



ceo update

Friday 23 May - Rewarding week for CDHB's partners

It's been an outstanding week for Orion Healthcare, our strategic partners who develop health IT software and for Leigh's Construction, who built our new Acute Medical Assessment Unit last year along with the new wards in the Parkside Block at Christchurch Hospital.

Orion Healthcare

Last Friday night Orion Healthcare took out top honours in the New Zealand Hi-Tech Awards - the PwC Hi-Tech Company of the Year Award for 2014. They also took home the NZMEA Hi-Tech Exporter of the Year Award for companies over \$5m.

Judges were highly complimentary about Orion Health's performance and future plans: "Orion Health has demonstrated outstanding year-on-year growth, substantial business acumen in a terribly complex and competitive market, and amazing international diversification. It is no small achievement that Orion Health has obtained 49 of the 50 US states as customers. Orion Health is simply a standout example of a New Zealand company that has achieved global presence and financial scale through product and management excellence".

I would like to endorse the judge's remarks and congratulate the Orion team. They are involved with some ground-breaking developments here in Canterbury, and I think one of the secrets to their success is that they create solutions to problems encountered by real health professionals every day. They work hard to meet our needs and tight time-frames.

Leigh's Construction

Orion weren't the only people celebrating last week. The team from Leigh's Construction was the Gold Award Winner and National Health Category Winner in the Master Builders New Zealand Commercial Projects Awards. They won three awards for this project including a Gold and Special Award – these top honours recognised the work they carried out while constructing the new Acute Medical Assessment Unit (AMAU) and the new wards in the Parkside Block.

The judges mentioned some of the challenging dimensions of this construction work in an occupied hospital building, with 24/7 services and a need to maintain mechanical services and medical gas lines running through the work zone. "The successful completion of this project in such complex circumstances is a great testament to all involved."

This is well-deserved acknowledgement for Leighs. I would also like to acknowledge the wider team involved in this project, including all of the CDHB staff, the architects, designers, engineers and quantity surveyor, as well as all of the sub-tradespeople who worked in a respectful way to minimise disruption to patients.

Leigh's Construction has since formed a joint venture company with Cockrams and are the lead contractors for the redevelopment work taking place on the Burwood Health Campus.

Kaikoura's Integrated Family Health Centre

Kaikoura's long awaited Integrated Family Health Centre's site was given a traditional Māori blessing this morning to prepare it for the construction that's about to start.

Members from the community and representatives from Te Runanga o Kaikoura, the Kaikoura District Council, the Kaikoura Health Facility Charitable Trust, Canterbury District Health Board, Kaikoura MP Colin King and construction firm Arrow International gathered at dawn for the official ceremony.

Sir Mark Solomon acknowledged the sadness of losing the old buildings but said the new building will give the community hope for the future.



Continued on the next page...

“As a family, this hospital has been here for us for everything from births, and deaths to cut thumbs. We are sad to see it go, but at the same time we know that what replaces it will be of great benefit to the community,” Sir Mark says.

David Meates, Canterbury DHB chief executive says, the ceremony highlights new beginnings. The new \$13 million Kaikoura Integrated Family Health Centre will replace the old hospital and provide facilities for primary care, aged care, acute care, maternity care and radiology services.

Notes:

- The government has agreed to a \$10million spend to support the construction of the IFHC.
- The community is raising the other \$3.4 million that is needed.
- The new IFHC will be on the site of the old hospital so it will be a complex, staged development.
- The Kaikoura hospital originally opened on 3 June, 1912 – parts of it are over 100 years old, making it the oldest health facility in use in Canterbury, and possibly New Zealand.



Friday facilities fast facts

Burwood

Work on the Back of House precast columns has continued – a definite idea of the size and shape of the building is beginning to emerge. The Back of House will contain the hospital kitchens, loading docks and supplies, mail room, cleaners’ offices, bike shed and staff change, linen delivery and waste collection. The photo below was taken on Tuesday 20 May.



Leigh’s Cockram has scheduled the first major concrete pour, at the Back of House, at the beginning of June. Concrete pours are a large undertaking, so there will be more truck movements and other activity on pour days.

A meeting with some of the neighbours whose houses back onto the construction site was held this week, to address any issues and to answer their queries.

The signage for the roadworks at Gate 2 and Gate 3 has been improved following staff input.

Christchurch

C-spaces mock-up: This is the last call to view the Design Lab mock-up of the ward ‘C’ spaces. This space describes the clinical support spaces on wards, areas such as medication rooms, and what’s known as the “patient heart space” – a space for patients to interact with their families.

The mock-up is available to view on Monday 26 May, 10am to 12 noon. For more information, contact Philippa Smith (philippa.smith@cdhb.health.nz)

Locker survey: Samples of new staff change lockers will be available shortly for staff to inspect. The lockers will be on display in the Radiology department admin corridor.

For more information on our facilities development, please drop us a line at: itsallhappening@cdhb.health.nz

Health Precinct partners formalise collaboration

The formal signing of a collaboration agreement of agencies developing key elements in Christchurch's new Health Precinct took place yesterday, Thursday 22 May 2014.

Canterbury District Health Board chief executive David Meates said "The Canterbury DHB sees the health precinct as a key development in enhancing, strengthening and building our health system and its workforce now and into the future which will enhance our ability to continue to build a vibrant, innovative and sustainable health system for our population".

Further information about the Health Precinct can be found on the following websites:

www.ccdh.govt.nz/projects-and-precincts/health-precinct

www.ccdh.govt.nz/our-progress/announcements/health-precinct-partners-formalise-their-collaboration-22-may-2014

www.stuff.co.nz/the-press/business/the-rebuild/10065965/Project-a-first-for-health-precinct

www.facebook.com/#!/CanterburyEarthquakeRecoveryAuthority



The signatories are (from left) Fiona Haynes, CPIT; Professor Harlene Hayne, Vice Chancellor Otago University; Roger Sutton, Chief Executive CERA; Dr Rod Carr, Vice Chancellor University of Canterbury; and David Meates, Chief Executive Canterbury District Health Board.

Child Haematology Oncology Centre Project (Interim Choc)

Site redevelopment Unit - Project Newsletter - 21 May

[Read more](#) about the latest progress including:

- End in sight for really noisy work
- Pipe and cable relocation
- Demolition of hydrotherapy pool
- Crack injection work



Bouquets

Acute Admitting Unit – Ashburton Hospital

A recent AAU patient wished to pass on grateful thanks to the staff who looked after her during her presentation following an upsetting incident. Staff she wished to compliment were Karly and Muna. She said they were very respectful and compassionate of her situation, and that she was overwhelmed by the kindness shown to her. The department was busy and she was impressed by the professionalism shown. She wishes to pass on a very grateful “Thank you very much”.



Ashburton Hospital

I have had a difficult time made easier. For out of town people who are away from Christchurch and their family.... The staff are very friendly and go out of their way to help each patient. The food is outstanding and the café staff are very helpful as well. I could not find anything to complain about.

A patient from Christchurch

Cardiology, Christchurch Hospital

A big thank you to Jill Murphy, the ward clerk in Cardiology for all the assistance she gives to the young doctors in particular when they are new to the cardiology run. It is greatly appreciated by all concerned and makes their transition to the area considerably easier and more enjoyable.

Emergency Department, Christchurch Hospital

Hi Dr Ardagh, just wanted to say thanks to your department and staff for their considerate professional caring manner when I presented on Friday night in acute pain. They gave me pain relief and a diagnosis and moved me on in quick time and were competent and helpful. As an ex-staff member I was on the other side and it was very good. Thanks again.

ICU, Christchurch Hospital

Compliments to all staff who looked after my husband. Not the easiest of jobs considering his state. We all appreciate all you do. Wonderful job.

Ward 18, Christchurch Hospital

Great service and all lovely doctors and nurses.

Department of Surgery, Christchurch Hospital

I presented acutely to the Emergency Department then went to SARA, Ward 11 and Ward 20. My surgery went well. I would like to thank all the staff involved in my care and felt at all times in good hands. Their care of me was good. Thanks once again.

Ward 10, Christchurch Hospital

Lovely staff in this ward. Well done and thank you for the care you gave our whānau member. Especially the night staff.

Surgical team in Theatre 10, Emergency Department, Wards 10 and 16, Christchurch Hospital

Thank you all so much for looking after me from start to finish. All the staff were so friendly even though it was obvious they were very busy. A job well done. Our tax dollars are well worth it and hard at work.

Emergency Department and AMAU, Christchurch Hospital

Took gentle, professional care. Spoke nicely to older person. Mindful of her distress. Helped her clean herself and made her very comfortable. Had her feeling secure.

Christchurch Women's Hospital

You guys are wonderful. Thank you so much!

Physiotherapy, Christchurch Hospital

Office staff – physio brilliant – great communication and friendly, thank you.

Young Nurse of the Year Awards

The inaugural Young Nurse of the Year awards are being held in conjunction with the NZNO annual general meeting and conference on September 17 and 18.

The awards aim to:

- Recognise and celebrate the often exemplary work of nurses in the younger age group who may still be in the early stages of their career.
- Encourage younger nurses to demonstrate their commitment to the nursing profession.
- Provide an incentive for them to remain nursing in New Zealand.

The idea for the awards originated with a group of young nurses who were identifying and putting in place strategies for supporting their peers in the workplace. Other initiatives the group created are the website, www.nznursesstation.org and a nurses station Facebook page. They have also submitted an article for publication based on their project work.

The winner of the award receives a prize pack which includes cash, trophy, and cash contribution toward education or professional development. Colleagues are encouraged to submit nominations.

Further information can be found on the nurses' station website mentioned above.



Young nurse of the year awards

Celebrating young nurses' achievements

www.nznursesstation.org/young-nurse-awards



Canterbury Hospitals' Friday Clinical Meeting (Grand Round)

30 May 2014, 12.15-1.15pm (lunch from 11.50am)

Venue: (Rolleston Lecture Theatre)

Health Research Society of Canterbury Research Speakers

Speaker: S Tredinnick, NZi3 & Mech Eng, UoC and Orthopaedic Surgical & Musculoskeletal Medicine, UoC.

Topic: Rapid Osseointegration of titanium scaffolds in a sheep model.

Speaker: K Lamvik, Com Disorders, UoC and NZ Brain Institute

Topic: Sequencing of pharyngeal pressure during wake and sleep swallowing.

Speaker: S Becker, Dept Eng, UC

Topic: Skin Electroporation: Test Cell Re-Configuration.

Speaker: Yue Pei, Dept Psychol UC

Topic: Trace amine-associated receptor 1 activation modulates methamphetamine's neurochemical and behaviour effects.

Chair: Assoc Prof Steven Gieseg, Free Radical Biochemistry, University of Canterbury

Video Conference set up in:

- Burwood Meeting Room
- Meeting Room, Level 1 TPMH
- Wakanui Room, Ashburton
- Telemedicine Room, Admin. Building 6 – Hillmorton

For more information contact: ruth.spearing@cdhb.health.nz

Big reduction in duplicates good for patient safety

Staff are being congratulated for a big reduction in the number of National Health Index (NHI) duplicates being created.

New NHI numbers are created when staff are unable to find a patient's NHI. In 2012 many duplicate NHIs were being created each day but now only a couple of duplicates are being created each month. Creating a duplicate NHI causes a clinical risk for treating a patient because clinicians are unaware of all the information held under the other NHI. It is also time consuming to fix duplicates later, taking from half an hour to six hours per patient depending on the complexities of investigating and merging electronic and paper records into one.

In the latest monthly Ministry of Health NHI Duplicates Report, Canterbury is at 0.5% duplicates per 197 new registrations compared to around eight to 12 per cent when a project to reduce them started in 2012.

Consultant Haematologist, Ruth Spearing, says this very real achievement has come about from a lot of hard work from a lot of people.

"It has also resulted from people at the 'front door' realising how much they are an important part of our patient safety culture and how by being meticulous in everything we all do, we can ensure that mistakes that impact on patients don't occur."

Chief of Radiology, Sharyn MacDonald, says from a patient safety and quality of care perspective it is great to see the incidence of NHI duplication reduced to very low levels.

"As we increasingly work with and rely on electronic medical records it is critical that a patient's care is not put at risk by having a record that is fragmented over more than one NHI."

The many people involved in this work should be proud of what they have achieved, she says.

Project Manager, Medical Surgical Division, Angela Mills, says the results should be celebrated and all staff need to be acknowledged for making a difference in this area.

Nurse's action recognised by police

A CDHB intensive care staff nurse has received a district commander's commendation award at a recent Police Awards ceremony.

Lizzie Johnston-Walker was one of only two community or non-sworn recipients of an award presented by Superintendent Gary Knowles.

In the early hours of Saturday 14 December 2013, Lizzie was driving on Lincoln Road when she saw a person lying on the footpath. Despite possible risk to herself she stopped to see if he was alright.

The person was an off duty police officer who had a significant wound to his head and was unconscious and bleeding. When Lizzie stopped, several drunk members of the public were trying to move him. She prevented them from doing so, gave first aid and called emergency services.

Her award states that Lizzie's "altruistic intervention meant that the officer received immediate medical attention and was saved from further injury."

"She is to be commended for her selfless actions and care for the officer in a potentially dangerous environment."

Lizzie says she did think at the time that one of the drunk people on the scene might "try to take a swing at me," however she feels that stopping to check on the person "was something anyone else would have done."



Above: Lizzie Johnston Walker with Superintendent Gary Knowles at the award ceremony.

Saving tens of thousands of dollars and hundreds of hours was a common theme at a Collabor8 presentation recently. Nineteen participants from across the health sector shared how they have solved issues in their workplace through a little bit of lean thinking.

Charge Audiologist Gurjoat Vraich showed how his team had slashed waiting times for new patients from 15 months to six weeks through their idea to start Saturday clinics and triage patients differently.

CNS Maria van den Heuvel reviewed the current practice related to pre-admission investigations for Multidrug Resistant Organisms (MDRO) for elective admissions at Burwood Hospital. North Island patients considered at risk are now sent a pack containing the swabs, specimen bag, instructions and courier bag so all testing can be carried out before the patient arrives. This eliminates the need to isolate patients unnecessarily and is making savings of approx. \$10,522 per year.



Rohanne Compton team leader vascular surgery talks about the Winscribe project.

At Nurse Maude, RN Lyn Godsell's proposed change for more timely delivery of pain relief to patients with improved communication between the Registered nurse and the Enrolled nurse who lead two separate wards on afternoon shift has the potential to save \$910 a week.

Among the other projects were ideas for: developing clear roles and updating handbooks for CREST case managers; creating standards for the Winscribe transcription system; redoing the Diabetes Type 2 study day presentation to reduce it by two hours and make it more attractive for attendees; and a proposal to create sluice room facilities at Hillmorton Hospital to remove infection control risks.

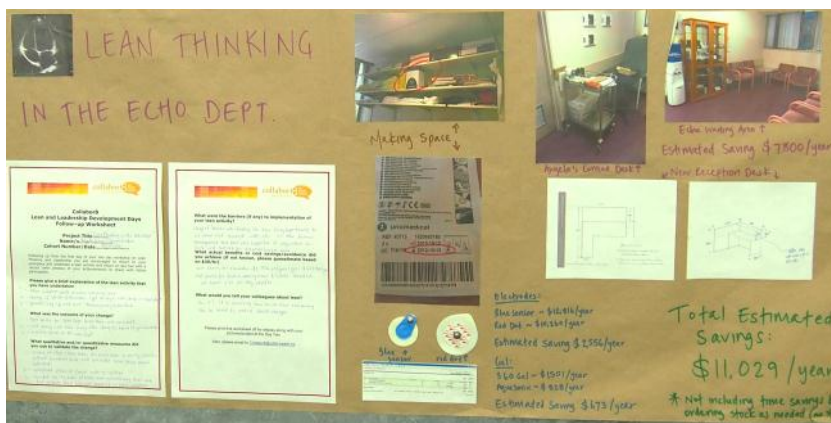
Creating order from disorder was a theme of several presentations as staff dived into neglected basements and cupboards. Keep, store, throw was the mantra for Orderly Service Manager Simon Rix as the orderlies cleaned out the Radio Room.

"We found five years' worth of overnight milk delivery sheets in a drawer," he said. The flow on effect has been people taking greater responsibility for sorting out and clearing other areas used by the orderlies.

After presenting their ideas, the presenters became the audience and listened as their presentations were told back to them. Coordinator Brian Dolan said the exercise was really valuable for presenters. "It gives them some distance from the project. They have the opportunity to hear the concept, and think "wow, that's a good idea".

Participants at the day long workshop had positive feedback about the Collabor8 course. Many were amazed that such big money and time savings could be made through simple changes. "Over time as the benefit of these Collabor8 projects accumulate, there will be significant savings for the DHB," and "small things make a big difference" were among the comments.

Chief Medical Officer Nigel Millar praised the commitment of the participants to challenge the status quo. "We've moved away from the idea you have to do something because that's how 'they' have always done it," he said. "You've seen how something could be improved and gone for it." He said the combined intelligence of Canterbury DHB's 9,000 staff, all working on small projects could make a huge difference to the health service.



A poster from the ECHO department describes how they propose to save \$11,029.00.

ceo update In brief...

Ashburton nurses reunion

More than ninety nurses gathered from as far away as Auckland to attend the Ashburton Biennial Nurses Reunion last Sunday.

All nurses who have trained or worked for Ashburton health services were invited. Morning tea was held prior to a service in the Ashburton Hospital Chapel. Following this the nurses, who ranged in age from their 20s to their 80s, enjoyed lunch together at a local hotel.

One of the organisers, Dorothea Webb, said she was thrilled at the turn out, the event was a great success with nurses enjoying the camaraderie and friendship. The theme was Past, Present and Future, and every guest who had begun their training 60 years ago was presented with a bunch of flowers, 31 of these were given out.



Orientation SharePoint Information Site for Managers and Employees

Need more information on orientation and changes but do not know where to get the detail?

With the launch of the new HR SharePoint pages we now have a section devoted to orientation information for managers and employees.

To access orientation current news, dates, specific information on the new health system and essential information online orientation click [here](#).

If you have any questions, feedback, issues and suggestions for information to add to this site please send them through to Chris Dalglish on Phone: 337 8968 or DDI: 68968.

New Human Resources (HR) Site Launched on SharePoint



For all the latest HR information on:

- Health, safety & wellbeing
- Learning and development
- Recruitment
- Employee benefits
- Employee engagement
- HR Toolkit and forms
- Pay and policies, and
- Orientation

.....Click [here](#)

New University of Canterbury paper - Health Management Paper

In response to learning needs from within the health sector, Canterbury University has created a new Health Management post graduate paper. The course provides a platform to effectively lead, manage and change NZ health sector organisations and the people who work in them.

Course content includes: health system governance, health system strategies, human resource and financial management, production planning, supply chains and health law. Click here to read more: [Health Management](#) (Fri 22 /Sat 23 Aug & Fri 19 /Sat 20 Sept)

Check out the range of other courses we have on our [Development Calendar](#) or contact L&D Co-ordinator. Ext: 66807/ email: Stephanie.Donaldson@cdhb.health.nz

This way to a digital hospital

Now is the time for a conversation about how a digital hospital could work for us.

Join an IT User Group, or nominate one of your colleagues, and get involved in creating a digital hospital experience that really works.

For more information on the IT strategy or to attend an IT Masterclass see the [poster](#) or contact Mark Dingle at mark.dingle@cdhb.health.nz

Join before 29 May.

Walk through a giant inflatable colon and learn more about bowel cancer

Bowel Cancer Awareness week begins on 2 June.

Beat Bowel Cancer Aotearoa will have an information stand and an inflatable colon set up in the foyer of the University of Otago, Christchurch (on the Christchurch Hospital campus) during the days of Tuesday 3 June 3 to Friday 6 June. Drop in and see what new information is available and walk through the colon. Representatives from Beat Bowel Cancer Aotearoa will be there.

Beat Bowel Cancer Aotearoa is a nationwide, patient-led organisation committed to reducing the impact of bowel cancer on our community through awareness, education and support.

The University of Otago, Christchurch, will be hosting more displays and lectures by community organisations this year. See details of upcoming events at:

<http://www.otago.ac.nz/christchurch/news/communicationsoffice/otago063965.html>

EPMU members - Partial withdrawal of labour 23 to 28 May, 30 May to 2 June and 3 to 11 June:

From 0600hrs on 23 May until 0600hrs on 28 May

and

0600hrs on 30 May until 0600hrs on 2 June

and

0600hrs on 3 June until 0600hrs on 11 June (this block of industrial action has been extended)

members of NZ EMPU will partially withdraw labour. This means that they will not perform certain tasks.

Advice relating to EPMU industrial action

All our staff are highly valued and we respect their right to take industrial action as part of a dispute. During industrial action CDHB's focus is twofold: On maintaining high standards of healthcare at all times, and on keeping negotiations open with a view to resolving any dispute as soon as possible.

- Contingency plans are in place and staff should go about their business as usual.
- If you need to order supplies or log a maintenance job, simply do what you would normally do.
- While both Supply and Maintenance & Engineering team will endeavour to maintain the current level of service, you may experience some minor delays as priority will be given to emergency and urgent requests.
- Please ensure you only make urgent requests for genuine high priority situations.

This message will next be repeated on 29 May, in advance of the second block of industrial action as detailed above.



Canterbury
District Health Board
Te Pouni Hauora o Waitaha

West Coast District Health Board
Te Pouni Hauora a Rohe o Tai Poutini

CHOOSE A REWARDING CAREER

Medical & Dental Nursing & Midwifery Allied Health Corporate & Support

133645 Quality Manager
133166 Registered Nurse - Plastics Outpatient Department
132879 Education Liaison Officer
132813 Facilitator – Child Health Service Level Alliance & Palliative Care Workstream
133291 Business Development and Innovation Manager

[Click here to see more opportunities on the careers website](#)

One minute with...Michelle Whitaker, Community Wellbeing Co-ordinator, Healthy Christchurch

What does your job involve?

I'm the community wellbeing part of Healthy Christchurch. The CDHB leads this collaborative initiative that includes another 200+ organisations. It is a vast network where organisations share information, resources, and seminars and collaborate on key projects.

My role is to create, respond to and support opportunities that enable community wellbeing. Things like The Wellbeing Game, the River of Flowers Feb 22nd anniversary, and I'm also involved with the All Right? wellbeing campaign. My days are varied and interesting and I get to work with amazing people from Community & Public Health, CDHB and other Canterbury organisations.

Why did you choose to work in this field?

I'm interested in social change and social innovation – the desire to really make a difference. I've been working with communities for over 18 years and came from the Not for Profit sector. I'm pretty creative and passionate and committed to collaboration as a way to effect sustainable change - so I need to be in a role that enables this.

What do you love about it?

I need to be very flexible and responsive to issues and opportunities as they arise within the CDHB and across the community. I like the challenge and variety. I get to be innovative and come up with solutions and then implement them. It's very satisfying.

What are the challenging bits?

Creating change means doing things differently. A lot of people don't like change so I find some resistance to ideas and projects initially. I've learnt to express concepts in the language and ideology of the audience I'm talking to so they really get it. Healthy Christchurch is a great context though to do this work as it is part of the Kaupapa.

The last book I read was...

I read The Hobbit to my 9 year old son before we saw the movie(s).

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

I just got back from a month in Spain and France so I feel a bit guilty saying I want to go back again!

My ultimate Sunday would involve...

No housework! A sleep-in followed by a picnic with friends in a beautiful Christchurch park with some great bands playing in the background.

One food I really dislike is...

Shellfish – I dissected mussels at university and found out far too much to ever eat them again.

My favourite music is...

From Indie to Blues. My favourite kiwi group is definitely Fly My Pretties. I listen to Kiwi and RDU.

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



**Department of Psychological Medicine
University of Otago, Christchurch
& the
Specialist Mental Health Service
Canterbury District Health Board**

Clinical Meeting
Tuesday 27 May 2014
12:30 pm – 1:30 pm

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

"Clinical, legal and ethical issues in a case of maternal suicide – a UK Experience"

Presenter: Dr Jan Hillier
Chaired by: Dr Carol Dean

SPECIAL NOTES:

These meetings will be held on a weekly basis (except during school holidays) and the details of the next meeting will be emailed to you in advance.

A light lunch will be served at the School of Medicine venue from 12 noon.

Psychiatrists can claim CME for attending these meetings.

The sessions will be broadcast to the following sites:

For **TPMH** attendees the venue is the **Child, Adolescent & Family Inpatient Unit, Ground Floor**. Access is from the main reception at TPMH.

For **Hillmorton** attendees the venue is the **Lincoln Lounge, Admin Building, Hillmorton Hospital**.

The dial in address is: **Psych Med Grand Round**.

If you have difficulties dialling in please call **0800 835 363** to be connected.

Community and Public Health Staff in the pink

Pink Shirt Day is about working together to prevent or stop bullying by celebrating people's differences and promoting positive relationships.

It is an annual event celebrated in many countries around the world. Pink Shirt Day encourages people to talk about bullying and take action against it.

Pink shirt day is today, Friday 23 May. New Zealanders are asked to speak up, stand together and stop bullying.

Right: Staff at Community & Public Health support Pink Shirt Day.



News from the Canterbury Clinical Network, May 2014

At Monday's meeting of the Canterbury Clinical Network Alliance Leadership Team, Dr Angus Chambers was welcomed as a new member to add an urban GP perspective. Fran Cook and Dr Angela Judd of the Community Services Service Level Alliance and the rest of the CSSLA team were warmly congratulated for their progress - including the successful shift from a medical model to a 'service user' driven restorative one. Professor Ian Town was appointed as new independent chair to the Pharmacy Service Level Alliance Chair. The Health of Older People Workstream described key activities underway to support increased social connectedness, improve the patient journey for people post diagnosis with dementia and provided an update on the Core Programmes – CREST, MMS, Falls Prevention etc.

To read about other reports, discussions and key decisions at ALT [click here](#)

'Insights and Observations: Reducing Harm from Falls' Webinar with Frances Healey

Join Dr Healey for workshops and meetings on reducing harm from falls....[read more](#) .

On Friday 30 May at 8.30am, Frances will reflect on what she saw and learned in New Zealand on a recent visit, in a webinar 'Insights and Observations: Reducing Harm from Falls'.

The webinar will be screened at the following venues:

- John O'Donnell Meeting Room, Medical Day Unit, ground floor Parkside, Chch Hospital (Contact: Alison Gallant)
- Marshlands Room, Burwood Hospital (Contact: Lynn Brice)
- Level 1 Meeting Room, TPMH (Contact: Dinesh Lal)

Volunteers needed to pilot new nursing competence process

The Nursing Council is working with the Christchurch Institute of Technology (CPIT) and the Manukau Institute of Technology (MIT) Schools of Nursing to develop and test new assessment processes and tools for the Council's competence review process.

An important part of the development includes a testing or pilot phase. The assessment team is looking for practising registered nurses who would be willing to volunteer their time (about four to six hours) to be reassessed at the CPIT pilot site.

The assessment involves an observation of practice in a simulated setting, an assessment and care planning exercise and a multi-choice and short answer test.

Those taking part will be asked to sign a consent form to have their assessments videoed for the purpose of training assessors and evaluating the validity of the assessment process. They will also be given an opportunity to give feedback on the process. Nurses who take part can be assured that the Council will not know who they are or know the outcome of the assessment. They will be required to sign a confidentiality agreement not to disclose the process or tools.

The CPIT pilot will take place at CPIT School of Nursing on Saturday 19 and Sunday 20 July and volunteers will be offered a morning or early afternoon time. Each nurse who volunteers will be exempt from Nursing Council random audit for three years and given petrol, parking and meal vouchers for the day. If you are interested email becky.hickmott@cdhb.health.nz

Please note

The below memo has been amended from the version published last week.

INTRODUCTION OF THE COOK® PICC

Following a successful 12 month evaluation of the COOK® Turbo-Ject™ PICC in haematology/oncology we are now rolling these out across the CDHB. This PICC will replace the current ARROW brand PICC.

There is an excellent variety of PICC configurations in the COOK® range that meets both the clinical and patients treatment requirements. Interventional radiology staff can help advise and select the correct PICC for your patient.

There are some subtle differences between the new COOK® PICC and the previous ARROW PICC (detailed below) which you need to be aware of to safely manage a patient with a COOK PICC.

The CVAD insertion & maintenance form still needs to be used with the COOK PICC.

WHAT YOU NEED TO KNOW ABOUT COOK® PICCs:

- The tip of the PICC is trimmed, on insertion by the IR staff, to suit the patient's size therefore there is less external catheter under the dressing. This minimises the risk of inadvertent catheter migration during dressing removal and changes
- Expect the external measurement to now be approximately 4cms only
- The PICC has a reverse taper which assists in preventing inward migration (i.e. the PICC increases in diameter from the 4cm mark to the purple wings see fig 1)
- The centimetre markings are clear, do not rub off, and begin from the purple wings at '0'cms enabling you to measure exactly how much PICC is external to the patient in a logical order (i.e. 0-5cm etc see fig 1)
- The PICC has Roberts clamps making it easier to open and close the clamp and these clamps cannot be removed by patients or staff (see fig 1.)
- The double lumen PICC has lumens exiting at the same point. The single lumen PICC also has the same configuration refer to the section 'IMPORTANT INFORMATION' (see fig 2)
- The COOK PICC allows higher flow rates and can be used in some circumstances for CT bolus contrast injections

IMPORTANT INFORMATION:

There is **NO PURPLE** marking 2cm from the insertion site on this catheter (these marks were added by IR staff on the previous Arrow catheters but are not needed on the COOK product because it is already clearly marked in 1cm increments (as above)

On removal there is **NO BLUE TIP** on the end of the COOK® PICC

Following the removal of a COOK® PICC remember to measure the length and compare it to the documented insertion details on the CVAD Insertion and Management form (If the form is not available contact Interventional Radiology on the following ph number: 81410



Red circle indicates the area of the dressing where the purple wings sit



Completed dressing

Life in the bike lane – Weekly teachings from ED

Weekly Christchurch Emergency Department teachings are captured in a newsletter titled, Life in the bike lane. It was started by Neil Long, Emergency Medicine advanced trainee last year. Neil has since moved to Australia, but it has been continued by Jacques Loubser and Owain Wright, both advanced trainees in Emergency Medicine.

“The aim is to stimulate conversation in ED, serve as a catalogue of teachings and be a journal club. We also hope to involve other departments in conversation and hope it can serve as a way to feed back interesting developments,” says Jacques.

“The publication comes out weekly and is well supported by all RMOs and the wider Emergency Medicine team. The format lends itself to a wider audience and feedback has been very positive,” says Scott Pearson, Consultant Emergency Physician.

There is a recently introduced ‘letters to the editor’ section to encourage feedback. To be added to the distribution list, email christchurched@gmail.com

Click below to read some of the previous editions:

[Newsletter 18](#)

[Newsletter 19](#)

[Newsletter 26](#)

Car Safety

With cold temperatures starting in June and the likelihood of snow, wind and flooding it's a good time to talk about preparing to come to work and winter planning. Below is a really good resource that covers everything for your car safety.

You can avoid many dangerous weather problems by planning ahead. Plan long trips carefully, listening to the radio or television for the latest weather forecasts and road conditions. If bad weather is forecast, drive only if absolutely necessary.

Check or have a mechanic check the following items on your car:

- **Keep your fuel tank full** - in case an evacuation is needed.
- **Do not drive through a flooded area** - Six inches of water can cause a vehicle to lose control and possibly stall. A foot of water will float many cars.
- **Be aware of areas where floodwaters have receded** - Roads may have weakened and could collapse under the weight of a car.
- **If a power line** falls on your car you are at risk of electrical shock, stay inside until a trained person removes the wire.
- **Antifreeze levels** - ensure they are sufficient to avoid freezing.
- **Battery and ignition system** - should be in top condition and battery terminals should be clean.
- **Brakes** - check for wear and fluid levels.
- **Exhaust system** - check for leaks and crimped pipes and repair or replace as necessary. Carbon monoxide is deadly and usually gives no warning.....Click here for more...
<http://www.ready.gov/car>

Make an Emergency Kit for Your car:

- **Jumper cables:** might want to include flares or reflective triangle
- **Flashlights:** with extra batteries
- **First Aid Kit:** remember any necessary medications, baby formula and diapers if you have a small child
- **Food:** non-perishable food such as canned food, and protein rich foods like nuts and energy bars
- **Manual can opener**.....Click here for more...<http://www.ready.gov/car>