



Delivering on the National Health Targets

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

While they capture only a small part of what is important in terms of our region's health, they provide a focus for collective action and performance improvement and are an important measure of how well the Canterbury Health System is performing.

They also present a summary of performance across the continuum of care, from prevention and early intervention through to improved access to intensive treatment and support. In this sense, achievement of the health targets is a reflection of how well the health system is working together to improve the health and wellbeing of our population.

The National Health Targets are under review for 2018/19.

The Canterbury Health System has been one of the few areas throughout New Zealand to achieve five out of the six health targets. This has continued to reflect the ongoing focus of everyone working within the Canterbury Health System to ensure that our community continues to receive the high quality care they expect. Although we missed one of the targets in the final quarter (by just 0.6 percent), we improved or maintained performance on all six target areas.

With regard to the one target missed by Canterbury DHB, there has been considerable growth in demand for Emergency Department (ED) services. There were 103,116 ED presentations in Canterbury in 2017/18. This reflects an 18 percent increase in demand over the past five years.

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

For more information on how Canterbury DHB measures up across a range of measures, check pages 23 – 44 of our spring edition of [WellNow, the Quality Accounts Edition](#).

<p>Increased immunisation</p>	<p>Increased immunisation 95% of eight-month-olds are fully immunised (i.e. have had their primary course of immunisation at six weeks, three months and five months).</p>	<table border="1"> <thead> <tr> <th colspan="3">Target 95%</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td>95%</td> <td>✓</td> </tr> <tr> <td>Q2</td> <td>95%</td> <td>✓</td> </tr> <tr> <td>Q3</td> <td>95%</td> <td>✓</td> </tr> <tr> <td>Q4</td> <td>95%</td> <td>✓</td> </tr> <tr> <td colspan="3">NZ 91%</td> </tr> </tbody> </table>	Target 95%			Q1	95%	✓	Q2	95%	✓	Q3	95%	✓	Q4	95%	✓	NZ 91%		
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<p>Raising Healthy Kids</p>	<p>Raising healthy kids 100% of children identified as obese at their B4 School Check were offered a referral to a health professional for clinical assessment and healthy lifestyle interventions.</p>	<table border="1"> <thead> <tr> <th colspan="3">Target 95%</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td>93%</td> <td>✗</td> </tr> <tr> <td>Q2</td> <td>96%</td> <td>✓</td> </tr> <tr> <td>Q3</td> <td>98%</td> <td>✓</td> </tr> <tr> <td>Q4</td> <td>100%</td> <td>✓</td> </tr> <tr> <td colspan="3">NZ 98%</td> </tr> </tbody> </table>	Target 95%			Q1	93%	✗	Q2	96%	✓	Q3	98%	✓	Q4	100%	✓	NZ 98%		
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<p>Better help for smokers to quit</p>	<p>Better help for smokers to quit 93% of Primary Health Organisation-enrolled patients who smoked were offered advice and help to quit smoking from a health professional at least once every 15 months.</p>	<table border="1"> <thead> <tr> <th colspan="3">Target 90%</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td>91%</td> <td>✓</td> </tr> <tr> <td>Q2</td> <td>90%</td> <td>✓</td> </tr> <tr> <td>Q3</td> <td>90%</td> <td>✓</td> </tr> <tr> <td>Q4</td> <td>93%</td> <td>✓</td> </tr> <tr> <td colspan="3">NZ 90%</td> </tr> </tbody> </table>	Target 90%			Q1	91%	✓	Q2	90%	✓	Q3	90%	✓	Q4	93%	✓	NZ 90%		
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<p>Shorter stays in Emergency Departments</p>	<p>Shorter stays in Emergency Departments The target was 95% of patients presenting in an Emergency Department (ED) being admitted, discharged, or transferred within six hours. Canterbury's result counts the Christchurch and Ashburton Hospital Emergency Departments.</p>	<table border="1"> <thead> <tr> <th colspan="3">Target 95%</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td>94%</td> <td>✗</td> </tr> <tr> <td>Q2</td> <td>95%</td> <td>✓</td> </tr> <tr> <td>Q3</td> <td>95%</td> <td>✓</td> </tr> <tr> <td>Q4</td> <td>94%</td> <td>✗</td> </tr> <tr> <td colspan="3">NZ 91%</td> </tr> </tbody> </table>	Target 95%			Q1	94%	✗	Q2	95%	✓	Q3	95%	✓	Q4	94%	✗	NZ 91%		
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<p>Improved access to elective surgery</p>	<p>Improved access to elective surgery The national target was an increase in the volume of elective surgeries by at least 4,000 discharges per year. Canterbury's target for 2017/18 was 21,330, and we completed 21,402 elective surgeries by the end of quarter four.</p>	<table border="1"> <thead> <tr> <th colspan="3">Target 21,330</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td>4,989</td> <td></td> </tr> <tr> <td>Q2</td> <td>10,344</td> <td></td> </tr> <tr> <td>Q3</td> <td>15,341</td> <td></td> </tr> <tr> <td>Q4</td> <td>21,402</td> <td>✓</td> </tr> </tbody> </table>	Target 21,330			Q1	4,989		Q2	10,344		Q3	15,341		Q4	21,402	✓			
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<p>Faster Cancer Treatment</p>	<p>Faster cancer treatment The target was 90% of patients (referred with a high suspicion of cancer and a need to be seen within two weeks) receiving their first cancer treatment within 62 days of referral. Canterbury reached 94% at the end of quarter four.</p>	<table border="1"> <thead> <tr> <th colspan="3">Target 90%</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td>95%</td> <td>✓</td> </tr> <tr> <td>Q2</td> <td>94%</td> <td>✓</td> </tr> <tr> <td>Q3</td> <td>91%</td> <td>✓</td> </tr> <tr> <td>Q4</td> <td>94%</td> <td>✓</td> </tr> <tr> <td colspan="3">NZ 91%</td> </tr> </tbody> </table>	Target 90%			Q1	95%	✓	Q2	94%	✓	Q3	91%	✓	Q4	94%	✓	NZ 91%		
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Thank you for your ongoing commitment to make it better for people in our community. As you can see, we are making a positive difference. There is always more we can do and new ways of working to continue to meet the needs of our community and to improve outcomes with and for our community. However, it is always important to stop and acknowledge the remarkable achievements which have come about from the collective efforts of talented and motivated people working in the Canterbury health system team.

If you work 'regular' hours and have this Friday off, I hope you spend Canterbury Anniversary Day doing something

you enjoy with people who are important to you. Let's hope the spring weather holds for those heading to the New Zealand Agricultural Show this week.

Cup and Show week can increase the workload for those who are working, so thanks to everyone providing acute care and providing health advice 24/7 – whether you're in a community pharmacy, part of a General Practice team, providing acute care in someone's home, or on duty in one of our hospitals or health centres, thanks for everything you do.

Wednesday marks two years since the 7.8 North Canterbury earthquake

To everyone in North Canterbury, which includes Waiau, Hurunui and Kaikōura we'll be thinking of you on Wednesday as you mark the second anniversary of the devastating North Canterbury quake which struck on 14 November 2016. Lives changed forever that day, and we know for many of you the recovery journey is full of ups and downs. Remember, if things are getting on top of you and you're struggling to cope talk to your General Practice team or you can freecall or text 1737 to talk to a counsellor 24/7. Seek help if you need it, and look out for friends, family those who are vulnerable people and neighbours who may live alone. Quakes can bring communities together, but as time goes on we need to look out for those whose recovery journey is taking longer. There's lots of practical advice on mental health and wellbeing on the [All Right? website](#), including a great section on learning your hidden strengths.

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



David Meates
CEO Canterbury District Health Board

NEED TO TALK?



1737

**free call or text
any time for
support from
a trained
counsellor**

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 a non-staff member and you want to subscribe to receive this newsletter every week please [subscribe here](#).



Bouquets

Vini, Travel Coordinator, Christchurch Hospital

Dear Vini, a belated thank you for all of your hard work, help and patience organising flights and accommodation for us to Starship Hospital and Ronald McDonald House back in 2015/16. A few years ago now, but please know that we really appreciated it, and it made a tremendous difference in our lives. You do such a terrific job and we were worried that you may get overlooked so it was important to us to say thank you. We probably could not have got through this without your help. A bit late but thank you in recognition of all you did for us.

Security guard, main entrance, Christchurch Hospital

I would like to thank the security guard who stands outside the main doors of Christchurch Hospital. I've had to come to the hospital five days a week and every day I see him, he has a big smile on his face and is easy to talk to. When we were waiting he was telling jokes which cheered us up. Thank you very much.

Ward B1, Burwood Hospital

My unconditional love and thanks to you all for your caring. It hasn't been like a hospital, just a big, warm family. I'm sure your attitudes have contributed to my fast healing. Many thanks.

Maternity Ward, Christchurch Women's Hospital

Everyone was so friendly and went above and beyond. Claire and Di were especially amazing, giving me great tips. Thank you so much for being so kind and generous with advice. There are some absolutely incredible people here and it made my experience so much less daunting being in this loving environment.

Gynaecology Ward, Christchurch Women's Hospital

I came in just under two weeks ago for a hysterectomy and was blown away by the amazing care I received. I just want to say a big thanks to Emma Jackson and her amazing team for taking such great care of me. I was extremely nervous but everyone was so kind and respectful of how I was feeling. The nurses were so understanding and kind. A massive thanks to everyone involved. I am so appreciative.

Ward B1, Burwood Hospital

A big thank you to everyone on Ward B1 for taking care of [patient name], you were all so marvellous to both of us, we are so thankful.

Birthing Suite and Maternity Ward, Christchurch Women's Hospital

I would like to take this opportunity to thank everyone I have met in Christchurch Women's Hospital – the

midwives, doctors and service staff – sorry I couldn't catch everyone's name. As the mother of an unexpectedly early baby, I had a really wonderful and supportive birth experience here. Staff were professional and nice to my baby and I, showing true care and giving us warm love. I don't know how to express my feeling right now but just a big thanks to everyone.

HealthInfo website

I am encouraging folk to use this website. A friend yesterday told me she suffers from [condition]. I have saved and sent her a copy of info provided. Many thanks.

Ward 21, Christchurch Hospital

I would like to thank the amazing staff for the care and support of my daughter over her pre- and post-operative periods. The staff are very professional, empathetic, and supportive and relate to the children really well while also including family in the care they provide. I feel these nurses are amazing and should be very proud of the care they give.

Gynaecology Procedure Unit, Christchurch Hospital

I was support person and witnessed every nurse who did an amazing job. Awesome support from staff, thank you for your kindness. Ngā mihi ki a koutou!

Emergency Department, Acute Medical Assessment Unit, Ward 14, Christchurch Hospital

I came into contact with numerous staff, not one was anything other than extremely helpful and pleasant to me. You have a great asset in your nursing and other ward staff.

Ward 18, Christchurch Hospital

My biggest thanks for all the beautiful care I received from all the staff, who did an amazing job with me and all the other patients in the ward, under extremely testing conditions from an elderly patient who pushed all the staff. A big thank you to all your staff for remaining professional and being very patient and for all the excellent care given.

Acute Medical Assessment Unit (AMAU), Christchurch Hospital

Nurse David in AMAU had a lovely bedside manner. He was overheard to be explaining things to patients and the reasons why, what was expected, and what the next step was. He was calm, reassuring and kind. I would be very happy to receive care from a nurse like this. Fantastic nursing.

Orthopaedic Outpatients Department, Christchurch Hospital

Many thanks to the awesome team on at Labour weekend – Jay, Linda, Eddie and Angela. Skilled, efficient and compassionate. Much appreciated.

Plastic Surgery Outpatients and Ward 11, Christchurch Hospital

Judy and team, they are beautiful angels. Thank you so much. And thank you, Ward 11.

Ward 19, Christchurch Hospital

The staff who were working with my friend were so gentle and professional. Thank you for your kindness and hard work. Really a great team, fantastic service.

Gynaecology Procedure Unit (GPU), Christchurch Hospital

Staff were absolutely professional, kind and respectful. A wonderful atmosphere.

Ward 11, Christchurch Hospital

I would like to take this opportunity to thank everyone who contributed in looking after me. Doctors, nurses, food handlers, cleaners and especially Dr Allison and his team. The service was fantastic and amazing, it really lifted my spirits up and got me recovered quickly. I was just amazed. The staff did a very good job. So thank you so much for everything you did for me. Love to you all.

Emergency Department, Christchurch Hospital

I went in for my daughter but ended up unwell, staff were amazing and

looked after me well, as I am pregnant. When my daughter had an accident that soiled all her clothes the team went searching for more. I am so grateful. It was a horrid day and they were just amazing. Thanks, guys.

Food Services, Christchurch Hospital

Thank you for continuing to improve the quality of the meals provided to patients and taking allergies and dietary preferences seriously. It really helps patients to get well by having simple requests met.

Heart Function Clinic, Hagley Outpatients

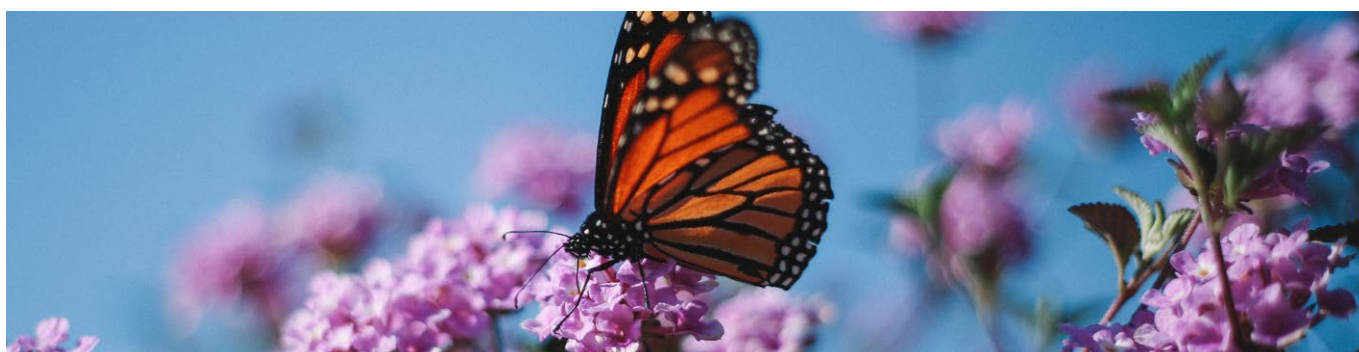
I cannot speak highly enough about the service. Professional, capable and friendly. All three nurses I have met have dealt with me very helpfully. They give me confidence.

Big Shout Out

Hugh, Orderly, Christchurch Hospital

A special thank you to an orderly called Hugh. Hugh took a patient down from her ward for an appointment and the patient said she had no batteries for her hearing aids. Hugh came back to the ward and left two batteries for her aids. A special thank you for your kindness. From Health Assistant, Ward 27, Adair Clark.

#carestartshere





The Library

Browse some of the interesting health-related articles doing the rounds.

["Rifamycin congeners kanglemycins are active against rifampicin-resistant bacteria via a distinct mechanism"](#) –

Researchers from Rockefeller University (New York) analysed soil samples from across America and have identified a group of antibiotics known as kanglemycins (kangs) that are capable of treating strains of tuberculosis (TB) that do not respond to existing antibiotic therapies. Rifamycin (Rif) works by targeting RNA polymerase (RNAP), which is an enzyme that is crucial to a bacteria's survival. When the gene coding for RNAP mutates, resistance develops. Researchers discovered that kangs share most of their genes with Rif, but small variations allowed them to bind to mutated RNAPs Rif can't, and destroy the otherwise resistant bacteria. From *Nature Communications*. Published online: 8 October 2018.

["A dual function antibiotic-transporter conjugate exhibits superior activity in sterilizing MRSA biofilms and killing persister cells"](#) –

Researchers at Stanford University (California) have found a potential solution to the problem of antibiotic resistance. They have developed a small molecular attachment called r8 that helps conventional antibiotics used to treat Methicillin-resistant *Staphylococcus aureus* (MRSA), like vancomycin, break through the bacterium's outer defences and destroy it. The team intends to test the drug-modifying strategy in other bacteria – with the hope of finding similar results and thus a new way of addressing antibiotic resistance. From: *Journal of the American Chemical Society*. Published online: 2 November 2018.

["Improving the intra-operative diagnosis of high-grade glioma using a fluorescence biomarker – result of the UK NCRI GALA-BIDD study"](#) –

Findings presented at this year's National Cancer Research Institute Cancer Conference detailed researchers' use of a compound called 5-aminolevulinic acid (5-ALA), which turns pink under UV light, to detect brain cancer cells. Previous research shows that when 5-ALA is consumed, it accumulates in fast growing cancer cells, acting as a fluorescent marker of high-grade cells. In the trial, 99 patients consumed 5-ALA prior to surgery. During their operations, surgeons reported seeing fluorescence in 85 patients and 81 of these were subsequently confirmed to have high-grade disease; one had low-grade disease; and three could not be assessed. Although the researchers stated that the study looked at patients who were already suspected of having high-grade tumours, and that a larger study including more patients with low-grade disease would be needed to judge the technique, the results so far are promising. From *National Cancer Research Institute*. Published online: 4 November 2018.

If you want to submit content to **The Library** email communications@cdhb.health.nz.

To learn more about the real-life library for Canterbury DHB:

- > **Visit:** www.otago.ac.nz/christchurch/library
- > **Phone:** +64 3 364 0500
- > **Email:** librarycml.uoc@otago.ac.nz.

Facilities Fast Facts

Acute Services building

Now that we have moved patients and clinical staff out of the Hagley Outpatients building and into the new Christchurch Outpatients building, the empty Hagley Outpatients building has been fenced off and is awaiting removal.

The building will be dismantled carefully, like pulling apart a giant kitset. Part of the building is to be relocated to the Rangiora Health Hub. Contractors will begin to load containers with stripped down parts during this week, and the main pieces of the building will be trucked off site after the strip down is complete.

Next to Hagley Outpatients, good progress is also being made on construction of a retaining wall that will form part of the entrance ramp to the new Acute Services building.

Inside the Acute Services building, the list of plant and systems being commissioned over the coming weeks includes: the Level 9 vacuum room, the Level 9 east and west exhausts, the chilled water and condenser water, the steam boiler, the low-temperature hot water, the Lower Ground fire pump room, and the Lower Ground medical gases bottle bank. It goes to show that a hospital is a very complicated building indeed.

We also hear that the very latest type of windsock is to be installed on the helipad. Windsocks are usually lit by external lamps, but this is problematic when the wind blows the sock away from the lamps. The ingenious solution to this problem is to use a windsock in which the sock material itself lights up.



Shorn of its signs, the old Hagley Outpatients awaits removal behind site fencing

BETTER TOGETHER

Destination Outpatients



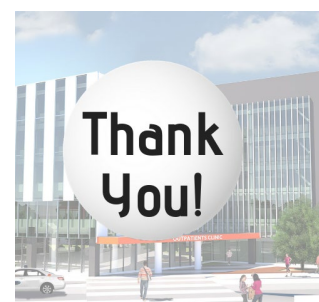
Well, we did it!

Last weekend saw the final moves in to the new Christchurch Outpatients building, with Vascular, Neurology, Dental, Diabetes and Endocrine services joining those who've already made the trip.

A big thank you to everyone who's worked so hard to get us to this point. We hope you think that the journey, which started well before the first soil was turned back in 2016, has been worth it.

This week, a particular thank you to the orientation guides, who have done a fantastic job orientating their teams to the building, helping them get to grips with new systems and processes.

Click [here](#) to see some relieved and happy staff in their new workplace!



Click on the video link to see some relieved and happy staff in their new workplace!

Māori language on the reception desks

One of the most common comments that the Campus Outpatient and Ambulatory Services (COAST) team has encountered is "Why is there a Māori greeting on the reception desks? Why isn't it in English?"

There are several very good reasons for this:

- › A warm welcome in te reo Māori is a small but important part of helping Māori to feel connected to and involved in their health system.
- › Māori is one of New Zealand's three official languages (the other two being English and Sign).
- › Most people speak English as a matter of course, including our reception staff – so a welcome written in English is not really necessary.
- › As Meghan Markle herself proved only last week, use of te reo in New Zealand is on the increase across the board – in schools, in the workplace and in everyday life.
- › More than 99 percent of all language and signage in our health system/services are English. This small but important gesture enables our significant and rapidly growing Māori population to feel welcome.
- › The vast majority of New Zealanders are familiar with these Māori phrases and the context of the reception as a welcoming place also means even if people don't



understand te reo, they invariably always understand the meaning.

- › Most of these Māori phrases have actually become part of New Zealand idiom and New Zealand English.
- › Canterbury DHB and all crown agents have a legal (New Zealand Public Health and Disability Act) and moral obligation to actively engage with our Māori community using the Treaty principles of partnership, protection and participation. Using te reo in our services has come about as a result of our partnerships with Māori, is a small act to support the protection of a national treasure (te reo Māori) and better enables Māori to participate in health care.
- › There are significant social and cultural gains for us a society to grow our use of te reo Māori. This is one small contribution we can make to supporting these gains.

What to do if I see a fault in the new building? A reminder about the defect reporting process

There is an agreed reporting process for defects or faults:

- › Users should send a description of the defect to Outpatients Facilities Coordinator Donna Handy (donna.handy@cdhb.health.nz).
- › Donna will log this onto the Maintenance and Engineering (M&E) system.
- › M&E will decide if the issue is a building finish issue for Leighs during the building defects period or not.
- › If it is a building finish issue, it will be managed by Leighs.
- › If not, it will be managed by M&E.



Service hub to support a national fight against infectious germs

In 2013, Canterbury DHB implemented a new infection surveillance system for the Infection Prevention and Control (IPC) team, called ICNet Software.

The primary objectives were to support the IPC team in improving patient care and safety, reducing administration time, and provide evidence for improvement and planning.

Five years on, the IPC team are some of the most experienced software users in the country, and Canterbury DHB is seeing substantial benefits from the infection surveillance system.

As leaders in infection surveillance, Canterbury DHB has partnered with ACC to establish a service hub to support the national roll-out project to get ICNet Software implemented across all DHBs, and eventually into community health care settings.

The purpose of the service hub will be to provide technical, functional and clinical support to the other DHBs in their implementation and use of the software, and to help them make the most of the benefits of infection surveillance in their unique hospital setting.

The service hub team includes Director of Quality and Patient Safety Sue Wood, who represents the users of ICNet Software in the Project Leadership Group, Clinical Nurse Specialist Michelle Taylor as the Clinical Advisor, and ISG Senior Business Systems Analyst Rachele Allan as the Service Hub Coordinator.

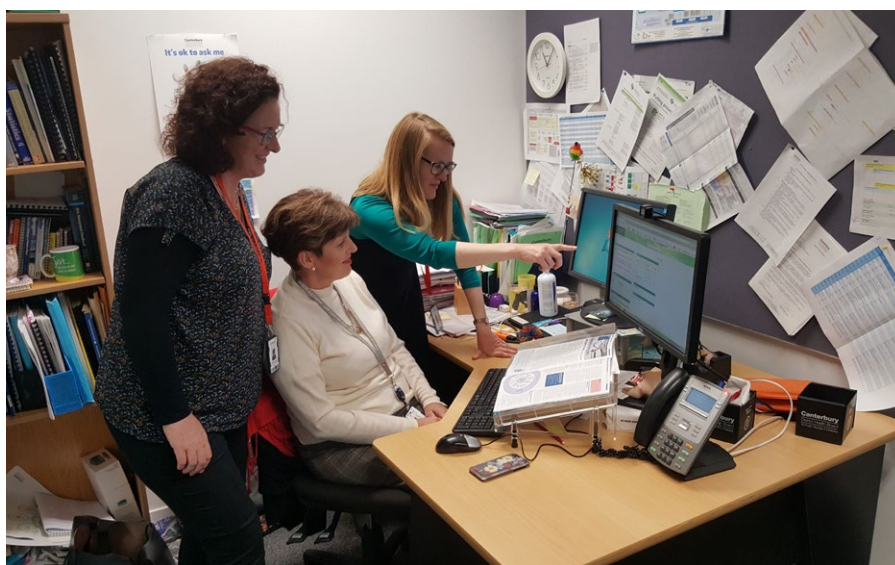
The IPC team continues to explore how ICNet Software can support innovation in our hospitals and in the community. Together, ideas will be shared to form a joint and coordinated approach to preventing infections, as well as slowing the effects of antimicrobial resistance.



What is ICNet Software?

ICNet Software is a sophisticated surveillance system that can track and manage all types of infections. Things it can do include:

- > Reducing the substantial burden on IPC staff to collect information manually.
- > Providing timely information from the laboratory about patients.
- > Allowing the IPC team to prioritise care by identifying high-risk patients early.
- > Giving staff more relevant information at hand when needed to make informed decisions.
- > Collecting data that provides evidence for improvement and assessing the effectiveness of interventions.



The Service Hub team (L to R): Rachele, Sue and Michelle

World Antibiotic Awareness Week begins today (12 – 18 November)



The growth of antibiotic resistance is a major global threat and has triggered repeated calls to improve the way we use antibiotics.

Antibiotic use is a major driver of resistance and New Zealand has comparatively high rates of antibiotic use compared to other Organisation for Economic Co-operation and Development (OECD) countries.

The World Health Organization (WHO) has publicly recognised antibiotic resistance as a leading threat to human health and endorsed a Global Action Plan back in 2015 with five strategic objectives:

- › improve awareness and understanding of antimicrobial resistance
- › strengthen knowledge through surveillance and research
- › reduce the incidence of infection
- › optimise the use of antimicrobial agents and to develop the economic case for sustainable investment that takes account of the needs of all countries
- › increase investment in new medicines, diagnostic tools, vaccines and other interventions.



In response, New Zealand's Ministry of Health committed to the National Antimicrobial Resistance Action Plan in 2017.

Antimicrobial agents are medicines that kill or stop the growth of bacteria and other microorganisms (germs) like viruses and fungi, Louise Brown from the Infection Prevention and Control team at Burwood Hospital says.

"Most of the time when people refer to 'antibiotics' they mean antimicrobial agents. Antibiotics specifically treat bacterial infections only and can be either broad spectrum and kill many types of bacteria (those that are causing the infection, and others), or narrow-spectrum when they kill fewer types of bacteria."

Bacteria can become resistant to antibiotics, either by mutation or because each use of antibiotics favours resistant organisms that can multiply and spread. Some can even transfer that resistance to other bacteria. This limits treatment options and makes it harder to treat infections, which can mean patients are sicker for longer.

Patients who are infected by resistant bacteria may not become sick immediately, but those bacteria may always be there, in the gut for example, and may become a problem later, Louise says.



Changes in the balance of gut biota – perhaps caused by another infection, by antibiotics that wipe out beneficial bacteria, or by a compromised immune system – are potential triggers for resistant bacteria to become pathogenic.

Canterbury DHB also aims to prevent development of antibiotic resistance by using antibiotic stewardship measures.

"Antibiotic use is audited within Canterbury DHB, and use of narrow-spectrum antibiotics is encouraged when possible."



An example of collaborative stewardship is evident in the Burwood Spinal Unit where a multidisciplinary team of a microbiologist, pharmacist and infection prevention and control clinical nurse specialist meet together with medical and nursing staff from the unit.

The programme of weekly urine microbiology screening facilitates sensible use of antibiotics for that patient group, Louise says.

If you are still unconvinced about the need to take the threat of antibiotic resistance seriously, consider this: Despite WHO's 2015 commitment to research and investment in new treatments, few new antibiotics have been developed in recent years. Until that situation changes we need to act as though the antibiotic arsenal we currently have is all we will ever have and so need to take whatever steps we can to ensure they stay effective into the future.

Still not convinced? If we carry on as we are, antibiotic resistant microbes are predicted to kill more than 10 million people worldwide every year by 2050 and cost the global economy US\$100 trillion.

“Antibiotics are not always the answer!”: The winners of the antibiotic awareness poster competition announced

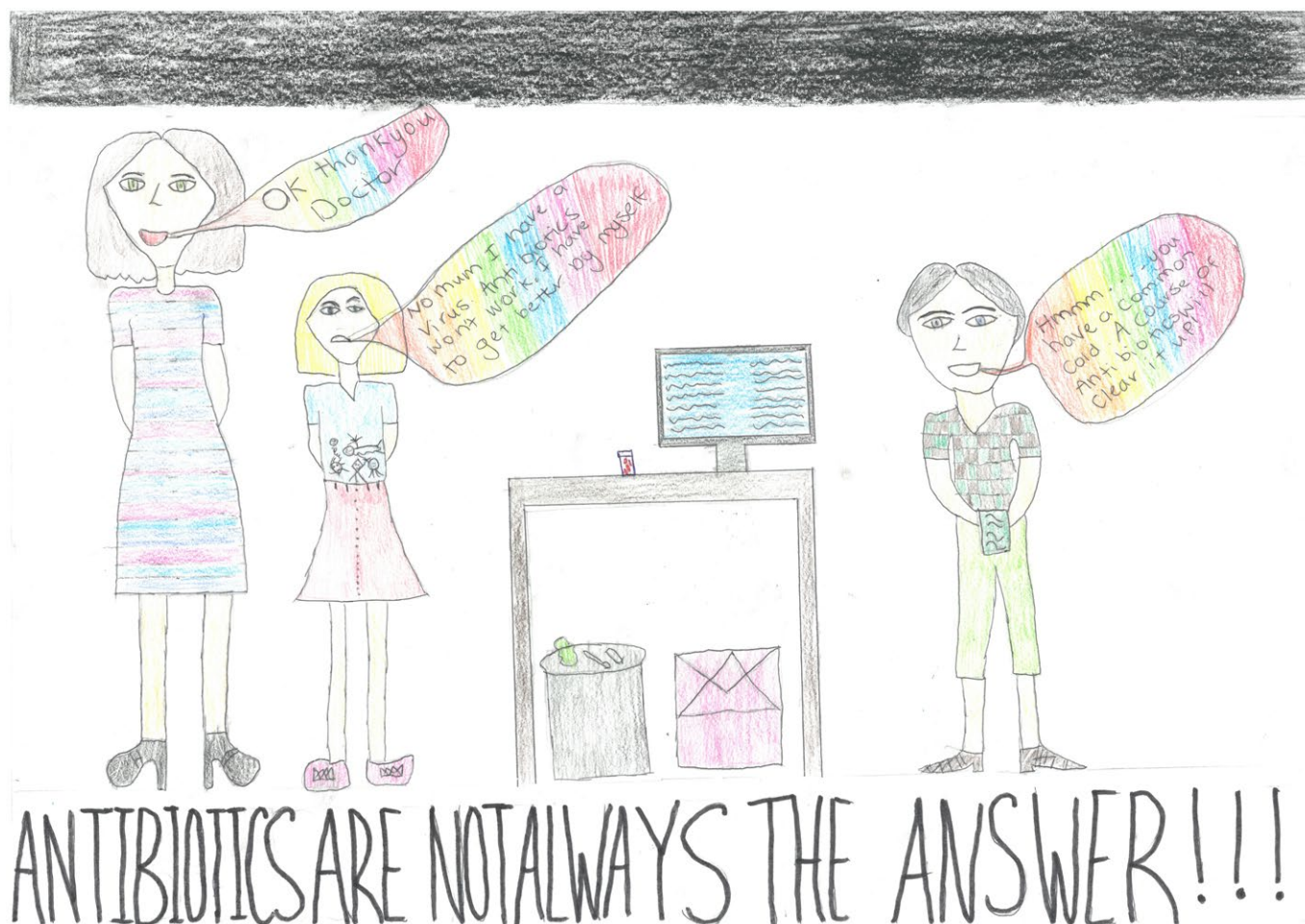
Earlier in the year, the Health Quality & Safety Commission held a 'Fight germs and win!' antibiotic awareness poster competition for children in school years 5–8, encouraging them to create a poster highlighting either antibiotic resistance or the importance of hand washing.

The competition [information pack](#) that was sent to schools also provided teaching resources and information about antibiotic resistance and hand hygiene in New Zealand.

There were hundreds of competition entries, but there was only ever going to be one overall winner, and that was 12-year-old Libby Thompson from Cust School in Rangiora!

Libby has won herself a scooter, as well as a trip to Wellington to spend half a day at the Wellington SCL microbiology laboratory at Wellington Regional Hospital to see all the germs they grow. A big well done to Libby!

To view the other winning entries, click [here](#).



The winning poster from Libby Thompson of Cust School

Medical photographer wins awards

Medical Photographer Tara Gibb, who joined Medical Illustration in July from the UK, has been recognised for the high quality of her work.

She received four Bronze Awards for photographs that she entered into the 50th Annual Conference of the Institute of Medical Illustrators (IMI), held in Harrogate in the UK last month.

“These are coveted awards in the UK and Europe and we are very proud of Tara and her achievements,” Clinical Manager, Medical Illustration, Bob Ashford says.

Tara says she is “very pleased” to have received the awards.

“The images that I submitted had to be of a high standard and lit in the best way to highlight the patient’s condition.”

The awards are a great opportunity for a photographer to enter the best medical images they have taken throughout the year and receive recognition for the high quality of their work for themselves and their department, she says.

Tara is a member of the Institute of Medical Illustrators (IMI) and has attended several conferences in the UK. The awards are held yearly and the best images are displayed at the conference and the winners presented with their certificates during this time.



Medical Photographer Tara Gibb

Carolyn Gullery's feature article on the Integrated Community Pharmacy Services Agreement (ICPSA)

Our very own Carolyn Gullery, Executive Director, Planning Funding and Decision Support for Canterbury and West Coast DHBs and lead Pharmacy General Manager Planning and Funding for the 20 DHBs, has written a feature article in *Contact* magazine.

In Issue 10 of the monthly magazine for the members of the Pharmacy Guild of New Zealand, she discusses the opportunities that the new ICPSA presents.

A snippet of the article is below.

"Our new Integrated Community Pharmacy Services Agreement (ICPSA), now in place, will be a huge driver for the development of people-centred health services in New Zealand. To truly achieve its full potential, the new ICPSA needs the active support and engagement of every community pharmacy. All DHBs are currently looking at the steps they are going to take to create new and innovative local services.

The evergreen contract focuses more on a contract review process, rather than with an emphasis on funding negotiation, which is more fit-for-purpose for the health system goals we need to achieve. The first National Annual Agreement Review will occur this month. Existing sector representatives nominated in January 2017 will take part in the first review, along with any other representatives contract-holders choose to nominate."

To read the full article, click [here](#).



“Sitting is the new smoking”: Highlights from the Thoracic Society of Australia and New Zealand conference

During the recent Thoracic Society of Australia and New Zealand conference, it was reassuring to note that Canterbury offers a world-class level of care to its respiratory population.

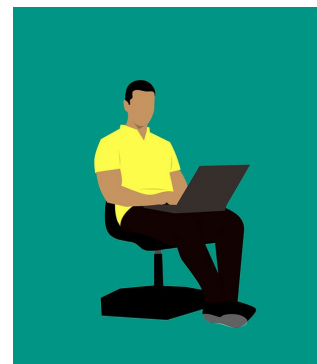
The evidence continues to highlight the importance of exercise (and pulmonary rehabilitation) for all people with a respiratory diagnosis and this was one of the conference themes. The best quote of the conference was “sitting is the new smoking” – which applies to more than just our chronic respiratory population!

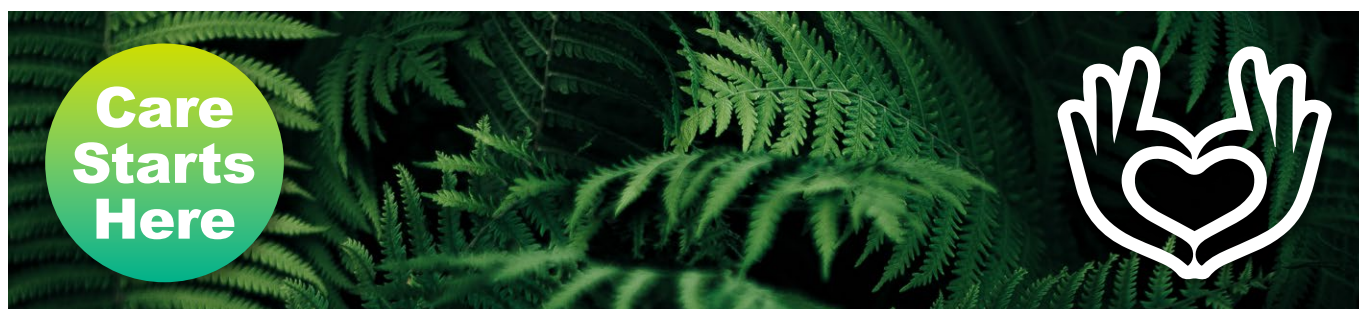
Other practical themes for chronic respiratory patients included:

- › The use of hand-held fans for managing breathlessness.
- › Using breathing techniques and walking aids with wheels to improve independence.
- › Maintaining protein intake to reduce muscle mass loss.

Often for this group of patients the focus changes from decreasing breathlessness to feeling more in control of their breathing.

To read other news from the Community Respiratory Nursing Service, view the newsletter [here](#).





Being and Staying Well this November

[Care Starts Here](#) is about how each of us can help make our health system even better by *Doing the Right Thing*, *Being and Staying Well* and *Valuing Everyone*.

This month's focus on Being and Staying Well continues, and with summer just around the corner, the Care Starts Here team is encouraging you to use the change of season as a motivation for focusing on wellness.

Our health is important so we need to do our best to look after ourselves and each other. We know sometimes this is not easy, so the Care Starts Here team has put together some tips, ideas and suggestions that you could do either individually or in your team to bring Being and Staying Well to life.

Some key things that can help encourage a culture of *Being and Staying Well* in your team are:

- › Understanding and positively recognising when someone has chosen to look after themselves (i.e. staying home when unwell, exercising during their lunchbreak, practicing mindfulness).
- › Actively checking on the wellbeing of those in your team in a genuine way (not just a 'token' check) and supporting each other when needed (i.e. offer to help each other, encourage others to look after themselves).

Be active

Spring into action! Here are some suggestions how:

- › Get a team together and walk 10,000 steps a day; make it a competition or just time to socially connect and get outdoors.
- › Join a Pilates/yoga class (or if you've got the skills – start one in your team; you don't need much room to do simple exercises!).
- › Use the stairs rather than the lift – you could even start a Stair Challenge in your team. Get in touch with Care Starts Here (carestartshere@cdhb.health.nz) to get the resources to begin.
- › Join "Be Active" through Green Prescription. It's an eight week programme designed for people wanting to increase their level of activity.
- › Have a good, hard laugh three or four times a day – perhaps even get your colleagues laughing with you
- › Re-energise yourself on your break with a brisk walk in the fresh air instead of sitting down.
- › Check out our local walks and activities for outdoor things to do with colleagues and/or our whānau.
- › Some other resources include the Feetbeat Challenge, Move Aotearoa, Sit Less, and the [Five Ways to Wellbeing](#). Email carestartshere@cdhb.health.nz if you'd like them.



And the winners of the Step into Action event to raise funds for the Countdown Kids Hospital Appeal are ...

Recently, Māia Health Foundation and Child Health combined forces to run a Step into Action event to raise funds for the Countdown Kids Hospital Appeal.

There were 192 participants from a variety of Child Health areas, as well as Ear, Nose and Throat (ENT), Dental, Pegasus Health, and Te Puna Wai. The equipment being requested from Countdown this year is an/a:

- › incubator
- › auroscope/otoscope
- › Welch Allyn vital signs monitor
- › shade cloth for a playground
- › anaesthetic delivery system
- › rhino-laryngo fibroscope
- › Distortion Product Otoacoustic Emissions (DPOAE) machine.

Pegasus Health has requested toys, beanbags, a TV, DVD player, and glass partitioning.

Te Puna Wai has requested a Coaxial Ophthalmoscope, a digital blood pressure device, a thermoscan, and a trampoline.

The fundraiser raised over \$1,900 for this event alone, which has gone towards the final tally of the Countdown Kids Hospital Appeal.

We're pleased to announce the winners:

- › **Highest individual step count:** Account Clerk – Finance, Toese Stewart, with 840,500 steps.
- › **Department winner:** the Eye Department with a total of 10,225,220 steps.
- › **Department with the highest average step count per participant:** the Child Development Service – with an average of 365,324 steps per person.

A big congratulations to all the winners.



Always on the go? Take Healthinfo with you

HealthInfo is Canterbury's go-to site for information about your health.



healthinfo.org.nz



Ready, set, go... to Christchurch campus: The Commuter Challenge

What provides the fastest commute: an e-bike, an electric scooter, a bicycle, bus or car?

The Healthy Commute team put this question to the test last week in a hotly contested commuting challenge. Competing for the title of 'quickest commuter on the block', five staff members started at the University of Canterbury to see who would arrive at Christchurch campus first (strictly adhering to all speed limits and road rules for all modes of course!).

In one corner, we had Jack Wormald, on a Mango electric scooter. Meanwhile, Sandy Brinsdon from Community and Public Health stepped up as a car driver. ICU Staff Nurse Lizzie Johnston-Walker was our bus goer, Paediatrician Dr John Garrett put an electric bike to the test and Haematologist Dr Andrew Butler would be reliant solely on pedal power, with an old-school bike.

The team took their starting positions. Eyes narrowed, hands moved to handle bars, and a steering wheel, while Lizzie held her Metrocard at the ready...

From their positions outside the University of Canterbury, the five contestants took off towards their Christchurch campus destination.

John on the e-bike took an early lead, and was able to maintain his position to the very end, finishing in 11 minutes and 49 seconds.

"It was a very easy commute, cruising down bike lanes," said John. "And parking wasn't a problem!"

Six minutes later, Jack pulled up on his Mango electric scooter, just one minute ahead of Andrew, on his push bike.

Lizzie, having got off her bus directly outside the hospital, arrived four minutes after Andrew.

"I bus in to my work at Christchurch Hospital every day, so I was fairly confident I would make it in good time."

Having had the added stress of finding a carpark, Sandy pulled in last. Despite her best efforts, Sandy arrived a whopping 21 minutes after the first place getter.

"Getting to Hospital Corner took about the same as the others. But boy, looking for a park and walking in sure takes time."

So, what was the take home message? According to James Young from the Healthy Commute programme, "conventional ways of getting to work cost more, are slower, less healthy and just aren't as fun!"

Watch the Healthy Commuter video [here](#).

Find out more:

For more information on how to make your commute easy, reliable and relaxing click [here](#). For more information on the Healthy Commute programme go to the Max Service Portal and enter the search word 'commute'.



Sandy Brinsdon (car), Lizzie Johnston-Walker (bus), Dr Andrew Butler (bike), Dr John Garrett (e-bike) and Jack Wormald (Mango Scooter) at the start line of the Healthy Commuter Challenge

One minute with... Donna Thomson, Clinical Nurse Specialist: Severe Lung Disease

What does your job involve?

I work mainly in the community alongside patients with severe lung disease. These patients are often end-stage and palliative. I see myself as the conduit between the patient and their specialists, working alongside the palliative care team and other health professionals involved in their care, to improve their quality of life and streamline services.

Why did you choose to work in this field?

I have a strong background in community nursing and have always advocated vehemently for the patient who wishes to remain in their own home.

What do you like about it?

Being able to assess, provide symptom management and goal setting for a patient within their own home allows an individualised, more holistic experience for both the patient and their family. This allows a more realistic picture of the reality of chronic disease in a person's own home.

What are the challenging bits?

Seeing the reality of chronic disease in a person's own home.

Who inspires you?

My mother, a retired registered nurse who, at 83, lives independently and remembers names of people so much better than I do.

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?

Working as a nurse specialist independently in people's own homes will never be a success if these values are not adhered to.

One of the best books I have read was...

Most recently, *The Dry* by Jane Harper and my all-time favourite, *To Kill a Mockingbird* by Harper Lee.

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

In New Zealand, Wanaka – my happy place. In Europe, Tuscany.

What do you do on a typical Sunday?

A long walk on the Port Hills then coffee with friends, then take my mum out to a movie or another coffee!

One food I really like is...

Anything at a friend's home... with wine.

My favourite music is...

Anything by Marlon Williams, Tami Neilson, Andrea Bocelli, or Bruce Springsteen – a bit eclectic.



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



Health Quality & Safety Commission e-digest

The latest issue of the Health Quality & Safety Commission New Zealand's e-digest is out now. Stories include: Practicing good hand hygiene, marking last week's Patient Safety Week; Commission Chair Professor Alan Merry's appointment to Deputy Dean at the University of Auckland; the Commission's upcoming work on the aged residential care quality improvement programme; and presentations from the mental health and addiction learning session. To read these stories and many more, click [here](#).



THE 2018 QUALITY ACCOUNTS EDITION OF YOUR COMMUNITY HEALTH MAGAZINE IS OUT NOW!

Keep an eye out in your mailbox, or check it out on our website.

cdhb.health.nz





Antibiotics can help, but they can also harm.

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

We only prescribe antibiotics
when they will be effective -

CHOOSE
WISELY





Noho ora pai ana I te koroheke
Living well with Dementia

Community Education Seminar 20th November 2018

Dementia: Caring and Stress

Dementia can be emotionally, mentally and physically stressful for all concerned. Looking after yourself is very important.

Libby Gawith, Community Psychologist and Ara Institute of Canterbury lecturer, will talk about:

- How to recognise symptoms and sources of your stress
- Caring roles and stress
- Health effects of stress
- Strategies and techniques for managing your stress

There will also be time for questions.

***Please register to ensure a place!
PH 379 2590 or 0800 444776***

Date	Tuesday 20 th November 2018
Time	10.30am – 12 midday
Venue	Dementia Canterbury Seminar Room 3/ 49 Sir William Pickering Drive, Burnside

Address: 3/49 Sir William Pickering Drive, Burnside, Christchurch **Postal Address:** PO Box 20567, Christchurch 8543
Ph: 03 379 2590 or 0800 444 776 **Email:** admin@dementiacanterbury.org.nz **Website:** www.dementiacanterbury.org.nz

Simulation as a teaching tool 4 day workshop



Date: 5–8 March 2019 (Tuesday–Friday)

Time: 0730–1730 (approx.)

Venue: Manawa Whenua Simulation Centre, Level 2, 276 Antigua Street, Christchurch, New Zealand.

Fees: \$NZ 7,000 (20 places available).

Audience: open to any healthcare professional who has a strong commitment in moving simulation based education forward

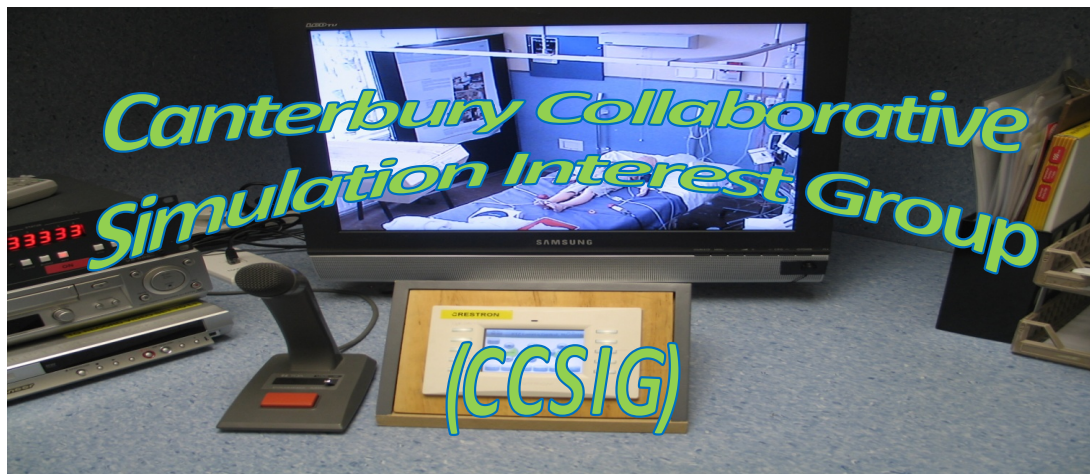


Simulation as a Teaching Tool, 4 day Workshop

Canterbury District Health Board is proud to offer this internationally recognised, 4 day Simulation Instructor Course, working in partnership with the Boston-based Centre for Medical Simulation (CMS). The course is designed for simulation educators who seek to create high-quality healthcare simulation programs.

This course immerses healthcare simulation instructors in a multi-method course wherein participants learn how to teach clinical, behavioral, and cognitive skills through simulation. It draws from the disciplines of aviation, healthcare, psychology, experiential learning, and organisational behavior. Participants explore simulator-based teaching methods applicable across the healthcare education spectrum, including undergraduate and graduate medical, nursing and allied health domains. The daily formats vary and include; simulation scenarios, lectures, small and large group discussions.

<p>Topics include:</p> <ul style="list-style-type: none"> • Building a challenging and safe learning environment • Utilising effective debriefing techniques and avoiding ineffective ones • Preparing, building, conducting and debriefing high-fidelity simulation scenarios • Practical exercises with feedback. 	<p>Who is the course for?</p> <ul style="list-style-type: none"> • Medicine • Nursing • Mental Health • Community • Allied Health • All Healthcare partners
<p>EXPRESSION OF INTEREST</p>	
<p>Please send your expression of interest (1 per person) or for further information via email to christine.beasley@cdhb.health.nz by 30 November 2018.</p> <ul style="list-style-type: none"> • Full name • Profession • Contact email • Place of work 	



Canterbury Collaborative Simulation Interest Group (CCSIG)

Date: 15th November 2018

Time: 1300-1600hrs

Venue: Manawa
Level 2

Registration fee: No charge

Draft Programme:

- **Virtual Reality in Midwifery – John Withington. Ara Institute.**
- **Teamwork and communication - Delivery of a healthy baby – Maggie Meeks & team CDHB**
- **Simulation problem – Round table discussion - Chris Beasley CDHB**

TO REGISTER PLEASE CONTACT: Professional Development Unit



The New Zealand Psychological Society

psychology.org.nz

Living life well

Psychology Week
12–18 November 2018

Find out about events in your area and nationwide at psychology.org.nz

To talk with a psychologist visit our service 'Find a Psychologist' on our website or speak to your GP about a referral



The New Zealand Psychological Society

Tē Rōpū Mātai Hinengaro o Aotearoa

Free Community Event

Living Life Well- A Community Safety event

A free community event as part of New Zealand Psychology Week with a theme of staying safe in our communities. Speakers to include members of the Police Family Safety Team, Department of Corrections and STOP. Speakers will focus on how their agencies are working to keep the public safe and will include tips on how the public can ensure their own wellbeing and the wellbeing of their communities.

When: Wednesday 14 November 2018
6.30 pm - 8.30pm
(doors open 6pm)

Where: The Exchange Christchurch,
376 Wilsons Road North, Waltham



DIABETES CONCERNS EVERY FAMILY



**Come and join the Diabetes Christchurch at the Christchurch Pier
commemorate people you know with diabetes and to
celebrate Diabetes Awareness Month on
Saturday, November 17th, 2018 from 12 noon to 10pm.**

**Let's together set a new record to see
how many people with diabetes
(Type 1, Type 2, Pre-diabetes or
Gestational) along with your family,
whanua, work colleagues and friends and help support all people with
diabetes in Canterbury by donating a gold coin donation and receive
a blue (or red, pink, purple or white tea light candle).**



Then join the society have a healthy walk along with your family and friends to the end of the pier and light up your candle place inside a "blue circle" sand pit in support of all the people you know who have this chronic condition. This donation will help your local society to provide support, advocacy, information, research and education to Provide assistance to the 21,000 people with diabetes in Canterbury.

A variety of coloured tea light candles will be available as well as diabetes information at the entrance to the pier. During the next two weeks these will also be available at the society rooms at 550 Hagley Avenue, from Lions Groups and at the Christchurch A and P Show.

For more information about this special event, or if you can volunteer a few hours on Saturday, November 17th from 12 noon to 10pm please give the office a call on 378-6266. Check out updates on our Diabetes Christchurch Facebook Pages for regular updates.



When a Baby Dies...



Perinatal Loss Workshop

Friday 7 December 2018

8.15 - 4.30

CWH, Level 3 Seminar Room

**How can health professionals make a
difference?**

Multi Disciplinary Team Speakers:

Midwives, Nurses, Obstetrician, Maori Health Worker, Perinatal Pathologist, PMMRC, Crematorium Staff, Social Worker, Chaplain and SANDS representative.

Coordinator of the day Di Leishman - Ext 85631

Midwifery Council - 8 Hours Continued Education

Comments from previous workshop:

"Fantastic and informative day. Well worth it."

"Loads of learning and positive stuff"



Booking info:

Please book via the **HealthLearn** website: www.healthlearn.ac.nz or email education.mat@cdhb.health.nz or phone 364 4730 (internal extension 85730)

CDHB staff please submit a course conference form to your line manager at least 28 days prior to the course if you are requesting paid education leave

Smokefree Bulletin – October 2018

Issue One

Learnable phrase:

Are you Smokefree?

This is a non-judgemental way of enquiring about smoking status rather than “do you smoke?”



Thanks Ward 12- Tane's Story

Tane started smoking at the age of eight and had been smoking for 32 years. He'd tried unsuccessfully to quit a couple of times when he was admitted to Ward 12 for “heart problems and breathing difficulties.” Nurse Janine motivated him to make a quit attempt and referred him to Te Hā Waitaha.

He worked with Stop Smoking Practitioner Christine and identified both his health and finances as motivators. His CO monitor reading was 24ppm. Although he was offered patches and gum, he decided to go “cold turkey.”

Six weeks later, he is now Smokefree and has a CO monitor reading of 0. His breathing is better and his sense of smell has improved dramatically. He does still get the occasional urge to smoke but distracts himself with computer games. He's thankful that his mates are respectful and don't try and push him back into smoking.

He said to say to Ward 12, “thanks for the kick in the butt.”

Well done, Tane!



Remember..... If you attach a patient's label to the Te Hā Waitaha/Stop Smoking Canterbury referral form, remember to include the best contact phone number.

QuickMist

For fast nicotine craving relief

- relieves cravings in 60 seconds
- lasts for 30 minutes
- no more than four sprays/hour.



QuickMist

Can be charted by a Doctor for the following inpatients:

- perioperative use for patients NBM
- within mental health inpatient units
- acute use in agitated patients who are unable to leave hospital facilities.

Become a **Smokefree Champion!**

- You can use attendance at the bi-monthly meetings, resourcing of your area and education sessions for colleagues as evidence for your PDRP.
- Fun meetings to share ideas/challenges/resources and hear regular updates.

Smokefree Team - Community & Public Health (CDHB)

DDI: 03 3640 263 | ext: 80263 | Mobile: 021 723 208

Email sue.stevenson@cdhb.health.nz or lorraine.young@cdhb.health.nz

University of Otago, Christchurch

POSTGRADUATE

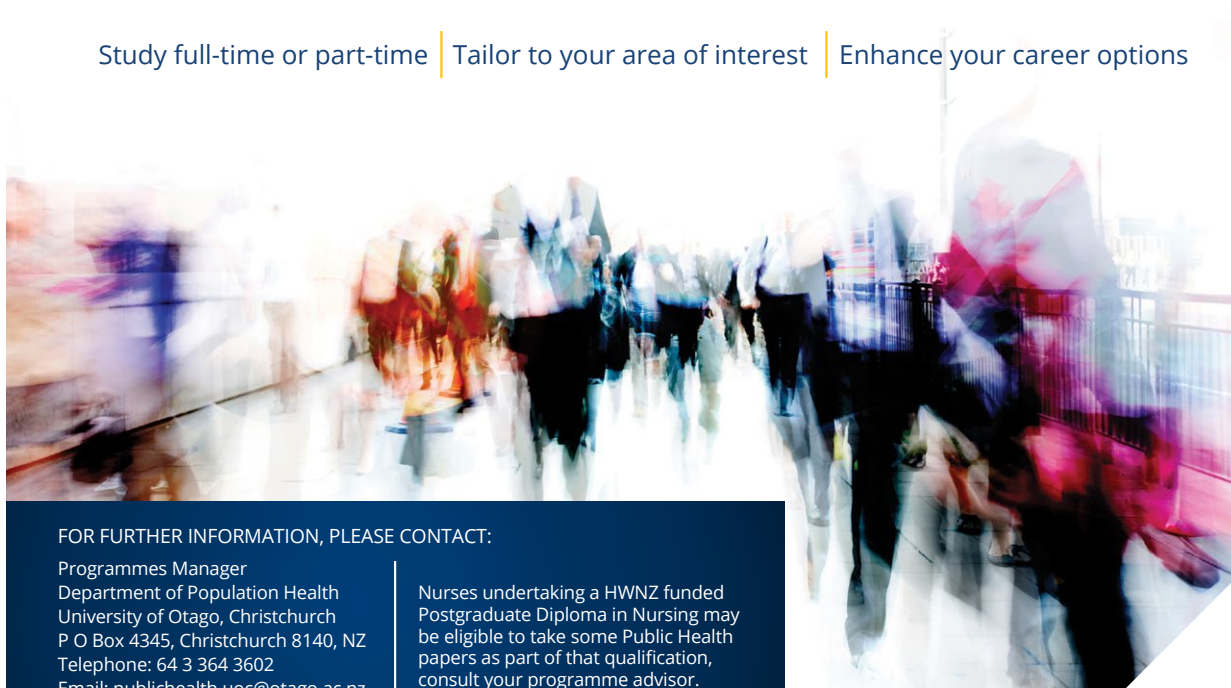


Postgraduate Studies in Public Health

Build on any undergraduate degree

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- Postgraduate Diploma in Public Health
- Master of Public Health
- Postgraduate Diploma in Health Management
- Master of Health Sciences

Study full-time or part-time | Tailor to your area of interest | Enhance your career options



FOR FURTHER INFORMATION, PLEASE CONTACT:

Programmes Manager
Department of Population Health
University of Otago, Christchurch
P O Box 4345, Christchurch 8140, NZ
Telephone: 64 3 364 3602
Email: publichealth.uoc@otago.ac.nz

Nurses undertaking a HWNZ funded Postgraduate Diploma in Nursing may be eligible to take some Public Health papers as part of that qualification, consult your programme advisor.

otago.ac.nz/publichealth