



ceo update

Monday 25 August 2014 The P-word - Parking



As we know from recent media coverage, parking around Christchurch Hospital is something near and dear to the hearts of staff, patients and people who visit the Christchurch Hospital campus.

Last Friday's news about the temporary closure of the Brewery car park was yet another challenge to overcome. It reopened this morning, but I understand there will be some further disruptions over the coming weeks as additional layers of coating are sprayed on to this car park. We will keep you posted on what's happening when we have dates and times.

I would like to acknowledge the support of the Christchurch City Council who waived parking fees on the meters in the vicinity of the hospital to allow CDHB staff free roadside parking while the Brewery car park was out of action.

Once the enabling works (that's the excavation and site preparation) start on the site of our new acute services building on the Christchurch Hospital campus we are going to lose most of the on-site car parks. In preparation for this disruption a small team have been working on some alternatives.

1. A trial park and ride

We will soon start trialling a **'park and ride' scheme for a discrete group of patients** who come to hospital daily for treatment. There are about 200 patients plus their support people each day. The trial will enable us to see how the system works, and iron out any problems before the main full-scale park and ride starts some weeks later. This trial is likely to start mid-September. Eligible patients are being notified of this service directly.

2. A full scale park and ride

CDHB is finalising arrangements for a **full-scale park and ride scheme for all other patients, visitors and their support people**. People will still have to pay for parking – as they do now – however the 'ride' to and from hospital will be free of charge. A start date is to be confirmed.

3. Limited on-site parks

The only remaining parks on site will be disability car parks; allocated parks for midwives and key hospital staff who need rapid access 24/7. In addition there will be a dedicated drop off zone at the main entrance to Christchurch Hospital where the public can drop off and pick up friends and family.

4. Emergency drive and drop

For medical emergencies there will be an **'emergency drive and drop'** service for CDHB clinicians, midwives and members of the public who have a life-threatening emergency and need to rapidly access the hospital. People will be able to pull up outside one of the main entrances, give their details and keys to security who will park their car in a secure park nearby.

5. Friendly faces and spaces

Planning is underway to give the main entrance a 'freshen up' to make it more welcoming, with more seating and provide a base for the additional volunteers being recruited to help with meeting, greeting and way-finding throughout the hospital during this extended period of disruption.

Continues on the following page...

We are planning an extensive public information campaign to launch the park and ride scheme. We are also promoting alternative ways of getting to Christchurch Hospital – we appreciate not all modes of transport are suitable for patients and visitors, but for our staff, we are encouraging, biking, bussing (there are currently 11 bus routes which stop near the hospital); getting dropped off near the hospital – rather than right outside the front door, car-pooling is also another option available to staff. More information can be found [here](#).

6. Keep the roads clear for emergency vehicles

It's important we maintain emergency access for ambulances, fire, police and other support services such as corrections, health shuttles and urgent couriers. Deliveries of clean linen, food and other supplies occur daily, and waste and dirty linen need to be removed from the site. These will be managed from temporary docks once the enabling work starts.

7. No vehicle access to the rear of the Christchurch site (from Rolleston Ave)

Once the hoardings go up and the trucks and diggers move in, the rear of the hospital site will be closed off to the public, with trucks only accessing the rear of the site from Rolleston Avenue. It's estimated there will be 600 - 800 contractors on site during the peak of construction and off-site parking solutions for contractors will be investigated to ensure the impact on local parking is minimised.

8. One way system to become two way at the front of the hospital grounds

At the front of the hospital the current one way system (within the hospital grounds) will be converted to allow two way traffic. This is to facilitate the flow of traffic once construction has started. This is expected to occur during September/October to coincide with the start of enabling works – which will result in the loss of approximately 150 on site car parks.

9. It's all happening – on the roads outside the hospital too!

On top of this on-site disruption, there are SCIRT road works underway, and further roading and parking changes proposed around 'hospital corner' in the current CCC consultation for '[An Accessible City – transport projects: proposed changes](#)'.

To minimise congestion and save people's time, we encourage you to use alternative transport wherever possible, or leave your car at the park and ride car park once it's up and running.

With the new acute services building due for completion in 2018, disruption and parking challenges will be with us for the next few years.

10. More parking planned

There is light at the end of the tunnel - as part of the adjacent Health Precinct a multi-storey car-park is planned in St Asaph Street. There will also be a multi-storey car park on the hospital site when the new building is complete and the Hagley Outpatients building is relocated.

In the meantime, parking will remain a challenge and we are doing everything we can to ensure a range of alternative options are available and publicised to our staff, patients and the public.

Have a great week
David Meates



Burwood

Another large concrete pour has been completed for the Back of House building. The building now has its first floor plant concrete slabs in place (see picture). The next concrete pour is scheduled for next Tuesday August 26, this time for the ward blocks.



Christchurch

With the start of site works for the Acute Services building getting closer, there's a lot of work being done behind the scenes to make sure that things go smoothly. Planning is well advanced on staff and public car parking and traffic flows, on new signage, bike parking, site logistics (docks and deliveries) and a refresh of the main reception area—refer to page one and two of this update.

The Perioperative, Emergency Department, Intensive Care Unit, AMAU and Radiology user groups met the Beca engineers along with CDHB Security, Maintenance & Engineering, Information Technology and Clinical Engineering staff. These meetings helped Beca to better understand the service needs of the various planning areas e.g. heating, lighting, medical gases, security, clinical equipment requirements. Further meetings will be held in a fortnight's time with the remaining user groups.

We are currently halfway through developed design, so user groups have now presented their progress to date to the Clinical Leaders Group.

The Design Team is preparing an information chart to outline the remaining developed design user group meeting programme. This will be issued to user groups soon.

The Amenities user group took a well-deserved week off, after 30 consecutive weeks of design meetings!

Tell us what you think about Dry July

If you took part in Dry July this year – either as a DJ or a supporter, we'd like your views on a range of things, from events to our webpage.

Please visit <https://www.surveymonkey.com/s/dryjuly> and tell us what you liked about the way we ran Dry July and what we could have done better.

The survey will run until 15 September.



Bouquets

Ward 28, Christchurch Hospital

Afternoon nurse Maira on Ward 28 is a fantastic and extremely helpful nurse. She was prepared for the appointment and talked to her patient like she genuinely cared.

Ward 28, Christchurch

Have just had a week in Ward 28. Cannot say enough about the nursing staff and doctors. Everyone made my stay as comfortable as possible. And I had the best of care. Thank you so much.



Ward 19, Christchurch Hospital

All staff have been amazing during our short stay.

St John ambulance drivers, Emergency Department and Ward 18

I have had and still am experiencing the most AMAZING treatment from the people who have been involved with my time at Christchurch Hospital.

The two ambulance attendants and the staff in the Emergency Department, the orderlies and all the staff and helpers in Ward 18. Everyone is so friendly and helpful not just to patients, but to each other.

SARA, Christchurch Hospital

Nurses here were awesome. Thanks.

Canterbury Community Radiology, Merivale

Very professional service, well done.

Canterbury Community Radiology

They were lovely throughout my whole visit for X-rays and made me feel very comfortable. Thank you for your smiles and friendly service.

Day surgery, Christchurch Women's Hospital

Very impressed by the care, friendliness and professionalism of all the staff whom I met. They could not have been more thoughtful or accommodating, and made a potentially stressful day much more pleasant. My very grateful thanks to them all.

Need to book in portfolios with the PDRP Office

Just a reminder for all nurses wishing to submit a new portfolio to the Professional Development and Recognition Programme (PDRP) Office. There are only 10 submission spaces available per submission date – 4 September, 7 October and 4 November.

All nurses with a **NEW** portfolio that are planning to submit on any of those dates will need to book in with the PDRP office.

Please call Serrani Bell 337 8835, serrani.bell@cdhb.health.nz. If you are unable to secure a submission date for your portfolio you can still submit your portfolio to the PDRP Office and it will be assessed on the first submission date in the New Year.

Any **resubmissions** of portfolios can be submitted at any time to the PDRP Office.

Canterbury Medical Grand Round

29 August 2014, 12.15-1.15pm (lunch from 11.50am)

Venue: (Rolleston Lecture Theatre)

Speaker: John O'Donnell, Clinical Immunologist and Immuno-pathologist

Title: Blind faith: Holding hands at a distance and knowing when to stop

Abstract: Chronic inflammatory eye disease is one of the more common causes of blindness.

Newer therapies have been a significant advance but monitoring response and treatment side effects is difficult and necessitates close collaboration between specialties. Several illustrative case studies will be described to highlight the difficulties. Potential models of care to improve outcomes will be outlined.

Speaker; Saxon Connors, General Surgery

Title; "Going paperless in a Public Hospital; a Surgeon's Journey so Far "

Chair: Dr. Andrew Butler, Consultant Haematologist

Video Conference set up in:

- Burwood Meeting Room
- Meeting Room, Level 1 TPMH
- Wakanui Room, Ashburton
- Telemedicine Room, Admin. Building 6 – Hillmorton

For more information contact ruth.spearing@cdhb.health.nz



We're making it easier for you when you have a non-work injury

As an employee of the CDHB your health and well-being is important to us. As we have a relationship with WellNZ to administer our work accident claims, we're taking part in a 12-month trial to have them manage your non-work injuries.

Why are we doing this and what's in it for me?

Research shows the closer the connection between the employer's injury management system, the better the outcomes for you, the employee and that's got to be good news. We already do this by employing OT Rehabilitation Specialists to support staff impacted by a work related injury.

We currently contract WellNZ for claim management and administration of work related injuries. WellNZ are a recognised third party provider with knowledge of employers and workplaces and will be a single point of contact to manage our non-work injuries on behalf of ACC. WellNZ knows your working environment already, so they'll have a good idea of the support or rehabilitation you will need to return to work.

What information about me will go to my employer?

ACC has very strict guidelines as to what information can be released to an employer about your non-work injuries and WellNZ is required to comply with these guidelines. WellNZ will have their own dedicated case manager. We'll only receive the information to which we're entitled in order to manage your return to work.

What are my rights as a claimant?

Your rights and entitlements remain the same as they currently are under the Legislation, and in particular the Code of ACC Claimants' Rights applies for all injuries.

How is my personal information protected?

We take your privacy very seriously. ACC and WellNZ are required to protect your privacy under legislation and in accordance with the Privacy Act 1993, the Official Information Act 1982 and the Health Information Privacy Code 1994.

Who can tell me more?

Health, Safety and Wellbeing team 68800 or 337 8800



The Canterbury Clinical Network is really benefitting our community – An extract from its Q4 report



Consistent with the strategic goals of the Canterbury Health System, the work of the Service Level Alliances and workstreams that make up the Canterbury Clinical Network continue to:

- Develop and realign services to support people/whānau to take increased responsibility for their own health;
- Develop primary health care and community services to support people/whānau in a community-based setting and provide a single point of on-going continuity (usually general practice); and
- Release secondary care based specialist resources to be responsive to episodic events and the provision of support to primary care.

This extract is taken from the report on performance during Quarter 4, the report was ratified by CCN's Alliance Leadership Team at their meeting last Monday 18 August.

Services Closer to Home, Showing Positive Progress including Year-End Highlights

| During the fourth quarter of 2013/14 (April – June 2014) | Progress Indicator | Q3 | Q2 | Q1 | Comment |
|--|--------------------|------------|------------|------------|---|
| Canterbury's Acute Demand Management Service accepted 7,065 referrals for urgent packages of care during Q4 – ensuring people received the urgent care they needed in the community without having to go to ED. The year-end total was 28,738 referrals which exceeded the target of >22000. | ↑ | 6254 | 7585 | 7859 | >22000 urgent care packages provided in Community by Q4 |
| 93 patients with COPD were diverted via the ambulance referral pathway to be safely managed in primary care rather than ED. Of these, 80 patients were managed by GPs and 13 patients by the 24 Hour Surgery. The total of 411 slightly exceeded the 13/14 year target of >400 In total 1427 patients have used the Ambulance diversion this year across all pathways. | ↑ | 68 | 112 | 138 | Target(pa) >400 |
| The Community Based Falls Prevention Service supported 375 new referrals (+65) in Q4. A total of 1400 for the 13/14 year exceeding the target of >1200. | ↑ | 361 | 372 | 292 | Target >1200 (+65) access to FPS |
| Canterbury's Medication Management Service received 676 referrals to help people to better manage their medications with referrals averaging 52 per week. This year 2840 patients over the age of 65 years have had a MMS consultation exceeding the 2013/14 target of >2000. | ↑ | 658 | 583 | 649 | >2000 (pa) referred to MMS |
| Cantabrians received 303 subsidised spirometry tests total of 1,421 (2013/14 target > 1126) and 271 sleep assessments total of 1,112 for the year (2013/14 target >827) in the community, without the need for a hospital visit. | ↑ | 362 267 | 377 291 | 387 270 | Target (pa) 1,126 Baseline (pa) 827 |
| In Q4 Cantabrians received 544 subsidised skin lesion excisions , (2013/14 total 2407 exceeding the target of > 1,834) 108 subsidised Pipelle biopsies from GPs in the community, without the need for a hospital visit. | ↑ | 617 79 | 663 112 | 583 86 | -Target: 1,834 |
| HealthInfo diabetes information has been accessed 1029 times in Q4 demonstrating that Cantabrians are seeking information about how diabetics can stay well at home. (2013/14 total of 3297 exceeding the baseline (pa) of >2380) | ↑ | 1018 | 650 | 600 | Baseline(pa) >2380 |

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| During the fourth quarter of 2013/14 (April – June 2014) Progress exceeding expectation |
| More people newly diagnosed with type 2 diabetes access support in the community. 2013/14 totals – 428 Newly diagnosed with type 2 diabetes on the community(baseline = 429) |
| More people with Type 2 diabetes starting insulin in the community access support. 2013/14 totals – 338 Type 2 diabetes starting insulin (baseline = 213). |
| 12,353 calls to general practices were answered by the nurse-led after hours phone triage service, providing callers with after-hours health advice and guidance. (51,031 - Total calls for 2013/14) |
| Cantabrians received 703 services like steroid injections and aspirations through general practice without having to wait for a hospital orthopaedic appointment. (2013/14 total of 3317) |
| During Q4 8431 unique users , and 764 pathways and other resources on the HealthPathways website, helped health professionals to provide people with consistent and integrated care. (2013/14 Unique User total 31,893) |
| 95% of referrals into the Healthy Homes Programme in April – June 2014 were from General Practice. |
| Insulation was installed in 309 homes (225 in Q2) and 115 heating installations were completed from April – June 2014 (92 in Q2). For the year ending 30 June 2014, insulation was installed in approximately 750 homes and 300 heating installations were completed. |
| Page views on HealthInfo in the Apr – Jun 2014 quarter increased 51% compared to the Apr – Jun 2013 quarter. A new design for the website was launched in mid-June. |
| Supported by the Rural PHO, Telehealth technology connections and infrastructure have been established in 11 Rural General Practices (2013/14 target was 6 rural practices). |

[Read the full report](#), including progress against work plans for each Service Level Alliance or workstream.



have your say
www.ccc.govt.nz/haveyoursay

Christchurch City Council is inviting feedback between 15 August and 8 September 2014 on two key transport projects needed to support the recovery of the Central City.

The projects are:
Hagley / Moorhouse Corner and surrounding streets
Hospital Corner, including Oxford Terrace and Taim Street Stage 1 early works.

Key proposed changes for the Hagley / Moorhouse Corner area:

- No vehicle entry to Hagley Avenue from Moorhouse Avenue or Lincoln Road. Traffic diverted to Selwyn and Montreal streets.
- Hagley Avenue one-way from Selwyn Street to Moorhouse Avenue southbound.
- No general traffic exit from Green Road onto Moorhouse Avenue.
- New cycle and pedestrian crossings.

Proposed changes to the vicinity of Hospital Corner include:

- Oxford Terrace, part of the Te Papa Outdoor / Area Street Project project, will no longer be a route into the Central City for general traffic.
- Taim Street becomes one-way east for city-bound traffic.
- St Asaph Street extended as a one-way street southbound all the way to Hagley Park.

The booklet containing information about these projects, details of drop-in sessions and how you can provide feedback can be found at www.ccc.govt.nz/ARCTransportProjects or www.ccc.govt.nz/haveyoursay

Hagley / Moorhouse and surrounding streets and Hospital Corner Stage 1 early works are the first Central City phase one transport projects to go out for consultation. Others will follow soon.

The first phase programme of traffic changes has been developed by CERA working closely with the Council. It focuses on early changes to traffic flow in the Central City outlined in the Christchurch Central Recovery Plan's transport chapter *An Accessible City*. This was published by CERA in October 2013 following consultation in late 2012 and early 2013.

We look forward to hearing from you.

Yours sincerely
Jessie Hamilton and Gemma Greenhalghs
 Consultation Leaders
 Christchurch City Council

Consultation open for two Central City Transport projects

Christchurch City Council is inviting feedback on two key transport projects, Hospital Corner early works and Hagley / Moorhouse Corner.

Consultation is open until 5pm on Monday 8 September 2014.

Both projects are aimed at supporting the new Central City anchor projects, such as the bus interchange, which is due to open in 2015. They also incorporate new ways of sharing the road space available to cars, buses, bicycles, and pedestrians in the face of changing and competing demands over the next 30 years.

[Read the full media release.](#)

[Read the consultation invite.](#)

For general information on the Recovery Plan and *An Accessible City*, visit

www.ccd.govt.nz/the-plan

News from the Clinical Board

The Management Guidelines for Common Medical Conditions or “Blue Book” is a highly regarded source of information, but it needs updating. Making sure it is up to date and is consistent with best practice and other relevant clinical guidelines is a complex task that requires resourcing. The Clinical Board agreed to the establishment of an interim working group to assess what needs to be done with a view to ensuring the task is resourced appropriately.

Dr Jenny Keightly, GP and clinical leader for the Canterbury Clinical Network’s Health of Older Persons Workstream gave a presentation to the Clinical Board. She outlined the purpose of the workstream and related some of its significant achievements to date: The whole of system falls prevention programme, initiatives in restorative home-based care such as CREST (Community Rehabilitation Enablement and Support Team) and the introduction of the Gerontology Nurse Specialist Service.

Dr Keightly illustrated that success with statistics around improved ED patient flow and reduced acute admissions as well as shorter stays in hospital for those that need to be there. Dr Keightly went on to describe planned areas for development and work underway.

The Clinical Board had received a letter from senior clinicians and DHB dietitians expressing their concern at the lack of opportunity for input into the HBL (Health Benefits Limited) proposal for food service provision. The context given was the importance of high quality, balanced nutrition in promoting patient recovery, thereby reducing morbidity and mortality as well as the demands on the hospital system. CDHB has a malnutrition screening and management pathway that will still apply when the proposal comes into effect and it must therefore help shape the proposal. The Clinical Board wholeheartedly endorsed the importance of nutritional quality and food safety in patient recovery.

Dr Helen Little gave a presentation and asked for the Clinical Board’s support in ensuring that as key stakeholders, both the DHB Leadership Group and the CDHB Senior Dietitians Group are informed about the proposal in a timely way and have opportunities to provide comment and guidance. The Clinical Board in turn agreed inform David Meates of their concerns to allow further discussion with EMT (Executive Management Team) and through them the CDH Board.

Finally for this bulletin, Dr David Bowie, Canterbury and West Coast Emergency Care Co-ordination Team chair spoke to a report prepared for the Clinical Board concerning the development of a destination policy for Canterbury and the West Coast. A Destination policy describes where hospital patients should be transported to, according to their specific condition. The policy will be focused on the best outcome for the patient, and on providing user-friendly guidance (eg a ‘decision tree’) for paramedics. The aim is to create a standardised approach suitable for use across the whole South Island.

Being a successful agent to change in a complex system workshop



**9 September 2014
9.00am – 4.00pm**

**Copthorne Hotel, Commodore,
Christchurch**

With Paul Plsek, Consultant in Creativity, Innovation and Leadership of Change; Chair of Innovation at the Virginia Mason Health System Seattle; and former Director of the Academy for Large- Scale change in the UK.

This workshop is for Individuals, at any organisational level from senior leader to front-line staff, who genuinely want to transform care, but feel frustrated in their initial efforts.

[View the flyer](#)

[Register here](#) before Wednesday 3 September



Improving efficiency in rehabilitation services

Changes that allow for quicker referrals and joint interdisciplinary assessments are expected to further improve the patient journey in Community Rehabilitation Enablement and Support Team (CREST) services.

Occupational Therapist, Meredith Rookes, examined the CREST: Allied Health Referral Process while on a Collabor8 Lean Thinking and Leadership course.

She says she identified OT issues within CREST which were not adding value to the patient journey and limiting access to rehabilitation during the six-week period.

Issues Meredith identified were:

- Time delays in receiving referrals
- Separate OT and PT assessments

“CREST is only for six weeks and we might get a referral for someone when they are three weeks into it. That doesn't leave enough time. In some situations patients needing OT can be identified at the point of hospital discharge. It makes sense to generate a referral here and create opportunities for interdisciplinary assessments which will improve the patient journey,” she says.

Another important issue is that OTs and PTs were going out separately to do assessments. Meredith collaborated with CREST PTs, who were experiencing similar issues, to create an Allied Health (AH) referral process, which will improve the efficacy of therapist-led resources in CREST.

“This way OTs and PTs can go out together with the case managers and do joint assessments,” she says.

Changing to one AH referral which includes OT and PT will result in:

- A more efficient use of therapy resources across the service
- Strengthening the interdisciplinary working within CREST
- Defining and improving the understanding of OT and PT in CREST
- Collaboration between OT and PT

Potential cost savings are in case manager time; a possible reduction in 'new' long term support services; reduced home visiting costs (one AH visit versus two OT/PT visits); and effective use of therapy assistant resources over registered professional therapists.

“The changes will allow us to be more effective and efficient in meeting our clients' needs and should reduce duplication of assessments.” Meredith says.

Collabor8 is run by Lynn Davies, Process Improvement Leader, BDU and Brian Dolan, Director of Service Improvement.

Brian says “further improving role clarity and collaboration among clinicians and wrapping timely services around patients, values and respects everyone while reducing waiting and costs”.

Day One of the next Collabor8 courses will be held on 26 and 27 November and they are open to everyone in the Canterbury Health System.

For further information, please contact heather.manson@cdhb.health.nz.

Right: Occupational Therapist, Meredith Rookes.



Process for PCs that cannot be upgraded to Windows 7

Information Services Group (ISG) will complete the upgrade of the Windows 7 project at the end of September 2014. After this period any PC or laptop still on XP will be upgraded as 'business as usual'.

We are aware of the fact that there will be a number of PCs that will need to remain on Windows XP due to business applications the vendor is unable to upgrade to run under Windows 7. The risk posed by PCs which cannot be upgraded to Windows 7 is significant to the CDHB so ISG needs to take steps to ensure that the integrity and security of the network is maintained.

In order to mitigate any threats or vulnerabilities to the CDHB network, ISG will need to put in place measures to protect its security.

We will be implementing the following measures for devices which cannot be upgraded to windows 7;

- Access to the internet will be removed;
- External access to the PC will be blocked and;
- Removal of Local Administration rights.

ISG will implement these restrictions on Tuesday 16 September 2014. We are aware that the project team will not have visited all areas of the hospital campus by this date and that we also have "skips" that we did not upgrade at the time of the site rollout, mostly due to incompatible software. The upgrade will be continuing through to the end of September, and BAU after that date. Please note the following:

- Should you have any software which cannot run on Windows 7, please advise Keith Hawker by Friday 29 August 2014. These restrictions will remain in place until an upgrade to the application/s is available for the PC running under Windows 7.
- Should you have an XP machine that must retain internet and external access after 16 September, please click the following link : [Windows 7 Upgrade Access Review Request](#). This will generate an email to the Service Desk, and you will be required to provide your name, machine number and the reason why you cannot be isolated. ISG cannot give any assurance that any Windows XP PC will be allowed to remain connected to the network after this date.

ISG does appreciate this may impact on the user's ability to work. However, given the significant risk to the whole organisation we believe this is a necessary measure.

Should you have any questions, please contact Keith Hawker, Project Manager for the Windows Upgrade project, 021 224 6669.

Well-known paediatric surgeon is first Pacific Island Associate Dean

Christchurch paediatric surgeon Dr Kiki Maoate is the University of Otago, Christchurch's first Associate Dean, Pacific.

The role was established to give priority to Pacific Island issues in the University's teaching, research and links with community.

Dr Maoate has worked his entire career as a specialist paediatric surgeon in Christchurch. He is a University of Otago medical graduate who was born in the Cook Islands. He will continue his paediatric surgery work along with the Associate Dean role. Dr Maoate has been a key player in the establishment of a comprehensive paediatric surgical programme for the South Island ensuring equity of access to quality services for all children and families in need.

University of Otago Pro-Vice-Chancellor, Health Sciences, Professor Peter Crampton says "I am delighted that Kiki is taking up this important leadership position at the University's Christchurch campus. The University wants to build on and strengthen its relationships with Pacific communities both in New Zealand and in the Pacific. One particularly important objective is to assist in strengthening the Pacific health workforce. Kiki's appointment will greatly enhance our ability to achieve these objectives."



[Read the full media release](#)

NEW ZEALAND EMERGENCY DEPARTMENTS CONFERENCE

TAUPO | 30th-31st OCTOBER 2014

QUALITY

'Quality is not an act, it is a habit' – Aristotle

Registrations for the NZ ED Conference 2014 are now open! Register at: <http://www.midlandreds.org.nz>

Further information is available on the [conference flyer](#) or by clicking on the link above to take you to the NZ Midland Region EDs Clinical Network website.

Staff Wellbeing Programme: New classes & instructors - including Pilates...

New classes/instructors – [click document for information on new classes and/or instructors](#)

These classes can only continue if you support them. With spring approaching it's a great time to get together with colleagues and actively manage your wellbeing.

Managing Menopause – if you missed this very popular session in February you can now view a recording of the presentation and download the speaker's notes from the Tracksuit-inc website. Just go to www.tracksuitinclive.co.nz and enter the company code: dhbstaffwellbeing . Then click on the 'Menopause Video' link.

CDHB Earthquake Support Coordination Service

Our Earthquake Support Coordinators (ESC) are dedicated to helping CDHB staff deal with issues related to EQC, insurance, accommodation etc.

Contact an ESC directly on 371 5598 or visit the [Staff Wellbeing Programme intranet page](#) for more information.

Staff Wellbeing Programme intranet page – Pilates, Zumba, Yoga, Mindfulness...

<http://cdhbintranet/corporate/HealthandSafety/SitePages/Staff%20Wellbeing.aspx>

Check out this page for information on yoga, Zumba, Pilates, mindfulness, 30 minute walk 'n workout groups, Earthquake Support Coordinators, Employee Assistance Programme (EAP - free counselling for staff), and more...

Andy Hearn
Staff Wellbeing Coordinator
Canterbury and West Coast DHB

Phone: 03 337 7394 | Ext: 66394 | Mobile: 027 218 4924
andy.hearn@cdhb.health.nz

[illegible]

What does your job involve?

I am a senior medical registrar in the Department of General Medicine. I cover the Acute Stroke Unit providing day-to-day care to stroke patients, see acute general medical patients and occasionally hyperbaric patients after-hours. I am also involved with the administration of the department and junior resident medical officers. My other role is as a clinical lecturer for the University of Otago teaching medical students and doing academic research.

Why did you choose to work in this field?

Inspired by Dr House, MD., I get an adrenaline rush when trying to solve difficult diagnostic problems. I enjoy multiple areas of medicine and General Medicine allows me to explore a vast variety of medical specialties thus hoping to become an all-round doctor. In addition, physicians are often referred to as being 'thorough' and 'nice'.

What do you love about it?

The job itself poses many challenges, carries a large responsibility, and involves long working hours, but I am truly blessed in that all my senior colleagues and peers are approachable and supportive.

What are the challenging bits?

Dealing with inter-departmental conflicts, family complaints, administrative dilemmas or workforce shortage issues. I am still relatively inexperienced in this regard and am continually learning from my senior colleagues.

Who do you most admire in a professional capacity at work and why?

Dr Alan Pithie, Dr David Jardine, and Dr David Cole – they show great leadership not only within the department but also to the organisation. They are also great mentors whom I can consult when necessary. I also admire Fran Lynch, who is a friendly, professional and enthusiastic social worker on the orthopaedic wards that I very much enjoy working with.

The last book I read was...

The Power of Persuasion: How to Get Anyone to Say "Yes" by Kevin Hogan. I enjoy learning the psychology of influence and connecting with people.

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

A Greek island called Kalokairi. You may recognise it from the musical movie, Mamma Mia.

My ultimate Sunday would involve...

A sleep-in followed by a banquet breakfast in bed consisting of fried goodies, then popping into a local Farmer's market, hitting the gym, then catching up with friends for coffee in the afternoon and maybe a walk up the Port Hills to catch the sunset. Later I would have a home-cooked dinner with my family and spend the rest of the evening with them.

One food I really dislike is ...

You're kidding? Food? Dislike?

My favourite music is...

Jazz. I love playing and listening to anything ranging from Ragtime, Blues, Big Band Swing, to Bebop, Funk and Modern Fusion.

If you would like to spend 'one minute with...' or nominate someone please contact

Naomi.Gilling@cdhb.health.nz



Pleayo Tovarante, Senior Medical Registrar at work

ceo update

Department of Psychological Medicine, University of Otago, Christchurch & Specialist Mental Health Service, CDHB Clinical Meeting

Tuesday 26 August 2014
12:30 pm – 1:30 pm

Venue: **Beaven Lecture Theatre, 7th Floor, School of Medicine Building**

“Living in Squalor: Intersections with Psychiatry”

Abstract: Have you been watching “Britain’s Biggest Hoarders” on TV One? Sometimes people with similar problems present to Psychiatry Services. The ‘man on the street’ seems convinced that people in these kinds of situation must have something wrong with them. So what psychiatric issues might be involved?

Presenters: Jo Reeves, Chris Collins and Sandy Macleod from Psychiatry Service for the Elderly
Chair: Matthew Croucher

Special notes

These meetings will be held on a weekly basis (except during school holidays)
A light lunch will be served at the School of Medicine venue from 12 noon.
Psychiatrists can claim CME for attending these meetings.

The sessions will be broadcast to the following sites:

- For TPMH attendees the venue is the Child, Adolescent & Family Inpatient Unit, Ground Floor. Access is from the main reception at TPMH.
- For Hillmorton attendees the venue is the Lincoln Lounge, Admin Building, Hillmorton Hospital

The dial in address is: **Psych Med Grand Round.**

If you have difficulties dialling in please call **0800 835 363** to be connected.



Health Connect South Update, August 2014

Health Connect South, the South Island clinical information system, is rolling out to the final two South Island DHBs, Southern and Nelson Marlborough DHBs.

The South Island Alliance, which consists of the five South Island DHBs, has already supported the successful implementation in Canterbury, South Canterbury and West Coast DHBs. It is expected to be operational in Nelson Marlborough DHB in early 2015, while Southern DHB is expected to go live in mid-2015.

[Read the full media release](#)



LATEST OPPORTUNITIES

[User Support / Application Trainer](#)

[Clinical Nurse Specialist – Infectious Diseases](#)

[Clinical Nurse Specialist – Non Government Organisation Liaison](#)

[Project Manager - Operational PICS](#)

[Smokefree ABC Support Worker](#)

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<https://cdhb.careercentre.net.nz>

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We'd love you to join us and share, like, or retweet our posts.

Want to know more about roles available at the Canterbury District Health Board?

Visit <https://cdhb.careercentre.net.nz>

Parent to Parent presents first instalment of their Family Video Stories

Parent to Parent, a nationwide organisation who support parents who have a child with a disability or health impairment have released their first family video story.

There will be a series of videos released that capture the journey and experiences of three wonderful families who have been involved with Parent to Parent. Each of their stories explain how families who are living with disabilities and health impairments can connect with Parent to Parent for support as well as conveying a strong message of hope and optimism.

Meet the Slade Whānau

Mark and Christina Slade talk about their experiences raising a child with a disability and how Parent to Parent have supported them throughout their journey.

"He's just a typical little boy, who does very, very typical things" - Christina Slade

[Click here to view the video](#)

For more information about Parent to Parent go to their website <http://www.parent2parent.org.nz/>



Commerce Commission launches website for health sector

The Commerce Commission has launched a new website aimed at helping the health sector understand more about competition and consumer laws and what they need to do to comply.

Read the full media releases at:

www.comcom.govt.nz/the-commission/media-centre/media-releases/

The new health sector website is <http://health.comcom.govt.nz>





Read about:

- Update from Medication Safety programme
- New alert gives advice on prescribing and administration of metoprolol
- Legislative change supports further work on the New Zealand electronic Prescription service
- Perioperative harm proof of concept trial underway



Collection coordinator for Christchurch Campus

This year the New Zealand Breast Cancer Foundation's Pink Ribbon Street Appeal will be on Friday October 10 and Saturday October 11. Due to the absence of our usual coordinator the New Zealand Breast Cancer Foundation **urgently needs** someone to coordinate collections for the Christchurch Hospital and Christchurch Women's. With breast cancer the most common cancer for New Zealand women – one in nine women will be diagnosed in their lifetime – almost everyone knows someone affected by the disease. For more information please contact Kim van Duiven at kimv@nzbcf.org.nz or call 0508 105 105. Please help us fight back against breast cancer.



Education Fairs August 2014 - Website Now Live

The Education Fair- It's here! ([Website](#)).

Check it out to see what is available to you now, and hear what others are saying who have already been enjoying the benefits of their next developmental steps.

Have fun exploring and connecting. We look forward to hearing all about your next moves.



[Read the latest SCIRT news here.](#)



Artist Doctors presents...Last night of the PROMS

[For more information click on the image to the left.](#)



Disability Support Services E-Newsletter—

August 2014

[Read newsletter here.](#)