



Emergency Planning: life imitates exercise. A reminder that we always need to be prepared both at work and at home

Last Wednesday Civil Defence led a national emergency exercise in which a fictitious tsunami, named Tangaroa, would hit the West Coast and require major evacuation to higher ground. Then at 4:37am last Friday morning, a magnitude 7.1 earthquake struck off the East Coast of the North Island. The 'Te Araroa' quake triggered a national tsunami warning. While Friday's tsunami warning didn't amount to much, a tsunami remains a very real threat to New Zealand, due to our geography, with many low-lying coastal towns. Both of these events were a reminder that we need to remain vigilant and be prepared to respond to a range of emergency situations.

Both Tangaroa and the recent exercise in Kaikoura also provided a useful test of our capability and helped re-forge and refresh some of the key relationships that enable an effective response. It was especially interesting as it wasn't just about the response to an event that had already happened, it was as much about how we would prepare for one that was imminent. If you haven't already, [check you're prepared](#).

Yesterday also marked the sixth anniversary of the 7.1 'Darfield' quake which hit at 4:35am on 4 September 2010. It was the first of what became a series of thousands of quakes to cause significant damage to buildings and infrastructure in Christchurch and the beginning of a period of prolonged stress and anxiety for many Cantabrians. Six years on our focus remains very firmly on the people aspects of recovery.

Buildings have been demolished or repaired and tangible evidence of the more than \$40 billion rebuild programme can be seen throughout Christchurch.

Since the quakes the demand on our mental health services has been phenomenal. For example, there has been nearly a 70% increase in the number of referrals for young people to the Child and Adolescent Mental Health Service since the earthquakes. Across services staff have gone to extraordinary effort to meet the changing needs of our community, wait times

have dropped and the number of contacts for this age group has increased by 68% in Canterbury compared to 5% in the rest of the country. The demand is ongoing and there seems to be little indication that it will diminish for the foreseeable future. Our services are continuing to adapt in order to be more accessible, flexible and responsive to the needs of the community.

Over the past six years demand has fluctuated between age groups, males and females, but one constant, and one of our biggest concerns is the impact of the quakes on a group of our community who have become known as the 'quake babies or children': children either born into, or growing up during a period of time when those caring for them are carrying a heavy load when it comes to additional pressure and stress. We know this has had a profound impact on the well-being of many of the youngest members of our community. Our mental health teams have seen young people lacking developmental maturity, with high levels of fear and anxiety and with great difficulty coping with normal stresses of life. Our mental health service works alongside the education sector, teachers and school communities to better equip and enable them to support children and their families who are struggling with their mental health and wellbeing.

» Article continues on page 2

In this issue

- » Māia ambassador Brendon McCullum visits children's wards...page 6
- » Health Connect South regional rollout close to completion...page 7
- » Canterbury Grand Round...page 7

- » World Physiotherapy Day - Movement for Life...page 8
- » Standing more throughout the day can improve your health...page 9
- » Disconnect to reconnect...page 10

- » Delirium - a silent epidemic...page 11
- » New resource helps people plan their future health care...page 12
- » New MRI machine for Christchurch Hospital...page 13

» Article continued from page 1

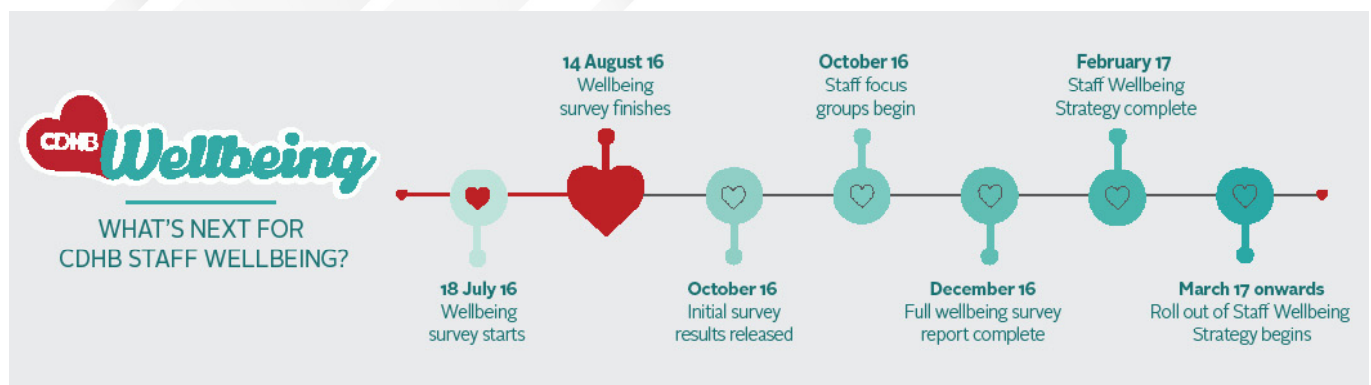
We continue to work with others upstream to build the resilience of our community. While responding to mental disorders, we will continue to promote health. Mental health refers to the maintenance of successful mental activity. This includes maintaining productive daily activities, enjoying fulfilling relationships with others and maintaining the ability to adapt to change and cope with stresses and difficulties. There's no health without mental health.

Staff Wellbeing – The more we know, the more we can do!

We have the final numbers in for the Staff Wellbeing Survey and I'm delighted to say there was a whopping 4,042 respondents - an increase of over 1,600 since the last time we did the survey in 2014. A big thank you to all those who had their say.

Next steps: During October and November we'll be holding focus groups with staff so we build on what we learned from the survey, and this will help determine possible future wellbeing initiatives. In short, the more we know, the more we can do.

We're looking for up to 200 staff volunteers to take part. If you'd like to further influence the future of our staff wellbeing strategy please volunteer by filling out this very short, 2-minute, [survey](#). We'd love to hear from you!



Appointment of Dr Peri Renison to the position of Chief of Psychiatry

Congratulations to Dr Peri Renison who has accepted the position of Chief of Psychiatry.

Peri takes over from Dr Sue Nightingale (who takes over from Dr Richard French who has been interim CMO for the past five months following Nigel Millar's departure). Peri is well known across Specialist Mental Health Services having worked as a psychiatrist in Christchurch for almost 20 years after coming here from South Africa with her family.

Her early training and work experience set the foundations for developing a strong interest in consult-liaison psychiatry. After a brief stint in Adelaide, South Australia, Peri and her family moved to Christchurch. Working in adult general psychiatry, her special interest has been treatment of therapy resistant psychotic illness. She has now been Clinical Director for 10 years – having covered the Rehabilitation and Psychiatric Services for Adults with Intellectual Disabilities services initially, and later the Adult General Community Services.

Other roles have included being Director of Area Mental Health Services for both Canterbury and the West Coast. Peri has also had active involvement in teaching and has been instrumental in the changed model of care in Adult Mental Health Services.

Please join me in congratulating and welcoming Peri to her new appointment of Chief of Psychiatry. She will take up the position on Monday 31 October.

Have a great week – and welcome to Spring and sit-less September

See the story on page 9, on how you can improve your health by sitting less.

David Meates
Chief executive



Above: Dr Peri Renison

David Meates
CEO Canterbury District Health Board

Facilities Fast Facts

Fast Facts - Burwood

Instructions for staff parking on site at Burwood Hospital have been updated and are now available on the [intranet](#).

The swipe-access bike shed next to the Back of House building is now open.

Dan Coward, General Manager of Older Persons' Health & Rehabilitation, held a staff forum on Wednesday 31 August at Burwood Hospital, now available to view on the [intranet](#).

Fast Facts - Christchurch

The project team paid a visit to the Acute Services building site on Thursday September 1 and took their cameras along.



» Article continues on page 4

» Article continued from page 3



The photo above shows what the view of the park will be like out of the windows on the ground floor.

The photo to the right shows the floors of the ensuites to some of the the patient rooms, inset into the concrete floor on Level 3.



Outpatients

This week, Leighs Construction will start the first test piling work for the Outpatients building on St Andrews Triangle. This work will cause some vibration, which might be felt in nearby buildings.

After discussion with the St Andrews Presbyterian community, the thistle sculpture on the corner of Oxford Terrace and Antigua Street has been dismantled and put into storage for safekeeping. It will be re-erected on the triangle site when the project is complete.

The container walkway along the site boundary at the top of Antigua Street will open for pedestrian use from Tuesday 6 September. Cyclists should dismount and use the walkway if travelling north towards the hospital.





Bouquets

Radiology, Christchurch Hospital

Great service, good friendly staff, well explained.

Acute Medical Assessment Unit (AMAU) and Ward 24 (Neurology), Christchurch Hospital

To all the staff in these wards... thank you for your fantastic care, consideration and respect shown to our brotherof Brakenridge Estate, Templeton and to us, his family. You are all a credit to this establishment. Our heartfelt gratitude to you all. Keep up the fantastic work.

Ward 23 (General Medicine), Christchurch Hospital

Katie from Ward 23 was very lovely and helpful. If more staff were like her it would make everyone's stay more enjoyable. Great work Katie!

Ward 28, Christchurch Hospital

Thank you so much for keeping me alive and nursing me back to a better state. I'm back at full-time study and can run and surf. I appreciate Ward 28 so much, because you:

- 1 Gave me drugs, so my brain didn't hurt.
- 2 Were nice to me even when I was confused, fatigued and grumpy.

3 Took care of my mom when she was sad.

4 Let me have as many get up and go's as I wanted.

5 Fed me through a tube when I couldn't eat.

6 Helped me smile and made me laugh.

7 Helped me walk, shower, eat and survive.

8 Made me feel at home for 13 days.

9 Listened and didn't get annoyed when I repeated myself.

You guys deserve an award for how you care for people who are barely alive. Thanks so much!

....P.S My brain is just as smart, you did a great job!

Kaikoura Hospital

To the Kaikoura doctors and nursing staff, I would like to thank you all for making my time with my brother so welcoming and special. It means a lot to me to have been able to stay with my brother until he drifted away quietly. I can't thank you all enough...from me and my whanau....

Free commercial grade anti-virus software for home

Currently CDHB uses Sophos anti-virus to protect its PCs/Laptops and servers. Sophos is now making this protection available free for home use.

Sophos Home can be installed on a Mac or Windows PC in your home to protect from malware, viruses, ransomware, and inappropriate websites.

It uses the same technology that is used to protect the CDHB. Best of all, you can manage security settings for the whole family from any browser.

Go to this link home.sophos.com - register and download.

Māia ambassador Brendon McCullum visits children's wards

Former Black Caps captain Brendon McCullum swapped bats and balls for magnetic building blocks last week as leukaemia patient Jonty Gray ran through a coaching session with him on how to use the magnets to make a fire truck. Brendon was at the activity centre in the children's ward at Christchurch Hospital in his role as ambassador for the newly launched Māia Foundation.

Māia is currently raising money for the redevelopment of Christchurch Hospital for enhancements to a larger rooftop helipad and children's facilities. "We are on a mission to enhance the health experience in Canterbury," Brendon says. Eight year old Jonty, who has ALL, Acute Lymphoblastic Leukaemia, will be receiving treatment at the hospital until July 2019, so will get to experience the old Child Health facilities and the new. The Acute Services building that will be home to the new CHOC wards opens at the end of 2018.

The Māia Foundation has teamed up with New Zealand Cup and Show Week to raise funds for these projects with show week guests able to buy a Māia #goodtogreat wristband or donate when they purchase their event tickets.



Above: Brendon McCullum and Jonty Gray in the Activity Room in the children's ward at Christchurch Hospital.



Above: Jonty Gray and Brendon McCullum share a joke in the activity room at Christchurch Hospital.

Right: Māia Board of Trustees Chair Garth Gallaway and Brendon McCullum wearing the Māia #goodtogreat wristband.



Māia
Health
Foundation

Health Connect South regional rollout close to completion

Just over a week ago, Southern DHB went live in Health Connect South (HCS), the culmination of an extensive collaboration between on by Canterbury DHB, Southern DHB together with the South Island Alliance and our vendors Orion Health and Sysmex.

Executive sponsor for IT Innovation, Stella Ward says the team at ISG have done an absolutely awesome job and have once again earned regional recognition for another huge achievement.

"We now have four South Island DHBs accessing a single electronic patient record through HCS. Health Connect South is of course the enabler and precursor to the roll out of other regionally integrated systems such as HealthOne, eReferrals, Electronic Ordering and allows other regional initiatives such as Shared Care Plans."

Dr Nigel Millar, Chief Medical Officer for Southern DHB wrote to David Meates to convey his thanks to the Canterbury DHB ISG team.

"I just wanted to commend your team for their amazing commitment in getting to the second stage.

I am aware that some of the CDHB team gave up much of their weekend to get it over the line, resolving some last minute challenges. Debbie Beesley in particular continues to provide an exemplary level of calm professionalism and is a leader of exceptional talent and commitment."

"So, it is a big thanks from the people of Southern to the Canterbury DHB team," said Nigel.

All DHBs who previously had access to HCS now have access to documents, patient encounters, lab results, radiology reports, and cardiology reports held at Southern DHB.

There will be a follow up phase in mid-September which includes the migration of more Southern DHB documents to the central HCS repository, as well as HCS-based document creation.

"We are also in the process of bringing NMDHB on board to HCS, and the first of three phases is due for completion in late September," Stella says.



Above: The HCS team.

Canterbury Grand Round

Friday 9 September 2016 – 12.15pm to 1.15pm with lunch from 11.45am.

Venue: Rolleston Lecture Theatre

Part one: Professor Phil Mitchell, Head of Psychiatry, University of New South Wales and Professor Peter Joyce

"Developments in Mood Disorders over 30 Years" and

Part two: Professor Peter Joyce

"Developments during a decade as Dean"

This grand round is a celebration of the academic career and deanship of Professor Peter Joyce, who is retiring as Dean, University of Otago, Christchurch on 1 September 2016 after >30 years with the university. Peter, together with an old colleague from Sydney (Professor Phil Mitchell), will first reflect on

developments in mood disorders. Peter will then provide some reflections on his time as Dean.

Chair: David Murdoch

Video Conference set up in:

- » Burwood Meeting Rooms 2.3a and 2.3b
- » Wakanui Room, Ashburton
- » Administration Building, Hillmorton
- » The Princess Margaret Hospital, Riley Lounge
- » Pegasus, 160 Bealey Ave, Room 2

All staff and students welcome

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

Next is Grand Round is Friday 16 September 2016

Convener: Dr R L Spearing

Email: ruth.spearing@cdhb.health.nz



Why Movement for Life?

Why is our World Physiotherapy Day theme Movement for Life?

Because we're designed to move! Watch the enormous pleasure and huge effort of a baby learning how to move parts of the body, then roll over, crawl, walk, run, jump, hop... Movement is a joy and a need for human beings.

But, as they say, life happens. Accidents and illness can limit our movement. So can our own lifestyle choices. We're busy, we're thinking about lots of things, it's easier just to sit and update our Facebook or watch TV – before we know it, we don't do much moving around at all.

Our message

We want you to know that it's never too late to start moving more. Our message is Movement for Life because we know that getting moving makes people feel better, both physically and mentally. This is based on our experience and a huge store of research showing the value of activity.

Being active helps prevent many long-term conditions, including type 2 diabetes, and improves your recovery when you're already ill. It makes a positive difference to those of us with Physical disabilities and mental illness.

For two Christchurch women, receiving physiotherapy treatment has made a life-changing difference, and demonstrates just how versatile and effective Physiotherapy can be.

Julie Barker suffers from bronchiectasis, a chronic lung disease similar to cystic fibrosis. Her regular weekly half-hour physiotherapy sessions with a respiratory physiotherapist has seen her visits to her specialist reduce from every three months down to every six months and now she only needs to visit him yearly.

Julie is aware of her limitations but feels that Physiotherapy has allowed her to live a more active life, including regularly playing tennis. Julie knows that this has made her a healthier person and she is grateful for the positive benefits of Physiotherapy.

Jan Kent, who has just completed a small-group ten-week programme designed to help those with osteoarthritis, agrees. The former science teacher explains that the programme was holistic in approach, demonstrating how well physiotherapy combines with other therapies. After an individual assessment on how their arthritis was affecting movement in daily life such as sitting, standing, and balance, Jan and the others were taught exercises to do a minimum of four times a week which took pressure off the joints by targeting specific muscle groups. Jan explains that they have been "very, very helpful; I've found that I have got far more flexibility and my balance is better. It's given me more confidence to exercise because I know I am exercising the right way."

But I'm afraid of...

Of course, many people with existing conditions are afraid of becoming active because of pain or in case they make their condition worse. Sometimes they're embarrassed about their body shape or size. If this applies to you, seek advice from a physiotherapist.

Physiotherapy can help you overcome these barriers so you can take part in your favourite activities.

Remember:

Movement is essential for your life!

Read more about research supporting the value of activity on www.physiotherapy.org.nz

» Article continues on page 9

» Article continued from page 8

Why a physio?

- » Physiotherapists are highly skilled and highly educated. They understand both medical conditions and how the body works.
- » Keeping people active to participate fully in society is right at the heart of physiotherapy.
- » They're registered health professionals.
- » Meeting the needs of various cultures, like Māori and Pasifika, is very important to physios.

How will your physiotherapist empower people to move more?

- » Accurately assess, then help people decide the best ways for them to become active safely.
- » Prescribe an individual activity programme tailored to their needs, taking account of all the medical history.
- » Help manage any pain.
- » Give advice and treatment for health problems like poor bladder control or breathing difficulties stopping people from moving more.
- » Offer exercise in a small private gym if you're embarrassed, or in a group where you'll feel supported. Or provide suggestions for other options in the community.
- » Make sure people are clear and confident about how to move safely.
- » Explain how to progress so the programme doesn't become too easy or boring for them.

People can then go off and enjoy a new active lifestyle! However, if people have any pain or worries about their health during activity, you can see your physio again.

A Movement for Movement

There is much more to physiotherapy than you may know. It is a vastly diverse profession that is all about Movement For Life. On a day where physiotherapy is celebrated worldwide (8 September) we encourage New Zealanders to think about the way they move, how they would feel if they could no longer move in that same way and how physiotherapy can keep you moving.

The Movement for Movement encourages people to celebrate movements of all kind by submitting a 'movement photo' into our online competition. A 'movement photo' is a photo that encompasses movement. Before, after or during – out and about, in your workplace, at home, with friends or alone – movement where ever, whenever.

Launching on 26 August and running until 12 September you will be able to submit a movement photo, via an online application, to win prizes.

To enter, follow this link on: facebook.com/PhysiotherapyNZ



Just standing up more throughout the day can improve your health

Sitting is the new smoking. The more you sit, the poorer your health.

Standing instead of sitting reduces your blood pressure, reduces your chance of getting type 2 diabetes, some types of cancer, and heart disease.

Standing is similar to walking. It increases energy, burns extra calories, tones muscles, improves posture, increases blood flow, and ramps up metabolism. In other words, sitting less and standing and moving more could prevent many lifestyle diseases and premature death.

Tips to reduce sitting time at work:

- » Have standing or walking meetings.
- » Go for a walk at lunchtime or at least eat your lunch away from your desk.
- » Set a reminder to get up every 30 minutes or do some [computer and desk exercises](#).
- » Alternate working while seated with standing.
- » Stand or walk around while on the phone.
- » Turn a coffee or tea break into a walk break.

- » Walk to a co-worker's desk instead of emailing or calling.
- » Stand at the back of the room during presentations.
- » Park the car a little further away from your work so that you get more opportunity to walk.

If you are mobility impaired or a wheelchair user consult your health and physical advisor for what would best suit you to increase your physical activity.

What have you done in your workplace to create stand up sit less move more opportunities? What have been the barriers? Email your actions to meg.christie@cdhb.health.nz to be in for the draw to win a spot prize for your workplace!

Go [here](#) and [here](#) for more information on the perils of sitting and the advantages of standing and moving more. The World Health Organization also offers a fact sheet about [physical inactivity](#).

Disconnect to Reconnect

New Zealander's can't get enough of being online, but have we got the balance right?

According to [research company Nielsen](#) a massive 3.1 million New Zealanders spend 16 hours online every week, and 70% of us now own a mobile device.

For most of us, unplugging completely is unrealistic. Sometimes there are simply calls to take, texts to answer and moments we want to capture.

How can we embrace technology while not letting it take over every waking (and non waking) minute! In short, how can we switch off and recharge?

Small breaks away from technology can have big benefits. Being away from your screen allows us to slow down and focus on the things that matter most. Digital downtime frees us up to read, walk, sing, dance, get outdoors, spend time with the whānau, enjoy our favourite hobbies and do whatever it is we'd like more time for.

To encourage people to think about how we're using technology All Right? is inviting Cantabrians to join us in a citywide Digital Detox on 2 October between 10am and 2pm. It's not about throwing our phones away or swearing off technology for good. It's simply a chance to take a break, do something fun and find the balance that feels just right.

Whether it's less stress, more free time, closer relationships or just the chance to kick back and enjoy the moment, the benefits are priceless.

Have you got the balance right? For more information, and to sign up for the All Right? Digital Detox, go to www.allright.org.nz



Delirium – a silent epidemic

The Burwood and Christchurch Delirium groups will be promoting the “Spring into Delirium Prevention” week from 5-9 September. The week is to highlight ways to prevent delirium before it strikes.

Dr Val Fletcher, Canterbury DHB Clinical Director Community Services Older Persons, says delirium is common – up to 80 percent of people over the age of 70 years in Intensive Care suffer from it.

“The numbers are not much better for patients on a general medical or surgical ward – where up to 24 percent of older patients have delirium at the time of admission and up to 56 percent develop delirium during hospital admission,” Dr Fletcher says.

“Of particular concern is that delirium is generally under recognised: 50 percent of the time the condition is not diagnosed or detected in hospital and 45 percent of older people go home with ongoing delirium.”

Dr Michaela Glanville, Canterbury DHB Consultant Physician for Older Persons Health, says delirium can have far reaching consequences: it can last for days, weeks or even months.

“It can contribute to worsening long term cognition, increased care costs, loss of independence, institutionalisation and death,” Dr Glanville says. “It has been suggested that incident delirium is a marker for how well we look after our older population.”

Dr Fletcher and Dr Glanville say a third or more of cases could be prevented by implementing simple, preventative protocols.

“The THINKdelirium project was produced to raise awareness about delirium and promote simple prevention and management strategies,” Dr Fletcher says. “In addition the Community and Hospital Health Pathways have been revamped. Changes include introducing the 4AT as a simple screening tool for delirium.”

Dr Glanville says the Burwood and Christchurch Delirium groups are promoting “Spring into Delirium Prevention” week from 5-9th September.

“On September 8th there will be a display in the Burwood Hospital foyer promoting the resources and a staff quiz with fabulous prizes,” she says. “One of the resources is a brochure for family/whanau members outlining what delirium is and some ideas they can use to assist their loved one with delirium.”

The PINCHESME Kindly electronic resource developed by Susan Gee and Tracey Hawkes leads to a staff-led tips booklet and encourages staff to think about **Pain**, **Infection**, **Nutrition**, **Constipation**, **Hydration**, **Exercise**, **Sleep**, **Medication** and **Environment** as well as a kindly approach. A sunflower chart is available for family to complete to help staff connect more meaningfully with the person who has delirium.

Test your knowledge on delirium, take part in the [quiz!](#)

For resources go to the [THINKdelirium intranet site](#).

SPRING
into DELIRIUM
PREVENTION

Check out our new resources!
8 September
Burwood Atrium 9am-5pm
CHCH Hospital Great Escape 11.30am-1pm

Did you know that 30% or more of the delirium that occurs while older people are in our care can be prevented?

Find out more during delirium week 5-9 Sept. Take the quiz and win prizes!

Find the quiz and more on the THINKdelirium intranet site: [olderpersonshealthandrehab/THINKdelirium](#)

Come along to the displays on Thursday 8 September and check out the new CDHB resources

- Burwood Atrium 9-5
- Christchurch Hospital by the Great Escape 11.30-1pm

THINK DELIRIUM
PREVENTION & MANAGEMENT

Canterbury District Health Board
To Protect Hauora & Whānau

No pain, lots of gain
Remember fluid, fibre, and footwork
Make the move to prevent delirium
Don't prescribe delirium
Kindly Be calm, patient and mindful of emotional needs

PAIN
NUTRITION & CONSTIPATION
EXERCISE
MEDICATION

INFECTION
HYDRATION
SLEEP
ENVIRONMENT

Suspect it, spot it, stop it
Don't wait, hydrate
Don't get delirious, sleep is serious
Be HOUSE proud Help Orientate, Use Sensory aids, Engage

One third to one half of delirium that occurs while older people are in our care can be prevented by addressing these risk factors

Think **PINCHES ME** kindly

New resource helps people plan their future health care



Planning your future health care has been made easier with the new advance care plan (ACP) template, developed after a national 14-month project to review and update the resource. 'My Advance Care Plan and Guide' was officially released last week and is available at www.advancecareplanning.co.nz

ACPs are completed by individuals and made available to health providers to guide health staff, family and caregivers, when patients are unable to speak for themselves. The new user-friendly version, which combines both a plan and a guide, was developed in partnership with consumers and included expert reviews, consumer testing and feedback.

Dr Val Fletcher, geriatrician and chair of the South Island Health of Older People Alliance, says advance care planning is something that all of us should consider completing. "It's so important to plan ahead and for people to communicate their choices about what they would want for end-of-life care."

The National Advance Care Planning Cooperative brought together representatives from all over the country for the project, which began in 2015. A co-design approach ensured the documents would work for both consumers and health care professionals supporting a person through the ACP process.

Existing advance care plans still remain valid, says Dr Fletcher. "There is no need to replace your previous plan for those who already have one, but you do have the option to update to the new one if you choose to."

The importance of planning ahead hit home for Christchurch woman Marie Mitchell earlier this year, when her elderly father, Kevin Jackson, came to the end of his life. The ACP he had completed through his GP meant family and health care staff knew exactly what he wanted in terms of treatment choices, beliefs, and what was important to him.



Above: Marie Mitchell

Marie says the plan was a valuable tool for the family and meant they could be there for him without worrying about whether or not they were doing the right thing for him. "When a loved one is really sick, the last thing you need is that added stress, so the more information you have about what they want, the better. She says not having to make those decisions also helped eliminate any conflict within the family.

From a health professional's perspective, ACP's are also a highly valuable tool, says Kevin's consultant geriatrician, Dr Natasha Smith. "Walking into a room of upset and anxious family members is a really hard place to start. So having an ACP meant I didn't have to ask his family the difficult questions and they didn't have to guess or make those choices for him. It would be helpful if everyone had a plan, so when difficult times happened, families could be spending that time with the patient, instead of me."



New MRI machine for Christchurch Hospital

After months of planning, the Radiology Department at Christchurch Hospital will soon celebrate the arrival of a new Magnetic Resonance Imaging machine.

The machine will complement its single, hardworking 16 year old scanner – which in the MRI scanner world, where most machines are replaced after eight to 10 years – is a very welcome addition to the department.

This has taken a high level of detailed planning as installing a new MRI machine is no easy task.

Peter Dooley, Charge Technologist of the MRI Department, who was intricately involved in this planning, says the preparation behind the MRI's delivery has been a major undertaking, involving a significant number of people and departments.

"The plan originally was for two new MRI machines to go into the new Christchurch Hospital Acute Services Building [ASB].

"However, as demand for MRI scans continue to increase within our existing hospital the decision was made to purchase a new machine now."

Planning has had to include the ability to move the scanner into the new ASB once completed.

"MRI machines are very heavy. The new Seimens scanner is 5 tonnes and has to be installed via a precision crane lift, which will take place on September 17th," Peter says.

The preparations involve removing part of the department's outside wall and creating a 'plug' for the machine installation and later removal to the new hospital building.

MRI scanners also require a special Faraday cage to stop radio frequency interference from outside the room degrading the images.

Peter says these cages are very expensive to install and usually involve lining the room with copper sheeting.

"The problem with this method is it's non-transportable, so a clever alternative was investigated and is being implemented."

An Australian company, specialising in transportable, aluminium panels has installed a Faraday cage, which can be moved and reinstalled in the new ASB.

"This is a major cost saving for the Canterbury DHB."

Peter says the machine is expected to be fully commissioned by October 10 and the department are looking forward to the benefits of that happening.

The new machine is expected to significantly help improve patient flow across the health system.

Peter says it has been a long road for the planners and decision makers and staff of the Radiology Department.

"We all look forward to the significant changes in capacity, which are about to unfold."

September issue of Hot Tips from the Child Health nurse educators

Please find attached the [September issue of Hot Tips](#) from the office of the Child Health nurse educators. Distribute it to your teams as you see fit.

Inside this edition:

- » An editorial reflecting on the nursing "send-away" and how the way you go about this clinical necessity can influence how our patients and colleagues feel (don't be a Reluctant Rebecca!)
- » An introduction to the new Paediatric Nutrition Screening Tool
- » Opioid awareness in Child Health
- » Fun Child Health fundraising – September, cake stall and quiz nights

Enjoy the read.

We also welcome your feedback.

Collabor8ed Cupboard project

Sinead Lalor loves to be organised in her work, so it was a natural choice to sort out an old cupboard in her department for her Collabor8 project.

“It was a place where people seemed to just put things they no longer knew what to do with and then they were just forgotten about,” Sinead says.

The Diabetes Centre Medical Secretary recently completed Collabor8 and says it's been a great experience where she honed into her organisational skills.

“I think I am a very organised person. My family's in catering so I've worked in kitchens most of my life, and you just have to have things organised.”

In her sorting out of the cupboard in at the diabetes centre, Sinead found an old supply of printer cartridges that had gone to waste.

The value of those was estimated to be around \$600.

“That's money that's been wasted. If this sort of thing is happening across the DHB, it soon adds up. So it's really important that we all do our best to keep track of things by being organised in our work areas.

“It makes everything so much easier for everyone.”



Above: Before.



Above: After.

Rural GP appointed PHO Chair



Above: Dr Lorna Martin

Dr Lorna Martin has been appointed Chair of the Rural Canterbury Primary Health Organisation (RCPHO) effective from 27 September 2016.

Dr Martin brings decades of experience in the Canterbury Health System, particularly in rural health since the late 1980s.

She is a practicing GP in the small rural town of Rangiora and has held a position on the Rural Canterbury PHO Board for four years.

Dr Martin is a distinguished Fellow of the Royal New Zealand College of General Practitioners.

She is also a member of the Canterbury Clinical Network Alliance Leadership Team.

Rural Canterbury PHO Acting Chair, Peter Allen welcomes the news.

“Dr Martin has been a valuable and committed member of the Board for many years.

“I have absolutely no doubt that she will very effectively lead Rural Canterbury PHO in its mission to bring the rural voice to issues facing primary health care in her new role as Chair.

“I would also like to take this opportunity to pay tribute to the enormous contribution Allan Marriott has made over the past nine years.”

Allan Marriott stepped down for personal reasons this year after three terms as Chair.

2016 Hellers Pegasus Fun Run

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

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

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

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

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

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

Pegasus Early Bird Exclusive: Win a Hanmer Springs Pamper Package!

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

The Perks of Pegasus Training: Week One

Have you downloaded the FREE six-week training programme from Sport Canterbury available to all Hellers Pegasus participants in 2016? This plan is designed to support your lead up to the event - whether 11km, 6km or the 2.5km lakeside loop.

[Download Here - 2016 Hellers Pegasus Training Plan](#)



Staff Wellbeing workshop held for the first time in Kaikoura

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

Wellbeing Workshops

ALL STAFF

For All Canterbury District Health Board Staff

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

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

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

2.5 hours to focus on YOUR wellbeing!

Workshop Overview:

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

Workshop Details:

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

[Click here to register](#)



Canterbury
District Health Board
Te Pori Hauora o Waitaha

 **MHERC**
Mental Health Education & Resource Centre

For more information contact:

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

University of Otago Research Radar Christchurch

New leaders at the University of Otago, Christchurch

The University of Otago, Christchurch, officially has a new Dean. Microbiologist and infectious disease researcher Professor David Murdoch.

Murdoch became Dean last week when Professor Peter Joyce retired to, among other things, develop the Tai Tapu Sculpture Garden he established with his wife Annabel Menzies-Joyce.

Joyce has been involved with the campus for more than 40 years; beginning in 1973 when he was a Summer Student, and culminating in 11 years as Dean. He retires as a respected psychiatrist, researcher and Dean known for his unwavering support for the development of research on the Christchurch campus.

Murdoch says he has 'big shoes to fill', becoming Dean after Joyce.

"Peter has been a strong leader for the campus, particularly after the earthquakes."

Murdoch says the campus has a real strength in producing health research.

"A large part of our success is due to collaborations with the Canterbury District Health Board which allows us to do clinical studies with real-world outcomes."

Murdoch says he hopes to raise the campus' profile during his time as Dean. To this end, he appointed geneticist Professor Vicky Cameron as his Deputy Dean. Her role will be to engage and build partnerships with organisations locally, nationally and internationally, and find new ways to attract postgraduate students.

On Sunday September 18 there will be a Health Research Open Day on the Christchurch campus to welcome the new Dean and farewell the retiring one. You can look around the laboratories and hear about the latest health research:

Details at www.otago.ac.nz/christchurch

University of Otago, Christchurch, Winter newsletter

Medical students help kids with Asthma, a historic Māori tour for Cantabrians and a new Dean for the campus.

The newsletter is online at otago.ac.nz/christchurch/news/newsletter



Deans' welcome

On Sunday 18 September we will be holding a Health Research Open Day at our campus. You are warmly invited to attend. Details for the day are below and at otago.ac.nz/christchurch

AN INTRODUCTION

New Dean Professor David Murdoch

At the end of August, Professor Peter Joyce retires as Dean of our Christchurch.

I have been very proud to work at the University of Otago Christchurch health campus for the past 16 years, and am excited to become its Dean.

I have big shoes to fill as Peter has been a strong leader for the campus, particularly following the earthquakes.

We have a positive culture on campus with lots of collegiality, benefiting our research and teaching activities. We also collaborate on a global scale and I am keen to grow this global perspective in my time as Dean.

Our campus produces a high standard of health research. A large part of this success is due to collaborations with the Canterbury District Health Board. Ongoing support from funders is also important.

Cantabrians like yourself are important to our campus. You are participants in our research, support our research and teaching through your taxes and, hopefully, benefit from our work when our medical students become doctors and our research improves understanding or clinical practice. I thank you.

In future, we want to play a greater role in our community. I recently chose Professor Vicky Cameron as my Deputy Dean. A key part of her role is helping to raise the profile of our campus.

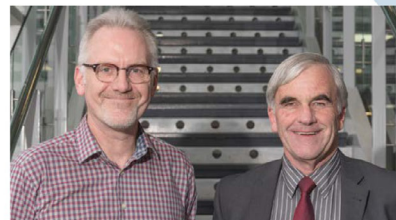
A FAREWELL

Retiring Dean Peter Joyce

This newsletter brings to a conclusion more than 40 years of involvement with the Christchurch campus for me. My first involvement was as a Summer research student over 10 weeks in November 1973 to February 1974, plus subsequent Summers. I was then a medical student in Christchurch from 1976 to 1978, followed by time as a house surgeon and psychiatric registrar for the Canterbury District Health Board. Since 1984 I have been on the staff of the University of Otago, Christchurch, including 19 years as Head of Psychological Medicine and 11 years as Dean. The strength of the Christchurch campus lies in its outstanding staff; however to paraphrase the Crusaders - "We are a champion team, not a team of champions".

I wish David Murdoch and the Christchurch campus all the best for the future, and I am confident the campus will go from strength to strength.

Peter Joyce



Professors David Murdoch and Peter Joyce

Christchurch

Health Research Open Day

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

- Explore the laboratories and Simulation Centre
- Meet our talented researchers and hear about the latest health research advances
- Find out about postgraduate health research and study opportunities



working with

Canterbury
District Health Board
Te Pori Hauora o Waitaha

Flu vaccinations for city's most vulnerable

Influenza vaccinations were offered to Christchurch City Mission clients this year, thanks to a collaboration between Pegasus Health and the Mission's Community Mental Health Nurse.

Nurse Eloise Clayton started offering flu vaccinations to clients in May 2016 and completed the 150 vaccinations for clients, as well as City Mission staff during August.

"The flu vaccinations came about because in previous years a volunteer GP and nurse would come to the City Mission to vaccinate staff and clients, but only clients who were able to come in that day, or who were here for another reason, were able to be vaccinated," Eloise says.

"Many of our clients have a higher risk of getting the flu because of homelessness, smoking, drinking and using drugs. I thought if I could do the vaccinations then they could be done at any time."

Eloise had already formed a relationship with Pegasus Health, so she knew who to ask for help with funding. Pegasus offered 50 vaccinations and the City Mission provided another 100. Pegasus also loaned the City Mission a vaccine fridge and emergency kit, and assisted Eloise with training and certification.

Pegasus Health's Director of Nursing Michael McIlhone says the collaboration has been a success. "It's not 'you can't do that' – it's 'how can we do that?'" Eloise now has a professional support link and a number of people she can talk through issues with on a daily basis," Michael says.

In February, Eloise highlighted that she didn't have a significant amount of General Practice experience, so Pegasus linked her with a practice in Ferrymead. "She spent some time there and knows that if she has any questions, she can approach them for support," Michael says.

Eloise says that while the uptake for flu vaccinations had been slower than she expected, the feedback was positive. "Many clients have been in hospital with pneumonia and most have never had a flu vaccination. There were quite a few people who first declined but then accepted it. People have said that they are pretty stoked and feel cared about."

Of the 150 flu vaccinations provided, 37 were given to City Mission staff and 113 to clients including those living in the City Mission shelters, boarding houses, housing New Zealand properties and 22 homeless people.

Working autonomously, Eloise says it has been valuable having support from Pegasus Health. "Pegasus is a great organisation. I've been really impressed with them and their willingness to work with other people in the community. It's quite amazing what you can achieve when you work together."



Above: Christchurch City Mission Community Mental Health Nurse Eloise administers a flu vaccination to a City Mission staff member.

One minute with...**Sam Burke,** **Maternity Quality and Safety** **Coordinator**

What does your job involve?

Coordination and administration of the Ministry of Health (MOH) funded Maternity, Quality and Safety Programme. This is a national programme and was launched four years ago, with a focus on quality improvement for women, babies and families.

It is a valuable programme that enables our team (which stretches across Canterbury) to prioritise quality improvements based on our clinical outcomes, it also captures MOH priorities and targets, and any recommendations from various national governance and review groups.

The programme emphasises woman-centred care and engagement with the wider sector, our consumer group and complements the existing governance structures, systems and processes we already have in place as a service.

Why did you choose to work in this field?

I always wanted to work in health, it fascinated me from a young age. I wasn't sure what I wanted to do in health, but I knew I wanted to be a part of it. I have been in midwifery for 24 years and I have been fortunate to experience many roles across the maternity and child health sector during this time. I consider working in health a privilege. Personally it has allowed me to travel widely, work and live in other countries, which has been (and is) wonderfully life enriching.

What do you like about it?

Working with a great group of health professionals who want to make a difference and come together to make that happen. Engaging and working with our consumers, they give a valuable perspective or point of view that we can easily miss despite our best intentions. Project work and having lots of varied jobs on the go at the same time. Working with the wider health sector, maternity works collaboratively with many specialties and departments. Being able to keep a strategic view of national work and networking regionally and nationally.

What are the challenging bits?

I relish anything interesting and stimulating. So nothing negative. A lot of my current role is project work, so it means lots of variety and projects that are at different stages, so I need to keep it all on track, I like that challenge.

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

I work with a great group of people who come to work every day to do a good job from across all sectors of the health system. I couldn't possibly choose one, but I do admire colleagues I work with who are passionate, positive, and aspire to improve what we do, are engaged, enthusiastic, consumer focused and see the bigger picture.

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?

We work in an environment that it is challenging for a myriad of reasons. We all come to work to make a difference, no matter what that job is. Care, respect, integrity and responsibility for outcomes are fundamental to the service we provide. So to me at a grass roots level it's about common courtesy, a smile, being helpful, doing your best, being proud of what we do and expecting the same of others you work with.

The last book I read was...

According to yes, by Dawn French.

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

Somewhere hot and tropical!

My ultimate Sunday would involve...

Time with my boys, quality family time, perhaps a long walk and a good coffee shop.

One food I really dislike is...

Olives, I lived in the Mediterranean for a while and I still couldn't get what the fuss was about!

My favourite music is...

My taste in music is pretty eclectic, there isn't a lot I don't like except heavy rap music, that's a bit too much for me. I am a closet Lionel Richie fan and I love a bit of modern country (that's out of the bag now though isn't it!)



Above: Sam Burke

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

News from Community Energy Action

Thank you very much...

Five years ago donations came pouring in to New Zealand Red Cross, in the aftermath of the earthquakes. With a small proportion of these donations, CEA teamed up with NZ Red Cross to carry out the Repair Well project.

Alongside insurance earthquake repairs, we improved the energy efficiency of the homes of over 300 vulnerable households in Canterbury.

[Click here](#) to see the heart-warming video of our journey, and hear how it changed the lives of the people we have all worked together to help.

2015 Annual Report

Our 2015 annual report is now available to view [here](#). In total, our services improved the lives of 6,500 people that year. We did that in a variety of ways:

- » 1200 houses had insulation installed by us
- » 240 households received a heating grant
- » Education was delivered in the form of nearly 700 Home Energy Checks and 50 presentations to the community
- » Among those with earthquake damage, 600 were assisted with emergency repairs, 200 were fitted energy efficiency measures alongside their repairs and 300 households received assistance with their power bills.



Maori and Pacific Ambassadors

This year we established two new part time roles at CEA: Maori and Pacific Ambassadors. Our existing staff members Hayley and Uma were given time to establish tighter connections with their own communities, Maori and Pacific respectively.

The ambassadors participate in information sharing, community talks and radio presentations, to ensure underprivileged groups among the Maori and Pacific communities are reached and assisted with CEA services.

We know we already help more from these groups than there are relative in the Canterbury population and we intend to increase that.

If you have clients or work with groups that may benefit from meeting with Hayley or Uma, please [contact us](#).



Visit us at the Positive Ageing Expo

CEA advisers will be present at Age Concern's highly successful Positive Ageing Expo on Monday 26 September at Papanui High School. If you are working with older clients who would like to discuss the warmth of their home with an energy adviser, this would be an excellent opportunity. A flyer can be downloaded [here](#).



In brief

Ara Graduate Certificate, Nursing Study in 2017

Applications for study starting in Semester 1 2017 are now open. Please apply using the online application form: [ARA Graduate Nursing](#)

Closing date for applications is Friday 7 October 2016.

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

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

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

Applications are forwarded to CNMs to confirm support.

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

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

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

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

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



Applications for HWNZ funding – Postgraduate Nursing Study in 2017

Applications for funding for postgraduate nursing study in 2017 open today, 5 September 2016. Please apply using the online application form: [Postgraduate Nursing Education](#)

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

Closing date for applications is Friday 21 October 2016.

Process: All applications will be considered after the closing date

Applications are forwarded to CNMs to confirm support.

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

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

Department of Psychological Medicine, University of Otago, Chch & SMHS, CDHB Clinical Meeting

Tuesday 6 September 2016, 12:30 pm – 1:30 pm

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

Title: Nutrition Controversies (Don't believe everything you read or hear about nutrition in the media)

Presenter: Jane Elmslie,

Specialist Mental Health Service Dietitians

Chair: Associate Professor Sue Luty

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.

In brief

Resource Person Training

The next Resource Person training session will be held on 15 September 2016 and will be held at 32 Oxford Terrace, Christchurch from 1-3pm.

Becoming a Resource Person

PDRP Resource People are integral to the success of the PDRP and are valued highly. They form the backbone of the PDRP Programme and are located throughout the organisation. Their role is to be sources of information for nurses applying for the PDRP. PDRP Resource Staff are trained to answer questions relating to the Programme, and to be available to applicants for portfolio coaching and/or recommendations.

PDRP Resource Staff are nominated by their Line Managers and will regularly attend education sessions and updates. They are not assessors.

A PDRP Resource Person will have completed the following:

- » Have successfully completed their own PDRP submission;
- » Received approval from their Nursing Line Manager to be a Resource Person; and
- » Signed up to attend a PDRP Resource Person training day.

If you are interested in attending this session, please contact the PDRP Office on (ext 68835) or email

Adriana.Humphries@cdhb.health.nz

PDRP New Assessor Training

The next New Assessor Training session will be held on 9 - 10 November 2016.

This is a two day course which is facilitated by the Open Polytechnic and will be held at 32 Oxford Terrace, Christchurch.

New assessors need to be nominated by their peers and supported by their Line Managers.

For information on becoming a new assessor and supporting forms to complete, please refer to our [PDRP Intranet site](#).

We look forward to receiving nominations from interested parties.





Christchurch

Health Research Open Day

Explore the laboratories and Simulation Centre
Meet our talented researchers and hear about the latest health research advances
Find out about postgraduate health research and study opportunities

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



HELP A SISTER OUT

VOLUNTEER 2 HOURS

pinkribbonvolunteer.co.nz
0508 105 105

VOLUNTEER

PINK RIBBON APPEAL

14 & 15 OCTOBER 2016

Linda 0273319781



New Zealand Hospital Pharmacists' Association
Te Kōhiri Whakarite Rangā Hōhipera o Aotearoa

CONFERENCE 2016

FRIDAY 4 TO SUNDAY 6 NOVEMBER 2016
Rydgas Latimer Christchurch

Patient
focused
approach
to care

A WARM INVITATION TO ALL HEALTH PROFESSIONALS

The NZ Hospital Pharmacists Association embraces multi-disciplinary team work, and as such, extends a warm invitation to all Health Professionals to attend our annual conference. This will be held at the Rydgas Latimer Hotel, Christchurch, 4th- 6th November 2016.

This year's theme, *"On Target: A Patient Focused Approach to Care"*, encompasses many topics of relevance to a range Health Professionals:

- Dose individualisation
 - Obesity; Elderly; Polypharmacy; Multi-morbidity; Patient-centred care
- Specialty areas
 - Paediatric infectious diseases and immunisation
 - Eating disorders
 - Preserving our license to kill – Antimicrobial Stewardship
- Communication and Cultural Safety
 - Maori health; Indigenous palliative care
 - Courageous workplace conversations; Effective leadership; Critical Thinking
 - Improving our interactions with people with visual impairments
 - Sign language workshop run by Deaf Aotearoa

Our invited speakers are highly regarded in their respective fields:



Professor Carl Kirkpatrick,
Head of Pharmacy
Practice Monash
University



Dr Marcus King,
Distinguished Engineer
Callaghan Innovation



Dr Susan Hawken,
Senior Lecturer
General Practice &
Primary Health Care,
University of Auckland



Dr Sharon Gardiner,
Antimicrobial Pharmacist,
Christchurch Hospital

It's not all just work.... Friday evening sees "Social Event #1" kick off, and Saturday night is a chance to stay *on target* with "Bond, James Bond" at our dinner, dance and awards function.

So come along to learn, network, share and socialise.

EARLY BIRD REGISTRATION IS OPEN UNTIL 28 SEPTEMBER

Full registration will still be available after 28 September.

We hope to welcome you in November.

www.nzhpa2016.co.nz #ontarget2016

Co-convenors
Clare Greasley and Joanna Batcup
Pharmacy department, Canterbury DHB

Enquiries to:
ForumPoint2 Conference Partners
T: +64 7 838 1098 E: paula@fp2.co.nz

Learning from the past to prevent avoidable loss in the future

Summary of the Child and Youth Mortality Review Committee's 11th data report, 2010–14

This is a summary of some of the key data featured in the Child and Youth Mortality Review Committee's (CYMRC)'s 11th data report. Unless otherwise stated, the data below cover 2010–14, and are primarily from the Mortality Review Database. The full data report is available at www.hqc.govt.nz.

The CYMRC reviews deaths of children and young people aged 28 days to 24 years. Our aim is to find ways to prevent such deaths in the future. We do this by reviewing information about child and youth deaths (through our local review groups) to identify:

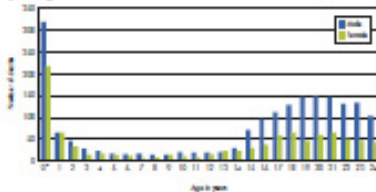
- national trends and patterns of illness, incidents and accidents leading to death which may indicate where health, education, social or environmental systems are not functioning to protect children and young people

- policies and initiatives agencies can develop to keep children and young people safe and healthy.

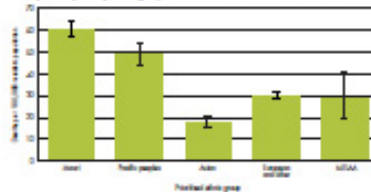
Overall, child and youth deaths are decreasing. In 2010, there were 620 deaths and in 2014 there were 488. This reduction has, in part, been driven by a reduction in the number of deaths due to motor vehicle crashes in young people aged between 15 and 24 years. However, there were fewer deaths from nearly all causes in 2014. This is good news, but there is still plenty of work to be done.

Mortality varies by age and ethnicity

Number of deaths in children and young people aged 28 days to 24 years by year of age and sex

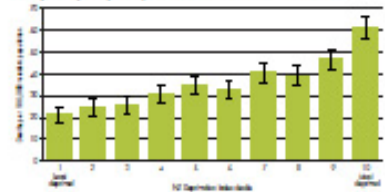


Mortality rates and 95% confidence intervals in children and young people aged 28 days to 24 years by ethnic group

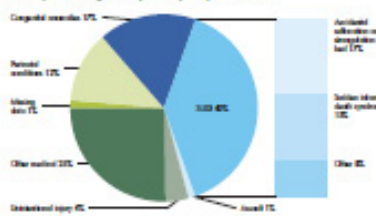


Poverty causes more than just hardship

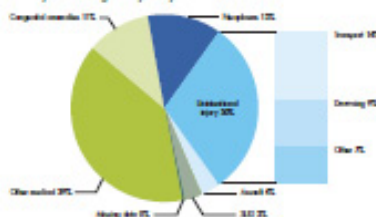
Mortality rates and 95% confidence intervals in children and young people aged 28 days to 24 years by NZ Deprivation Index decile



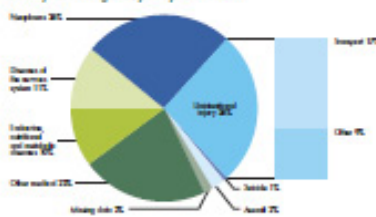
Mortality in infants aged 28 days to one year by cause of death



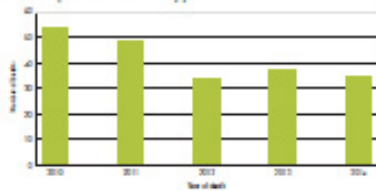
Mortality in children aged 1–4 years by cause of death



Mortality in children aged 5–9 years by cause of death



Number of post-recorded SUDI deaths by year



The main causes of death change with age

Mortality (number of deaths) in children and young people aged 28 days to 24 years by cause of death and age group

Category	<1 year*	1–4 years	5–9 years	10–14 years	15–19 years	20–24 years	Total
Medical	291	183	88	92	264	265	1123
Unintentional injury	21	88	34	63	288	219	613
Assault and suicide	7	10	4	32	292	338	683
SUDI/SUD	209	9	0	0	0	0	218
Missing data	7	1	2	3	3	4	20
Total	535	291	128	190	787	616	2627

* This category excludes deaths 28 days and older, and has been used in previous years.

How are our kids dying?



The good news: The number of deaths overall is reducing

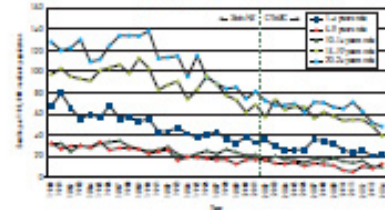
The number of transport deaths in young people went from 114 in 2010



To 65 in 2014



Mortality rates in children and young people aged 1–24 years by age group, 1980–2014



SUDI

Many deaths are preventable by making sure the baby is in a safe sleep space, every sleep.

A safe sleep space should be:

1. Free from other people who might lie over the baby
2. Free from gaps that could trap or wedge the baby
3. Firm
4. Flat
5. Free from objects that might cover the face or cause strangulation or the baby's head coming forward
6. Free to breathe
7. Free from tobacco smoke



Pertussis (whooping cough):

Very young babies are at the most risk of harm from pertussis.

Most babies who die from pertussis become sick before they are old enough to have vaccinations.

Maternal immunisation in late pregnancy (the third trimester) protects unborn babies until they are old enough to have their own vaccinations.



Drive-way runovers:

- Toddlers are small and hard to see when backing a car.
- Don't let children play on the driveway.
- Know where children are if backing out of a driveway.



Additional acknowledgments: NZ Mortality Review Group (University of Chicago, which wrote the report); Statistics New Zealand for use of the interactive plots; Health Protection Agency for use of the shopping cart graphic; Sources: Mortality Review Database; NZ Mortality Review Database.

newzealand.govt.nz



HEALTH QUALITY & SAFETY
COMMISSION NEW ZEALAND
Keep Learning. Keep Improving.



www.hqc.govt.nz Read the full report here.