



Close to 3,000 Cantabrians now have electronic Advance Care Plans

How do you want to be cared for at the end of your life?

Dying is something none of us really want to think about, but when the time comes, having our loved ones and health care teams know about the treatment and care we want is definitely preferable.

For example, where would you want to be cared for if you could no longer care for yourself and what type of care would you like towards the end of your life? What types of treatment would you prefer not to have?

That is where Advance Care Planning (ACP) comes in – thinking about and sharing our future health care and end-of-life care. It's about identifying what matters to you and making sure it happens.

For those who work in health care, knowing a patient's values and what is important to them can make their treatment approach clearer and easier to follow, ensuring we maintain their integrity and mana.

And it's vital in helping people take control of their own health, particularly if they are no longer able to speak for themselves.

In Canterbury, ACP has become an increasingly common part of the Canterbury healthcare landscape. The number of ACP conversations and ACPs generated has grown significantly in the last few years and we now have close to 3,000 electronic ACPs completed by people in the region.

Since the programme was established across health settings in Canterbury, the majority of patients with ACPs are dying in their preferred place and half as many patients with ACPs are dying in hospital as the general population.

Kia kōrero

Let's talk

Advance care planning

Eighty-seven percent of Canterbury's general practices support patients to create ACPs.

To encourage people around the whole of New Zealand to plan for their future health care a campaign '[Kia kōrero/ Let's talk](#)' has been launched featuring the personal stories of six New Zealanders at different stages of life and wellness.

The campaign is part of the ACP programme managed by the Health Quality & Safety Commission and supported by district health boards.

One of the people featured is Cheryl Cameron, a retired documentary filmmaker. Since being diagnosed with Parkinson's disease 11 years ago she has taken up dancing the tango. She now helps run therapeutic tango classes for people with neurological conditions. Her Advance Care Plan focuses on her choices to continue with tests and treatments, or not.

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Another is Clive Aspin. Clive and his partner Terry talked about putting together an Advance Care Plan when they bought their new house and wrote their wills. Clive wants to make sure he is with his loved ones at the end of his life and that it is as pain-free as possible. With family in different countries, it was important to document his future health care wishes.

On 5 April there is an Advance Care Planning day that will encourage people to start making an Advance Care Plan. You can do your Advance Care Plan online at

www.myacp.org.nz.



Minister for Health the Hon. David Clark at the launch of the Health Quality and Safety Commission Advance Care Planning Programme

Renewable energy for Christchurch Hospital

Health Minister Dr David Clark says two new woody biomass boilers for Christchurch Hospital will improve the Canterbury DHB's resilience and environmental sustainability.

Polytechnik Biomass Energy, based in Austria, has been awarded the contract to design, manufacture and install replacements for the current coal-fired boilers. The total budget for the project is approximately \$45 million.

"The existing boiler house at Canterbury DHB's main hospital campus was damaged in the 2011 earthquake and is at increased risk of failure in the event of another significant earthquake," says Dr Clarke.

"This investment will tackle that vulnerability and ensure the critical energy supply for the hospital is modern and reliable.

"The new boilers will use sustainably produced wood biomass, which is a renewable resource and affordable. The boilers are a great way to dispose of waste wood, and will emit far less carbon dioxide than conventional fossil fuels."

It is expected that construction of the new Energy Centre will get underway in late 2019, and that the project will be completed by the end of 2020 or early 2021.

For more information, read the [media release here](#).

General measles update, and an advisory from the Ministry of Health for staff

We issued clinical advice/information on Friday on the recommended approach to managing members of the public presenting with measles.

Here is some more general information for all staff.

Our current situation

We now have 25 confirmed cases of measles in Canterbury and due to the number of tests pending we expect that number to rise.

Staff should be on the lookout for these symptoms:

- › a cough or coryza (inflammation of the mucous membrane of the nose or throat, similar to a cold) or conjunctivitis, **and**
- › a high fever, **and**
- › a rash.

If you think you may have measles, or have reason to believe you may have been exposed to measles and are not confident you are immune, call Occupational Health or

your General Practice team for advice. Occupational Health numbers will be answered during normal 'office hours' Monday – Friday.

General staff vaccination clinics will be scheduled by Occupational Health once we have sufficient supply of the MMR vaccine. We will let you know when and where.

Our advice to the public is that measles is now in widespread circulation and people who aren't fully immune could be exposed to the risk of infection anywhere in Canterbury.

Only people who were born before 1969 or have had two MMR vaccinations are considered fully protected. Immunisation is the only sure way to avoid getting measles.

Members of the public are being advised to contact their general practice team if they are unsure of their immune status and the practice will advise whether they need the MMR vaccine, and subject to the available supply of vaccine, make the appropriate arrangements. You may be

aware that there are local shortages of vaccine supply in Canterbury (some General Practices are reporting having run out), but 18,000 doses will arrive in Canterbury this week. Demand for the vaccine is high - two months' supply at the usual usage rate was used in just two days last week.

An advisory from the Ministry of Health

The Ministry wishes to remind all healthcare professionals and other people working in health care facilities, who were born on 1 January 1969 or later, to ensure that they are protected against measles. Healthcare workers are at greater risk of contracting measles (and other preventable diseases) than the general public, and risk passing on disease to vulnerable patients including infants.

Measles patients are infectious five days before and until five days after the rash appears, which means they can pass the disease on before they realise they are unwell. If a non-immune person is exposed to the disease, they are very likely to develop the condition themselves, and may need to be excluded from work for at least two weeks until they can prove immunity or are no longer infectious. If you do not know your immunity status and come into contact with measles, you will also need to be stood down from work during the possible incubation period until your immunity status is clarified.

Most people born in the 1970s or 1980s will have been offered one dose of measles vaccine as children. Those born from the 1990s onwards may have been offered two doses. If you are not sure how many doses you have had, talk to your doctor as the information may be in your medical records. If you cannot demonstrate immunity or have not had two doses, vaccination is recommended, provided you have no contraindications (such as

pregnancy). The contraindications and side effects are outlined in the New Zealand Formulary, Immunisation Handbook and data sheet.

MMR immunisation should be offered to all healthcare workers who have not received two doses of MMR vaccine or who do not have serological evidence of protection for measles, mumps and rubella. For any adult born since 1969 in New Zealand who has received only a single dose of MMR in childhood, a second dose is recommended to achieve full protection, particularly against measles. If two doses of MMR vaccine are required, the second dose should be given four weeks after the initial dose.

For information about protecting patients in the waiting room, see www.health.govt.nz/our-work/diseases-and-conditions/measles-information-health-professionals

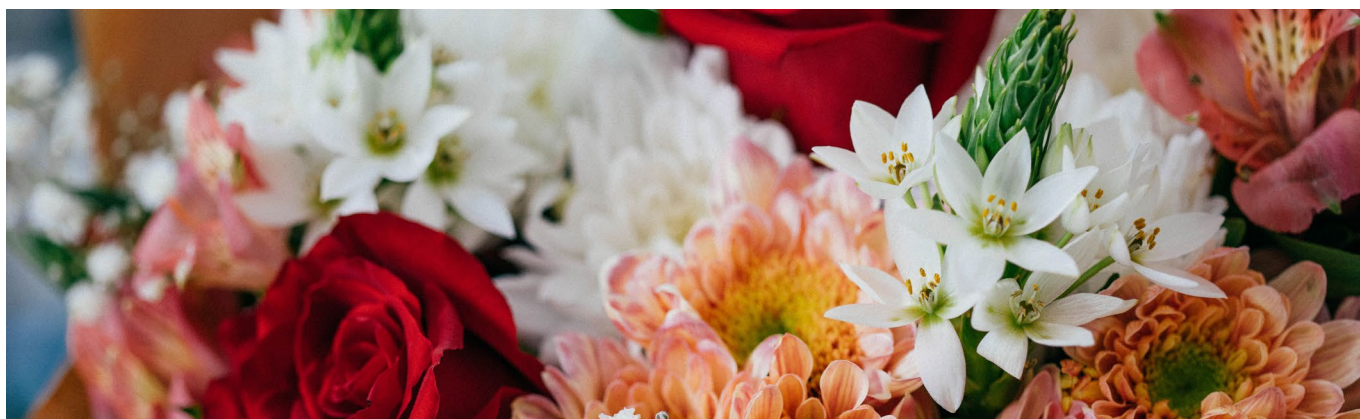
Haere ora, haere pai
Go with wellness, go with care



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

Ward 24, Christchurch Hospital

Thank you for looking after me so well. You have the reputation of being the best hospital in New Zealand and you certainly lived up to that. Thank you again.

Bone Shop, Christchurch Hospital

I was deposited at the Bone Shop ... after breaking my wrist last December. I have told the administration staff, doctors, and nurses what an excellent job they did. I just want to acknowledge this in writing now. They made me comfortable while I waited, reassured me (first time ever in hospital and a broken bone) when I was terrified, listened to me, and set the bone beautifully. It has healed well. The teamwork and commitment, as well as the follow-up from all of the staff at the hospital, was excellent.

Oncology Department, Christchurch Hospital

I had my Brachytherapy treatment this week and I wish to compliment the team on their professionalism and courtesy which I enjoyed. A credit to Canterbury DHB and the New Zealand health service generally. Looking forward to the three weeks of radiation ahead with the same team.

Radiology, Burwood Hospital

Very prompt and friendly. Process of X-ray explained clearly.

Radiology, Burwood Hospital

Very efficient and very quick.

Ward 16, Christchurch Hospital

Staff on Ward 16 were fantastic, along with all the staff we encountered. Also all the people happy to give directions when I got lost. Thank you all so much for making a difficult time much easier for us to deal with.

Intensive Care Unit, Christchurch Hospital

What wonderful people you all are. Thank you for looking after my wife.

Radiology, Burwood Hospital

Wonderful service, efficient and charming. Thank you.

Radiology and Eye Clinic, Burwood Hospital

Excellent service, very professional service from all staff and seen early on both occasions. Makes trips to the hospital very easy.

Radiology, CT scan, Burwood Hospital

Excellent, quality service. Awesome that you kept to your time schedule. Thank you.

Radiology, Burwood Hospital

Good car parking facilities, and friendly and efficient staff made it a simple experience.

Eye Department, Christchurch Hospital

The efficiency, professionalism, communication and kindness throughout are second to none. I do sincerely thank you all.

ECG Department, Christchurch Hospital

I wish to compliment the lovely staff in Electrocardiogram (ECG) today, especially Jane and Susan, who performed my treadmill test for my heart. Lovely, professional ladies. Thanks again.

Ward 12, Christchurch Hospital

I have been in residence for several days. Excellent care from all staff, cardiologists and nursing. The food is of an excellent standard.

Ambulance staff, doctors and nurses, Christchurch Hospital

You are all so lovely and friendly. Always making us unwell people happy and laughing. You're all so great. Keep up the good work Christchurch Hospital.

Outpatients, Christchurch Hospital

Wonderful new building and service. Great directory and personnel. Thank you.

Radiology, Burwood Hospital

Thank you – efficient, kind and gave me the information I needed.

Radiology, Burwood Hospital

So well looked after. Parking excellent. Thank you.

Ward 28, Christchurch Hospital

Doctor Emily and her team are amazing. The vegetable soup and fish pie were perfect for my partner. Thank you so much.

Ward 24, Christchurch Hospital

To the wonderful staff, thank you for the superb care and concern you showed my wife on her recent visit.

Eye Clinic

I wish to convey my thanks and gratitude to your whole team on my recent eye surgery. Right from the first clinic with Mr Weatherhead, I felt I have been served by your whole team in a very professional manner. After the decision was made to go ahead with an operation everything was clearly explained to me (what/how etc.) so that I could understand. Everybody I came in contact with was very clear and helpful. On the day of surgery I was again treated by all in a caring manner. After surgery, being transferred to the ward for recovery, I again was treated with good nursing, nice meals and given ample time to rest and recover. I wish to thank you all for your care and help.

Intensive Care Unit (ICU), Christchurch Hospital

My grandfather was admitted to hospital. He was in a critical condition and was taken through to ICU and put on a life-support machine. My

grandfather and my whole family were looked after extremely well in ICU. Each nurse, doctor and staff member was amazing. They took great care of my grandfather and also us. It is a very tough and stressful time when a loved one is in a situation like that and that whole team made sure we were looked after just as well as the patient himself. The doctors and nurses kept us very informed and were very empathetic towards us and the situation. My grandmother was taking it very hard and wasn't coping with everything and didn't want to leave my grandfather alone but the nurses were fantastic and gave her reassurance that they would watch and look after him. I am amazed at what this team do and I am so thankful for everything the ICU team did during this time. It just made things a bit easier for all of us knowing my grandfather was getting the best care possible.

Surgical Assessment and Review Area and Ward 15, Christchurch Hospital

The nurses and operating theatre staff were marvellous. They made sure I was warm and comfortable and understood the details of the procedure. At the end of the procedure, they allowed me to speak to my wife to reassure her that all was well. Thank you.

Ruth, Ward 17, Christchurch Hospital

This is a bit late but had to send a compliment and grateful thanks to Ruth, one of the nurses in Ward 17 during Nov 2018. Ruth was absolutely

fantastic with my husband's father who was not the easiest patient to care for! Ruth had an awesome sense of humour and was also knowledgeable and spent time when she could to keep us informed, and help us understand different stages of recovery.

My father-in-law is now back at home, looking after himself, putting on weight, and has a pretty good attitude for the future. Many thanks to the staff in Ward 17 and especially Ruth.

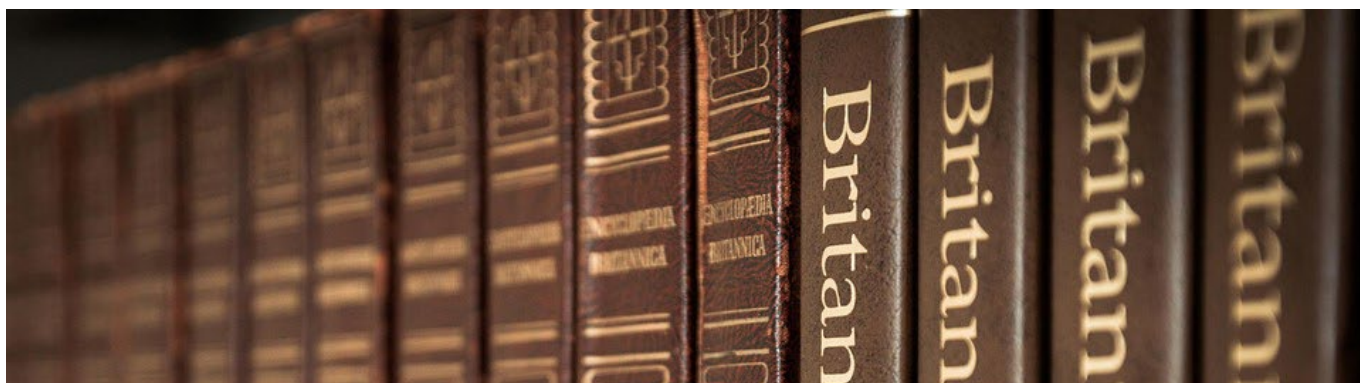
Emergency Department (ED) and Gynaecology, Christchurch Women's Hospital

I want to say how absolutely incredible all of the nurses were who looked after me. It is obviously not much fun being in hospital but having people there who are compassionate and easy to talk to makes all of the difference. I would like to say thank you for making everything so easy, and thank you for doing what you do! The names of the nurses I would like to thank are – Brenna Rush and Alex (ED), Leah and Ruth (Gynaecology Assessment Unit) and Kayleen and Annemarie (Gynaecology ward).

Waikari Hospital

My father was a resident and patient at Waikari Hospital for two-and-a-half years. The care he received was exemplary. He was very happy there, and was loved and cared for by all the staff. My family and I are extremely grateful to the staff and people he came in contact with at Waikari. Thank you.





The Library

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

[“Cancer most frequently spreads to the liver; here’s why”](#) – This new study looks at why the liver is usually the first organ that cancer spreads to. Hepatocytes are the main functional cells in the liver and respond to inflammation by activating a protein that makes it more receptive to cancer cells. From *Medical Xpress*, published online: 6 March 2019.

[“Electrifying wound care: Better bandages to destroy bacteria”](#) – This study looks at how specially designed bandages can speed up the healing process for non-healing or chronic wounds, and those where an infection is present. The researchers plan to expand on their findings and collaborate with microbiologists to better understand how these bandages work. From *Science Daily*, published online: 6 March 2019.

[“Translating evidence into mental health nursing practice: user-centred design”](#) – This article considers the need for translating clinical trial evidence into everyday clinical practice to enable mental health nurses to provide the best possible care and interventions for their service users. From *Journal of Psychiatric and Mental Health Nursing*, published online: 2 March 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.



Locally developed simulator training surgeons from around the world

A lifelike replica of a baby's chest made at Christchurch Hospital will be used at an upcoming international workshop being held in the city to train surgeons in a life-saving procedure.

The model allows surgeons to practice a difficult keyhole procedure on babies born with oesophageal atresia, a congenital abnormality that affects one in 4000 babies, where a baby is born without part of their oesophagus, so cannot swallow food.

These babies need emergency life-saving surgery within a couple of days of birth, says Paediatric Surgeon Jon Wells.

The locally developed simulator will be used at the Neonatal Thoracoscopic Simulator course, being held on Thursday 14 March, which will teach participants advanced neonatal thoracoscopic skills.

The workshop at Manawa is being hosted by Christchurch Hospital's departments of Paediatric Surgery and Medical Physics and Bioengineering, in conjunction with the Pacific Association of Pediatric Surgeons.

Experts from the United States, United Kingdom, Canada, and other countries are attending as faculty to help with the teaching. It was fully booked out shortly after registrations opened and participants come from throughout the world.

Clinical Director of Paediatric Surgery at Christchurch Hospital Spencer Beasley says the event is a great showcase for the collaborative research occurring at Canterbury DHB and will also enable the excellent Manawa simulation facility, where the workshop will be held, to reach international attention.

The surgery is common enough that all paediatric surgeons will come across it, but it is rare enough that it is difficult to train them in how to do the procedure competently when operating on actual babies with the abnormality.

Traditionally the operation was performed with a thoracotomy, a cut in the baby's chest. More recently, in some centres, it's been performed as keyhole surgery, which is challenging in tiny infants and difficult to teach.

Simulations for the surgery created overseas often involve practicing on animal tissue or live animals, are expensive and have procurement and ethical issues.

Jon had the idea to 3D print a model to simulate the surgery, and Spencer, one of the foremost global experts on oesophageal atresia, helped him develop it. They collaborated with the Canterbury DHB Medical Physics and



From left, Paediatric Surgeons Spencer Beasley and Jon Wells using the baby chest simulator

Bioengineering department to create a lifelike replica of a ribcage, based on CT scans of a real baby.

They also developed a synthetic skin and a replica of an oesophagus and windpipe with the most common form of oesophageal atresia. It contains layers of synthetic tissue that behave naturally and cause realistic problems for surgeons.

The ribcage is reusable, and the internal organs are easily and cheaply replaced between simulations. It has the potential to be used anywhere in the world, Jon says.

The Neonatal Thoracoscopic Simulator course has dovetailed into the 52nd Pacific Association of Pediatric Surgeons combined meeting with the Australia and New Zealand Association of Paediatric Surgeons and the New Zealand Society of Paediatric Surgeons meeting being held in the recently refurbished Christchurch Town Hall.

It is the first conference to be held at the new Town Hall since it reopened recently. The event is being opened by the Mayor of Christchurch, Lianne Dalziel, after an organ recital by local musician Martin Setchell.

The conference is likely to be the biggest international paediatric surgical meeting to be held this year and the first time it has been held in Christchurch, and has attracted some of the leaders in paediatric surgery, several of whom are on the faculty of the thoracoscopy course. Almost 400 delegates will be attending.

Sue Miles thanked for her pivotal role

When she joined Canterbury DHB in 2002 the area of child protection and family violence prevention was in its infancy within the organisation, says Sue Miles, who retired last Friday from her role as Child and Family Safety Service Manager.

The care of patients where there were concerns for abuse was not considered by most in health to be part of their role, she says.

"With the support of management and the Child and Family Speciality Service team, particularly Clinical Director of Paediatrics Clare Doocey, we have managed to build a service within Canterbury DHB to address the needs of our patients.

"The team that work within the Child and Family Safety Service are committed and dedicated individuals and it has been an honour to work with them."

A shared vision coupled with tenacity and fortitude has resulted in the growth of the service.

"Help from a team of St John and other service volunteers, with donations for most of the equipment and fittings within the service, has resulted in our clients experiencing an environment that they feel comfortable in when they need specialised medical assessments."

There is now a greater understanding of the dramatic impact that abuse and neglect has on the health of children and their families, both at the time of the abuse and across their lifespan.

"It is my hope that the service continues to grow and be resourced to meet the needs of our most vulnerable in society and it is with that thought that I wish the team and the new Clinical Manager Pene Kingsford all the best," Sue says.

Clare says Sue has been pivotal in the developmental of Family Violence Intervention Services in Canterbury DHB.

"Over this time a much wider understanding of the health impact of family violence has developed and so did the services Sue was responsible for."

When Sue first started 17 years ago the service consisted of her and one administrator. Since then it has grown to more



The Child and Family Safety team

Back row from left: Youth Health Nurse Specialist, Gayle Lauder, Child and Family Safety Service (C&FSS) Child Protection Specialist Michelle Wood, (Integrated Safety Response – ISR), C&FSS Secretary Pamela Berger, C&FSS/Infant2Teen Secretary Heather McBrearty, C&FSS Child Protection Specialist Sabrina Selim, Paediatrician Clare Doocey, Gateway Secretary Harriet McCubbin Howell, and Ministry for Vulnerable Children, Oranga Tamariki/ Canterbury DHB Liaison Coordinator Sharon Norton

Front row, from left: Gateway Child Psychologist Anna Walker, ISR and Sexual Abuse Secretary Michelle Barlow, Gateway Secretary Aimee Pratt, former Child and Family Safety Service Manager Sue Miles (now retired), Gateway Clinical Nurse Specialist Linda Stokes, Infant2Teen Clinical Nurse Specialist Sharen Small, and C&FSS Clinical Manager Pene Kingsford

Absent: C&FSS Family Protection Specialist Therese Martin, ISR Secretaries Julia Saunders and Fay El Hanafy, Registered Nurse Sexual Abuse, Lyn Famliton and Case Manager, Sexual Abuse, Elisabeth Clapham

than 17 staff who contribute to a variety of programmes as well as ongoing training and support for staff.

Many Canterbury DHB staff use the clinical application e-prosafe developed by Sue to allow information sharing between clinical professionals in cases of family violence.

This work was acknowledged by an Excellence in Health Informatics award in 2014 and e-prosafe is now used by a number of other DHBs, she says.

Sue has made a significant contribution regionally and nationally, being involved in the mentoring and support of family violence co-ordinators at other DHBs, participating in the South Island Family Violence Death Review Panel and more recently as a member of the National Child Protection Clinical Network.

"At Sue's farewell, staff thanked her for her advocacy for vulnerable whānau, the support she gave to staff and her generosity with her time and knowledge."

Sue has definitely made a difference in the lives of children and families and left the service able to meet the challenges of this work, Clare says.

Canadian First Nations group warmly welcomed

Executive Director of Māori and Pacific Health Hector Matthews recently welcomed a group of indigenous people working in the Canadian health system who came to learn about the Māori population, health and services in both Canterbury and nationally.

The group was connected to Canterbury DHB through Kāhui Tautoko, a Māori-owned and run consultancy based in Canada that works on indigenous community development for a range of indigenous organisations and government agencies who fund and/or deliver services or programmes to indigenous peoples.

Canterbury DHB Māori staff supported the visit with a mihi whakatau to the group, including an afternoon tea. Hector then gave a presentation about how Canterbury DHB supports Māori, and invited a discussion to help the group ascertain if there were ideas they could take back with them to Canada.

"Indigenous people the world over share many experiences and almost universally are not the dominant culture in their respective countries, largely due to colonisation from Europe," Hector says.

This was an opportunity to share common experiences and offer shared learning from these experiences.

"Nāu te rourou, nāku te rourou, ka ora ai te iwi (with your basket and my basket, the people will be well)."

The group also visited Wellington and Otago.



Canadian First Nations group visiting Canterbury to learn more about Māori health and services

Talk to a
counsellor,
any time.

NEED TO TALK?

1737

free call or text
any time

First Nurse Prescriber in Child Health division

Children's Respiratory Outreach Nurse Viv Isles has worked hard over the last two years to now proudly become the first Nurse Prescriber in the Christchurch Hospital Child Health Department.

Viv had previously completed her Master's degree, but to become a Nurse Prescriber she also completed an additional postgraduate diploma, including pharmacology and prescribing papers.

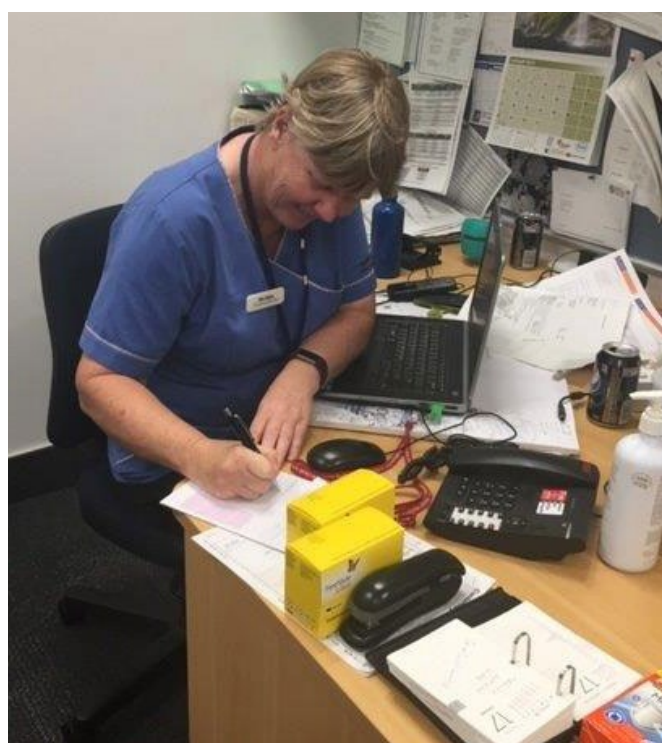
House Officer Jasmine Gooda provided Viv with mentorship throughout the process.

Viv can now prescribe medications off a set list, within her scope of practice. For one year she will only prescribe under the supervision of a consultant, until progressing to a more independent role.

The impacts of this will be immense for her and the families she cares for, Viv says.

"Not only does it help the families financially, as faxed scripts can have an additional cost of up to \$5, but the time saved for the families, myself and doctors alike is great, as I can complete scripts in the home."

Congratulations, Viv!



Nurse Prescriber Viv Isles

New leave calendar now available on max.

Welcome to the first **max.** special release for the year, with the launch of the new leave calendar.

This new feature is for everyone at the Canterbury and West Coast DHBs and will make digital leave application and approval processes easier, more streamlined and more visible.

It means you'll be able to see who else has applied for leave or had their leave approved on a specific date. It will also be another reason to use **max.** for all leave requests, helping us phase out paper forms.

Managers will have even more features available on this **max.** service, which is designed to give increased visibility and efficiency for long-term workforce planning.

Find this new service on **max.** under My Leave Calendar and My Team Details. If you need a hand getting to know the new service, or for anything **max.**-related, you can also [request training](#) from max.perts at any time.

I hope you enjoy the benefits these new services are designed to bring you, and remember, your feedback is always welcome, too!

Ngā mihi nui,
max.

Giving a warm fuzzy

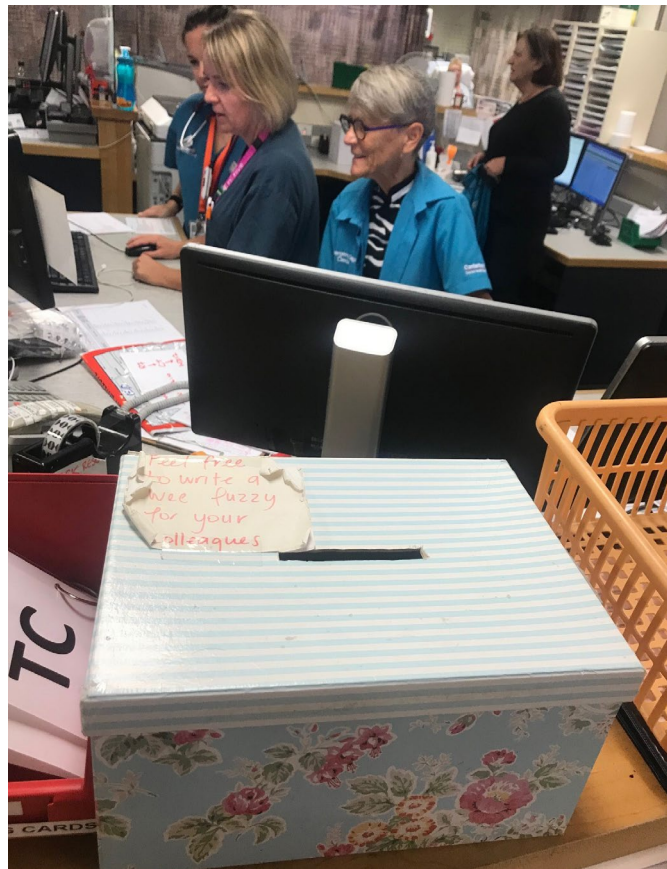
Warm fuzzies – who doesn't appreciate that nice warm fuzzy feeling from a kind word or deed experienced or witnessed?

They can give us a burst of energy and motivation, just knowing that our efforts are noticed by others, that we are respected, seen and valued.

The Urban Dictionary defines it this way: *"a note of praise that gives one a 'warm fuzzy' feeling upon reception; the warm, pleasant sensations one feels in the stomach and heart area when emotionally moved by an act of goodwill or love"*

This is a fact well understood by the Blue nursing team in Christchurch Hospital's Emergency Department (ED) who eight years ago decided to initiate a "warm fuzzy" scheme there – and it's still going strong.

A box (now looking quite worn) was set up in a busy part of ED where staff pass by frequently, says Associate Clinical Nurse Manager Bridget Fenwick.



The Warm Fuzzies box

"The idea is just to tear off a strip of paper and throw in little notes when you think of it, just easy things."

It's nice to acknowledge people for the lovely things they do.

"Often it's those little extra things, like if there has been a particularly awful situation and someone comes and helps out."

Sometimes if there is a police officer in ED he or she will write one to a staff member. Once a month or so they are typed up by Administration Support Barb Allen, printed and put on a noticeboard in ED for everyone to read.

It promotes good morale and relationships, Bridget says.



Warm Fuzzies on the Emergency Department noticeboard

Māia Health Foundation raising money to help staff care for neonates

Brodie and Fitzy, breakfast radio announcers for The Hits Christchurch, in partnership with Māia Health Foundation, are aiming to raise \$23,000 in a week for a valuable piece of equipment for the Neonatal Service at Christchurch Women's Hospital.

Laerdal's Premature Anne is a realistically proportioned 25-week preterm manikin designed for healthcare professionals to train in the care and resuscitation of preterm infants.

The first 10 minutes is critical for an early newborn baby. Neonates are at the greatest risk and require specialised care. When complications arise, a highly skilled team of healthcare professionals must be prepared to deliver quality care.

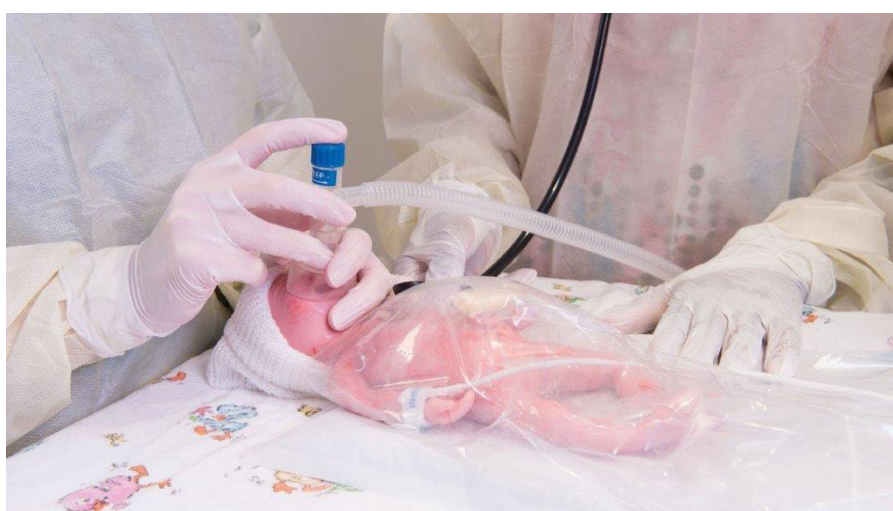
Premature Anne is designed to deliver realistic training experiences to help save the lives of preterm babies.

Last week on The Hits, Neonatal Nurse Educator Edna Byron talked about how vital this item is for education. She said the Neonatal Intensive Care Unit (NICU) team have never had a realistic premature manikin to practise caring for the most vulnerable and sick babies, so it's going to make a real difference in their specialist training.

Watch Edna on air at www.facebook.com/thehitschristchurch/videos/1008100866244132

This is an opportunity to support the healthcare professionals who care for our tiniest patients, so please get involved.

The fundraising campaign kicks off today. More information about the promotion and a link to the donation page can be found at www.maiahealth.org.nz/thehits.



Premature Anne manikin



CARE AROUND THE CLOCK

Call your GP team 24/7 for health advice

If it's after-hours a nurse is available to give free health advice





#carearoundtheclock

Change of alcohol-based hand rub coming to you soon

On Monday 25 March Canterbury DHB healthcare facilities will begin a planned change in all areas from the current alcohol-based hand rub (ABHR) product.

Starting initially on the Christchurch campus, the roll-out will include replacing all DEB Cutan product associated brackets/holders with Microshield Angel Clear dispensers and bottles in wards/areas.

A roll-out plan is in place with education to be provided by the supplier company representatives (Schulke) during the changeover. Support will be provided by the Clinical Product co-ordinators, divisional Quality and Infection Prevention and Control teams as each area has their stock replaced.

All areas within Canterbury DHB have a planned roll-out of the new product, details of which will be communicated in advance via the Clinical Product Co-ordination team.

An exception to the roll-out will be Burwood Hospital which will be using residual stock of DEB Cutan until later this year (anticipated to be November).

Why are we changing?

In December 2017, DEB made a formula change to the Cutan product, moving from a product containing 60 percent ethanol to one with 70 percent ethanol. This change was in order to meet World Health Organization (WHO) standards and achieve Medsafe approval. At the same time, the manufacturer also changed the moisturiser in the product.

During February 2018 a significant patient risk was identified with this new formula product. It was identified that as laboratory clinical samples were handled, the additional emollient from the hands affected the label adhesion. This caused labels to become detached from some laboratory clinical samples, leading to a potential for errors with critical results.

A working party was set up which included the Clinical Product co-ordinators, divisional Quality and Infection Prevention and Control teams and laboratory staff. Two issues were reviewed, one being the ability to consider a change of ABHR product, following a pilot review. The second was to investigate a change to the laboratory labels and testing of alternative ABHR products and their effects on label adhesion.

Microshield Angel Clear was then piloted with staff as it is the only alternative that meets both the standard for ABHR products used in healthcare facilities and the WHO recommendations. Microshield Angel Clear has both Medsafe approval and is a listed product with PHARMAC.

After careful consideration, the working party recommended a change to Microshield Angel Clear, which was subsequently approved.

It is interesting to note that The new alcohol-based hand rub Microshield Angel Clear is the product of choice and used by 15 of the 20 New Zealand DHBs with favourable results.



The roll-out is to be completed in two phases:

Phase 1: Corporate, Manawa, Laboratories, Christchurch Outpatients Department, Christchurch Women's Hospital, Christchurch Hospital, Specialist Mental Health Services, Ashburton Hospital and rural hospitals including all associated outlying areas.

Each area/ward is expected to take one to two days for the roll-out process. Details will be provided by procurement as the process rolls out.

Proposed date: 25 March – 6 May 2019.

Phase 2: Burwood Hospital services, and the new Christchurch Hospital, Hagley.

Proposed date: TBC (potentially expected to be November 2019).

Medical student records a drop in gastro cases in children

A medical student's New Zealand-first study of non-viral gastroenteritis in children shows numbers have dropped over the past two decades – thanks largely to improved food health standards.

This includes a halving of rates of the most common cause – campylobacter. While results are promising, the researcher warns an increase in consumption of raw milk and outbreaks of water-borne campylobacter could see improvements stagnate.

Emma Jeffs, a former dietitian now studying medicine, did the research as part of the University of Otago, Christchurch's Summer Studentship programme. She was supervised by Paediatrician Tony Walls.



Paediatric Infectious Disease Specialist Tony Walls



Medical student Emma Jeffs

The study of children aged under 15 is the first in New Zealand to analyse long-term data on childhood gastroenteritis. It captured notifications and hospitalisations of non-viral pathogens such as salmonella, campylobacter, yersinia, Escherichia coli (E.coli), giardia and cryptosporidium between January 1997 and December 2015.

Emma says there was a decline in disease caused by all the main pathogens during that time. Campylobacter was the most common cause of both disease notification and hospitalisation.

Numbers of this common water- and food-borne bacterium peaked at 326 per 100,000 in 2006 and almost halved to about 171 per 100,000 in 2008, gradually decreasing to a low of 141 per 100,000 in 2015.

Dramatic drops in campylobacter notifications coincided with the introduction of a range of voluntary and regulatory interventions by the New Zealand Food Safety Authority (now the Ministry for Primary Industries) to reduce campylobacter contamination in poultry. Interventions included the development and implementation of microbiological surveillance activities and increased reporting.

However, while the results are encouraging, Emma says there is some suggestion campylobacter notification numbers may have plateaued since 2008. This may, in part, be attributable to recent outbreaks, which have been water- rather than food-borne, or other changes such as the increasing popularity of the consumption of raw milk.

One minute with... Stephen Truscott, Social Worker, Child Development Service

What does your job involve?

My job has two main components: supporting my colleagues in their work with extremely complex children and families, and being a support and advocate for the children and their families outside of their therapeutic needs.

Why did you choose to work in this field?

I chose this field because as a father of a child with a disability I can appreciate how complex and overwhelming it can be. Having a child with a disability can affect every aspect of family life for many years. I chose this role to attempt to support families along a small part of their journey.

What do you like about it?

I like that I can work proactively in supporting families.

What are the challenging bits?

Liaising with other agencies/teams who are only able to focus on the child rather than the family as a unit.

Who inspires you?

Parents who are giving all they can to help their children reach their full potential.

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?

These values are very much in line with some of our core social work values and are hugely important when working with such a vulnerable client group.

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

That I love a good 'dad joke' even though my eight-year-old daughter thinks I'm "the most un-funniest man in the world"!

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

Rarotonga.



What do you do on a typical Sunday?

Family time.

One food I really like is...

Marmite sandwiches.

My favourite music is...

Heavy metal.

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

Canterbury Grand Round

Friday 15 March 2019 – 12.15pm to 1.15pm, with lunch from 11.50am

Venue: Rolleston Lecture Theatre

Speaker 1: Dr Mary Hunter, Clinical Director Special Projects, Office of the CMO

"Is it too late to let the Government know what damage the new Therapeutic Products Bill could cause?"

The new Bill potentially has wide-reaching effects, altering the regulation of medicines, and introducing regulation to devices and software. Issues include the current standards for devices, scopes of practice for prescribing and whether direct-to-consumer advertising of medications should be allowed continue.

This presentation will summarise the background and key points to inform feedback – either as individuals or to contribute to Canterbury DHB's response. Feedback for individuals closes 18 April 2019.

For more information on the Bill you can:

- › Read the [discussion document](#)
- › Enrol for the Ministry of Health's Bill information session presentation in Christchurch, 9.30am to 12.30pm on 27 March 2019. Register [here](#).

Chair: Matt Doogue

It is requested out of politeness to the speaker that people do not leave halfway through the Grand Rounds.

This talk will be uploaded to the staff [intranet](#) within 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

All staff and students welcome.

Next is – Friday 22 March 2019

Rolleston Lecture Theatre

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

Invitation to submit on the new Therapeutic Products Bill

The new Bill has potentially wide-reaching effects, altering the regulation of medicines, and introducing regulation to devices and software.

The consultation on the Bill specifically asks whether direct-to-consumer advertising of medications should be allowed to continue (currently permitted only in New Zealand and the United States of America).

For more information on the Bill you can:

- › Read the discussion document at www.health.govt.nz/publication/therapeutic-products-regulatory-scheme-consultation/.
- › Attend the Chch Hospital Grand Round presentation on the Bill, Friday 15 March (presented by Dr Mary Hunter).
- › Enrol for the Ministry of Health's Bill information session presentation in Christchurch, 9.30am to 12.30pm on Wednesday 27 March 2019 at <https://consult.health.govt.nz/medsafe/christchurch-forum-registration/>.

You can make a submission as an individual by 18 April 2019, or contribute your opinion to a combined DHB Therapeutic Products Bill submission by emailing the DHB leads:

- › mary.hunter@cdhb.health.nz
- › melissa.kerdelmelidis@cdhb.health.nz

The closing date for input for Canterbury DHB combined feedback to be included in our report is **22 March 2019**.

MENTOR STAFF

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Ara rau, taumata rau



Noho ora pai ana I te korokeke
Living well with Dementia

Community Education Seminar

13 March 2019

Dementia & Continence

Tips for managing bladder and bowel problems.

What continence product should we try first?

How do we get a referral for Continence Advice?

Catherine McKellar, Continence Advisor from Nurse Maude, will give an innovative and entertaining talk about continence issues and practical solutions.

Space is limited so please ensure you register by phoning 379 2590 or 0800 444 776

Date: Wednesday 13 March 2019

Time: 1.30 – 3.00pm

Venue: **Dementia Canterbury Seminar Room**
3/49 Sir William Pickering Drive, Burnside,
Christchurch.
(There is limited parking on site, but parking is available
on neighbouring streets)

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

JOIN US ON

16th March 10am – 4pm

for a rare opportunity to visit the historic
Kate Sheppard House & Garden

at 83 Clyde Rd, Ilam

KATE SHEPPARD HOUSE OPEN DAY

Entry by donation \$25 per person

Purchase tea / coffee and slice and or homemade
lemonade with all proceeds go to The Youth Hub Trust,
who are building a facility for the youth of Christchurch.

Gain entry to this exclusive event via an **Eventbrite ticket sale**
or **at the gate on the day.**



Te Hurihanga o Rangatahi
The Youth Hub

www.youthhubchch.org.nz www.facebook.com/YouthHubCHCH

Want to donate? Bank: 38-9019-0612585-00 Ref: Kate - The Youth Hub Trust

AS A UOC/CDHB STAFF MEMBER
AND/OR STUDENT

**You are cordially invited to the 2019
University of Otago, Christchurch
Academic Welcome**

Join us as we celebrate the commencement of the new academic year, with one of the highlights of the UOC calendar, the Academic Welcome. This event acknowledges all 2018 achievements, presents awards and provides a great networking opportunity as it brings together medicine, nursing, physiotherapy, post-graduate students, staff and clinicians.

When: Friday 22 March

Time: 12.15pm

Venue: Rolleston Lecture
Theatre,
Ground Floor,
University of Otago,
Christchurch

Lunch to follow

For catering purposes,
please rsvp by 15 March to
robyn.maguigan@otago.ac.nz

