

Keeping our Community Healthy

WellNow

Canterbury

SPRING 2017

QUALITY ACCOUNTS EDITION



**New ways of
making hospitals
less scary for children**

INSIDE:

Virtual reality to reduce anxiety

**3D printing achieving better
outcomes from surgery**

**Taking a team approach to
preventing domestic violence**

**Marae an ideal setting for
community health initiative**

Canterbury

District Health Board

Te Poari Hauora o Waitaha

our health system

Front cover: Kalysta and Niko Brookland try out a Virtual Reality game, designed to reduce anxiety in children before an MRI – a type of scan. Look for the full story on page 4.

LAST YEAR IN OUR CANTERBURY HEALTH SYSTEM



3,800

people got a green prescription referral to encourage them to be more active



6,540

people received brief intervention counselling (up to 5 free sessions of psychological support)



2,520

people had a skin lesion (including cancer) removed in General Practice



25,843

people had a heart and circulation risk assessment



21,456

people had elective surgery



45,227

community referred radiology tests were completed



102,767

people accessed urgent care at Christchurch and Ashburton hospitals



672,348

outpatient appointments took place



2.8 MILLION

lab tests were completed

Figures are for the 2016/17 financial year and taken from our annual report.

A CANTERBURY HEALTH SYSTEM UPDATE FROM THE CHIEF EXECUTIVE



David Meates

Welcome to the spring edition of *WellNow*.

Wherever your needs bring you into contact with the Canterbury Health System, your wellbeing is our concern.

We work to support people to stay well and independent in their own homes for as long as possible. When health care services are required, our goal is to make it easy for you to access the care you need close to home. And if you need to be admitted to one of our hospitals we plan to provide well-coordinated, high-quality, efficient, friendly care that will have you back in the comfort of your own home, with extra support if needed, as soon as possible so you can work on your recovery.

This issue of *WellNow* looks at some of the things we're doing differently to make it better for people in Canterbury.

Are you enrolled?

We encourage everyone in Canterbury to enrol with a General Practice team. When you're enrolled you immediately have a team of people ready to help you and your family stay well and healthy. Importantly, you'll also pay less for your health care and prescriptions when you're enrolled. It also means you have access to free health advice after-hours – all you

need to do is call your own General Practice number after-hours, follow the instructions on the answerphone, and you'll be put through to a nurse who can provide advice over the phone. If it's urgent and you need to be seen by a doctor, the nurse will tell you what to do and where to go.

Free health advice at the end of the phone and paying less for your general practice visits and prescriptions are two very good reasons to enrol today. You can search for a family doctor near you on our website cdhb.health.nz

Our health system covers a diverse area from Kekerengu, north of Kaikoura, east to the Chatham Islands, down to Ashburton in the south and we're bounded by the Southern Alps in the West.

Our health system, by the numbers

Our total population is now topping 558,830 people

In the past year alone, more than

- **115,300** people were admitted to Christchurch Hospital as an inpatient

- **34,000** people avoided a hospital stay by receiving personalised acute care from a range of specialist nurses and other clinicians in their own home
- **63,921** people were given advice to quit smoking
- **70** Non-Government Organisations provided vital services
- Total number of prescription items: **3,201,970**
- Total cost of drugs prescribed **\$110,990,973** (excl GST)

Give your wellbeing a boost

Finally, a reminder that when it comes to wellbeing there are things you can do to help yourself feel better. Researchers have found that the five actions below, if done regularly, are proven to lift your wellbeing. Give the *Five Ways to Wellbeing* a go – anyone can do it!

I hope you enjoy this issue of *WellNow* and find some useful and interesting stories.

David Meates

Chief Executive, Canterbury DHB

 **Mental Health Foundation**
mauri tū, mauri ora
www.mentalhealth.org.nz



DO WHAT YOU CAN,
ENJOY WHAT YOU DO,
MOVE YOUR MOOD



REMEMBER THE SIMPLE THINGS
THAT GIVE YOU JOY



TALK & LISTEN,
BE THERE, FEEL CONNECTED



YOUR TIME, YOUR WORDS, YOUR PRESENCE



EMBRACE NEW EXPERIENCES,
SEE OPPORTUNITIES, SURPRISE YOURSELF

PATIENT EXPERIENCE

Virtual Reality reducing child anxiety before having a scan

Virtual reality (VR) simulation is helping prepare children for their Magnetic Resonance Imaging (MRI) and reducing the number who need to have a general anaesthetic beforehand.

Although the MRI process is painless it does require children to be able to lie relatively still for 20 – 60 minutes so that the images are not blurred. It is also an extremely unfamiliar environment accompanied by loud intermittent banging noises – an understandably scary experience for children who don't know what to expect.

To solve this problem, a virtual reality game has been designed by students at the University of Canterbury's Human Interface Technology Lab to mimic an actual MRI treatment room. It has been tested with a range of children, after which they were asked what they thought of the experience and changes were made as needed.

Peter Dooley, Team Leader, Canterbury DHB Radiology Service, explains that the purpose of the virtual reality game is to expose the children directly to a simulation of the source of their potential anxiety. "The children play the virtual reality game before the scan, which allows them to become familiar with the equipment and experience the same machine sounds and sensations as when having a scan."

Late last year Peter introduced the prototype to Ian Taylor, CEO of Animation Research Ltd in Dunedin, and his reaction was immediate.

"We had been working on applications in VR for both sport and entertainment for some time, but to see the difference this technology made to children in this situation was a real eye-opener. It was the perfect use of the technology," Ian says.



Peter Dooley and a little person (Niko) in a virtual world of his own.

Ian, who is of Ngāti Kahungunu descent, introduced the idea to Ngahiwi Tomoana, the Chair of Ngāti Kahungunu Iwi Incorporated, and he agreed that this was exactly the kind of social investment they should be involved in.

"The involvement of both the Iwi, with its longer term view on a social return on investment, and Animation Research Ltd with its world-recognised technology, will allow us to really start pushing the boundaries," says Peter Dooley.

In the first six months since the introduction of the virtual reality game there has been a 35% reduction in the number of 4-16 year olds having to be given a general anaesthetic before undergoing MRI. That's a third fewer children being subjected to the risks associated with general anaesthesia. There's also a much shorter waiting time.

In August 2016, patients scheduled to have their scan with a general anaesthetic waited on average for 17 weeks. In August 2017, the waiting time for similar patients had reduced to 3 weeks on average. There is also now greater flexibility for parents in available appointment days and times.

"Having experienced the procedure, albeit in an imaginary way, children stay calmer," Peter Dooley says.

"Prior to use of the virtual reality game, children participated in Play Therapy to reduce anxiety. Although the work of our excellent play therapy team is very effective in reducing anxiety for 2 in 3 children, a number of sessions spread over a number of days wasn't always possible.

The virtual reality game can be played in 10 minutes in almost all scenarios and results in over 90 percent of children remaining calm during the MRI procedure." ■

Enhanced Recovery After Surgery ‘ERAS’ information packs for children and parents

It can be a worrying time for parents when their children are undergoing surgery. Providing the correct information before admission doesn't just help reduce that anxiety, it has also been proven to enhance recovery after surgery.

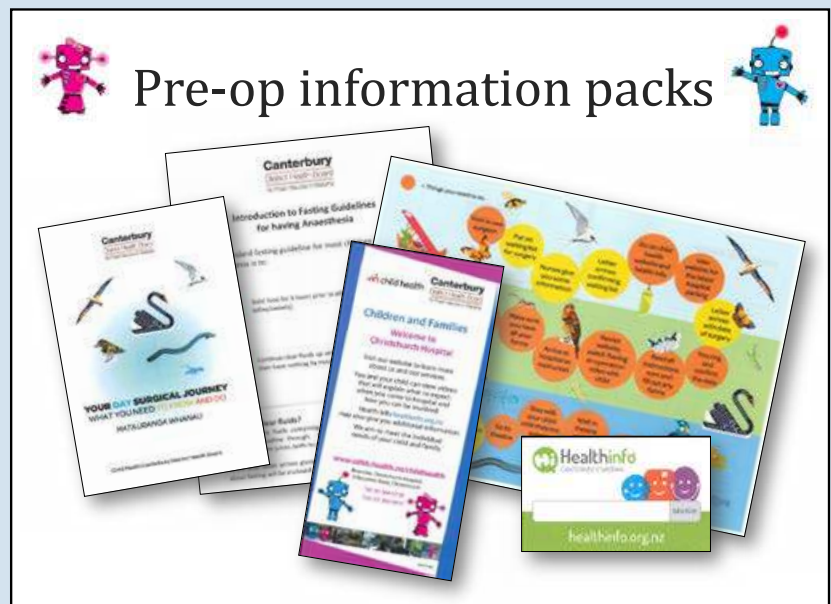
Back in 2015, some parents of children on the paediatric surgical ward told staff they wished they had a greater understanding of their child's surgery before it took place. For the DHB an added incentive for providing this information was the large number of phone calls the paediatric surgical secretary was receiving.

Parents generally had the same request: They wanted to know more about the process through to their child's operation, to be able to find out more about diagnosis and surgical procedure, and what they could do to help prepare their child for surgery.

By January 2016, staff working with the Child Health Advisory team had produced the Enhanced Recovery After Surgery (ERAS) information pack. Surgeons are now asked to give one to all children and parents as soon as surgery is discussed. It consolidates the verbal advice given and provides information that children and parents can review at home.

Paediatric surgical ward staff have now distributed 500 ERAS packs. Feedback from parents has been positive: During the first 3 months, of those who responded to the survey, 89 percent said they found the pack useful.

www.erassociety.org ■



THE ERAS PACK INCLUDES:

1. Information describing “Your Surgical Journey” with colour coded steps clearly showing who needs to do what and when.
2. A HealthInfo card, with the name of the child's specific diagnosis so that the parents can find up-to-date information on a trusted website and share it with family/whānau.
3. An “Introduction to Fasting Guidelines” leaflet.
4. A “Welcome to Christchurch Hospital” leaflet for children and families.

There is also a web address for the Child Health “Going to Hospital” videos, which are short, child-friendly and give a virtual tour of all aspects of being admitted to hospital. This information is also available in a child's reading book if the family/whānau prefers.

Having seen the positive results, the paediatric surgical team are more committed than ever to achieving better outcomes for patients undergoing surgery through providing information for families/whānau.



Nick Cook, Imaging Scientist, shows a model of a child's ribcage created from an X-ray.

Bioengineering and 3D printing help surgeons improve patient outcomes

Canterbury DHB has a reputation for its entrepreneurial approach to solving problems and improving patient safety. Nowhere is this more evident than in the Medical Physics and Bioengineering Department (MPBE) where the use of 3D printed models has grown from being a novel idea a few years ago, to an in-demand service.

Working closely together, bioengineering and surgery use their collective expertise to enable surgeons to prepare better for surgery and create a better patient experience, while saving hundreds of thousands of dollars annually.

Maxillofacial (facial and dental reconstruction) surgeons had long recognised the benefits of 3D modelling, but had been dismayed by the cost and time involved in using external 3D printing companies. So the Medical Physics and Bioengineering Department purchased a small 3D printer and used industry standard

modelling software together with their expertise in medical image processing to start producing bespoke 3D models – the first examples being of eye orbits.

This led to immediate patient benefits and significant cost and time savings for the maxillofacial surgeons. The time for surgeons to receive eye orbit models dropped from two to three weeks to less than 3 hours, with the cost of each model dropping from \$1,000 each to around \$2.

Because they can be made in-house faster and at a low cost, 3D models are now used routinely, instead of only

for the most complex cases. This has contributed to a fall in the likelihood of needing to repair a poorly fitted plate from 30% to zero, and cost savings of \$150,000 annually.

Having MPBE located within the hospital campus means surgeons can work closely with the team on what they need, whether it's full skull models for neurosurgeons shaping titanium plates or vascular surgeons who require accurate, hollow models for shaping stent implants and planning vascular surgeries.

Patient Story: Hayden Shanks

Five months ago Hayden Shanks underwent major surgery to remove two tumours in his jaw bone, not that you'd know if you met the strapping Invercargill teen today.

Hayden worked as a shed hand over summer and in the lead up to surgery.

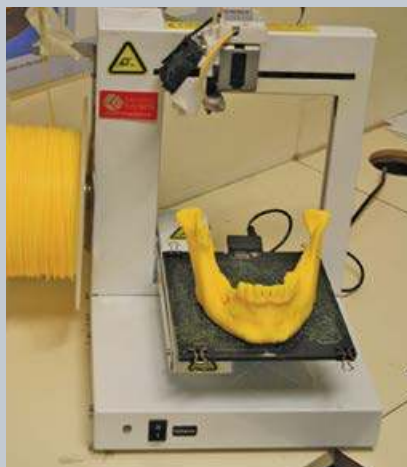
"I was very pleased by how fast I bounced back after my operation," says Hayden. "Everything to do with my jaw is perfectly fine. No one notices anything unless I mention it to them."

Outwardly there is little scarring and Hayden's recovery has been remarkable, in part due to the 3D

It's exciting to watch new technologies fuelling innovation, with the team investing in an industrial 3D printer that can handle a larger print volume and print using a dissolvable support material that enables them to start making hollow models.

More recently and at the request of paediatric surgeons, the team has also been investigating low-cost moulding technology using 3D printed moulds to create models of internal organs out of silicone, rubber and latex. When placed inside a 3D printed baby rib-cage and covered with latex 'skin', these produce low-cost models on which surgeons can practice very delicate keyhole surgeries. This will save on the cost of flying surgeons overseas for training for certain procedures.

The key benefit of 3D printing is to increase the likelihood of a good outcome from surgery as these models allow informed, hands-on planning ahead of the surgery. This means surgeons are better placed than ever before to prepare for the operation and to assess which surgical approach will offer the greatest chance of a safe, quick and successful procedure. ■



Model of a jaw on a 3D printer.

printing technology now in use at Christchurch Hospital.

"10 years ago 3D printing would not have been as efficient in helping the surgeons during surgeries."

Hayden says prior to surgery he was able to watch as Imaging Scientist Nick Cook used the 3D model to obtain the exact measurements for a bone graft.

Hayden's surgery involved replacing part of his jaw bone with bone from his lower leg, which is continuing to heal.

Surgeon Jason Erasmus was able to use a 3D printed replica of Hayden's jaw bone to determine exactly how the procedure would be carried out in theatre.

"We've probably cut down our operating time by up to two and a half hours," says Erasmus. "There's no mucking around; it's very precise."

While being filmed for a recent *Newshub* story, Hayden was able to hold a 3D replica of his jaw.

"I was amazed they could do this kind of design from a simple X-ray."

Hayden says he couldn't be happier with the result and feels grateful to have had the opportunity to be a part of something special.





Checking that the whole skin lesion has been removed.

More precise skin cancer surgery makes it better for patients

Skin cancer is a major problem in New Zealand, and treatment can be complex. There are many different types of skin cancer, and surgery is often required.

In standard skin cancer surgery a lesion is surgically removed and the wound closed without knowing if all of the cancer has been removed. It takes another couple of days before the tissue is examined under the microscope. Further surgery may be needed. Mohs surgery, the most effective way to treat skin cancer, is now available in Christchurch.

Mohs micrographic surgery, named after Dr. Frederic Mohs who developed the technique in the 1930s, has long been an internationally recognised standard of care for high risk, non-melanoma skin cancer.

In standard surgery only a fraction of the excision margin (edge of the surgical wound) is examined microscopically and tumour cells may be missed as a result.

Dermatologist Tom Middelburg explains that in Mohs surgery, cancerous tissue is progressively removed in stages. "After each stage during surgery the complete excision margin of the tissue is examined under the microscope for remaining cancer cells. This process is repeated until all cancer has been removed, after which the wound is closed."

"These differences mean that Mohs surgery yields the highest cure rates for treating skin cancer while sparing normal tissue, which in turn helps preserve functionality and reduces scarring and disfigurement," Tom says.

Many studies have confirmed this increased benefit, showing success rates for Mohs surgery of 95-100 percent.

The requirement for operating theatre space, the necessary equipment and the need for certain specialist staff cannot currently be met on the Christchurch Hospital campus, so Mohs surgeries are outplaced to a private facility – the only publicly-funded service of this kind in the South Island.

"Since starting the service in February 2017 we have performed over 50 Mohs surgeries with referrals coming from plastics, Ear Nose and Throat, ophthalmology and dermatology. General Practice can now also refer directly for Mohs through HealthPathways." ■

Active and healthier through a Green Prescription

Annabelle Phipps had given up on being pain-free and was hoping for a hip replacement when she was referred to Sport Canterbury's Green Prescription programme.

Annabelle's GP referred her for 12 weeks of physiotherapy where she learned that it was necessary to build a cushion of muscle around her hip joint. Her physiotherapist then referred her to the Be Active programme where she went once a week for group activities on the Green Prescription programme for 30 minutes of exercise followed by a group discussion.

She also did aqua-jogging through the programme and was given information on nutrition and mental wellbeing.

Having started the Green Prescription in May this year, Annabelle still can hardly believe that her hip pain has gone.

"I just want to spread the great news. It's wonderful to be free of pain; it's like a miracle."

The Green Prescription is a programme funded by the Ministry of Health that supports people to lead active healthy lives. A Green Prescription works well as part of a person's overall health management and has been shown to improve physical, mental and social wellbeing.

People need to meet some basic criteria before they will be referred: they must be 16 years or older, generally inactive, medically stable and able to engage in low to moderate activity.

Annabelle, 70, says if you had asked her prior to the programme whether she was depressed, she would have said no.



Annabelle Phipps.


"But my daughters tell me I am a different person now. I wasn't really grumpy before, just not my usual self."

Annabelle has now finished her Green Prescription but can receive ongoing support at any time. She exercises every day, cycling around 5km on her exercycle and continuing with the exercises she was taught, as well as aqua-jogging.

To anyone who has been recommended for Green Prescription but is feeling unsure, Annabelle says:

"Please do it. I was a non-believer because my hip was so painful. I really didn't think it would help. I thought that I would never, ever be any different and I was just going to have to suffer it. Now I am sold."

Sport Canterbury manages the Green Prescription programme for the Canterbury and West Coast regions through handling referrals and providing programme support. Green Prescriptions have, over the past 14 years, proven to be a highly effective and low-cost way of increasing physical activity. ■



In type 1 diabetes, your body doesn't make enough of a hormone called insulin. Insulin lowers the amount of sugar in your blood, and allows the sugar to be used as energy to fuel the body. If you don't have enough insulin your blood sugar levels rise causing dehydration and long term damage. Too much (injected) insulin and blood sugar can reach dangerously low levels.

Young Adult Diabetes Clinical Nurse specialist Cate Fleckney sees a student at a specialist diabetes clinic at the University of Canterbury.

One-stop shop for University of Canterbury students with type 1 diabetes

Adapting to university life is a big challenge for anyone, but especially for students who have type 1 diabetes. Often the drastic change in priorities and pressures at this life stage combine to increase the risk of managing diabetes, which can in turn lead to less than optimal health outcomes.

Kirsten Carey is employed as a Practice Nurse at the University of Canterbury Health Centre. Her previous experience as a Community Diabetes Nurse with Nurse Maude made her an ideal candidate to work with students with diabetes.

She was quickly able to establish that roughly 1 in 4 students with type 1 diabetes were not attending Diabetes Centre appointments. Additionally people under 30 with type 1 diabetes were over-represented at the Emergency Department (ED), presenting with blood glucose levels that were either too high or too low.

Kirsten initially looked at how the health care for students with type 1 diabetes might be improved through diabetes specialist services. She met with some key people from the Diabetes Centre to discuss a plan. By March 2016, she had been given the go-ahead to trial a specialist clinic at the University Health Centre.

"We started with four students booked in to attend the March 2016 clinic; interestingly an additional student turned up on the day who had missed two previous appointments at the Diabetes Centre. Before long, students with type 1 diabetes learned about the specialist clinic and we now have

students waiting for appointments at subsequent clinics due to increasing awareness and demand. Our attendance rates are 100 percent".

"At times diabetes management is not the number one issue for people. Anxiety and depression frequently go hand in hand with diabetes and self-care becomes more difficult if you feel you aren't doing such a great job, which just makes you feel even worse".

"The University of Canterbury Health Centre is able to provide a range of different health professionals that look at issues holistically and assist students with their most pressing health-related need." ■

Helping people with psychosis find employment

Young people experiencing psychosis are now better able to take steps towards getting a job thanks to a successful new joint venture between a mental health treatment facility and an employment service.

Totara House is an early intervention in psychosis service run by Canterbury DHB. The Totara team provides support and treatment for individuals aged 18-30 years who have been diagnosed with their first presentation of psychosis. Psychosis is an illness with symptoms that can include paranoia, disorganised thinking, hearing voices and experiencing delusions.

CreativeWORKS, part of Emerge Aotearoa, is an NGO Employment Service that assists people with mental health issues to find work. They help with CV writing, interview training, employment liaison and WINZ support. They are also mobile and can visit clients in their own homes and support them in their work place.

Clients who are recovering from psychosis often struggle with

low self-confidence, difficulty with concentration, and are more vulnerable to stress. They often struggle to access support from mainstream Employment Services and, due to these factors, will often fail to engage and follow through with appointments.

Richard Grist, Totara House Clinical Manager, says that having an employment service such as CreativeWORKS operating on-site in a mental health treatment facility helps remove these barriers. It allows clients to access employment support at the same time as attending their mental health appointment. The client also feels more comfortable working with someone who is familiar to them and seen as part of the Totara House team.

Since Totara and CreativeWORKS have been working together on this joint venture, a higher number of Totara clients have accessed employment support services than they did before. For those who have gone on to find work, it has had a major positive effect on their recovery. Securing employment has been proven by research to be a major contributing factor in successful recovery from psychosis and other forms of mental illness.

“We are very fortunate to have a programme like this integrated into our service. We now see Dave (from CreativeWORKS) as part of our team and as he is here on-site, case managers will often make referrals to him over coffee. Clients also feel happier about seeing Dave as he has become a familiar face to them,” says Richard. ■



Richard Grist (back row, third from left) and the team at Totara House.



Partners in the Fresh Air project celebrate its success.

Towards a Smokefree Christchurch

The Fresh Air Project is a collaboration between the Cancer Society and Canterbury District Health Board who, with the support of the Christchurch City Council, ran a summer pilot to stub out smoking in outdoor areas in a number of cafes in the city.

Eighteen Christchurch cafes took up the challenge of becoming totally smokefree hospitality venues. All 18 continue to be smokefree and the results from customer feedback confirm that they have made a wise choice, both for their customers and for their businesses.

Here's how that evidence stacks up – of the 18 venues:

- 4** reported an increase in customer numbers
- 12** reported a decrease in the number of complaints about others smoking
- 14** recorded more positive customer comments
- 3** said more people were using the outdoor area.

Liz Chesterman, Chief Executive of the Cancer Society Canterbury and West Coast division says the Cancer Society was heartened by the overwhelmingly positive response to the summer pilot.

"The results of this project show that New Zealand's goal of being smokefree by 2025 is achievable. We believe this is the beginning of a groundswell movement towards smokefree communities everywhere."

With smoking still the leading cause of preventable death in New Zealand,

the results show there is an appetite among Kiwis to embrace more smokefree environments.

"The next step for the Fresh Air project is to encourage more venues to join the Fresh Air movement, by painting a picture for people and businesses of what a smokefree city will look like. How awesome would it be for Canterbury and for New Zealand if Christchurch got there first!"

freshairproject.org.nz/ ■

A video has been produced to let you hear from some of the café owners themselves as well as featuring endorsements from Glenn Livingstone of Christchurch City Council, and Peter Townsend, who until recently was longstanding Chief Executive of the Canterbury Employers Chamber of Commerce.

Copy this link into your browser to watch the video:

freshairproject.org.nz/join-the-movement/



PREVENTING HARM

Joined-up response to preventing domestic violence

In Canterbury, around 170 to 200 cases of family violence are reported to the Police each week. The social and health consequences of family violence are huge, which is why the government committed additional resources to enable a collective and multi-agency approach.

This new approach became the Integrated Safety Response service and went live as a pilot site in Christchurch in July 2016. Its purpose is to make families safer sooner and put in place appropriate responses to prevent re-victimisation and improve long term outcomes for families.

The pilot sees core agencies closely working together to support families experiencing violence – Police, CYF, Corrections, Health, specialist family violence NGOs and kaupapa Māori services, all working as a team.

The appropriate agencies meet daily to assess risk and develop family safety plans that address the needs of the whole family. The Integrated Safety Response also tracks progress so that no family falls between the cracks.

Susan Miles, Child and Family Services Manager based on the Christchurch Hospital campus, coordinates the general health aspects, and Nicci Weild from the Specialist Mental Health Service guides the mental health component of the response.

“In the past we have first seen women and children at the point they are hospitalised as a consequence of family violence. We didn’t have the tools in place that might have prevented them from being harmed in the first place. The Integrated Safety Response service has changed that.”

CASE STUDY

Mere is in her early twenties and is a mother of three. They had moved to Christchurch to stay with John,



Members of Canterbury DHB Child Family Safety Service and Mental Health Family Safety Team (from left) Linda Stokes, Susan Miles, Darryl Bettridge, Natasha Liong and Elisabeth Clapham.

the father of two of her children. The children witnessed a violent assault by John that hospitalised Mere for several days. After leaving hospital, Mere and her children stayed at a refuge while they waited for a Housing New Zealand home that had just become available.

During this time Mere worked with a refuge kaimahi to make safety and budget plans, and recalls meeting with doctors and making arrangements for the children to go to school. Te Whare Hauora and Te Puna Oranga helped with the move and furnishing the house.

The children have settled well in their new home and Mere is no longer in an abusive relationship, but is working with agencies to let the children see their father, who they miss, in a safe environment.

People who become violent in the family home can also get support,

especially when their behaviour is linked to a mental health issue.

CASE STUDY

A man with mental health issues was involved in a family harm incident, in breach of his intensive supervision sentence, which stated he was to stay away from the woman he ultimately assaulted.

He had not been taking his medication, but thanks to a collaborative effort by our service agencies, he was admitted to a residential care unit where regular medication has stabilised his condition. He is doing well and fully engaged in a recovery programme.

“It is our improved relationships with our partner agencies and positive outcomes like these that confirm that the new service is making a difference. Every family we can help matters and motivates us to do better,” Susan Miles says. ■

Choosing wisely often means less, not more

Helping people and their health care professionals make smart choices about healthcare options is the aim of a global initiative, called **Choosing Wisely**. The **Choosing Wisely** campaign aims to help cut down the number of unnecessary tests, treatments and procedures carried out by health professionals.

In modern medicine there are tests and procedures to diagnose and treat almost every illness, but they don't always equal better care. The goal of **Choosing Wisely** is to help consumers make more informed choices about healthcare and avoid asking for treatments that will provide little benefit or could do more harm than good.

For example, X-rays and CT scans expose patients to potentially cancer-causing radiation and while they can highlight issues that require further investigation, sometimes they amount to an unnecessary dose of radiation.

Research published this year by the Institute of Environmental Science and Research reported a large number of antibiotics are being prescribed where there's no clear benefit, such as for treating seasonal colds and flu, which are caused by viruses, not bacteria. Viruses are unaffected by antibiotics.

Antibiotics can have harmful side effects and make you vulnerable to new infections shortly after you finish a course, which is one of many reasons why you shouldn't take them against advice.

Unnecessary prescribing of antibiotics is a globally significant issue.



Overuse is a major factor in the development of antibiotic resistance and the alarming rise in so-called 'superbugs'. This is predicted to contribute to the death of more than 10 million people worldwide every year by 2050. It's never been more important to Choose Wisely.

**13-19 November
is World Antibiotic
Awareness Week.
The theme is 'seek
advice from a
qualified healthcare
professional'**

**health.govt.nz/
antibioticawareness**

Through **Choosing Wisely**, health professionals are being encouraged to discuss the risks and benefits of these tests with patients, so patients can make an informed choice.

Derek Sherwood, Ophthalmologist and Chair of the Council of Medical Colleges, says that each situation is unique, so healthcare professionals and patients should have a conversation to work out an appropriate healthcare plan together.

In Canterbury, resources will be sent out ahead of World Antibiotic Awareness Week to support clinicians in starting that conversation. Look out for posters in general practices and pharmacies that explain the issue of antibiotic resistance and prompt people to talk to their health professional, and listen to their advice.

To find out more go to **choosingwisely.org.nz** or for a fun video: search for **Choosing wisely parody**

The site includes information for patients and evidence and resources for doctors and others in a health care team. ■



Fewer babies need an operation to help them breastfeed.

Far fewer babies needing tongue-tie surgery to help them breastfeed

The number of babies in Canterbury diagnosed with ankyloglossia (tongue-tie) and receiving tongue-tie release surgery (frenotomy) to improve breastfeeding has increased dramatically. Tongue-tie is when the frenulum – the bit of skin under your tongue – is too short or dense so that it limits the range of tongue movements.

In 2005 fewer than 100 babies had this type of surgery at Christchurch Women's Hospital (CWH). By 2015 this had increased to 726 babies. This dramatic increase led to concern that other causes for breastfeeding difficulties were not being identified or addressed, and some babies could be receiving surgery that wouldn't help.

In response to these concerns the Bristol Tongue-Tie Assessment Tool (BTAT) was trialed in Christchurch Women's Hospital during 2016. BTAT is a clinically supported tool that scores each child according

to severity. A threshold score must be met before tongue-tie surgery is considered necessary and justifies the risk that comes with all surgery.

To check that we were doing the right thing, an audit of all mothers and babies who attended the clinic was completed in mid-2016 and showed there was no statistical difference in how well babies breastfed, whether they had surgery or not – in other words babies who had met the threshold score for surgery took to breastfeeding as well as any other child – despite not having the surgery.

Since introducing the new pathway, every baby with suspected ankyloglossia has a comprehensive breastfeeding assessment to consider all causes for feeding difficulty, aimed at finding a non-surgical solution if there is one.

Neonatal Paediatrician Dr Bronwyn Dixon says "The change in our approach means we will be able to focus resources to better support the mothers and babies in hospital who need the most help and hopefully this will lead to better breastfeeding outcomes for everyone in the long term." ■

Let's Talk Medicines



Patient Safety Week 2017 is on the theme of medication safety

Patient Safety Week begins on 5 November and encourages people to find out the answer to some simple questions that will help them get the most from their medicines.

As always, talking to your prescriber or community pharmacist is best – or you can always try the MyMedicines website. You can now access information you can trust about your medicines at mymedicines.nz/cdhb.

Join the growing ranks of people who are taking responsibility for their own health by finding out what they are taking and why. In 2011 there were 66,012 views of the database. By 2016 that number had risen to 206,782, showing people are more interested than ever before.

Another way you can make your home safer is by checking for old or expired medicines. Thanks to a joint initiative with the Canterbury Community Pharmacy Group you can now take them to your local pharmacy for safe disposal. If they are no longer in the house they can't be taken by mistake, or worse still, found by a young child! Talk to your pharmacy team first though. As well as making a valuable connection with your pharmacy, they will advise you how to package them safely for return. ■

EQUITY – HEALTHCARE FOR ALL

Whānau Ora navigators to support rural Canterbury whānau

Whānau Ora Kaiārahi (navigators) recently established inside the Rural Canterbury Primary Health Organisation (PHO) were officially welcomed at a mihi whakatau earlier this month.

Kylie-Jane Phillips (Ngāi Tahu whanui, Te Ati Awa, Ngāti Kahungungu) and Jennie Apirana (Ngāi Tahu, Ngāti Porou, Te Whānau a Apanui, Ngāti Ruanui) are the newest members of the 50+ team of Whānau Ora navigators around Te Wai Pounamu.

Kylie-Jane, who was born and raised in a rural community, previously worked in suicide prevention coordination for a non-government organisation (NGO). Jennie worked for several years with Canterbury DHB's Māori team at the Diabetes Centre.

"This collaboration with general practice will help us connect with whānau in rural communities, as I know from my previous roles that this can be difficult. I'm really looking forward to working with whānau and finding out what is important to them," Kylie-Jane says.

Whānau Ora is a national whānau-centred initiative that brings opportunities to empower whānau as a whole, rather than focusing separately on individual whānau members. Navigators work with whānau in reaching seven 'pou' or outcomes:

- Becoming self-managing
- Living healthy lifestyles
- Participating fully in society
- Confidently participating in Te Ao Māori
- Economically secure and successfully involved in wealth creation



Whānau Ora navigators with Bill Eschenbach from Rural Canterbury PHO.

- Cohesive, resilient and nurturing
- Responsible stewards to their living and natural environment.

Wellness for Māori historically included these pou, and Whānau Ora aims to help whānau restore these capabilities in their lives.

Moana-o-Hinerangi, Māori Health Manager for Rural Canterbury PHO says that Whānau Ora is a powerful vehicle for aspiring whānau to reach their own determined levels of wellness.

"That kaiārahi are being employed in-house with a PHO is a new thing too."

"We have a population of approximately 5,000 Māori registered with Rural Canterbury PHO general practices. The Te Pūtahitanga mission is to invest in and support thriving whānau.

Bill Eschenbach, CEO of Rural Canterbury PHO, says that rural general practices play an important role in ensuring that whānau are identified and targeted and linked with navigators. "Initially Kaiārahi will work with registered patients, but the long-term goal is for communities of rural whānau to take up Whānau Ora."

Moana-o-Hinerangi says: "Our two navigators are complementary in many ways because of their iwi affiliations, professional backgrounds, life experience and personal attributes, and different whānau age groups respond to them in different ways."

"With whānau approval, we look forward to walking the Whānau Ora journey with them." ■

Social connectedness – the way forward for health and wellbeing

Social connectedness is “totally paramount” to improve the health and wellbeing of our Māori whānau - that’s the take-away message from the first ever marae-based pulmonary rehabilitation course.

The courses, run by Canterbury Clinical Network’s Integrated Respiratory Team, usually operate in community venues with a set programme of health education and exercise over the course of eight weeks.

But a chance encounter between Respiratory Nurse Louise Weatherall and Rehua Marae nurse, Megan Karena, highlighted an opportunity for the Integrated Respiratory Team to improve Māori engagement and uptake in the course by delivering it on-site at the Christchurch-based marae.

“Working in partnership with Megan was key to the success of the course, because she could advise the best way to adapt our approach and delivery to make it much more relevant and appropriate,” said Louise.

“We’d ordinarily carry out one-to-one assessments but in order to build trust with the group we did the initial assessments together.

“We had to be much more responsive to the environment and culture of the marae. The space we used was shared with the weavers and sometimes they would join the sessions, or sometimes they would sit and listen. The group always had 13 attendees, but they weren’t necessarily the 13 we started with!”

The participants responded so well, in fact, that at the close of the course a regular volunteer for the rehab programme, Mac, agreed to lead the exercise sessions on a weekly basis.



At Rehua Marae.

“People of all backgrounds are welcome at the marae. Many don’t have local family because they have come from the North Island. On top of that, some are high-needs individuals and not all of them have great health literacy,” Louise says.

“But as the weeks went on the group responded really well – they really enjoyed it and are healthier as a result.”

Megan believes that being located within a community is the key to building the productive relationships that contribute to equitable health outcomes.

“Feeling comfortable and confident is much easier in a familiar environment, surrounded by friends. Our experience reinforced the importance of social connectedness to the health and wellbeing of our Māori community.”

“One lady, Suzi, had come for assessment through our ‘mainstream’ rehab programme twice, but never came back. But when she arrived at the marae to take part in the course she was like a different person! She told us that in the other programmes she hadn’t felt comfortable, but in the marae she belonged,” explained Megan.

The Integrated Respiratory Team is now looking at adapting its mainstream course with a view to making it more inclusive, by placing more focus on people sharing their stories.

Find out more about the team via the CCN website ccn.health.nz and the work of Rehua Marae via the website rehuamarae.co.nz ■



CREDIT: SARAH WALKER

A better place for patients and staff

Over the past few months we've had some spectacular sunsets that turn a construction site into something quite special, and our Acute Services Building (ASB) has been no exception. Photographer Sarah Rowlands recently snapped this stunning evening shot of the East Tower of the ASB. The ASB is more than halfway through construction and work has already begun on how staff will transition to the new building once it opens in the first quarter of 2019.

Our new facilities have presented us with a unique opportunity to review the way we do things, and how to improve the care we provide. By accommodating the majority of our acute services within one building we will be able to deliver more efficient health care with key services located in a purpose-designed facility.

The design of both the ASB and the Christchurch Outpatients has adhered to some key concepts:

- Decisions have been made according to **evidence-based research and world-wide best practice**.
- People have been **actively engaged** and encouraged to participate from an early stage in the design process, including consumers, Manawhenua ki Waitaha and family/whānau.
- All design elements and processes have been **clinically driven** to ensure that the design has embraced innovation and is based on the greater good for the facility, its workforce and most importantly, the patients.
- Every concept is aligned with one of the guiding principles of Canterbury's health system; **providing the right care at the right time in the right place by the right person**. ■

Acute Services building

Fit for purpose

Testing, testing and more testing. That's been the watchword that has guided decision-making to ensure everything in the ASB is fit for purpose.

Beds, hoists, bed head panels and bathroom layouts are just a few of the items and design elements that have been put through their paces in the Design Lab – a warehouse space for real-life testing. Most recently the facilities team tested a prototype of the fold-out beds in the children's wards for parents to sleep on. Sixty beds are needed to help provide a positive environment for patients and families.

Lynne Johnson, Child Health Nursing Director, was among the group to test the beds. "Any parent who has had to sleep on a recliner or fold-out bed for several days will recognise



Members of Canterbury DHB's Facilities Development team, as well as staff from Infection Prevention and Control and Nursing talk to Robbie McIntosh of Tiltaway Beds NZ about the prototype parent bed that will be in the children's wards of the Acute Services building.

the importance of having somewhere comfortable to sleep. We believe it's important to provide a space for parents to have a good night's rest to make it easier for them to provide

support to their child during the day. Fold-out beds also make things easier for the staff as they are easy to fold away." ■

Tracking progress

Before and after photos are great way to show progress on building sites. It's hard to believe that the photo on the left was the Acute Services building site in July 2016.

The photo on the right is what it looked like at the end of September this year – 14 months later. Nearly all 1,300 window panels are in place around both towers of the building and on the podium. This curtain wall, or façade, of the building is a mix of plain glass and glass with a solid wall behind it. All the windows are double-glazed and designed

to protect against either winter heat loss or summer heat gain. Some of the windows have fritting – a ceramic etching inspired by harakeke (flax) leaves – that cuts down reflections and helps reduce glare for people both inside and outside the building. ■



Christchurch Outpatients

Time shows the changes

These photos of the Christchurch Outpatients show a snapshot of how St Andrew's Corner has changed over the past two years.

The photo below shows the site prior to the start of development in October 2015. The photo on the right shows some of the monster 27 metre steel columns that make up the frame of the building, and the bottom right picture shows the artist's impression of what we can expect the finished building to look like. ■



This amazing view of the Christchurch Outpatients shows some of the curtain wall in place on the north-east corner of the building on the corner of Oxford Terrace and Antigua Street. The ground floor corner of the building will house plant and machinery so will have a concrete panel wall to enclose the steel column that can be seen in this photo.

The new Christchurch Outpatients building also has a glass façade or curtain wall. Some of the glazing is quite transparent, while some is darker and not so easy to see through from the street. This is because some areas, for example clinical consulting areas, require more privacy, while being able to see inside office and administration areas helps give the building internal "life" and makes it more open, reassuring and welcoming for the public.

DID YOU KNOW?

The Christchurch Outpatients building has gone through four phases of design:

- Concept
- Preliminary
- Developed
- Detailed

There were six User Groups involved with the design process meeting every fortnight on an accelerated design programme which totalled **190 hours of clinical time in design meetings, not including time spent in the Design Lab or work between meetings.**

Snapshot of the CHRISTCHURCH OUTPATIENTS

10,500m²
5 FLOORS

127 
CONSULT ROOMS

14 
PROCEDURE/
TREATMENT ROOMS

13 
SPECIAL TESTING
ROOMS
including general consult clinics, dental, eyes, diabetes, endocrine, Allied Health, and the Blood Test Centre

It's all Happening

Te Papa Hauora Health Precinct takes shape

Te Papa Hauora Health Precinct is steadily taking shape, with two other buildings under construction at the junction of Antigua and Tuam Streets near the Christchurch Outpatients building. These are the Health Research and Education Facility (HREF), and a private development that will accommodate health-related activities.



The Health Precinct is not just a physical space accommodating organisations adjacent to the hospital. Its impact extends beyond its geography, to create a 'health hub' with spokes of benefit extending outwards. This is because activities in the Precinct are focused on improving communities' health, well-being and capitalising on innovation, to benefit Cantabrians and those further afield. It enables collaboration, the sharing of ideas and opportunities, and drives innovation. ■



The Health Research and Education Facility (HREF) will contain health education, professional development and research activities in a purpose-built facility designed to maximise opportunities for collaboration and innovation. Ara's undergraduate nursing, radiography and midwifery students, and the University of Canterbury's postgraduate health science students will relocate into the HREF. Plans already underway include a shared ICT process, a co-designed simulation suite and virtual reality room (including mock ward areas, a simulation operating theatre, and simulated home environments), which will support education and training locally as well as across the South Island, and collaborative research projects.



Heading to hospital? Plan your trip!

If you are coming to the Christchurch Hospital campus, please remember that parking in this area is extremely challenging. Plan your trip and leave plenty of time to get your appointment. You can:

- Use the CCC on-street parking and Wilsons parking but be aware that space is at a premium.
- Use the bus if this is appropriate for you.
- Arrange with a family member or friend to drop you off and pick you up outside Hagley Outpatients or the main entrance at Christchurch Hospital.
- Patients and visitors can park at the Deans Ave car park and use the free Canterbury DHB shuttle (see map).

Parking is going to be a challenge for the next two years with all the building projects underway around Hospital Corner. To help ease some of the stress of coming to hospital, please plan your trip! ■

HOW WE MEASURE UP

Quality and Safety Markers

Quality and Safety Markers have been designed by the Health Quality and Safety Commission to measure and track progress towards improving healthcare and reducing patient harm in three areas; Falls, Hand Hygiene, and Surgical Site Infections. An interactive dashboard shows the results for the Quality Safety markers and Patient Experience Survey data by DHB. [Access the dashboard.](#)

Falls

Strategy

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

In the community and rest homes

Over the past year, the Canterbury Community Falls Prevention Programme assisted over 2,600 older people in reducing their risk of a fall. Following an initial home visit from a physiotherapist or registered nurse, a home falls assessment and hazard check is completed, and a personal falls prevention programme is tailored to improve strength and balance.

Evaluation for 2016/17 shows a decrease of 25% from expected numbers, compared with pre intervention trends, for people over 75 years presenting to the

Christchurch Hospital Emergency Department due to a fall. The evaluation also found that there have been 648 fewer admissions for hip fractures and 222 fewer deaths post hip fracture than predicted since the programme began in 2012.

To further our 'whole of system' approach, we are now working closely with an ACC-appointed lead agency to co-ordinate existing community strength and balance classes with the aim that 12,000 places will be available for older people in Canterbury over the next three years.

In our hospitals

Twenty-nine patients had a fall that resulted in serious harm while a patient in our hospitals during the 2016/17 year. We continue to focus on identifying risk factors and tailoring falls prevention strategies to meet the needs of individual patients while they are in hospital, and for when they return home. We involve the patient's family/whānau in fall prevention

planning, including discussions around their fall risk and providing them with educational material. Routine activities include the use of visual cues, safe mobility plans for all patients, monitoring and feeding back falls measures, Releasing Time to Care activity such as intentional rounding (periodic checks on patients by nurses to assess care needs) and bedside handover, the annual Falls Awareness Campaign, and reviewing policies and progress on key projects.

During the 2016/17 year, the Access to Walking Aids project identified that some patient groups would benefit from using their own walking aids while in hospital. This is being addressed through the Restorative Care Project. A non-slip sock audit also took place which confirmed non-slip socks should only be used as a temporary measure until appropriate footwear can be brought in.

The findings from both these activities will be progressed with other similar work around 'bringing in personal belongings' (i.e. footwear, clothing and walking frames). The Patient Status at a Glance boards have been revamped and now include a Bathroom Safety section. A Falls Assessment section has been included in Hospital HealthPathways.

The care environment of the new purpose-built facility for Older Persons' Health at Burwood Hospital has also had a positive impact on reducing the number of falls. It combines with other measures such as bedside boards,



team-based nursing, intentional rounding and bedside handover to decrease the number of falls in Older Persons' Health. A new falls assessment section for staff has been developed for and included in Hospital HealthPathways.

The electronic incident management system also continues to provide access to data used to identify trends and provide the focus for future improvement work. ■

Pressure Injury Prevention

Strategy

Canterbury DHB is committed to preventing pressure injuries (PI) from developing while people are in our care. Pressure injuries are considered to be largely preventable. Routine activities to prevent pressure injuries include the use of standardised clinical skin and risk assessments undertaken by nursing staff to identify people at risk of developing a pressure injury on admission and during care. Appropriate pressure-relieving equipment, repositioning or mobilisation of the patients/clients, promoting safe patient handling practise, and optimal nutrition and continence management are also employed.

The Canterbury Health Pressure Injury Advisory Group aims to improve clinical outcomes and standardise clinical practice across the District. The Group has been proactive in developing and implementing prevention strategies which include a mattress replacement programme, surveying staff knowledge and confidence in identifying and staging, point prevalence surveys, and improving professional development through a staff PI prevention e-learning package.

In our hospitals

Twenty patients were reported as having developed a serious pressure injury while in a Canterbury DHB hospital during 2016/17. Each case was independently reviewed to determine contributory factors and identify areas where care management could be improved.

Across the Canterbury Health System

In keeping with our whole of system approach, we are working closely with ACC to strengthen the community of practice, using recently published guidelines on pressure injury prevention across the health system. ■

Hand Hygiene

Good hand hygiene is recognised worldwide as the most effective strategy to prevent the spread of infection. The Health Quality and Safety Commission promotes staff hand hygiene, either through washing hands with liquid soap, or using alcohol-based hand rub.



Threshold

The hand hygiene threshold is 80% compliance with clinical best practice.

Are we doing the right things?

Canterbury DHB exceeded the 80% Hand Hygiene Compliance target for the audit period ending 31 March 2017, scoring 83.3 % compliance. We also met the national target for the next quarter to June 2017 with a result of 80.7%.

Canterbury DHB again promoted Hand Hygiene for the whole month of May 2017, centring around World Health Hand Hygiene Day on 5 May. Among the activities we featured a different multi-drug-resistant organism (MDRO) each week during the month with the aim of educating staff and patients that the most common method of transfer for MDROs is via our hands.

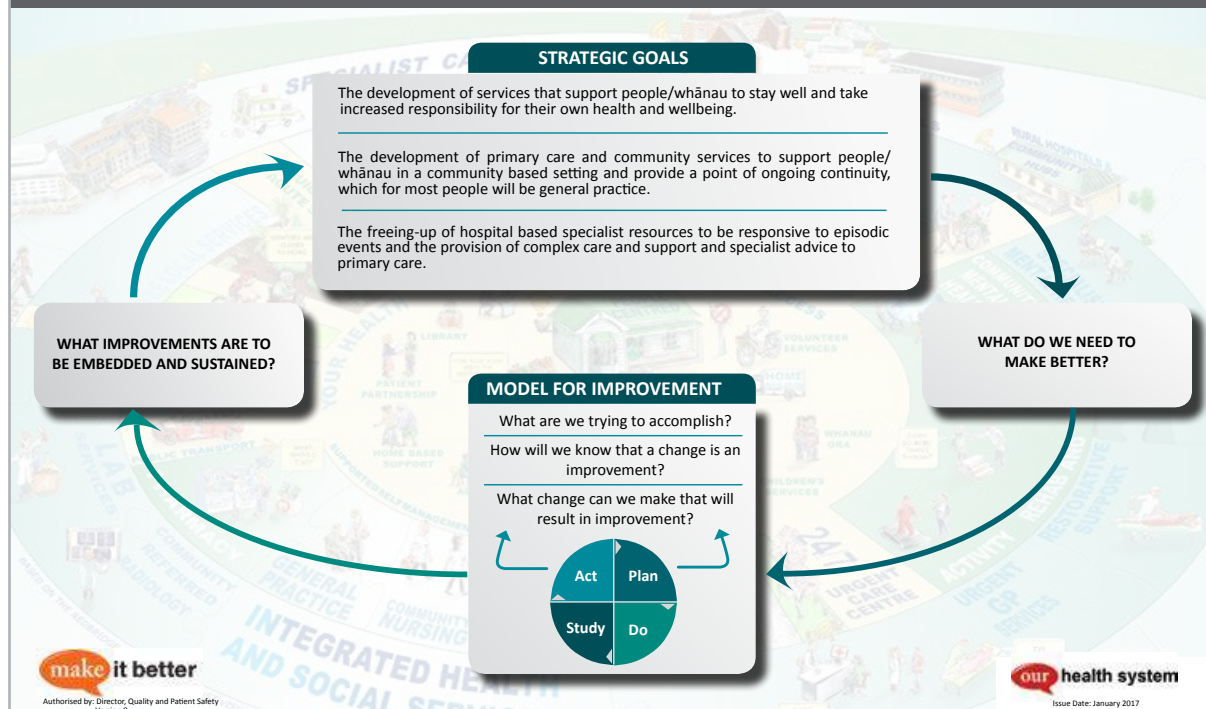
New posters were developed for different patient environments to



The radiology team with their '5 ways' poster.

PROCESS FOR IMPROVEMENT

OUR VISION: AN INTEGRATED HEALTH SYSTEM THAT KEEPS PEOPLE WELL AND HEALTHY IN THEIR OWN HOMES



increase awareness and provide specific opportunities to educate. For example, the Radiation Oncology Canterbury Regional Cancer and Haematology Service aligned the '5 moments for Hand Hygiene' to their outpatient area. This service educated their staff on the moments, and how they can make them work in a fast-paced, patient-focused yet technical environment.

We also extended our 2016 "It's Ok to ask me (if I have cleaned my hands)" campaign that encouraged and empowered patients to ask the question. It reinforced the importance of clean hands in keeping patients safe and as well as engaging patients as having a role in their own care, it served as a helpful reminder for staff.

Patient information leaflets on Hand Hygiene are available at www.healthinfo.org.nz ■

Surgical Site Infection Prevention

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

The Health Quality and Safety Commission recommends the dose and type of antibiotic to be given within a set time prior to a surgical procedure and that it should be combined with the correct skin preparation – both measures to help prevent infection. Canterbury DHB is part of a collaborative group of surgical providers that aims to design a standardised national pre-operative anti-staphylococcal bundle for orthopaedic surgery. The

collaborative group will test how to apply the decolonisation strategy to reduce the patient's normal skin contamination of *Staphylococcus aureus* prior to their surgical procedure. The overall aim is to support a further reduction in surgical site infections in New Zealand.

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

- 100 percent of primary hip and knee replacement patients will receive the appropriate antibiotics 0-60 minutes before incision.
- 100 percent of primary hip and knee replacement patients will have appropriate skin antisepsis in surgery using alcohol/chlorhexidine or alcohol/povidone iodine.

- 95 percent of hip and knee replacement patients will receive 1.5g or more cefazolin or 1.5g or more cefuroxime as a prophylactic antibiotic before surgery.

Are we doing the right things?

During the audit period from October to December 2017, across

Canterbury DHB, antibiotics were given on time (0-60 minutes before 'knife to skin' in primary procedures) 100 percent of the time. The right antibiotic was given in the right dose 98 percent of the time.

Canterbury DHB also monitors surgical site infections locally for lower

segment caesarean sections and has achieved a reduction in infections over the period 2012 to 2016 from 9.9 percent in 2012 to 2 percent in 2016. Of the 2 percent reported in 2016, all were superficial surgical site infections, with no organ space or deep infections reported. ■



Inside the surgical bus.

National Patient Experience Survey

The National Patient Experience Survey is required of all DHBs by the Health Quality and Safety Commission and the Ministry of Health. It canvasses adults who recently spent time as inpatients in our hospitals. An invitation to be part of the survey is delivered via email or a link in a text message.

Canterbury DHB surveys 600 patients every two weeks.

The survey focuses on four areas for patients: The quality of communication they experienced, whether staff involved them in decisions about their care (partnership), the coordination of their

care within hospital, and how well their physical and emotional needs were met. Patients are asked to rate care in each category from 0 to 10 – from very poor to very good.

Feedback is published in reports on our website: **Canterbury Patient Experience Surveys** ■

Domains	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sept 2016	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017
Communication	8.6	8.4	8.6	8.4	8.4	8.5	8.6
Partnership	8.6	8.5	8.6	8.6	8.6	8.5	8.8
Coordination	8.6	8.4	8.6	8.5	8.6	8.5	8.7
Physical and Emotional Needs	8.6	8.7	8.8	8.7	8.8	8.7	9.0

These are weighted quarterly results taking the population structure into consideration as calculated by the Health Quality and Safety Commission.

Delivering on the National Health Targets







The National Health Targets are performance measures set by the Minister of Health.

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

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

Details of the actions we will take to deliver against the National Health Targets can be found in the Canterbury DHB Annual Plan, on our website: www.cdhb.health.nz ■

ARE WE DOING THE RIGHT THINGS?

<p>Shorter stays in</p>  <p>TARGET 95%</p>	<p>Canterbury contribution:</p> <p>✗ Canterbury DHB missed the Shorter Stays in ED health target by only 0.6% in 2016/17, achieving 94.4% in the final quarter of the year.</p> <p>This has been a big year for our Emergency Departments with over 96,854 presenting to Canterbury EDs in 2016/17. The increased demand and constant disruptions experienced across our main Christchurch Hospitals campus (as we shift services and wards to accommodate earthquakes repairs and the development of our new facilities) has made meeting this health target difficult. We look forward to improved performance with the completion of the new Acute Services Building which is on track for completion in 2018.</p>
<p>Improved access to</p>  <p>TARGET 20,982</p>	<p>Canterbury contribution:</p> <p>✓ Canterbury DHB exceeded the Improved Access to Elective Surgery health target, achieving 21,456 elective surgeries or procedures this year (474 above target). This is the fourth consecutive year that Canterbury has increased its elective surgical discharge volumes.</p>
<p>Faster</p>  <p>TARGET 85%</p>	<p>Canterbury contribution:</p> <p>✓ Canterbury DHB achieved the Faster Cancer Treatment health target, with 85.5% of people (with a high suspicion of cancer) receiving their first treatment within 62 days of referral. The final quarter was the third consecutive quarter in a row that the DHB met this target.</p>
<p>Increased</p>  <p>TARGET 95%</p>	<p>Canterbury contribution:</p> <p>✓ Canterbury DHB achieved the Immunisation health target with 95% of babies fully immunised at eight months of age. Parent choice continues to be a factor in meeting this target with 4% of parents or guardians declining immunisations or opting to take their children off the immunisation register in Canterbury.</p>
<p>Better help for</p>  <p>TARGET 90%</p>	<p>Canterbury contribution:</p> <p>✓ Canterbury DHB achieved the Primary Care Help for Smokers to Quit health target in the final quarter of the year, with 90% of smokers seen in primary care being offered advice and help to stop smoking. This is the first time Canterbury has achieved this target, so it was a pleasing result and reflect the hard work of primary care teams across Canterbury. Canterbury's cessation support result was also the highest in the country with 56% of current smokers in primary care having been given or referred to cessation support in the last 12 months. This result is 24% higher than the national average.</p>
<p>Raising</p>  <p>TARGET 95%</p>	<p>Canterbury contribution:</p> <p>✓ The Raising Health Kids health target was a new health target in 2016/17. Canterbury DHB consistently increased its performance against this target throughout the year to achieve 95% of four-year-olds (identified as above the 98th centile for their BMI) referred for clinical assessment and healthy lifestyle interventions. The DHB was commended for their great uptake of the first course of the Triple P programme which offers support and advice to families.</p>

People are at the heart of all we do

Consistent with our vision for the Canterbury Health System and our organisational values, Canterbury DHB is committed to being a good employer and a great place to work and develop. We are committed to an ethos of co-design, which includes engaging our people in the development and ongoing review and renewal of programmes and policies. This includes our good employer programmes.

Leadership, accountability and culture

An organisation's strength is derived from its leaders and leadership behaviour, systems and processes, and the way it tells its story. Together these define its culture. This coupled with aligned strategies, structures, staffing, and skills, as well as integrated physical infrastructure, relationships and networks, provide the best chance of achieving our vision, as well as having the ability to meet the challenges of delivering quality health services to our post-earthquake population.

To meet this considerable challenge we need an engaged, motivated, and highly skilled workforce, committed to doing its best for our patients and for the wider health system.

Our leadership practices ensure the right people are involved in developing and determining outcomes. This approach, together with effective governance arrangements within Canterbury DHB and across our health system, works in a way that delivers positive patient outcomes.



Our expectations are that our leaders will tell a clear, consistent and compelling story about what we are trying to achieve as a health system and how we plan to do it, will motivate their teams to meet agreed organisational goals, and will be responsible and accountable for outcomes.

Workplace safety, health and wellbeing

We are committed to supporting and developing a safe and healthy workplace. This focus is supported by a professional Wellbeing, Health and Safety team, which includes experts in workplace safety, occupational health and rehabilitation, as well as employee wellbeing. We have a health monitoring programme which includes screening and immunisation. The entire workforce and their families have free access to an Employee Assistance Programme if they are faced with work or personal issues that are negatively affecting them. Confidential workplace support services are also available through an external provider.

There are many opportunities for workforce engagement and participation in health and safety, including health and safety committees and a range of options for safety training. Our people are supported and encouraged to be responsible for building and maintaining a healthy and safe environment at work.

Canterbury DHB continues to participate in the ACC Accredited Employer Programme to promote a safe work environment. Injury prevention programmes are developed to reduce the risk of injury and there is a focus on supporting staff to return to work following an injury or illness. We do not tolerate any form of harassment or workplace bullying and ensure all staff are aware of harassment policies and procedures to deal with such a situation. This includes discussions with individuals new to the organisation at orientation, and through information and training for managers to facilitate early intervention.

Equal opportunities and positive behaviours

Consistent with our vision and organisational values, Canterbury DHB is committed to flexibility and maintaining and enhancing practices which eliminate all forms of discrimination, bullying and harassment in the workplace and barriers to the recruitment, retention, development and promotion of our employees.

Employee engagement

Since the Canterbury earthquakes in 2010/11, Canterbury DHB has undertaken three employee wellbeing surveys – in 2012, 2014 and 2016. Each has included measures for engagement.

The results of the **2016 Staff Wellbeing Survey** in which over 4,042 employees [42% of all staff] participated, identified some key themes which we explored in greater depth through focus groups. It identified there are things that are working well, and that our people continue to face challenges, both in their personal and professional environments. Despite all the

challenges our people have faced since the major earthquakes of 2010 and 2011, the vast majority of survey respondents feel engaged and fulfilled at work.

Improving patient flow

Canterbury Children's Team

In December 2015 we launched the Canterbury Children's Team, which will have worked with around 1,300 vulnerable children by the end of its first two years. The team was formed to ensure that at-risk children have an individually tailored support plan to address their multiple and complex needs, and will work with families and agencies to implement that plan.

Working with the child, a Lead Professional brings together other professionals from health, education, social service and non-government organisations to form a Child Action Network (CAN). Alongside the family the CAN gathers comprehensive information, jointly assesses needs, develops a Child's Plan, delivers or brokers the services needed, and continues to monitor its implementation to ensure it fits with what the family want, The CAN are

a critical component in supporting the family to identify, understand and address their needs – to be part of the CAN means committing to a role in a trans-disciplinary way including sharing information, contributing to joint assessment and analysis, providing services to the family that meet the plan, using the Vulnerable Kids information System (VIKI), and above all keeping the child's needs at the centre of everything.

The Lead Professional presents the Child's Plan to the Children's Team Panel on a regular basis, so they can make sure the plan stays on track and results are being achieved. It is about making sure a child and their family are accessing the support they need in an integrated way. When government agencies, non-government organisations, iwi and the community work together, share information and provide coordinated services we can make a significant difference in the lives of vulnerable children and their families.

Sitting within the structure of Oranga Tamariki but with shared responsibility and stakeholders across Health, Police, Justice, non-government organisations, education and iwi, the strategic intent of the Canterbury Children's Team is to continue to build key relationships across the workforce, further socialisation and embedding of the CAN role, the development of more shared processes with other integrated models and services, and increasing our understanding of what works best for kids and families - including improved opportunities for children/families to provide feedback and better use of shared outcomes.

As at the end of September 2017 there are over 500 children being



supported by the Canterbury Children's Team. There is a significant level of commitment and buy-in from across the workforce with 150 people from 30 agencies across the wider Canterbury system trained to act in the role of Lead Professional.

"Faster Cancer Treatment" Programme

The Faster Cancer Treatment programme aims to improve the quality and timeliness of services for patients along their cancer pathway by ensuring they have timely access to appointments, appropriate diagnostic tests and treatment. Within Canterbury DHB a range of projects is focused on improving the patient pathway. These include projects that look at ways of reducing the time from when a patient is referred with a suspicion of, or confirmed cancer, to their first treatment.

On 1 July 2017 the Ministry changed the Faster Cancer Treatment compliance target to 90% and at the same time changed the eligibility criteria for inclusion - in effect no longer counting patients who choose to delay their treatment or who are delayed because of clinical considerations. Canterbury DHB comfortably met the new target in July and August.

Canterbury DHB, in collaboration with Nelson and Marlborough DHB, is participating in a project to review the patient pathway for patients with a head and neck cancer. It was agreed that to understand what's important to our patients, the best way is to ask them. In-depth face-to-face interviews were held with a sample of patients followed by a postal survey of all surviving patients diagnosed with a head and neck cancer in the last 2 years. The responses were overwhelmingly positive, but

the project team will work hard on addressing the few issues where patients suggested improvements could be made. One example is how patients are supported and followed up post-treatment. The team will review processes and seek ways to improve post-treatment services. This approach fits in with our commitment to put our patients at the heart of all we do.

NZ Spinal Cord Action Plan 2014-2019

The NZ Spinal Cord Action Plan is a joint national initiative between the Ministry of Health and ACC that identified 8 key objectives, with a series of actions to be developed and implemented between 2014 and 2019. The purpose of the initiative is to ensure national consistency in access and delivery of spinal services across New Zealand. It covers all ages and people who have acquired a Spinal Cord Impairment through traumatic and non-traumatic causes.

A range of stakeholders, including consumers and service providers, participated in the development of the plan, which covers the continuum of care from the point of injury/impairment, through rehabilitation, to the ongoing lifelong community interface.

The ongoing implementation of the action plan continues during 2017. The national governance group meets twice per year, when progress reports are tabled and decisions made.

The acute destination policy went live in August 2015 – now all patients with a traumatic Spinal Cord Injury are transferred to one of the two supra-regional spinal centres (Christchurch, or Middlemore Hospitals), either directly from the site of injury if an isolated Spinal Cord Injury, or as soon as medically stable if other injuries are

involved. This means that patients are receiving specialist spinal rehabilitation input at the earliest point, leading to better long-term outcomes.

The New Zealand Spinal Cord Injury Registry went live on 1 August 2016 and captures a range of data from patients who are admitted to either Burwood Spinal Unit or Auckland Spinal Rehabilitation Unit with a traumatic or non-traumatic impairment. This data will continue to be collected for the lifetime of the patient and will provide a rich source of information to help inform service planning and delivery for this population.

The spinal service is reviewing patient experience tools by using a mixture of technology and digital options and also adopting questions that are more aligned to the national patient experience tool. This will enable us to get more useful feedback on our patient experience of the service and areas we need to address.

The supra-regional units are developing a hub and spoke model that promotes building capability in the community to support people with Spinal Cord Impairment closer to their home. This involves looking at a range of ways to deliver services and ongoing surveillance in the community. Telehealth options are being looked at as potential ways to reach patients and providers within the catchment (New Plymouth over to Hastings and South) to allow patients to remain within their community whenever possible and upskill community providers.

Deteriorating Patient Programme

Acute physical deterioration can happen at any point during a patient's time in hospital. Many patients show signs and symptoms of physiological



Checking Early Warning Scores as part of the Deteriorating Patient Programme

instability for some time before events such as cardiac arrest or unplanned admission to an intensive care unit (ICU). This means there are opportunities to intervene and prevent these events from occurring. The Health Quality and Safety Commission has introduced a national Patient Deterioration Programme to ensure that deterioration in all patients is detected and responded to early, regardless of geographical location, where they are within the hospital, or

the time of day. The NZ Early Warning Score (EWS) is fine-tuned to be more sensitive to patient deterioration and scoring is aligned with coloured zones that will be responded to in the new deteriorating patient pathway.

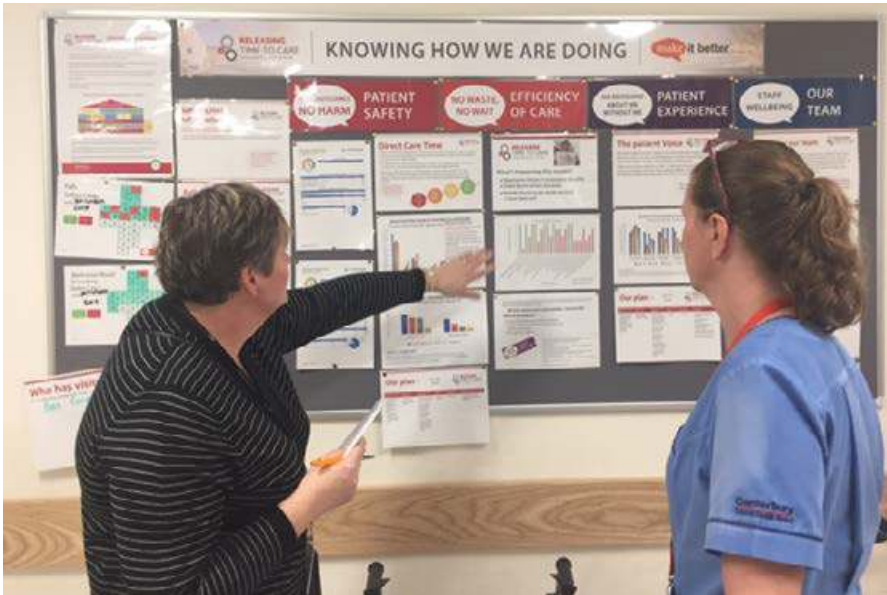
A changeover by Canterbury DHB to the NZ Early Warning Scoring system occurred on 19 September 2017 across all hospital facilities inpatient services.

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

Releasing Time to Care

In Canterbury health facilities, service quality relies on the right care being delivered by the right person in the right place and at the right time, delivering the right experience. No wait, no harm, and no waste are the Canterbury DHB principles driving our improvement programmes. The Releasing Time to Care Programme (RT2C) enables healthcare teams to focus on improving process, practice and environments. The method for changing practice and process is focused at ward/unit/service level, as changes that are staff-driven are more likely to continue. This is giving our healthcare teams opportunities to spend more time with the consumers of the vast range of services we provide here in Canterbury.





The Healthcare Team often spends valuable time away from the patient looking for items, searching for information and dealing with numerous interruptions. RT2C helps care teams to change the way they work by identifying where they spend time on activities that do not add value for patients, so they can increase the time they spend providing patient care.

Christchurch Hospital, Burwood Hospital, Ashburton Hospital, Christchurch Women's Hospital, the rural Primary Maternity Units and rural hospitals are participating in the programme as part of a staged approach. By June 2018 we expect 90 percent of ward areas to employ intentional rounding (hourly checks of patients to assess pain, positioning, etc.), ward board rounds to determine the stage in the care journey and what needs to be done, and to use bedside boards and bedside handovers to include the patient in the care discussion.

We've started by making our ward/unit/service schedules more organised, so we can continue to concentrate on providing really good

care. We want to give our consumers (patients and their family/whānau) the best possible experience during their time with us, making sure they know what to expect while they are with us and what is likely to happen next. We want to make sure that staff morale is high and to involve our teams in designing the best ways of working. We are working towards a seamless, integrated health service that meets the community's needs and we aim to deliver consistent care.

Key safety measures are displayed on boards in ward/unit/service areas so we know how well we are doing. The boards are for staff, patients, whānau, visitors and other members of the healthcare teams. They highlight issues and actions towards achieving certain targets or goals by way of action plans. This visual approach to error and risk has provided a noticeable change in attitude toward safety and has engaged and raised staff awareness of improvement activities. The time spent with consumers, staff satisfaction and consumer engagement survey results are also displayed.

Delivering care closer to home

Rural Health

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

Kaikōura health providers are working together to deliver services in a seamless way, ensuring equitable access that best meets the patient's needs through ongoing service improvement initiatives. In the Hurunui, the Hurunui Health Services Development Group (HHSDDG) has completed development of a draft model of care and will be seeking input from the wider community late in 2017. The draft model of care supports keeping people well in their communities by increasing delivery of health services in the home or as close to home as possible and ensuring timely access to tertiary services when required.

The Hurunui model proposes that:

- Hurunui practices integrate their services, particularly for urgent care after hours, to make best use of their limited workforce;
- there is more access to restorative home-based support for people following hospital care and
- services for local acute observation in the Hurunui should be introduced for people who may not require transfer to hospital.

The Oxford and Surrounding areas Health Services Development Group (OSHSDG) is making good progress on their model of care, having completed three patient pathway journeys which are used to identify service needs and opportunities to improve service delivery. The current focus is on youth access to health services and supporting a shared community approach to community health and wellbeing.

Progress towards building the Akaroa Health Hub is going well with construction of the new health facility soon to commence. In July 2017, six directors were appointed to Akaroa Health Hub Limited and work is underway to establish contracts for the delivery of health services to meet the needs of the Akaroa community.

Children and Youth

As part of the new Raising Healthy Children health target, new services have been put in place to identify children with a potentially unhealthy weight and offer families support services to assist in creating healthy lifestyles. A child's height and weight is reviewed at the B4 School Check (B4SC) and if the child is above the 98th percentile for their weight they are offered a referral to the DHB Healthy Lifestyle Coordinator. The coordinator will work with the families to identify a service that best meets their preference and needs. These supports include a referral to Triple P Healthy Lifestyle Group course (a three month course that provides advice on nutrition, physical activity and parenting), Active Families (a programme run by Sport Canterbury, aimed at supporting families to become more active), and Appetite for Life (a programme designed to support families to learn how to cook more healthily).

During the 2016-17 year, 114 children were identified and referred to the Healthy Lifestyle Coordinator, 43 of their families took up engagement with a programme.

Health of Older Persons

The ongoing growth in the number of InterRAI (a clinical assessment tool for aged care) assessments undertaken in Aged Residential Care (ARC) facilities is improving the quantity and quality of care plans in Aged Residential Care facilities. Care plans are essential for supporting the appropriate level of care and delivering resident-focused restorative goals with residents. A total of 8255 InterRAI assessments were completed by ARC facilities in 2016/17, and a further 2,328 completed in Quarter 1 of 2017/18.

The increasing number of new Aged Residential Care facilities in Canterbury is increasing consumer choice when they choose an Aged Residential Care facility. An unintended consequence is a decrease in occupancy rates by facility, which may affect the long term viability of some.

Falls Prevention has been a key focus in improving the health of older persons. Initiatives delivered during 2016/17 have seen a 28.45% decrease in the projected number of people 75+ presenting to ED by ambulance as a result of a fall. Falls initiatives in 2017/18 include a partnership between ACC and Sport Canterbury to coordinate 12,000 places in community based strength and balance classes to further decrease the number of falls and their acuity.

Home Support and Community Nursing Service

In Canterbury, community service providers have worked together to provide health services that help people to live safely within their own homes and communities. Canterbury DHB along with our service provider partners have provided over 850,000 hours of home support care during the past year. This has contributed to a reduction in aged residential care admissions and shorter hospital stays for older Cantabrians, ultimately helping people to stay in their own homes for longer.

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

Pharmacy Services

In Canterbury, we see the pharmacist as an important member of a person's healthcare team and have already demonstrated how pharmacists can contribute to keeping people healthy in their own homes and out of hospital. This year we have been continuing to work on ways Canterbury community pharmacies can extend the services they provide and work even more effectively with other health providers.

This work aims to empower people – especially those living with long-term conditions, mental health conditions, the frail elderly, their carers, and vulnerable children and their families, to manage their own health with the help of healthcare providers in the community

such as pharmacy and general practices. Our goals are to improve people's health outcomes because pharmacists, as part of the wider healthcare team, are providing a broader range of high-quality health promotion and preventive services that meet local health needs. Also, Cantabrians are supported to use medicines safely, effectively and consistently. Notable developments include:

- Community pharmacy is now the safest and most appropriate place to dispose of expired or surplus prescription medicines. Pharmacies can dispose of patients unused prescription medicines at no cost to the patient.
- Pharmacies are partnering with Stop Smoking Canterbury to reduce smoking rates, and many pharmacies can provide quit cards and subsidised nicotine replacement therapy.

Smoking

A new stop smoking service, Te Hā – Waitaha, was established in mid 2016 in Canterbury within the Canterbury Clinical Network (CCN) framework. The Te Hā – Waitaha service was designed collaboratively and implemented by CCN member organisations, community based provider organisations and a range of stakeholders including Manawhenua ki Waitaha, the NZ College of Midwives (Canterbury-West Coast), health and social services providers for Māori and Pacific people, CanBreathe, Quitline, community mental health/addictions experts, Canterbury Community Pharmacy Group, Canterbury PHOs: (Christchurch PHO, Rural Canterbury PHO, Pegasus Health), and Canterbury DHB.

The service delivery adopts an integrated community based service model with a 'Hub' for the service located at Community and Public Health which provides service management and co-ordination functions. A team of Stop Smoking Practitioners are based both within the 'Hub' and across these community based providers:

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

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

Priority Populations

Māori and Pasifika people, pregnant women, and mental health clients are priority groups for all tobacco control work nationally due to the higher prevalence and/or higher impact of smoking in these groups. Each of the Te Hā – Waitaha community based Stop Smoking Practitioners are uniquely placed in provider organisations that engage with our priority populations of Māori, Pasifika people and rural. They also have direct links with pregnancy support, mental health and youth work.

The Te Hā – Waitaha service provides a focus on further strengthening Canterbury's integrated smokefree approach and has revitalised an existing well-co-ordinated group of organisations with an interest in a smokefree Canterbury. This group provides an advocacy function, a

focus on smokefree environments and public support, and serves as a forum to share and discuss information about emerging smokefree issues and research findings.

This integrated approach provides a wide reach into the community to promote being smokefree and generate referrals to all stop smoking services. In addition, local groups have access to Canterbury Clinical Network-affiliated reference groups which have a primary health care focus including Te Kāhui o Papaki Kā Tai (TKOP), the Pacific Reference Group, and the Culturally and Linguistically Diverse Communities Advisory Group (CHAG). These groups, together with Canterbury DHB's Consumer Council are able to guide and inform the development of services.

Improving our environment

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

Sustainability

- Sustainability remains a key consideration for Canterbury DHB. We are working towards silver status in the Energy Mark programme and continue to measure greenhouse gas emissions via the Carbon Emission Measurement and Reduction Scheme. The move from coal powered boilers to woody biomass powered boilers at Hillmorton (complete) and Christchurch (in process) is a very positive move to reducing the environmental footprint of CDHB.

Joint Work Plans with the Regional Council

- A recent evaluation of the Environment Canterbury – Canterbury DHB Joint Work Plan (JWP) found strong agreement between the two organisations about the definition of success for the JWP: That success lies in the JWP's ability to facilitate relationships, influence outcomes and present a united stance.
- The JWP has had a considerable influence on the way the participants work together and this is evident in the many successful examples of shared projects.

Water Quality

- Through the JWP, Canterbury DHB has been working with Environment Canterbury to incorporate the findings from the Havelock North drinking water outbreak. One of the main issues identified through the Havelock North enquiry was the lack of collaboration between agencies involved in drinking water quality. The JWP has always been an excellent platform for collaboration and has led to the establishment of the Canterbury Drinking Water Reference Group. All Territorial Authorities in the Canterbury and South Canterbury districts meet regularly with Canterbury DHB and Environment Canterbury to share ideas and common issues relating to community drinking water supplies. Some of the key issues discussed have been sharing emergency response plans, identifying high risk water supplies and managing water supply source protection zones.

- Canterbury DHB continues to work with Environment Canterbury through the Canterbury Water Management Strategy to improve the health of our community. Canterbury DHB is actively contributing to the community discussion in the Waimakariri and Hurunui Districts as they go through the process of setting rules around Environmental limits for nutrients that may affect water quality.

Canterbury City Council – Canterbury DHB Joint Work Plan

Smokefree

- The partnership between the Christchurch City Council (CCC) and Community and Public Health (CPH) has continued to work well, particularly in supporting smokefree initiatives.
- CPH provided support for both the successful Fresh Air smokefree outdoor dining pilot and the development of the CCC Smokefree 2025 Action Plan approved in July 2016.

Christchurch Alcohol Action Plan

- Significant progress has been made in the development of the Christchurch Alcohol Action Plan (CAAP), a joint initiative between CCC, Canterbury DHB and NZ Police. The CAAP working group has met with a wide range of stakeholders and completed a gap analysis to inform its future direction. Once adopted, the CAAP will build on the extensive proactive and collaborative work taking place to reduce alcohol-related harm in Christchurch.

Disability

- The JWP has also been effective in the "Events for All" project to promote accessible events guidelines for Christchurch. A toolkit is now available on the CCC website.

Joint Work Plan Portal

- The Joint Work Plan portal is a key enabler to help streamline the process of recording and approving projects and milestones between partners.
- Partners also use the portal to track the status of work and provide reports to management and governance. The portal platform is also being used successfully to track projects under the Greater Christchurch Urban Development Strategy.

Healthy Food and Beverage Policy

- CPH continues to work with CCC in the development and implementation of healthy food and beverage policies across their facilities.

Resilient Cities and the Greater Christchurch Partnership

- The Resilient Greater Christchurch Plan was launched in September 2016. The Plan is closely aligned with the implementation of the Urban Development Strategy.
- The Plan and the Strategy come under the Greater Christchurch Partnership which has Canterbury DHB representation and involvement at all levels. For example, Canterbury DHB has

members at the implementation levels for transport and the natural environment, and leads the implementation group for health and community outcomes. This ensures that health and wellbeing remain central to decision-making and fosters a wide range of collaborative relationships across the region.

Psychosocial recovery

Canterbury DHB Recovery & Wellbeing Team

Together with the Ministry of Health, the Canterbury DHB Wellbeing and Recovery team has provided leadership and coordination of psychosocial recovery activities in North Canterbury districts following the North Canterbury Earthquake on 14 November 2016.

Using the Ministry of Health framework for Psychosocial Support in Disasters (Ministry of Health, 2016) the team has supported and is monitoring the delivery of a range of services, primarily from existing community providers. This community-led approach ensures that appropriate services are delivered from a range of locations and are accessible to the communities requiring them.

General Practice services were fully-funded for a period of time after the earthquake to provide free access to General Practice for communities. This was supplemented by a team of specialist mental health staff providing additional counselling and mental health support located in General Practices and community bases. This enhanced primary health model has worked extremely well for people in these communities by providing early intervention rather than potentially needing to be escalated into secondary mental health services

at a later time. In addition to clinical work, this team has also provided workplace education and support to a range of employers and employees and has completed wellbeing sessions with health service staff.

Throughout the response and recovery phases, core public messaging has been based on the 5 Ways to Wellbeing, originally developed by the New Economics Foundation in the United Kingdom.

The development and operation of an Earthquake Navigation Service across the Hurunui, Kaikoura and Marlborough districts has also been implemented. This works alongside

the Whānau Ora Navigation service and provides support and guidance to households as they work through accommodation and home repair processes and issues. The Navigators' work is supported by a central coordination function to receive referrals, ensure consistency of service delivery, monitor demand and coordinate all the employing agencies.

A directory of health and social service providers is maintained to ensure we are all kept up to date with the range of help available and the free 0800 Canterbury Support Line continues to be available to assist callers to access the appropriate health and/or social services.

FIVE WAYS TO WELLBEING

INTRODUCE THESE FIVE SIMPLE STRATEGIES INTO YOUR LIFE & YOU WILL FEEL THE BENEFITS



DO WHAT YOU CAN,
ENJOY WHAT YOU DO,
MOVE YOUR MOOD



REMEMBER THE SIMPLE THINGS
THAT GIVE YOU JOY



TALK & LISTEN,
BE THERE, FEEL CONNECTED



YOUR TIME, YOUR WORDS, YOUR PRESENCE



EMBRACE NEW EXPERIENCES,
SEE OPPORTUNITIES, SURPRISE YOURSELF

CARE AROUND THE CLOCK

**Make your GP team your
first call 24/7**

Even after-hours a nurse is available to give free health advice. Just phone your usual general practice number



We welcome feedback to communications@cdhb.health.nz

or write to Communications Team, Canterbury District Health Board,
PO Box 1600, Christchurch 8140 cdhb.health.nz

URGENT AFTER HOURS CARE

Call your General Practice first.

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

If you need urgent care:

**Pegasus 24 Hour Surgery,
401 Madras St
– Open every day**

Tel: (64) 3 365 7777
24hoursurgery.co.nz

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

**Moorhouse Medical,
3 Pilgrim Place
– Open 8am – 8pm every day**

Tel: (64) 3 365 7900
moorhousemedical.co.nz

- Free ACC wound care for everyone (no surcharge)
- X-rays and fracture clinic on site
- Free treatment and care for enrolled under 13s after hours
- Minor surgery – sexual health – traveller's health – immigration medicals
- Pharmacy open till 8:00pm daily.

**Riccarton Clinic, 6 Yaldhurst Rd
– Open 8am – 8pm every day**

Tel: (64) 3 343 3661
riccartonclinic.co.nz

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

**Emergency mental health services
– 24 hours, every day**

Freephone: 0800 920 092.

In an emergency, call 111.


Need to talk?



**Free call or text 1737
any time. You'll talk to
a trained counsellor.**

Feeling out-of-sorts or
depressed? Anxious or need
someone to talk to? Worried
about your use of alcohol
or other drugs?

It's free. It's confidential.

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**free call or text
any time**