



We have a date!

A series of dates in fact, and all going to plan we will move into Christchurch Hospital Hagley later this year. This really is the final countdown.

It has been a long time coming, and we've had a number of dates and plans that have had to change for various unforeseen reasons... however, I am now able to confirm the following timelines and key dates for the move to Christchurch Hospital Hagley.

- › Start of building prep/ migration activity on Monday 10 August 2020
- › Sterile Services 'Go live' on Friday 30 October 2020
- › 'Go live' start of patient moves on Monday 16 November 2020 with final patient moves complete by Wednesday 25 November 2020.

Built into this are two dates for a stop and review and 'Go/No Go' decision via the Clinical Leaders Group (CLG) and Facilities Development Governance Group (FDGG) to ensure that all actions are on track and still good to go. The



The final countdown begins for the move to Christchurch Hospital Hagley

first date is near end of building preparation phase on 25 September with the focus on ensuring all facility issues continue to be resolved as agreed and the second date 16 October which aligns with the orientation phase to again ensure that all orientation, simulations and training are on track.

Between now and then the construction team have a long 'to do' list to tick off, and it's all go for the DHB's migration team who are



The foyer in the new hospital

In this issue

- › Regulars – Kōrero ai... pg 4-9
- › Teamwork ensured ICU ready for COVID-19 patients... pg 10
- › Science can help protect our kids' health – if leaders listen... pg 11
- › Fond farewell to long-serving colleagues... pg12
- › Healthy Future Series – Health Education... pg 13
- › One minute with... Karen Sword... pg 14
- › Notices – Pānui... pg 15-18

overseeing a range of activities including clinical cleaning, stocking storerooms and rooms with essential supplies, final fixtures and fittings will be installed, curtains will be hung and closer to the time, beds will be made and pillows will be plumped in anticipation of the first patient moves.

While the initial patient move date was planned for March 2018 the DHB migration team are comfortable that this is the final countdown!

TechWeek showcases health, technology and collaboration

TechWeek has become a highlight on the annual calendar. This year's theme was looking ahead to focus on 'connecting our future' by being recognised as the platform for everyone to meet, share ideas and create connections to enhance our future world.

Postponed twice thanks to COVID-19, TechWeek finally went ahead last week and it is no surprise that the global pandemic was a common theme throughout. It has shined a light on just how important technology is in keeping us connected with each other.

The Canterbury DHB Via Innovations Team and Te Papa Hauora Health Precinct hosted the third Techie Brekkie. It was the first time the event has been presented in a hybrid format – thanks, in part, to a global pandemic normalising the use of technology in this way. Some attended the event in person at Manawa while others watched via Zoom. One speaker also presented online from Australia.

There was an impressive series of presentations which highlighted some of the technology developed in response to COVID-19, including:

- › the development of the Ministry of Health's apps (Āwhina for health care workers, and the COVID-19 contact tracing) – presented by Webtools Health CEO Harry Hawke
- › COVID-19 monitoring for the retirement village industry featuring age-friendly medical monitoring technology to detect infection cases early so contacts can be isolated quickly – presented by Spritely CEO Christopher Dawson
- › safe donning and doffing using artificial intelligence and feedback to help ensure the correct process is followed – presented by Blue Mirror CEO Rommie Nunes and Canterbury DHB Manawa Simulation Centre Coordinator / Simulation Lead Christine Beasley.

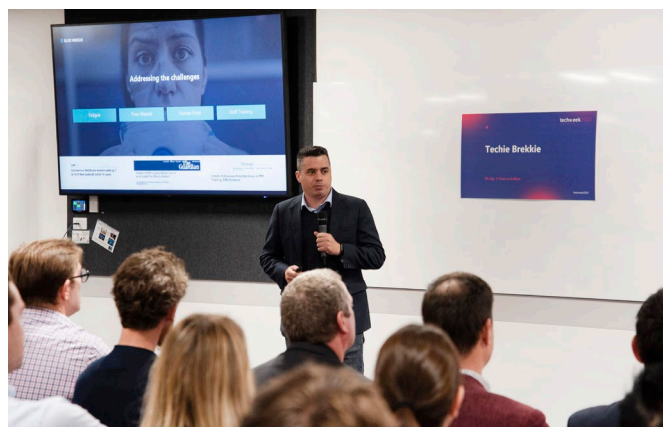
Chief Digital Officer Stella Ward says that while these presentations had COVID-19 as their core focus, all of the presentations touched on the challenges and opportunities COVID presents from a technology perspective. The event reinforced how much technology will contribute to how we manage COVID-19.

The project is on track with a critical pathway in place that will see the first patients in Hagley during the week commencing Monday 16 November 2020.

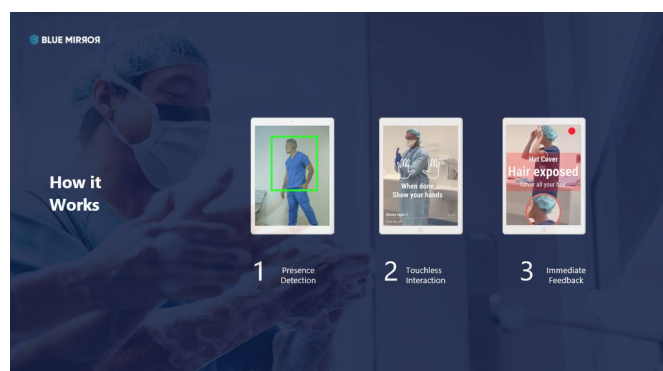
Updates and progress pics will continue between now and then.



Chief Digital Officer Stella Ward introduces Rauland CEO Steve Gomes, presenting online from Australia



Blue Mirror CEO Rommie Nunes presents the Artificial intelligence donning and doffing buddy



Attendees also heard about:

- › MaternityASSIST, a voice-activated call bell system designed to help both patients and staff – presented by Deloitte Manager Akshat Tripathi
- › Technology Advances in Primary Care which looked at telehealth, managing Community Based Assessment Centre information and the power of data to support patient care – presented by WellSouth CIO Kyle Forde
- › HiMed Cockpit Virtual Rounding, a technology that enables nursing staff to use video and integrated vital signs to see how a patient is without entering their room. For Australian hospitals this has proven to be a very effective response to managing COVID-19 patients in hospital – presented by Rauland CEO Steve Gomes.

Stella says Techie Brekkie reinforced the breadth of innovation across the system and showcased the real-world application of some pretty incredible ideas.

Thanks to our sponsor Rauland, and to all of the speakers who showed us how technology can improve the way we live, work, interact and collaborate.

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



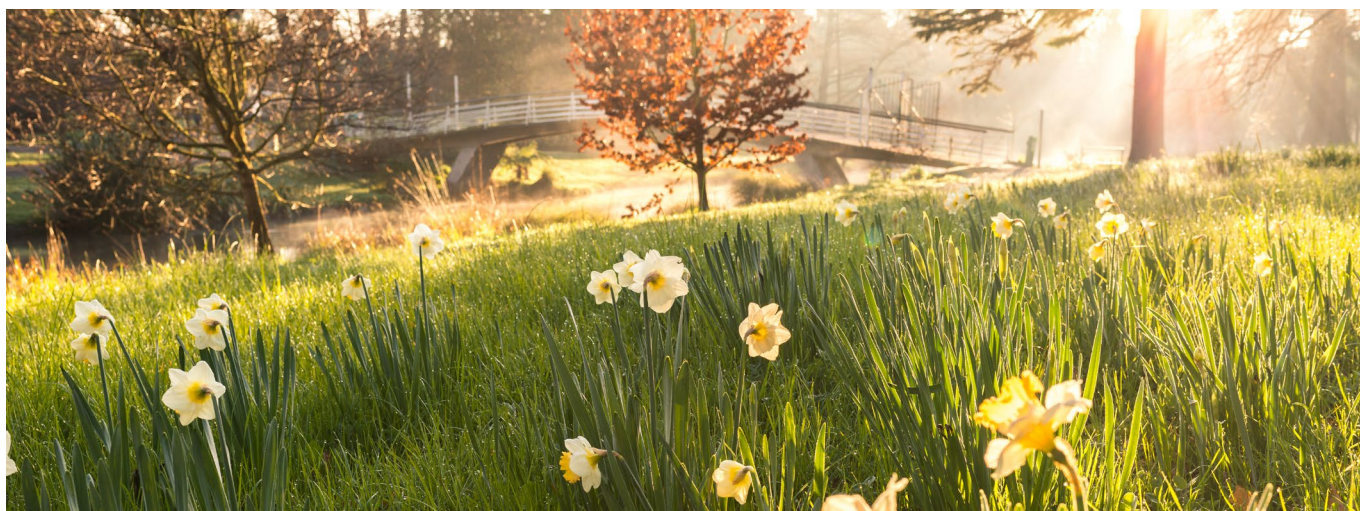
David Meates
CEO Canterbury District Health Board



Deloitte Manager Akshat Tripathi presented on MaternityASSIST, a voice-activated call bell system designed to help both patients and staff

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

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



Bouquets

Ward 11, Christchurch Hospital

Could you make sure that the Ward 11 nurses get this message because they did such an amazing job looking after me; especially the first night nurse, and the other night/day nurse I had before I left, and extra especially, Callum, who was just so great. They always made sure I was comfortable and cared for, so much so that it makes me kind of more miserable to be home, because they made being there so great. So, I just wanted to say thank you so, so much. You really helped me out heaps and made a huge difference.

Community Mental Health Nurse Rebekah Rissman

Thank you so much for all your wisdom, love and kindness in your care of [patient's name]. So grateful for you.

Intensive Care Unit (ICU), Christchurch Hospital

I had to come into ICU to farewell a dying friend. I was overwhelmed at the care that was given to her and her family... The nurse responsible for my friend's care was an absolute professional in every sense but you could also feel her compassion. She dealt with the process of removal of life support in the most caring way, explaining the process fully to us and allowing us to have our time with the patient how we wanted to do it. The unit was packed with other patients and I could see the workload was large, but we never felt rushed. The ability of one nurse to be able to read the room so perfectly was incredible and we will be forever grateful that the experience although horrific was peaceful and beautiful all at the same time. I too work for Canterbury DHB and have to say I could not be more proud to be able to say this. Please can this feedback be passed on to the ICU staff.

Dental Department, Christchurch Hospital

I recently attended the hospital dental service with my daughter who has Down Syndrome. She had broken a tooth and it was during the school holidays. We did not have an appointment, but she was in a lot of pain and going to the school dental clinic was not an option as the wait was 10 days and she was experiencing a lot of pain. We arrived early in the morning and were prepared to wait a long time, however, we were pleasantly surprised when we were taken within an hour. We talked with Jude who was very understanding of our situation and took the time to do her very best for us in a difficult situation. The dentist who saw my daughter was absolutely amazing with her and treated her very much like any other kid. As a result, she went away feeling much happier and totally untraumatised by the whole experience. I am so thankful for such a wonderful team who were able to accommodate us, and I fully appreciate the difficulties and pressures that this service faces. A big thank you to the team from my family.

Dietetic Team and WellFood staff, Hillmorton Hospital

To Jane and your team, thank you for the enjoyable meals I have had while in Hillmorton... Please pass on my thanks to your staff and the delivery truck man.

Christchurch Hospital

Medical staff always checked patient details, they were always polite, attentive and willing to answer questions. All appeared to enjoy their jobs so there was a positive cheery environment. Surgeon and assistant checked in on us post-op and pre-release which was good follow up.

Dr Steve, Bone Shop, Christchurch Hospital

We saw Dr Steve in the Bone Shop today with my five-year-old girl. He was absolutely amazing with her, incredibly kind and gentle. As parents we really appreciated his clear explanations and reassurance.

Maternity, Christchurch Women's Hospital

I'd like to say a huge thank you to all that helped, but most of all I'd like to thank Kelley Rattray and also Makayla Watson. Makayla was amazing throughout the whole thing, supportive and so knowledgeable. I'm glad she could have been a part of the birth. Kelley stayed throughout her whole shift without a break. Overall everyone did amazing and just wanted to say thank you.

Urology Outpatients

An excellent experience which was well organised and explained in such a lovely way with a sense of humour.

Ward 27, Christchurch Hospital

Thank you from the bottom of our hearts for the wonderful care extended not only to our mother but her family as well, during her stay in Ward 27. There is a strong and supportive atmosphere among the whole team. Many blessings to all.

Day Surgery, Outpatients, Christchurch Hospital

Wonderful care from all nursing staff. Many thanks.

Dental Outpatients, Christchurch Hospital

Another great day of excellent service. Thank you all.

Dental House Officer Nathan Schuurman and Dental Assistant Lisa Brownlee, Dental Department, Christchurch Hospital

I would like to compliment immensely the superb service and treatment from Dentist Nathan and Dental Assistant Lisa. I was treated sincerely with dignity, respect and understanding, with no feeling of being judged for the condition I came in. Hugely grateful for such amazing service from staff and a welcoming, warm greeting from the receptionists.

Big Shout Out

To: Newborn Hearing Screening team

I just wanted to say a) what an amazing job by the whole team in terms of catching up on babies who required newborn hearing screening post COVID-19 Alert Level 4, b) thank you to the Newborn Hearing Screening Coordinator, Ange Deken, for all her support during the COVID-10 period and her advice and wise words, c) thank you also to Ange Deken for all her work on implementing the Hearing Extractor (HECTOR) system locally and sending through to the Ministry the data required from the screening devices (I know this required a lot of work from her to make this happen) and d) thank you to Nicky and Andrea, the newborn hearing screener trainers, for their flexibility and support in providing screener training assessment and re-training to other DHBs during a very busy time for the team. Canterbury DHB has an exceptional newborn hearing screening team who consistently demonstrate their commitment to the programme and families and babies in the DHB locality, with Ange Deken at the helm, guiding and leading the team, while also being a constant source of support for me in my role. I could not do what I do without the support of Newborn Hearing Screening Coordinators like Ange, so thank you for all that you do!

From: Samantha Everitt, Antenatal and Newborn Screening, National Screening Unit, Ministry of Health

To: Staff who assisted C Ward, Hillmorton Hospital

On behalf of the C Ward (South Island Eating Disorders Service/Mothers and Babies Unit) nurses and team, we want to offer our huge thanks and gratitude for the support we have received over recent times. A special thank you to Psychiatric Services for Adults with an Intellectual Disability and Child Adolescent and Family services for supporting our staff while in your wards and to all the nurses who volunteered to assist, we truly appreciate your help and the expertise you brought with you.

From: C Ward team

#carestartshere

Hikina to Hagley

MIGRATING TO CHRISTCHURCH HOSPITAL HAGLEY

It's a date

Last week when the Minister of Health Chris Hipkins announced that migration to Christchurch Hospital Hagley is expected to take place in November this year, a lot of plans that had been pre-prepared were set in motion. Between now and then a great deal of work has to be done to prepare the building and staff before we occupy our new home.

Over the next 12 weeks, the Facilities Development Team will be strictly managing access and activity in the building to make sure we stay on track and all that hard work pays off. This means that even when it's our building, we are a long way off having free and unfettered access. There's understandably a great deal of interest in and curiosity

about the new spaces, but the set date of 16 November for the first patient moves comes with a couple of milestones that must be met along the way. The team will be working long and hard to make sure we meet them.

These milestones are in place to ensure any final building or remediation works are on track for completion and our orientation plans are robust enough to guarantee a safe and efficient move and transfer of work practices. If the milestones aren't met for any reason, there may be a need to extend the migration date. While this is unlikely and not anticipated, the safety of our staff and our patients must be paramount in our planning and move.

What's next?

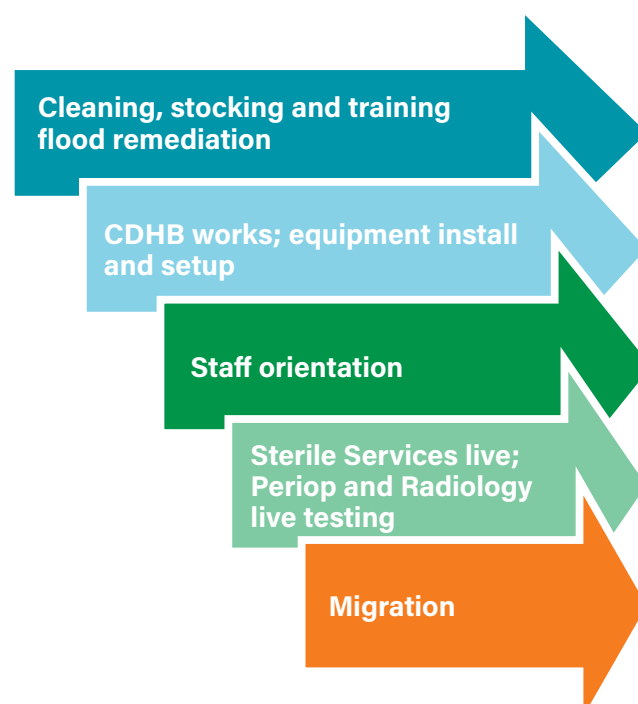
Early next week a blessing of the entire building will occur, and the real activity for the building migration kicks off.

From 10 August, when the building is handed over from the Ministry to Canterbury DHB, until migration in November, the building will be controlled by the Facilities Development Team and access will be restricted. Staff training has been rostered between 8.30am and 4pm for the days the different areas are operational.

All areas will undergo a full clinical clean, followed by stocking, activity from ISG and Clinical Engineering, and staff training. It will all occur in a carefully prepared sequence that considers the preparedness of areas and the availability of resource. Once cleaned and stocked, areas will be locked off.

Six weeks before occupation, the building will open to orientation activities. This will involve all staff who are moving to Hagley or will have work within the building. Over these weeks, some 3,000 staff will be introduced to their work spaces, learn new routes to, from and between areas, and familiarise themselves with shared workspaces and new equipment and facilities.

We'll update you here regularly with what's happening when, and be sure to keep an eye on the [Hikina to Hagley Prism page](#) which will be regularly updated with the latest schedules, plans and profiles of areas preparing to migrate.



On Behalf of the Committee

Clinical Decision Support and Data Visualisation Working Groups

This week we introduce Matt Doogue, Chair of the Clinical Decision Support and Data Visualisation Working Groups.

These two working groups look after aspects of medicines information for Canterbury DHB. The Clinical Decision Support (CDS) Working Group is responsible for MedChart CDS (i.e. rules and alerts) within MedChart.

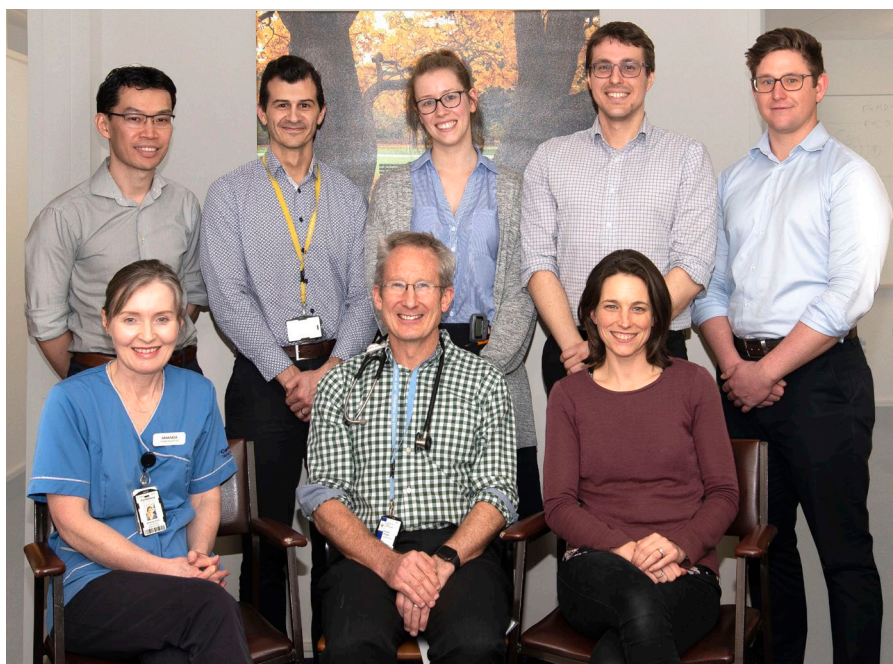
"Our philosophy is the right information in the right place at the right time," Matt says.

CDS Working Group members

- › Medicines Utilisation Pharmacist and MedChart 'expert' Olivia Clendon
- › Clinical Pharmacologist and Chair Matt Doogue
- › Clinical Pharmacologist and MedChart 'expert' Paul Chin
- › Clinical Nurse Specialist Nursing Amanda Scull
- › Team Leader Clinical Application Support Andrew Shaw
- › Clinical Analyst Clinical Application Support Chris Luoni
- › Clinical Pharmacist Pharmacy Brittney Young
- › Registrar Jessica Kelly.

Data Visualisation Working Group

- › Clinical Pharmacology Registrar and Project Lead Richard McNeill



Back row, from left, Clinical Pharmacologist Paul Chin, Information Analyst Andrew Villazon, Clinical Pharmacist Brittney Young, Team Leader Andrew Shaw, and Clinical Analyst Chris Luoni

Front row, from left, Clinical Nurse Specialist Amanda Scull, Clinical Pharmacologist and the committee's Chair Matt Doogue, and Medicines Utilisation Pharmacist Olivia Clendon

- › Clinical Pharmacologist and Chair Matt Doogue
- › Medicines Utilisation Pharmacist and MedChart 'expert' Olivia Clendon
- › Information Analyst Decision Support and Tableau 'expert' Andrew Villazon.

The Data Visualisation Working Group is a collaboration between Clinical Pharmacology and Canterbury DHB's Decision Support service to create

'dashboards' to visualise and analyse Canterbury DHB medicines data.

Governance is provided by the Medicines and Therapeutics Committee (MTC), with direct oversight from the eMeds Committee.

When MedChart was introduced, a multidisciplinary group was set up to develop and curate MedChart CDS locally in Canterbury DHB. Alerts from electronic prescribing systems like MedChart can be useful but have

been associated with user override rates of more than 90 per cent.

"We wanted to avoid unnecessary disruptive alerts and maximise the safety benefits of electronic medicines management," he says.

MedChart data is expansive and complex and the prescribing data from MedChart were only recently added to the Canterbury DHB Data Warehouse. Administration data are to follow.

Data visualisation via dashboards available on the intranet makes medicines data more accessible and meaningful to clinical and other staff. The multidisciplinary group includes clinical and technical staff.

CDS rules are developed and maintained by the CDS pharmacist. The group is a multidisciplinary group to ensure alerts are evidence-based (local data and literature) and focused on patient outcomes.

Data dashboards are developed using specialised software such as Tableau and Power BI. Detailed understanding of the underlying medicines data is needed.

The two working groups advise the eMeds committee and implement their recommendations. The working groups provide multi-disciplinary oversight and support of the

medicine's utilisation service in the Department of Clinical Pharmacology. Data generated are analysed to inform subsequent decisions.

MedChart alerts are focused on patient outcomes and are intended to guide and support, not control and require, Matt says.

"Alerts are also specific (minimise unnecessary alerts), evidence-based, and internally consistent (within and across classes of medicines)."

There are exceptional circumstances with any clinical situation and nearly all Canterbury DHB CDS alerts can be overridden by the user if necessary. With over 80,000 prescriptions in MedChart each month, CDS is a powerful tool to improve medicines utilisation.

"It's great working in a multi-disciplinary team with a broad range of expertise and a shared goal of using medicines effectively for patients and making the best use of the system we have. I enjoy helping very capable (and younger) staff achieve first class work."

If you have any questions, email medicines@cdhb.health.nz.



**GETTING
THROUGH
TOGETHER**
WHĀIA E TĀTOU TE PĀE TAWHITI



Looking after yourself

Team wellbeing in winter

Winter can be really tough on teams.

It's a time when workloads can be heavier, and people are more likely to get sick. It's also a great time to pull the team together, to look at our wellbeing as a group and make sure we maintain the best wellbeing we can.

If you think your team's wellbeing needs a bit of a boost, check out these resources and ideas that may help:

1. Allright? has a [wellbeing at work toolkit](#) based on the 5 Ways to Wellbeing. It includes templates, tools, and information on how to increase workplace and team wellbeing, and it's all free to download. Want to be known as the person who brings the team together? Take a look at the toolkit and implement some of the activities in your team. They also have this great [resource hub](#) with downloadable posters and other resources that are free to order.
2. [Random acts of kindness](#) has some creative ideas, calendars, resources and videos for creating a little extra kindness in your workplace, home, anywhere at all. Kindness is infectious, so spread it! Print some of the calendars out and pop them on your workmate's desk or display in your staff room for everyone to see.
3. Helen Reiss, writer of 'The Empathy Effect' has a method which should help you to get along with any one... sounds amazing



Give your team's wellbeing a boost this winter

right? Check out an article about it on [Thrive Global](#). Give it a try and see if it makes a difference!

4. Team inclusion – try a little harder to say good morning to someone that you may not always engage with or encourage someone to come and sit with you for a cup of tea. You don't have to spend time with colleagues outside of work, but have you tried it? A team activity outside of work hours can help to increase a sense of connectedness and humour.
5. Get your team into groups and allocate one of the 5 Ways to Wellbeing to each group. For a month, each group is to come up with something the team must do in relation to the 5 Ways to Wellbeing theme that they've been allocated, for example:
 - › For 'Keep Learning', your group could get a sign language instructor in for professional development, or a lunch time session, so the team can learn a little sign language. ([Deaf Aotearoa](#) have great sessions on sign language for Health Professionals)
 - › For 'Connect', you may have a shared morning tea in your team, and each talk about something exciting happening in your team or workplace or personal life.
6. Check in with team members who seem like they might need a break. Encourage them to take some leave from work to look after their wellbeing.

There are plenty of ways to increase team wellbeing – you just have to find what works for your team.

Teamwork ensured ICU ready for COVID-19 patients

As overseas information pointed to a rush of COVID-19 patients coming into Christchurch Hospital, clinical and finance staff worked together to ensure the Intensive Care Unit (ICU) could cope.

International statistics indicated that the hospital could anticipate hundreds of COVID patients, with an associated quadrupling of normal ICU capacity, and that extra clinical equipment would be needed to manage.

So Intensive Care Specialist David Knight ICU and Service Manager David Brandts-Giesen and Project Facilitator, Christchurch Campus Finance Frank Connor teamed up to develop a plan to immediately purchase equipment to ensure the safe care of patients in ICU North and South, and other COVID-19 wards that might be set up.

The work was supported by Senior Business Manager Melanie Bryant.

Observing the clinical presentations overseas, and with input from Infectious Diseases and Microbiology, work was done to assess current ICU capability, the layout of the current ICU facility, and what would be needed to manage a spike in demand from COVID-19 patients, says David Brandts-Giesen.

"Equipment was identified as a rate limiting challenge."

"ICU doctors tried to stay abreast of the rapidly changing international literature and supplemented this information by communicating directly with frontline overseas colleagues.

"We realised that our system could become overwhelmed very quickly. The aim was to give the service the best chance of continuing to manage current acute patient volumes and a



From left, ICU Service Manager David Brandts-Giesen, Intensive Care Specialist David Knight, and Christchurch Campus Finance Project Facilitator Frank Connor

predicted surge in acute patients with COVID-19," says David Knight.

Frank says the planning was done in an environment of high concern as so much was unknown, and everyone was still learning.

"We knew the impact it could have. The clincher for me was information from David Knight about the latest overseas infection rates which indicated that ICU could be terribly challenged, with one in three patients needing ventilation and one in four or five needing dialysis.

"We had to get those pieces of kit urgently."

Our goal was to be as best prepared as we could be, says David Brandts-Giesen.

"And we were able to make things happen."

International demand for ICU ventilators exploded early in the COVID crisis and the limited Australasian stock of ventilators were rapidly exhausted. By Monday 16

March there were only two suitable ventilators available for purchase across the whole of Australia and New Zealand.

As most of these ventilators are manufactured in Europe, resupply of ventilators was anticipated to take many months.

Several potential vendors were bidding for these ventilators, but a Canterbury DHB business case was written, approved and actioned by 3pm the following day. The process was fast-tracked to ensure Cantabrians would have access to this precious resource.

"It's a great example of team work – of integrating clinical and finance teams," he says.

Items that were due to be purchased in the 2020/21 and 2021/22 financial years were brought forward, some as planned replacements, others as new purchases. These included four ventilators, two transport ventilators, three oxygen blenders, a renal dialysis machine, and two intubation kits.

Science can help protect our kids' health – if leaders listen

From Hector Matthews, Executive Director of Māori and Pacific Health at Canterbury DHB

People with decision making responsibilities that affect large groups of our society have the great opportunity to improve the lives of individuals with their decisions. And, they shoulder the responsibility of worsening the lives of individuals with poor decisions or indecision.

In New Zealand we have been lucky with the decision making made by the government in the face of a novel coronavirus. Amidst many unknowns on the nature of the virus, they sought and listened to expert advice on how to respond. They made a difficult decision to enforce a strict lockdown in the interests of public health because they felt on the weight of evidence it was the right thing to do, whether or not it would be popular. When I look at how other countries are faring, where leaders made different decisions, I feel grateful for New Zealand's leadership through this time.

In my role as Executive Director of Māori and Pacific Health at Canterbury DHB I see how decisions affect the health of these populations in Canterbury.

My colleague Clinical Director of the Community Dental Service Dr Martin Lee, together with researchers at University of Canterbury, ESR and Atkins Holm Majurey, recently co-authored a [paper published in the world's leading child health journal](#) that highlighted the impact of decision making on the oral health of our children.

The nationwide study, evaluating the link between community water fluoridation and the experience of severe tooth decay in four-year-old New Zealand children, analysed the B4 School Check screening programme data of 275,000 children over a five-year period from 2011 to 2016.

Nearly one in seven (15 percent) of four-year-olds who had had a B4 School Check were found to be severely affected by tooth decay. Māori and Pacific children living in the most deprived areas were eight and 12 times (respectively) to have severe tooth decay. Although to be clear – seven percent of New Zealand/European children and children living in the least deprived areas had severe tooth decay too. This issue affects all of our children, it just affects some to an even more damning degree.

Oral health in children is a red flag for lots of other things. It shows what going into a child's puku. For many homes, fresh fruit and vegetables and milk are not on the grocery



Executive Director of Māori and Pacific Health Hector Matthews

shopping list or within reach. This is something a four-year-old can't change. Chips and fizzy drink can ease hungry bellies for much cheaper than fruit and veg. And kids can be picky – it can be easier to hand them something they clamour for.

Fluoridating our water doesn't completely solve these issues but it does offer a layer of protection against tooth decay to our tamariki. It is a jacket to a cold child in winter. But instead of preventing shivering it is helping prevent chronic toothache and abscesses and teeth extractions under general anaesthetic in four-year-olds. It's helping protect pre-schoolers from difficulty eating, concentrating, learning, sleeping, or playing with their friends because they are in severe pain. It's helping see off long-term oral health issues as these children grow up and try to fulfil their lives and fully participate in society. Let me repeat – as it stands, nearly one in seven of 275,843 four-year-olds in New Zealand included in the research were found to have severe tooth decay.

The effectiveness of community water fluoridation is well researched and documented. New Zealand has a long-term national policy supporting community water fluoridation, yet only 54 percent of the population receives it, largely because responsibility for fluoridating is delegated to local councils.

A Bill proposing moving responsibility for this from Councils to District Health Boards, introduced in 2016, has not been progressed since a health select committee report in 2017.

Perhaps the voices of anti-fluoride protesters are louder than our most economically deprived. It appears they have more weight in a health decision than health experts.

In Canterbury we don't have community water fluoridation. A recent study found nearly one in five children have the most severe form of tooth decay. For Māori children – more than one in four, and Pacific, 40 percent. Pacific and Māori children were also 2.6 and 2.2 times more likely to have had at least one tooth extracted.



Fig 2: Healthy teeth and gums. No signs of decay and only a little plaque.



Fig 3: Chalky patches (arrows) and also an enamel breakdown on the side of one of the front teeth.



Fig 4: Clearly visible decayed front teeth, both in-between upper front teeth, and along the gumline.



Fig 5: Well-advanced decay. The crowns of the top teeth are breaking down and decay is starting between the bottom teeth.

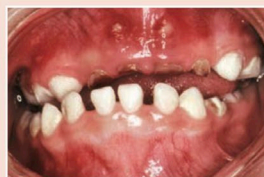


Fig 6: Only the roots of the top teeth are left.

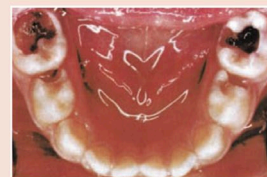


Fig 7: Deep decay in the lower back teeth (molars).

Reference photos used by nurses during B4 School Checks to help assess children's tooth decay.

Public sentiment can be a barrier to the political will to do something meaningful but not universally popular.

Imagine if our leaders had let that govern their response to COVID-19. We would be a country in crisis.

Instead, decisions were made driven by advice from health experts and not

unsubstantiated beliefs and fears. I hope that the lack of lobbying from four-year-olds losing their teeth to preventable tooth decay does not disguise the fact that we have a health crisis and many of our most vulnerable we have a responsibility to protect are suffering.

Fond farewell to long-serving colleagues

On Tuesday 22 July Specialist Mental Health Services farewellled John and Barbara Halligan.

John and Barbara both worked most recently in the Psychiatric Consult Liaison team, and before that worked extensively across the health system: John for 48 years and Barb for 20 years.

They have been nurses held in great esteem by their colleagues and always showed great empathy and care to those they supported. We wish them well for their future endeavours.



John and Barbara share the cake cutting duties at their recent combined farewell

Healthy Future Series – Health Education



Health Education

Health students such as nurses and counsellors will do more digital learning and simulation scenarios because of COVID-19, as educators work to harness the potential of technology and safeguard against another pandemic or disruptive event.

Health educators had to move courses online as lockdown meant most students could not do face-to-face lessons or clinical placements. While providing online lessons and tutorials was relatively easy, health educators say they need to develop better, more interactive technology that supports the all-important clinical experience.

Ara Institute of Canterbury Chief Executive Tony Gray says it is investing in simulation technology for its applied health courses. It has already developed simulations of birthing scenarios for midwifery students and others that simulates scanning body parts for radiology students.

"Clinical placement is all about instilling confidence that you have learnt what you need to deal with different scenarios. Simulation training can give that confidence in combination with face-to-face clinical experience.

"Our health courses are applied so students will always need that hands-on experience with patients. What we are looking at as a result of COVID is how do we strike the right balance of remote learning and clinical placement and, increasingly, simulation training."

Ara nursing, midwifery and medical imaging students are based at Te Papa Hauora's Manawa building which has a high-tech simulation suite.

"There is no substitute for students learning as part of a team in a real health care environment, but technology can enhance this and replace it in the likely event of another pandemic of disruption to learning such as a natural disaster," he says.

The University of Otago, Christchurch, trains undergraduate medical and postgraduate nursing students.

Dean David Murdoch says it is using simulation more, both with latest technology such as manikins and with actors who play patients with various conditions, but there is no substitute for clinical experience.

"During the COVID crisis we were very grateful for our relationship with Canterbury DHB which meant our final

year medical students could work in the healthcare system and the DHB worked hard to allow all our students back in clinics as soon as it was safe."

Pro-Vice Chancellor at the University of Canterbury's College of Education, Health and Human Development Letitia Fickel says the pandemic has prompted reflection on how it educates health students, including social workers, counsellors, psychologists and public health experts.

"We showed that we could make online learning work and saw it as a stop-gap (during the lockdown). Now we are thinking if this is likely to be the future – because this is not likely to be the last zoonotic pandemic we experience – what new tools do we need to create, what technology do we need to develop... how do we best prepare our graduates for a future which has changed because of the pandemic?"

For example, during the lockdown counselling, social work and psychology students did consultations online – as did working professionals.

"If this is going to continue, questions need to be asked about the way we educate these students. How do you build rapport, how do you build relationships in the digital space? Do the skills you learnt when face-to-face still work in that digital space?"

The pandemic showed health education programmes need to take a more global view, she says.

"This has shown there are global health matters we need to be more attentive to – The One Health view. The relationship between the environment and human wellbeing need to be more front and centre. We will need to really examine our programmes to make sure that is there."

Te Papa Hauora can play a pivotal role in the innovation of health education because it connects Christchurch's educators and healthcare providers.

"Manawa was set up to be a health innovation hub. We have a dedicated education unit and can have those conversations among the professional groups."

To read other articles in the 'Healthy Future' series, visit the [Te Papa Hauora website](#).

One minute with... Karen Sword, Enrolled Nurse Operating Theatre Burwood Hospital

What does your job involve?

The role of the enrolled nurse in Burwood's operating theatres is fairly autonomous. Working within our scope of practice, we work within three roles in our team environment. These are: patient nurse, circulating nurse and scrub nurse. The role of patient nurse involves checking the patient into theatre, ensuring allergy status is recorded, and the correct operation is consented for, to name just a few. The circulating nurse role entails looking after the scrub nurse. The circulator opens all the equipment that the scrub nurse requires, then the scrub nurse arranges it and puts all that equipment on their trolleys. The circulator and patient nurse are then unsterile nurses on the floor paying attention to any other requirements for the surgical team. I am also, in conjunction with another nurse, the Health and Safety rep for the suite. I also assist with the facilitation of the Sankalpa Wellness Meditation nurse's programme that runs weekly on a Wednesday for all nurses.

Why did you choose to work in this field?

I previously worked in the treatment room (dressings and wound care) as part of rotation in the Plastic Surgery unit. This room was within the Operating Suite department and I was interested in furthering my knowledge base. For me, the next step was securing a job in the Operating Suite to get an appreciation for surgery and the goings on behind those closed doors. It is a privilege to view the human body on the inside. I enjoy working with power tools, screws, and plates, and the finer work required in plastic surgery.



Enrolled Nurse Karen Sword in her happy place, enjoying the Canterbury high country on a horse trek

What do you like about it?

The pace, the ever-changing daily plan. The ability to be reasonably autonomous in the workplace.

What are the challenging bits?

Getting surgeons to comprehensively fill in the planning sheets for the operations so that we can have the necessary equipment available.

Who inspires you?

Nurses that can fit in post-graduate study, look after their own wellbeing, run a home, and then come to work.

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

Those values are what I base my work around. They ensure a safe and positive outcome for our patients.

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

I'm a qualified Bowen therapist and Aroma Touch massage therapist. Also, I love horse trekking in the high country on my beautiful Clydesdale-cross horse.

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

In the high country with my horse and friends and a mulled wine.

What do you do on a typical Sunday?

Gardening and horse riding.

What's your favourite food?

Thai.

And your favourite music?

No special favourites. I enjoy a number of genres.

Canterbury Grand Round

Friday 7 August 2020 – 12.15pm to 1.15pm (with lunch from 11.50am)

Venue: Rolleston Lecture Theatre. All staff and students welcome.

“COVID update”

Panel: Dr Josh Freeman, Clinical Director Microbiology & Acting Clinical Director of Infection Prevention and Control; Dr Sarah Metcalfe, Clinical Director Infectious Diseases; Dr Alan Pithie, Consultant Physician in Infectious Diseases and General Medicine; and panellists.

Chair: Sue Nightingale

It is requested out of politeness to the speaker(s) that people do not leave halfway through the Grand Rounds.

This talk will be uploaded to the staff [intranet](#).

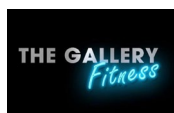
Video conference set up in:

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

Next date and convenor – to be confirmed. Venue will be Rolleston Lecture Theatre.

Something For You

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



The Gallery Fitness

190 Montreal Street,
Christchurch Central

30 percent off standard membership rates, all with no joining fee and a 30-minute session included (can be workout, custom workout plan, or body composition analysis).



Black Cat Cruises

Akaroa Main Wharf, Akaroa

Head out on the Akaroa Harbour Nature Cruise and receive 50 percent off (limit of two people). Find the online discount code under the 'New Deals' tab on the Something For You page.



Kalla Beauty

Order any of the eco-friendly shampoo, conditioner, dry shampoo and handmade soap products through the [online store](#) get 10 percent off. Find the online discount code under the 'Fashion and Beauty' tab.



Heritage Hotel Queenstown

91 Fernhill Road,
Queenstown

Stay here and pay the exclusive discounted rate of \$155 per night plus a breakfast for two. Book via [the website](#) – find the online discount code under the 'New Deals' tab.

We also have plenty of **brand new deals** from local businesses – check them out on the [Something For You page on PRISM](#).

Help collect green waste from staff kitchen areas

Take home the green waste from your staff kitchen area and give your compost a nutrient boost. Not only will you be growing amazing food, it will help reduce the amount of waste we're sending to landfill and save the organisation a significant amount of money.

If you're interested in volunteering or would like some more information, please phone Steven on ext. 80854 or email steven.muir@cdhb.health.nz. He will set you up with a four-litre container with a 'green waste' sticker on the lid and also send you some tips on how to make the most out of the waste and keep it hygienic.



The latest eCALD news edition is out now

CALD refers to culturally and linguistically diverse groups who are migrants and refugees from Asian, Middle Eastern, Latin American and African (MELAA) backgrounds.

Read about a new research report on social work provision to former refugee and marginalised migrant communities, a series of nine live webinars being hosted by Refugees As Survivors New Zealand as part of their 25th anniversary celebration and much more [here](#).

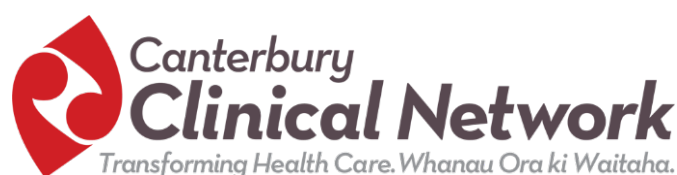


Canterbury Clinical Network Alliance leadership Team key messages

The key messages from the most recent Canterbury Clinical Network (CCN) Alliance Leadership Team meeting are out now.

The Network welcomed Dr Don Elder as its new Independent Chair. Also discussed at the meeting:

- › health system challenges and priorities
- › Canterbury Breastfeeding Steering Group to be aligned to the Child and Youth Health workstream
- › changes to alliance group memberships.



Read more [here](#).

To view previous key messages, check out the [resources page](#) of the CCN website.

Latest Community Health Information Centre newsletter out now

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

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

This month's featured resources are from ACC:

- › **MED0269 Pressure Injuries – Chair (A3 poster)**
- › **MED0270 Pressure Injuries – Skin (A3 poster)**

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

**NO PRESSURE
YOUR SKIN MATTERS**

A SMALL SHIFT
CAN PREVENT
PRESSURE INJURIES

IN BED, SHIFT
EVERY 2 HOURS

WHEN SEATED, SHIFT
EVERY 30 MINUTES

Talk to your health professional to find out more

nzwcs.org.nz/pressureinjuries

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SEX AND CONSEQUENCES

A New Zealand Update

Wednesday, 26 August 2020, 1pm – 5pm

Burwood Hospital, Burwood Road/Mairehau Road.

If driving take Main Entrance (Entry 1) off Burwood Road, plenty of visitor parking available

Main Building, take stairs or lift to 2nd floor, Rooms 2.3A and B

Bus – Orange Line from City Centre, stops at entrance to Main Building

N.B. Maximum number of 50 people. Zoom option also available. Link will be sent out later.

- | | |
|-----------------------|---|
| 1.00 – 1.10pm | WELCOME
Facilitator: David Miller, Public Health Specialist |
| 1.10 – 1.50pm | Dr Edward Coughlan
Clinical Director, Christchurch Sexual Health Centre
Syphilis – An Ongoing Epidemic.
(includes comment on the Syphilis in Pregnancy Plan) |
| 1.50 – 2.30 pm | Dr Heather Young
Sexual Health Physician, Christchurch Sexual Health Centre
A Cook's Tour of STI Management: Practical Bits and Pieces. |
| 2.30 – 3.10pm | Victoria Riddiford, Therapeutic Team Leader/Christchurch Team Leader,
New Zealand AIDS Foundation
Shame – The Supreme Silencer.
Our role in improving health outcomes for men who have sex with
men and people at risk of HIV. |
| 3.10 – 3.40pm | AFTERNOON TEA/ NETWORKING |
| 3.40 – 4.20pm | Samuel Andrews
New Zealand Drug Foundation: Programme Lead – harm reduction
Chemsex and sexualised drug use among MSM in
New Zealand: responding within sexual health settings. |
| 4.20 – 5pm | Speaker to be confirmed |
| 5pm | CLOSING |

Please RSVP by Friday 21 August to

Diane Shannon by email: diane.shannon@cdhb.health.nz

or phone (03) 378 6755



New Zealand AIDS Foundation
Te Tuapapa Mate Araikore o Aotearoa

Canterbury
District Health Board
Te Poari Hauora o Waitaha