. Smoking is higher among Māori and Pasifika people, those living in poverty, and those who experience mental health conditions when compared to the averages across the general population. As such, our efforts are

focused on these communities, whānau and groups that have a higher smoking prevalence. As results are broken down by ethnicity, we can regularly check we are achieving more for the groups with a higher smoking prevalence, thus contributing to achieving equity in health outcomes.



Improving our environment

Our goal is to have and maintain healthy physical and social environments that support people to stay well.

Sustainability

- Sustainability remains a key consideration for Canterbury DHB. We have achieved silver status in the Energy Mark programme and we are working towards Gold. Enviromark audited our greenhouse gas emissions through the Carbon Emission Measurement and Reduction Scheme. We had achieved a 19.6 percent reduction in carbon emissions over our baseline measurement three years earlier. This put us in the top 20 certified carbon reducers in the country. The move from coal-powered boilers to woody biomass-powered boilers at Hillmorton Hospital (complete) and Christchurch Hospital (in process) is a very positive move in reducing our environmental footprint.
- The Executive Management Team has endorsed the development of a Sustainability Governance Group which will work towards creating an

environmental sustainability strategy for Canterbury DHB.

Joint Work Plans with Council

Environment Canterbury/ Canterbury DHB Joint Work Plan

- The Joint Work Plan has had a considerable influence on the way Environment Canterbury and Canterbury DHB work and this is evident in the many successful examples of shared projects. Key areas of the plan include air quality, transport, recreational and drinking water, and dealing with contaminated land and hazards.

Water quality

- The Canterbury Drinking Water Reference Group was formed to improve collaboration between territorial authorities, Environment Canterbury and Canterbury DHB following the 2016 Havelock North outbreak. This group has continued to meet over the last 12 months. Key outputs include a joint submission on the Havelock North Inquiry

recommendations, identifying high risk water supplies and managing water supply source protection zones.

- Canterbury DHB continues to work with Environment Canterbury through the Canterbury Water Management Strategy to improve the health of our community. Canterbury DHB is actively contributing to the community discussion in the Waimakariri and Hurunui Districts





as they go through the process of setting rules around environmental limits for nutrients that may affect water quality.

- Canterbury DHB has again worked with Environment Canterbury to update and distribute educational information on the nitrate risk in ground water in Canterbury and South Canterbury by targeting information at midwives and General Practice teams.

Christchurch City Council – Canterbury DHB Joint Work Plan

Smokefree

- The partnership between the Christchurch City Council and Community and Public Health has continued to work well, particularly in supporting smokefree initiatives.
- The Christchurch City Council Smokefree Action Plan continues to be implemented with input and advice from Community and Public Health. The steering group meets twice a year.

- Community and Public Health provided support for the successful smokefree Fresh Air Project pilot, and continues to work with the Christchurch City Council on policy development for the introduction of voluntary smokefree outdoor dining for venues that hold a Christchurch City Council lease agreement.

Christchurch Alcohol Action Plan

- The Christchurch Alcohol Action Plan has been officially launched. Canterbury DHB, Christchurch City Council and NZ Police continue their commitment to the implementation of this plan, and aim to work with additional partners over the next year to enhance community capacity to reduce alcohol-related harm. The Canterbury DHB's contribution to this plan will be recognised through the implementation of the Canterbury Health System Strategy to Reduce Alcohol-related Harm, which has been developed and endorsed at the executive level. The implementation of this plan sits with the Canterbury

Clinical Network, and an Alcohol Strategy Working Group under the Population Health & Access Service Level Alliance has been formed.

Disability

- Canterbury DHB, Christchurch City Council and Environment Canterbury became founding signatories of The Accessibility Charter – Canterbury: Te Arataki Taero Kore. With the goal of a fully inclusive Canterbury, the charter gives each organisation an opportunity to lead the implementation of best practice, accessible design.
- The Joint Work Plan has also been effective in the “Events for All” project to promote accessible events guidelines for Christchurch. A checklist and toolkit are now available on the Council website. We are also being contacted by major event organisers to improve the accessibility of events.

Healthy Food and Beverage Policy

- Community and Public Health continues to work with the Christchurch City Council in the development and implementation of healthy food and beverage policies across Christchurch City Council facilities.

Joint Work Plan Portal

- The Joint Work Plan Portal is a key enabler to help streamline the process of recording and approving projects and milestones across both Joint Work Plans.
- Canterbury DHB, Environment Canterbury and the Christchurch City Council use the secure online portal to track the status of work and provide reports to management and governance. The platform, developed at Community and Public Health, is also successfully being applied used to track projects under the Greater Christchurch Urban Development Strategy, the Water Forum Plan and the Christchurch City Council's Strategy and Policy Forward Work Programme.
- The portal has recently been updated to better reflect the strategic priorities of the three organisations. Focus areas have been renamed and some priorities re-grouped in more relevant ways. The refreshed focus areas are:
 - Ensuring safe and sustainable water supply and waterways
 - promoting healthy environments
 - supporting healthier homes
 - strengthening communities
 - improving connectivity and accessibility
 - building capacity through collaboration.



Healthy Christchurch – a workshop for transport professionals around Canterbury.

The Greater Christchurch Partnership

- The Resilient Greater Christchurch Plan and the Urban Development Strategy have been completed by the Greater Christchurch Partnership. Canterbury DHB is involved in transport, the natural environment, and leads the implementation group for health and community outcomes. This ensures that health and wellbeing remain central to decision-making and fosters a wide range of collaborative relationships across the region.

- Healthy Greater Christchurch leads the health and community outcomes, has expanded to cover the whole of the greater Christchurch region, and continues to support agencies to collaborate, network and be informed via websites, hui and regularly-circulated information.



Greater Christchurch Partnership

Te Tira Tū Tahī
One Group, Standing Together





A tasty curry with a slight bite!

It's been nearly a year and a half since Canterbury DHB brought management of food services in-house, giving it a brand new look and a name – WellFood, a fresh approach to food. As a result of the transfer of services, profits from hospital café sales are now being funnelled back into the Canterbury Health System.

The Great Escape Café at Christchurch Hospital launched vegan options earlier this year and has seen a spike in sales. One of its customers' favourite recipes is the Coconut Red Lentil Curry.

If you'd like to try making the popular dish at home, here's the recipe:

Coconut Red Lentil Curry

Freezer-friendly | Dairy-free | Gluten-free | Vegan | Nut-free (serves six)

1 tbsp olive oil	Pinch each of salt, black pepper and red pepper flakes, or chilli flakes
2 diced onions	350g dried red lentils
4 cloves minced garlic	375mL coconut milk
2 tsp curry powder	625mL vegetable stock or water
1 tsp turmeric	
1 tsp coriander	

Cook the onions and garlic gently in the oil for five minutes, stirring frequently until soft.

Add the spices, coconut milk, lentils and water or vegetable stock.

Simmer on low heat for 25–30 minutes until lentils are soft and the mixture has thickened. Stir occasionally to ensure it's not sticking on the bottom.

Remove from heat and serve topped with fresh coriander or parsley over rice, quinoa, or on its own. Voilà!



our health system

We welcome your feedback. Email communications@cdhb.health.nz

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

Urgent after hours care

Call your General Practice team first.

For health advice after hours call your own General Practice team. Your call will be answered 24/7.

If you need urgent care:

24 HOUR SURGERY

401 Madras St – open every day

Tel: 03 365 7777

www.24hoursurgery.co.nz

- Urgent accident and medical care.
- Specialist-led fracture service (X-ray and plaster service on-site).
- Five bed observation unit with an attached whānau room.
- Free treatment and care for enrolled under 13s after hours.
- Sports injuries.

MOORHOUSE MEDICAL

3 Pilgrim Place

– open 8am–8pm every day

Tel: 03 365 7900

www.moorhousemedical.co.nz

- Free ACC wound care for everyone (no surcharge).
- X-rays and fracture clinic on-site.
- Free treatment and care for enrolled under 13s after hours.
- Minor surgery – sexual health – traveller's health – immigration medicals.
- Pharmacy open until 8pm daily.

RICCARTON CLINIC

6 Yaldhurst Rd

– open 8am–8pm every day

Tel: 03 343 3661

www.riccartonclinic.co.nz

- Resuscitation room, plaster room, minor operations room, treatment and triage rooms along with general practice consulting rooms.
- Specialist travel doctor and nurses.
- Free treatment and care for enrolled under 13s after hours.
- X-rays, physiotherapy, optometry and podiatry also on-site.

When admitted to hospital

On admission, please nominate a *preferred contact* as your key point of contact for hospital staff.

Emergency mental health services – 24 hours, every day

Freephone: 0800 920 092

In an emergency, call 111.



Antibiotics can help, but they can also harm.

Each time you take antibiotics,
some resistant bacteria survive –
these are harder to treat the next time.

We only prescribe antibiotics
when they will be effective -

CHOOSE
WISELY

