



Greening our health system – great gains have been made, but there's more we can do

Sustainability is a hot topic at the moment across the globe, and several events in the past week have helped shine a light on Canterbury DHB's progress in this space.

First up Associate Minister of Health the Hon. Julie Anne Genter presented a talk at Manawa on environmental sustainability in our health system. The health sector currently contributes between three and eight percent of New Zealand's greenhouse gas emissions.

Minister Genter's talk coincided with the release of the Government's report, [Sustainability and the Health Sector](#),

which examines ways the sector can reduce its carbon footprint, such as cutting back on meat and dairy, reducing waste, designing energy-efficient buildings and encouraging biking and walking.

Following Minister Genter's presentation, two Canterbury DHB sustainability initiatives were showcased.



Associate Minister of Health the Hon. Julie Anne Genter addresses Canterbury Health System staff

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The first, presented by Canterbury DHB Energy Manager Tim Emson, highlighted the organisation's significant investment to reduce emissions from heating sources (and associated costs of carbon dioxide emissions) at Burwood Hospital, where coal boilers were decommissioned, and Hillmorton campus, which runs on woodchips and LPG.

The largest single source of Canterbury DHB greenhouse emissions is the coal-fired boilers at Christchurch Hospital, however this will change when woody biomass becomes the energy source for the Christchurch Hospital campus Energy Centre/Boiler House.

The DHB's energy projects have succeeded thanks to the commitment of dedicated site redevelopment and maintenance and engineering staff.

Health in All Policies Advisor Bronwyn Larsen presented the Healthy Commute programme, a partnership between the Greater Christchurch Partnership City Travel Planning Team, Environment Canterbury and Canterbury DHB, that encourages staff to consider alternative modes of transport for their commute.

Bronwyn says, "An evaluation of a pilot project we undertook with Intensive Care Unit staff showed a 21 percent reduction in car use and an increase in staff biking and bussing to work. The Healthy Commute programme not only helps to reduce our emissions but it also supports staff's health and wellbeing."

Public Health Physician Anna Stevenson's Grand Round last Friday tackled the topic of "How 'Green' are New Zealand's District Health Boards"

She reminded attendees that the United Nations Intergovernmental Panel on Climate Change has stated that limiting global warming to 1.5 degrees Celsius is possible within the laws of chemistry and physics, but that the action required to achieve that needs to begin now, and it will involve 'rapid and unprecedented societal transformation'.

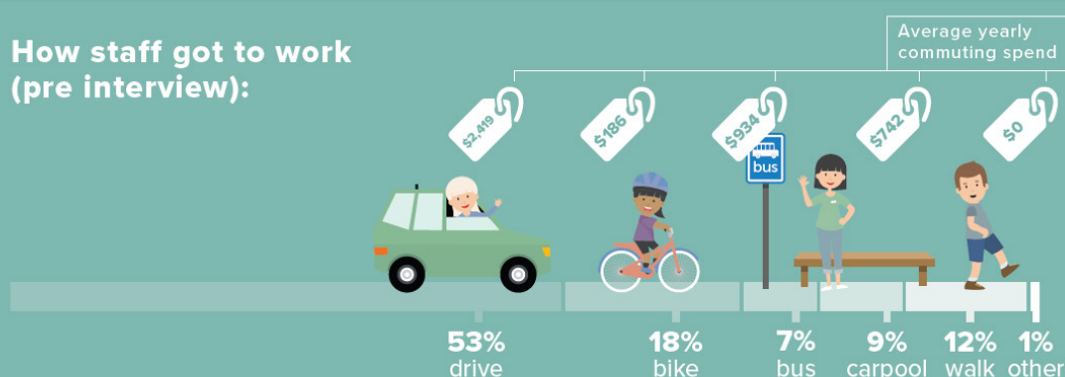
"The challenge that climate change poses is also an incredible opportunity for us to improve human health and wellbeing," Anna says. "Canterbury DHB is working hard to reduce its greenhouse gas emissions and has done incredibly well so far but we have lots more to do."

Anna also chairs the recently established Transalpine Environmental Sustainability Governance Group which provides another opportunity to explore and promote sustainability initiatives across Canterbury and West Coast DHBs.

I'd like to thank everyone in our health system that is doing their bit to help make us more sustainable.

124 ICU staff had one-on-one interviews about their commute as part of Canterbury DHB's Healthy Commute programme.

How staff got to work (pre interview):



How staff said they would get to work following their interview:



A snapshot of the positive results from the initial Healthy Commute programme pilot

A visitor from the UK – sharing ideas with our colleagues from the NHS

The Canterbury Health System recently hosted Vicki Wallace, who is the Deputy Director of Accountable Care Bradford and Strategic Advisor to the Bradford Care Alliance which covers the Airedale, Wharfedale and Craven, Bradford City and Bradford Districts Clinical Commissioning Groups.

Her visit was an opportunity to exchange ideas and show how we work in an integrated health system. On her last day she presented a summary of her visit, and an excerpt of her feedback is below:

I wanted to take the opportunity to thank you again for the time you spent with me when I came over to visit. A number of you were able to attend the feedback presentation on Friday but I know some of you were not, so I wanted you all to know that I really appreciated the time you gave to talk to me.

Before I came, I did start to panic about whether or not the trip would be worth it, but I have to say it surpassed my expectations, so thank you for that. I'm currently discussing with people how I feed our conversations into the work we're doing here – and it looks like I'm going to be doing a lot of talking over the next few months which is fantastic.

As I said on numerous occasions on my visit to you, I don't want to put the Canterbury system into Bradford, I want the Bradford system for Bradford, but what I've gleaned from you all will massively help this process. For me it's about the 'how' rather than the 'what' and I think the work you're doing on the 'how' is fabulous.

Your conversations have made me think differently and confirmed the importance of people and relationships.

– Vicki Wallace

Thank you to everyone who spent time with Vicki. We've hosted many visits from leaders of health systems from all over the world, and there are always benefits for everyone involved. Vicki's visit was no exception.



Front row from left, Canterbury Clinical Network (CCN) Programme Manager Linda Wensley, CCN Project Facilitator Rebecca Muir, Deputy Director of Accountable Care Bradford and Strategic Advisor to the Bradford Care Alliance Vicki Wallace (NHS), Canterbury DHB Executive Director of Planning, Funding and Decision Support Carolyn Gullery, CREST Community Registered Nurse Lyn Vida, CCN Project Coordinator Marie Mitchell
Back row from left: South Island Alliance General Manager Mark Leggett, Waitaha Primary Care Director of Nursing Janetta Skiba, Canterbury Community Pharmacy Group General Manager Aarti Patel, CCN Clinical Lead Collaborative Care Rose Laing, CCN Project Facilitator Jules Wilke and Canterbury Initiative Advance Care Planning Facilitator Jane Goodwin

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

David Meates
CEO Canterbury District Health Board

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

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



Bouquets

Oncology Department, Christchurch Hospital

I wanted to thank you all personally for the exceptional treatment I have received, however, such an undertaking would be difficult and time-consuming. I hope, therefore, that you will be given a chance to read this note at some time during your work schedules. When you describe your occupation I hope you occasionally think beyond the mere description of nurse, radiographer, technician, registrar, manager, and so on, and consider the higher purpose of what your job achieves. Through your combined efforts you give people hope, better health and longer lives. There aren't many higher purposes for work than that. Without your skills, care, empathy and amazing machinery, I would probably have been condemned to a short and unpleasant life. Now I can optimistically hope to enjoy a lot of old age. For that I thank you sincerely. I hope that I never need to come back to this department for treatment but if I do I will be confident that I am in the right place with the right people. My heartfelt thanks to you all.

Food services, Christchurch Hospital

The food is excellent. Please thank everyone from chefs to the people who deliver meals to the wards. They are all much appreciated.

Birthing Unit, Christchurch Women's Hospital

My partner and I would love to compliment the team I had on Thursday 25 July. From the two lovely midwives who sat with me while I was being induced, to the doctors and surgeons who had to step in when labour wasn't progressing. I would appreciate it if this could be passed on to the staff. They were great. Thank you so much.

Emergency Department, Surgery, Bone Shop, Christchurch Hospital

My right thumb was de-gloved from a wood splitter incident. The emergency staff gave me great relief with a ring block. Dr Gareth Rooke repaired the thumb by attaching the portion that had come off. This acted as a biological dressing, keeping the wound free from infection for the next four months. In June my thumb had healed. Thanks to Dr Gareth amputation was avoided and my thumb is returning to normal function. Thank you.

Volunteers and Children's Day Stay Unit, Christchurch Hospital

We had great service, from the welcoming volunteers, to the Children's Day Stay Unit and associated staff. A good experience. Thank you.

Day Surgery Unit, Christchurch Hospital

Brilliant staff. Very helpful and friendly. Thank you.

Gynaecology and Urology, Christchurch Women's Hospital

I have received excellent care. I was on the Gynaecology ward and then the Urology ward. All staff were so kind, helpful and supportive. I would like to pass on how enormously grateful I am for the wonderful care I have received from both teams (Gynaecology Consultant Lisa Rofe and Urology Consultant Sharon English) and all nurses and other staff. Thank you again for your help.

Children's Day Ward, Christchurch Hospital

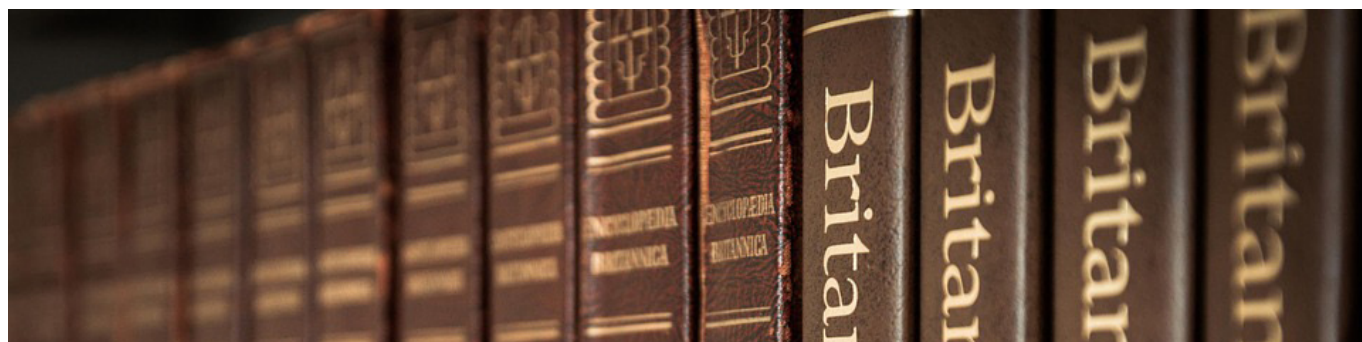
I appreciate the art wall. The children's art is great and uplifting, making the place pleasant to walk around for those who have to stay in the unit for monitoring.

Dental Outpatients, Christchurch Hospital

Thanks. Very friendly, caring and calming dentists.

Marcos, Ward 20, Christchurch Hospital

Marcos has been a fantastic nurse. Thanks for looking after me. Means a lot.



The Library

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

[“Superbug spreads in European hospitals as resistance to last resort antibiotics grows”](#) – strains of a bacteria than can cause pneumonia and meningitis are quickly becoming resistant to the “last hope” group of antibiotics, the carbapenems, according to a recent study. From *BMJ*, published online: 30 July 2019.

[“New cause of cell aging discovered”](#) – a study focussed on senescence, a natural process in which cells permanently stop creating new cells, is hoping insights gained will help in the design of better treatments for cancer and diseases caused by age-related decline. From *Science Daily*, published 25 July 2019.

[“Women’s experiences with tandem breastfeeding”](#) – this article offers practical suggestions for people working with women who want to continue to breastfeed a child through a second pregnancy and go on to breastfeed the older child and newborn. From *MCN, The American Journal of Maternal/Child Nursing*, published July/August 2019.

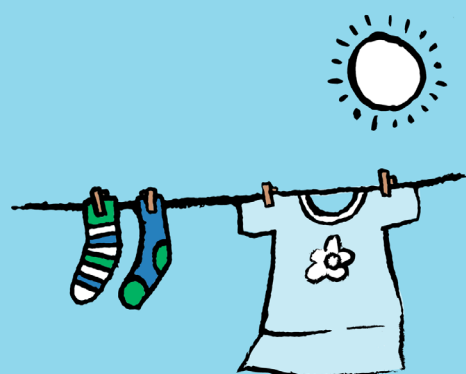
If you want to submit content to The Library email communications@cdhb.health.nz.

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

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

all
right?

IT'S
ALL RIGHT
TO KEEP
TICKING
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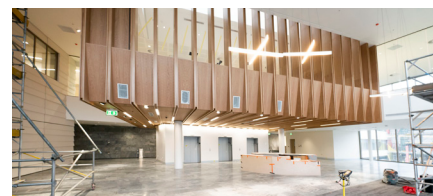
Facilities Fast Facts

Christchurch Hospital Hagley/Acute Services building

This time five years ago the blessing and sod turning were being planned for the Acute Services building, now known as Christchurch Hospital Hagley. These two photos, taken from similar vantage spots, show how the landscape has changed.



Before – the site at the blessing in September 2014

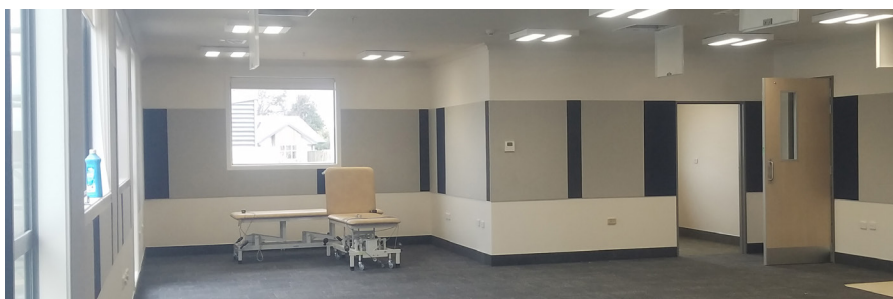


After – approximately the same site where the blessing took place. This photo, taken in July 2019, shows the entrance into Christchurch Hospital Hagley

Rangiora Health Hub

There are two weeks to go until staff vacate the old wooden building at the Rangiora Health Hub and occupy the new Outpatient extension. The building was previously used as the temporary Hagley Outpatients before it was relocated to Rangiora.

There is a blessing for the building on Tuesday 13 August at 11am. Staff move in on Wednesday 21 August. The builders are putting the finishing touches to the refurbished building and commissioning the last of the systems. The majority of the building has remained as it was, with only a fresh coat of paint and minor changes needed to create rooms and space to accommodate the services that will be using the building.



A view of the shared workspace in the new outpatient extension

The new services in the Outpatients extension will include public health; vision and hearing screening; Child, Adolescent and Family and Adult Mental Health; Older Person's Health, and a range of Outpatient services (including, but not limited to, Obstetric and Gynaecology, Neonatal Outreach,

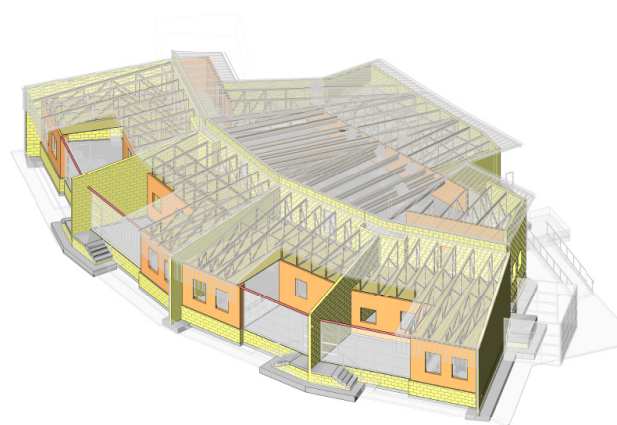
Orthopaedic, Respiratory, Paediatric Diabetes, Social Work, Cardiac Rehabilitation, Hand Clinic, Yoga and Pilates).

Hillmorton Specialist Mental Health Services

Work has started at Hillmorton Hospital on the new Assessment, Treatment, and Rehabilitation (AT&R) Unit – a high-care area that will be an extension of the existing facility. It will be a single-storey building with four self-contained bedrooms in a pod set-up. It will also include courtyards and extensive landscaping will be provided for privacy. Construction hours are Monday to Friday from 7am – 6pm.

There may be general building noise during these hours as well as more vehicle traffic along Annex Road. Security lights will be used on the site as required. There may also be early morning work that will last a short period of time in the near future, however staff and neighbours will be notified of this in advance.

The building is expected to be completed in mid-2020.



An artist's impression of the new Assessment, Treatment and Rehabilitation (AT&R) Unit



Let's get ready to move

Christchurch Hospital Hagley

Update No:15

Monthly update video message from General Manager Christchurch Hospital Pauline Clark

In this month's [video](#) on the Christchurch Hospital Hagley migration, Pauline Clark talks about the importance of looking after yourself in times of stress, including her favourite of the [Five Ways to Wellbeing](#) – connecting with people she meets during the day in the hospital. There are several Big Shout Outs to people who are putting in long hours to do tasks such as red tagging beds, counting consumables and organising meeting rooms that are all vital to ensuring the move goes as smoothly as possible. The video also shows you what's happening inside the new building, and takes you on a tour of A7 (previously known as Children's Medical).



Stepping on it

Floors and walls in hospitals get well-worn so a lot of thought goes into getting the right material for the job.

Flooring specialists were contracted to provide a range of products for Christchurch Hospital Hagley. The bottom half of the walls in most areas are covered with a special vinyl known as ProtectWall that provides protection from scratches, impacts, shocks, chemicals and staining. It is welded to the floor vinyl to provide a surface that is impervious to water and other fluids.

Most of the floors are covered in a product called Granit from the Tarkett iQ range that is used in many health care facilities. It's designed to be resistant to staining, even from iodine. Granit Safe.T is used in wet areas for its slip-resistant properties.



Just a few of the more than 1400 rolls of vinyl used on the floors and walls of Christchurch Hospital Hagley

Ward A8 proposal

Further details of the Ward A8 discussion document are on [the intranet](#), including a presentation outlining how the ward will be staffed and beds will be allocated.

The proposed process for staff to provide feedback includes:

- › Expressions of interest invited from Ward 10 and Ward 24 staff who wish to move to A8

- › Ward 10 and Ward 24 staff will need to submit an application and be interviewed via a formal process
- › Once the above steps are complete, other staff can apply to move to A8 via a standard recruitment process.

The closing date for feedback on the discussion document is Friday 16 August 2019.

Staying well

Busy workplaces can be stressful, and if there is a lot happening in your service, it's important to look after yourself. There are regular wellbeing messages in the [CEO Update](#) and a hub of fantastic [Wellbeing in the Workplace resources](#) on the intranet.

Stay in touch – you can do this through the [Facebook page](#) or email us at letsgetreadytomove@cdhb.health.nz

Looking after yourself

Getting through winter – Team wellbeing

Winter is really tough on teams. It's a time when workloads are higher, people are sick and fuses can be short. It's also a great time to pull the team together, look at wellbeing as a group and maintain the best wellbeing you can.

Here are some resources and ideas for increasing your team's wellbeing.

1. Allright? has a wellbeing at work [toolkit](#), based on the Five Ways to Wellbeing. It includes templates, tools, and information on how to increase workplace and team wellbeing, and it's all free to download. Take a look at the toolkit and implement some of the activities in your team. There is also a resource hub with downloadable posters and other resources that are free to order – check it out [here](#).
2. [Random acts of kindness](#) has some creative ideas, calendars, resources and videos for creating a little extra kindness in your workplace, home, or anywhere at all. Print out some of the calendars and put them on your workmates' desk, or somewhere everyone in the team can see them.
3. Helen Reiss, author of *The Empathy Effect*, has a method which should help you to get along with anyone. Check out an article about it on [Thrive Global](#). Give it a try and see if it makes a difference.
4. Team inclusion – say good morning to someone that you may not always engage with, or offer



to make a colleague a cup of tea. A team activity outside of work hours can also help to increase connection.

5. Organise your team into groups, and allocate one of the Five Ways to Wellbeing to each group. For a month, invite each group to come up with something the team can do in relation to their topic, for example:
 - › For Keep Learning, your group could get a sign language instructor in for professional development, or

a lunch time session, so the team can learn some sign language together. ([Deaf Aotearoa](#) have sign language sessions for health professionals.)

- › For Connect, you could provide a morning tea for your team, and each talk about something exciting happening in your team, workplace or personal life.

There are plenty of other ways to increase team wellbeing. What might work best for your team?



Windows 10 Deployment and End-of-Life Device Replacement update

With Microsoft support for Windows 7 ending next year, Canterbury DHB is upgrading its system to Windows 10, as well as Office 2016.

The Windows 10 team has successfully completed the Windows 10 Office 2016 pilot, which targeted 90–100 users (volunteers) from services and departments across Canterbury DHB. Users were selected from a wide range of departments in order to make sure that the different ways Windows 10 and Office 2016 may be used day-to-day were covered in the pilot, and to ensure that any issues that arose could be worked through.

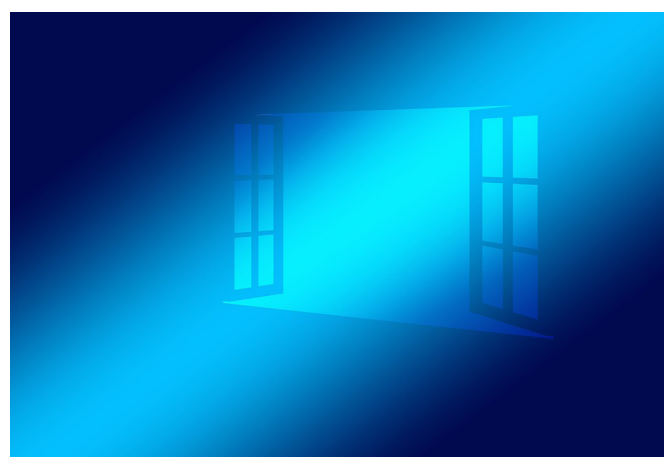
The team successfully piloted each of the different deployment phases (such as the installation process, the running and testing of the system/program/s, and allowing time for any changes to be made), and were also able to identify and triage post-rollout issues reported by pilot users.

Working through issues raised in the pilot has enabled the Windows 10 team's knowledge base to be built up, and to benchmark the time it will likely take to put Windows 10 and Office 2016 on computers, and assisted with the development and adjustment of the deployment processes.

What's next?

The Windows 10 team has now commenced main deployment, starting with PCs that are Windows 10-ready within ISG. Windows 10 won't be going on virtual desktops (VDI) for the time being, so, if you use VDI, you can continue to use it as you are now.

The Windows 10 team will be visiting Burwood Hospital next. If you work at Burwood, rest assured the team will let you know when they plan to put Windows 10 and Office 2016 on your PC and/or laptop.



For those of you not based at Burwood, the team will give you advance notice of the planned date of your deployment and will send you instructions on what you need to do.

What do I need to do to prepare for the change?

- › For now, clean up your system drives and ensure you do not have any data or files stored on your local drive (C: drive), because any data in this location will be erased during the Windows 10 build process.
- › All corporate and clinical data should be stored on your H: drive or your department's specified network drive.

Help and support

To familiarise yourself with Windows 10, have a look at some of the tips for using it on the [Windows 10 intranet site](#). There is a FAQ section as well as support documentation.

If you have any questions, please email windows10@cdhb.health.nz.

Faster treatment for South Island stroke patients

The South Island's new Telestroke service has been launched between the West Coast and Christchurch, giving more people faster access to potentially life-saving acute stroke treatment.

Using dedicated video-conferencing and computerised tomography (CT) image technology, the Telestroke service enables neurologists and stroke specialists to provide advice and support via video link to doctors treating stroke patients in smaller centres and after hours.

Christchurch Hospital Neurologist Teddy Wu says the service has transformed stroke care.

"This is real-time care, it's like watching a movie and giving instructions. While we can't touch the patient, we can ask the doctor to examine them on our behalf. Potentially, one of the key aspects is deciding whether we need to fly them to Christchurch Hospital for a clot removal procedure."

This means more people who experience paralysis from a major stroke will be able to walk out of hospital within a few days, he says.

Following the successful 2016 Telestroke pilot between Wellington and four smaller centres, including Nelson and Wairau in the South Island, the Ministry of Health provided funding for the equipment and implementation costs for a similar service across the South Island.

Through the South Island Alliance, the five South Island DHBs developed a hub-and-spoke model, comprising



From left, Canterbury DHB Neurologist Teddy Wu and West Coast DHB Stroke Physician Daniel Salazar

six 'spoke' hospitals (Grey Base, Timaru, Oamaru, Dunedin, Dunstan and Southland) supported by a 'hub' hospital (Christchurch).

If a person presents to a 'spoke' hospital Emergency Department (ED) with a suspected stroke, the local ED team can notify an on-call neurologist or stroke specialist at Christchurch Hospital, who can then read the patient's CT scan, provide advice and make a diagnosis.

The South Island Telestroke service will help to ensure smaller communities can access the same 24/7 neurological expertise and care as city patients. Ideally, it will also lead to more South Islanders receiving the life-saving clot retrieval procedure, which is currently available only at Christchurch Hospital.

Teddy anticipates the remainder of the South Island Telestroke service will be linked up by the end of the year.



Canterbury Resilience Hub

Connecting us to the support we need during tough times

www.resilient.org.nz





Countdown Kids Hospital Appeal launch

It was a proud moment when items bought with Countdown Kids Hospital Appeal funds were used in her young son's treatment, says Countdown Kids Champion Sarah Ruddick.

"That was so amazing for me," she told those gathered at Christchurch Hospital last week for the launch of the 2019 Countdown Kids Hospital Appeal, which raises money for new equipment at hospitals and primary health services around the country.

Each year thousands of Countdown and district health board staff rally their communities to support the appeal and people participate by making a donation or engaging in activities and raffles.

Of the approximately \$13 million raised since 2007, about \$1.3 million has been donated to Canterbury DHB's Child Health Division.

Several events have already been organised for this year, such as an 80s night and a paintball challenge, and the plan is to get as many people involved as possible, Sarah says.

"We are committed to raising funds."

Countdown staff attending the launch event last week brought in bags loaded with snacks for families of children in hospital.

"People did that for me when I was in here with my son so we wanted to pay it forward," Sarah says.

Countdown Group Manager Penny Hardaker says this year is expected to be another big one for the appeal.

"I have had many times in this hospital with my children and I can't speak highly enough of what you do. We are really passionate about giving back to the hospital, the children you treat and their families."



From left, Group Manager for Countdown Penny Hardaker, and Countdown Kids Champion Sarah Ruddick



Māia Health Foundation CEO Michael Flatman says Countdown's support makes a huge difference, supplementing the great work done by staff with some great equipment.

"I would like to acknowledge staff from various departments within Canterbury DHB. Your hard work and dedication makes kids' lives better.

"Thank you very much Countdown for your generosity and to everyone who helps make the appeal such a big success."

Items on Christchurch Hospital's wish list this year include a child sleep assessment monitor, a vision screening device for children (especially those aged under 10) and syringe pumps used to provide very small dose infusions, such as antibiotics, for neonates. Pegasus Health has asked for a blanket warmer for acutely unwell child patients in the 24 Hour Surgery.

To make a donation:

- › Visit your local Countdown supermarket and donate at the checkout
- › Visit www.countdown.co.nz to make a donation online
- › Text KIDS to 3066 to make a \$3 donation (charges apply).

Regional Service Provider Index will make more digital connections across the South Island



The South Island Alliance and Ministry of Health are working together to develop a single source of truth about who's who in the South Island health sector – who works where, doing what and with whom.

It is called the Regional Service Provider Index (RSPI).

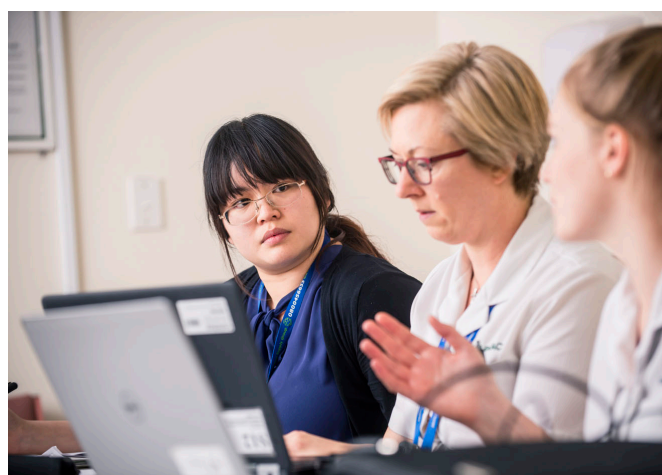
The first step is to upgrade the Health Provider Index (HPI), which is the national database that uniquely identifies health providers. The information in the HPI is used in clinical applications across the South Island, for example Éclair and Comrad.

However, as South Island Alliance Information Services Programme Director Paul Goddard explains, the HPI has its limitations.

"The HPI only includes registered health professionals, but they're not the only people who deliver health care in our communities. There's also social workers, speech language therapists and technicians, as well as support services like administrators and managers."

Upgrading the HPI means more fields can be added to better categorise health care organisations, services, teams and people – and make meaningful connections between them.

"Our clinical applications will contain more comprehensive, accurate and up-to-date information, which will ensure the right people receive the right information at the right time. It will also significantly reduce the administrative burden and costs of updating multiple unconnected systems," Paul says.



The Regional Service Provider Index will connect people and places across the South Island

The RSPI programme of work is currently in the initiation phase. A business case has been completed and a Memorandum of Understanding has been signed with the Ministry of Health. The three North Island health alliances or shared service agencies are interested in the South Island approach to solve similar problems in their regions and are actively involved in the project.

For more information, contact the South Island Alliance Project Manager sharyn.kilgour-lloyd@siapo.health.nz.

World Breastfeeding Week – Canterbury DHB providing a breastfeeding friendly workplace

World Breastfeeding Week is celebrated every year from 1 to 7 August to encourage breastfeeding and improve the health of babies around the world.

This year's slogan is "Empower Parents, Enable Breastfeeding".

Mothers have the best chance of meeting their breastfeeding goals when they have support from their partners, whānau, workplaces, and communities. When returning to work, mothers need access to breastfeeding friendly workplaces to protect and support their ability to continue breastfeeding.

Three mothers from Canterbury DHB Planning and Funding, Rentia, Hayley and Valya, who had babies in 2018, appreciated having access to the Parents Room in the Corporate Office when they returned to work for expressing/feeding their babies and storing their breast milk.

Their managers have supported breaks for expressing breast milk during their work days and all three have been able to continue breastfeeding on their return to work.

Service Development Manager Hayley Cooper came back to work a few weeks ago. Her son Charlie turns one during World Breastfeeding Week.

She says continuing breastfeeding while working has been easier than she expected.

"I was pretty nervous on day one as I'm still feeding Charlie twice during the day when at home. I also didn't want to feel like I was skiving off work to pump.

"However my manager Kathy and colleagues were, and continue to be, super supportive."

The existence of the Parents Room in the Corporate Office is one example of Canterbury DHB's commitment to a breastfeeding friendly workplace, she says.

The private, lockable room, which has a wash basin, change table, and a fridge, is available for both staff and breastfeeding visitors.



Service Development Manager Hayley Cooper in the Canterbury DHB Corporate Office Parents Room

This is in line with Canterbury DHB's Breastfeeding Policy that workers will have access to on-site facilities where optimal breastfeeding practice is supported.

The Canterbury Breastfeeding Advocacy Service facilitates the Breastfeeding Friendly Workplace Initiative. This service:

- › provides support to businesses to plan how they can support both new and returning employees with breastfeeding and how they can become recognised as a breastfeeding friendly workplace.
- › provides support to women who are wishing to continue breastfeeding and working.
- › has a number of resources for businesses and women providing information and support for breastfeeding and work.

Visit <http://canbreastfeed.co.nz/workplace/> for more information.

Introducing the Canterbury DHB Nursing Research Alliance

Canterbury DHB recently formed a Nursing Research Alliance Steering Committee with representation from Canterbury DHB, Ara Institute of Canterbury, University of Otago and University of Canterbury.

The purpose of the committee is to develop and oversee a research programme aimed at enhancing healthcare delivery through innovative nursing research that develops nursing knowledge, evaluates the effectiveness of nursing practice and translates this knowledge into better healthcare outcomes for patients/clients and their families/whānau.

The Alliance aims to advance healthcare outcomes of our patients through nursing practice which is underpinned and driven by scientifically rigorous research evidence. This includes regularly showcasing and sharing the nursing research completed by Canterbury DHB registered nurses.

Each year about 10 to 15 nurses undertake research as a component of various Nursing/Health Sciences Master qualifications.

Congratulations to Charge Nurse Manager Ward 1 Ashburton Hospital Lisa Campbell and Nurse Specialist John Hewitt who have recently completed their Master's degree in Health Science. They will receive their degrees next month.

Lisa graduated from the University of Otago with a Master's of Health Sciences (Clinical Nursing) looking at whether electronically captured clinical observations, with or without automated alert systems, improve compliance with early warning systems.

An early warning score (EWS) is a guide used by health staff to quickly determine the degree of illness of a patient.

Reducing the rates of serious adverse events associated with acute in-patient deterioration is a worldwide health priority, Lisa says.

"With new innovations in health and computer technology, electronic EWSs are increasingly being used to address shortfalls and challenges associated with paper-based ones."

Her review found that electronic EWSs helped the detection of deteriorating patients by improving the accuracy and accessibility of patient's vital signs and early warning scores.



Nurse Specialist John Hewitt



Charge Nurse Manager Ward 1
Ashburton Hospital Lisa Campbell

"However once an alert of patient deterioration is raised, the challenge remains to ensure an appropriate, timely and adequately resourced response," she says.

John's Master's of Health Science (Nursing) research examined the acute hospital nurses' perceptions of using tablets at the point of care.

Patient safety and the development of electronic health record (eHR) have been drivers for change for New Zealand DHBs replacing traditional paper-based clinical tools such as the clinical notes and end of bed chart, with an eHR.

The clinical reality for nurses is that this is reliant on the introduction of suitable smart devices to their workflow, John says.

"My research examined how nursing users are experiencing the technology currently being used at the point of care."

Results showed that tablets can both improve and hinder the care that they deliver depending on how well it, and the tools that it contains, performs.

"The biggest predictor of success stated by the nurses' focus group was the involvement of them in the design and delivery of solutions."

Canterbury DHB is an early adopter of tablets at the point of care and this study gives the opportunity to learn and build on this experience, John says.

For more information on Lisa or John's research email lisa.campbell@cdhb.health.nz or john.hewitt@cdhb.health.nz

Have you tried max.chat yet?

Max. recently launched a new way for you to connect – **max.chat** – and there has already been a great uptake of people using the new feature.

Located at the bottom right of your max. screen, max.chat is another way for you to access four online People and Capability services.

You can update your personal details, update your emergency contact, request leave, and make a general enquiry.

It's easy to use. Simply follow the prompts from max.chat. But, if you do get stuck, you can also choose to connect with a max.pert for a live chat in real time, or request a call back.

You won't notice any difference to how you usually use max., and you'll still be able to use the HR services portal as you normally would, you'll just have another way of using the above services.

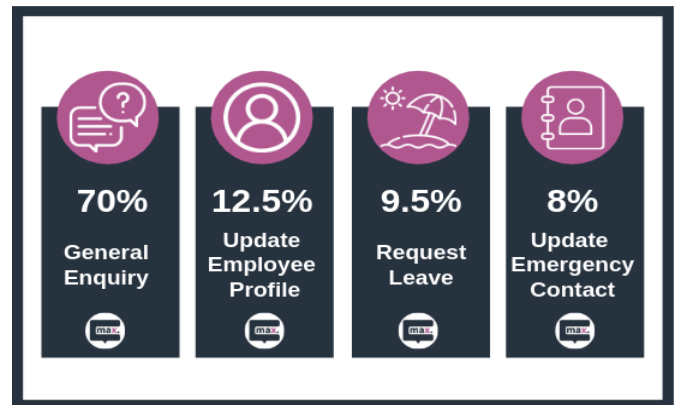
How to chat

Simply click on the max.chat icon on the bottom right of your screen and follow the prompts in the chat window.

How to live chat with a max.pert

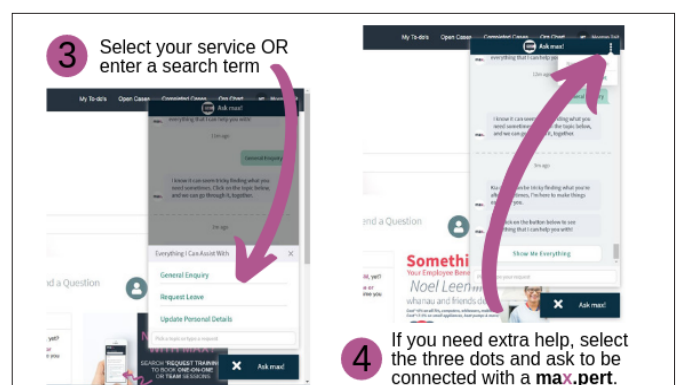
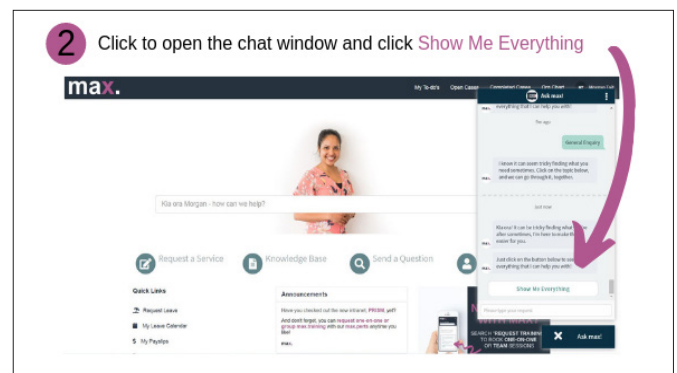
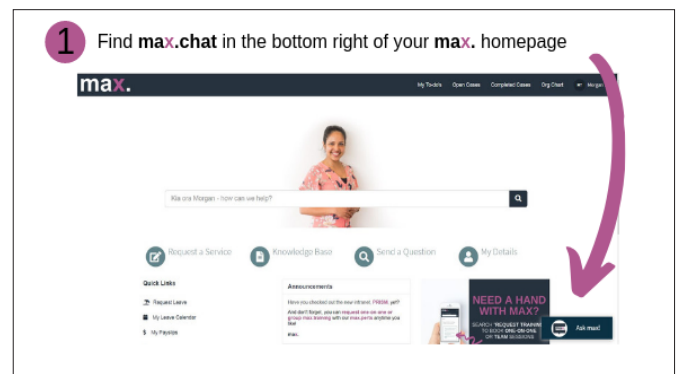
There are a couple of ways you can switch to live chat with one of your max.perts. This may happen automatically if max.chat can't answer your query, or you can select the three dots at the top of the max.chat to contact support.

And if you get stuck, you can always contact the max.perts via Ask A Question (under the main search bar on your max. homepage)



These figures show which services people have been using max.chat for since it launched

It's easy to use! Just follow these steps



One minute with... Meg Christie, Active Transport Health Promoter, Community and Public Health (C&PH)

What does your job involve?

I work on projects that enable disadvantaged communities to travel by active transport more. When I started in the role 10 years ago this was mainly for the physical health benefits that could be gained through the (at least) 30 minutes a day of physical activity that active transport provides and the improvements to air quality and congestion. Now there is a more holistic approach which realises the mental wellbeing, environmental sustainability, social capital and economic benefits that comes from active transport.

Why did you choose to work in this field?

I came to health promotion by accident, not design! I was working as an occupational therapist in mental health and, on a whim, applied for the position advertised. When I was preparing for the interview I realised that actually this was my dream job; I had lots of transferable skills and a million ideas about how I could influence this field. I was thrilled when I got the job.

What do you like about it?

I love the variety of theory, planning and evaluation, and hands-on projects. I have particularly enjoyed setting up cycling projects such as free bike fix-ups and the supported purchase of bikes, both of which have had the unintended consequence of reconnecting with my former mental health services colleagues and clients. Currently I'm working in the migrant

and refugee space helping women learn to ride and purchase the right bike for them.

What are the challenging bits?

I have to keep reminding myself that walking is also a vital part of the Active Transport equation because the cycling projects can take up all my time if I let them.

Who inspires you?

All the incredible volunteers who give up their time. There are too many to list but a special shout out to Canterbury DHB Medical Physicist Steven Muir. He has volunteered with fix-ups and rides, and has designed and made one of C&PH's most popular resources - the smoothie bikes - as well as many more projects.

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

Working with disadvantaged communities keeps one very grounded. Not everyone comes from a background of privilege and we are charged to do our upmost to provide the best we can to have equitable outcomes in opportunities for improving their health.

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

I can't do without pudding.

And your favourite music?

I'm pretty eclectic in my tastes but lean more towards world music.



Meg at the 30km mark in the Christchurch Marathon

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

Probably cycle touring somewhere warm. The Soča River valley in Slovenia was pretty special but we have plenty of beauty spots in New Zealand that are great for cycle touring like Nelson, Hawke's Bay, Coromandel, and Otago.

What do you do on a typical Sunday?

There's usually a group that I go out with for a run, walk, mountain bike or road bike, capped off with brunch. Then the rest of the day pottering in the garden. We have a half acre section so there are always jobs to be done.

What's your favourite food?

You can't go past locally grown and produced food, whether it's a curry eaten in Calcutta or a pizza in Naples. I also love eating seasonal organic produce from our garden within seconds of picking it.

Canterbury Grand Round

Friday 9 August, 2019 – 12.15pm to 1.15pm, with lunch from 11.50am. All staff and students welcome.

Venue: Rolleston Lecture Theatre.

Speakers: Deputy Health and Disability Commissioner Rose Wall and Director of Advocacy at the Health and Disability Commissioner (HDC) Jessica Mills.

“Complaints Resolution – Perspectives from HDC and the Advocacy Service”

Rose Wall and Jessica Mills will present on complaints management from the perspectives of HDC and the National Health and Disability Advocacy Service, with a focus on resolution between the parties.

Chair: Lester Settle.

It is requested out of politeness to the speaker(s) that people do not leave halfway through the Grand Rounds. This talk will be uploaded to the staff [intranet](#) in approximately two weeks.

Video conference set up in:

- › Burwood Meeting Room 2.6
- › Wakanui Room, Ashburton
- › Administration Building, Hillmorton
- › The Princess Margaret Hospital, Riley Lounge.

Next Grand Round is – Friday 16 August 2019, Rolleston Lecture Theatre.

Convener: Dr R L Spearing ruth.spearing@cdhb.health.nz

Something For You

Something For You is the Canterbury DHB employee benefits programme. The deals offered are from the Canterbury business community to say thank you for all that you do. You can access all your deals right [here](#). Remember, you'll need your Canterbury DHB ID badge to claim these deals, so be sure to take it along with you.

Eats on Oxford Opening Week Deal

- › Receive 50 percent off all main meals at the new Eats on Oxford dining lane (Ground Floor, 32 Oxford Terrace) during opening week 5–10 August. Find more information about what's available on the [Something For You home page](#).

Shoe Clinic Riccarton

- › Head instore to get 20 percent off all full price items. Offer available for Canterbury DHB employees and their immediate family members.



Saunders & Co Lawyers

- › Receive up to 20 percent off some legal services, send an email to cdhb.offer@saunders.co.nz to get a personalised quote for Canterbury DHB employees.

Mr Moss

- › Discounted rates on all moss removal treatments and more. Find more information under the Home Life and Maintenance section of Something For You.

Check out [Something For You](#) on the intranet for more information on these deals and many more.

George Abbott Symposium 2019

23 and 24 August | Christchurch



General paediatrics: The challenges in regional New Zealand

Join us for a two-day conference to hear from local and international experts on a range of topics including:

- cochlear implant
- meningitis
- encephalitis
- neonatal hypoglycaemia
- tech in health
- NETS transport model
- enterovirus and HPeV infections
- telehealth.

Rolleston Lecture Theatre | University of Otago, Christchurch
2 Riccarton Ave | Christchurch

Registration: otago.ac.nz/conferences/george-abbott-2019

Cost: \$150

For more information contact:

Associate Professor Tony Walls

tony.walls@otago.ac.nz (conference content)

Events Co-ordinator Paula de Roeper

paula.deroeper@otago.ac.nz (venue and registration)



Mental Capacity Law Conference 2019

Vida Law, the New Zealand Law Foundation and Thomson Reuters are pleased to provide details of the Mental Capacity Law Conference 2019, a full day conference to be held in seven centres across New Zealand in September 2019.

The conferences are aimed at lawyers, health professionals and others working with people who may lack capacity to make certain decisions. Every full paying registrant will receive a copy of the treatise, I Reuvecamp and J Dawson (ed) *Mental Capacity Law in New Zealand* (Thomson Reuters, Wellington, 2019). The cost of attending the conference is \$495.00 plus GST.

Topics to be covered at the conferences include:

- **Introduction to capacity law:** Professor John Dawson, Faculty of Law, University of Otago (Wellington, Napier, Nelson, Christchurch, Dunedin).
- **Ethical, relational and cultural elements of capacity:** Dr Brent Hyslop, Southern District Health Board and Professor Grant Gillett, Bioethics Centre, University of Otago (Christchurch, Dunedin, Hamilton, Auckland).
- **Capacity and Māori:** Dr Hinemoa Elder, Professor Indigenous Health Research, Te Whare Wānanga o Awanuiārangī (Wellington, Auckland).
- **Assessment of incapacity:** Dr Anthony Duncan, Capital and Coast District Health Board and Dr Mark Fisher, Auckland District Health Board (all centres).
- **Best interests – a standard for decision-making:** Alison Douglass, barrister (Wellington, Dunedin).
- **The Protection of Personal and Property Rights Act 1988: an overview:** Professor Bill Atkin, Faculty of Law, Victoria University of Wellington (Wellington).
- **Providing health or disability services to people who lack the capacity to consent:** Iris Reuvecamp, barrister and solicitor, Vida Law (all centres).
- **Enduring Powers of Attorneys and court-appointed guardians:** Iris Reuvecamp, barrister and solicitor, Vida Law (Nelson, Hamilton).
- **Supported decision-making:** Dr Jeanne Snelling, Bioethics Centre and Faculty of Law, University of Otago (Napier, Dunedin).
- **Children and capacity:** Professor Mark Henaghan, Faculty of Law, University of Auckland (Napier, Nelson, Christchurch, Hamilton, Auckland).
- **Participation in research:** Dr Cordelia Thomas, Associate Health and Disability Commissioner (Nelson, Christchurch, Hamilton, Auckland).
- **Donation of human tissue, gametes and embryos:** Professor Nicola Peart, Faculty of Law, University of Otago (Napier, Christchurch, Dunedin, Auckland).
- **The incapacitated trustee and company director:** Greg Kelly, Principal, Senior Solicitor, Greg Kelly Law Limited (Wellington, Auckland).
- **Participation in litigation:** Kimberly Lawrence, Senior Solicitor, Greg Kelly Law Limited (Napier, Christchurch, Hamilton).



The dates of the conferences are:

Wellington – 2 Sep; Napier – 3 Sep; Nelson – 10 Sep; Christchurch – 12 Sep;
Dunedin – 13 Sep; Hamilton – 18 Sep; Auckland – 19 Sep.

To request further information, or to register for the conference, please see www.mentalcapacitylaw.eventbrite.co.nz, email athenaeducationlimited@gmail.com or phone Iris Reuvecamp on 021 869 361.

A poster for a 'Spring into Action' walking challenge fundraiser. The background is a photograph of white magnolia blossoms against a clear blue sky. Two large, overlapping circles are centered on the image. The top circle is magenta and contains the 'child health' logo, the event title 'WALKING CHALLENGE FUNDRAISER Spring into action', the entry cost '\$10', the registration deadline '2pm, Monday 26th August', and a statement about how funds will be used. The bottom circle is white and contains contact information for registration, a list of prizes, and a disclaimer. The overall design is clean and uses a color palette of magenta, white, and blue.

child health

WALKING CHALLENGE FUNDRAISER

Spring into action

Entry cost: \$10

**Registrations close
2pm, Monday 26th August**

Funds raised will be used to purchase much needed medical equipment for Canterbury Child Health Services

To register and pay contact
elana.breytenbach@cdhb.health.nz
(364 0742 or ext. 80742)

The Māia Health Foundation team will then email through details of the rules, step counts and banking.

1. Individual with the highest number of steps in the month of September.
Prize: a Weber Q1000 BBQ (courtesy of Dominion Constructors and Māia Health Foundation)
2. Department with the highest total number of steps.
Prize: morning tea shout for the team.
3. Department with the highest average number of steps per participant.
Prize: a morning tea shout for the team.

By registering to be a part of Spring into Action you agree to participate to the terms and conditions of this promotional fundraiser for Child Health. You agree to partake in this competition in good faith, understanding that the validity of each measuring device may differ slightly.

This is a fundraiser event, designed to improve the health and well-being of the participants by encouraging you to be more active during the month of September. Child Health Services and Māia Health Foundation accept no responsibility for discrepancies in the calculation of individual steps.



Corporate 8+ Rowing Challenge 2019 Avon Rowing Club

Are you ready for a challenge?

Step outside your comfort zone: build fitness, tone those muscles, learn a new skill while developing teamwork, supporting staff well-being and having fun!

It's so much more than racing!

Training and racing develop teamwork, problem solving, company spirit and camaraderie which will transfer positively to your workplace. This fundraiser allows Avon Rowing Club members to access the resources they need to be successful.

No rowing experience is required. Each crew needs 8–12 members of mixed gender.

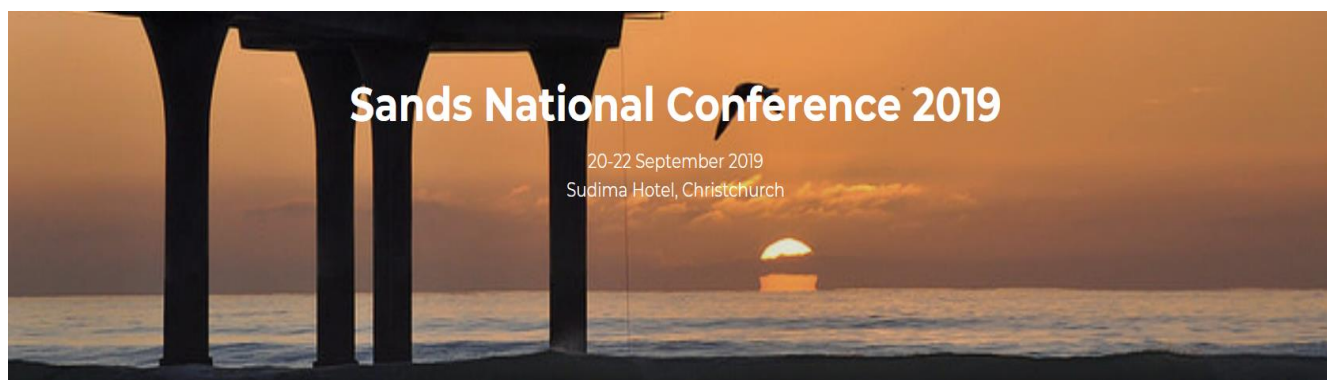
- Training starts Sunday 8 or 15 September. Regatta: Sunday 13 October
- Your crew will have a dedicated coach available for up to 12 on-water training sessions over three to five weeks
- Optional indoor rowing sessions each Thursday 5.30 – 6.30 pm
- You can expect to race three or four times
- Maximum of two registered rowers per crew

Cost: \$1200+gst per crew, \$2200+gst for two crews. Coaching, racing events, and race day refreshments inclusive

[Registrations](#) close **Friday 30 August**

For more information contact Jane 021 027 13015
manager@avonrowingclub.com





Our Keynote Speakers

Jane Weekes

Since surviving the loss of her triplets in a tragic fire in Qatar, Jane has completed a Bachelors of Counselling and is now working alongside people experiencing difficulties in their lives such as trauma, grief and loss, postnatal depression, relationship difficulties and addiction.



Janel Atlas

Janel Atlas is a PhD candidate of English at the University of Delaware. Her research centres on emotion and writing studies, particularly the importance of writing about loss, grief, and trauma. She is especially interested in ways in which a writing practice helps individuals process and grow through difficult experiences.



The conference will have something for all health professionals, social workers, counsellors, funeral directors and those who have experienced loss.

REGISTRATIONS OPEN: <http://sandsconference.weebly.com/>

Mandy
Ara staff

KNOWLEDGE BUILDERS

Now's the time to lead and guide.

Help meet the increasing demand for professional oversight in the social service, health and community sectors with our one-year, part-time Postgraduate Certificate in Professional Supervision. This qualification will equip you with the knowledge and skills to supervise your peers to manage and ensure critical reflection, compliance, risk minimisation and service delivery.

Postgraduate Certificate in Professional Supervision
starts in August. **Apply now at ara.ac.nz**



Ara

Institute of Canterbury
Ara rau, taumata rau