



ceo update

Monday 28 July - More traffic congestion to come at Christchurch Hospital and Christchurch Women's Hospital

With site works soon due to start on the new Acute Services Building at Christchurch Hospital, we are about to enter a period of considerable change and disruption.

Site works are currently scheduled to start in September 2014.

Most of the rear of the hospital site will not be accessible during the construction period.

Managers and staff are working through all the possible ways to minimise this disruption – please be assured that many, many options have each been considered carefully.

There are several small ways in which you can help to keep congestion at the site to a minimum. For example:

- Please organise for personal packages or other personal mail items to be delivered to your home rather than to work.
- Please check that appointment letters to patients that you or your team are sending out contain up-to-date information on parking/how to get to the hospital. Contact the CDHB communications team or your line manager if your appointment information seems out of date. We will be regularly updating parking information on the CDHB website.
- If you drive to work, please park away from the hospital site if possible. We are working on ways to minimise parking disruption on site. There is up-to-date information on local parking at transportforchristchurch.govt.nz
- If you are being picked up or dropped off at work, please arrange to do this on a nearby street, to help minimise the number of vehicles coming onto the hospital site.
- You might consider car-pooling. Christchurch City Council has set up a new city-wide car-pooling initiative: see letscarpool.govt.nz for details.
- Please also consider using the bus or cycling to work. Eleven bus routes pass directly past the site in both directions, towards and away from the city centre. A current bus services route map and real-time bus service information can be found at metroinfo.co.nz
- Please note that taxi companies are being instructed to pick up and drop off CDHB staff at the taxi rank on Oxford Terrace, rather than at the hospital entrances.

We are in the final stages of planning our 'park & ride' and 'drive & drop' transport options, and will let you know the details when everything is finalised.

Assertive Board Rounding – making a positive difference for patients on 2B at The Princess Margaret Hospital

More wards are seeing the benefits of Assertive Board Rounding to actively manage a patient's hospital stay and plan a safe discharge. Earlier this week one of my team dropped in to see how it works on Ward 2B at The Princess Margaret Hospital, where Charge Nurse Manager Karen Hurley ran a structured meeting with a team including nursing staff, an occupational therapist, physiotherapist, registrar, house officer, social worker and SERCO (Ward Service Coordinator) who liaises with the clinical assessors for Older Person's Health.

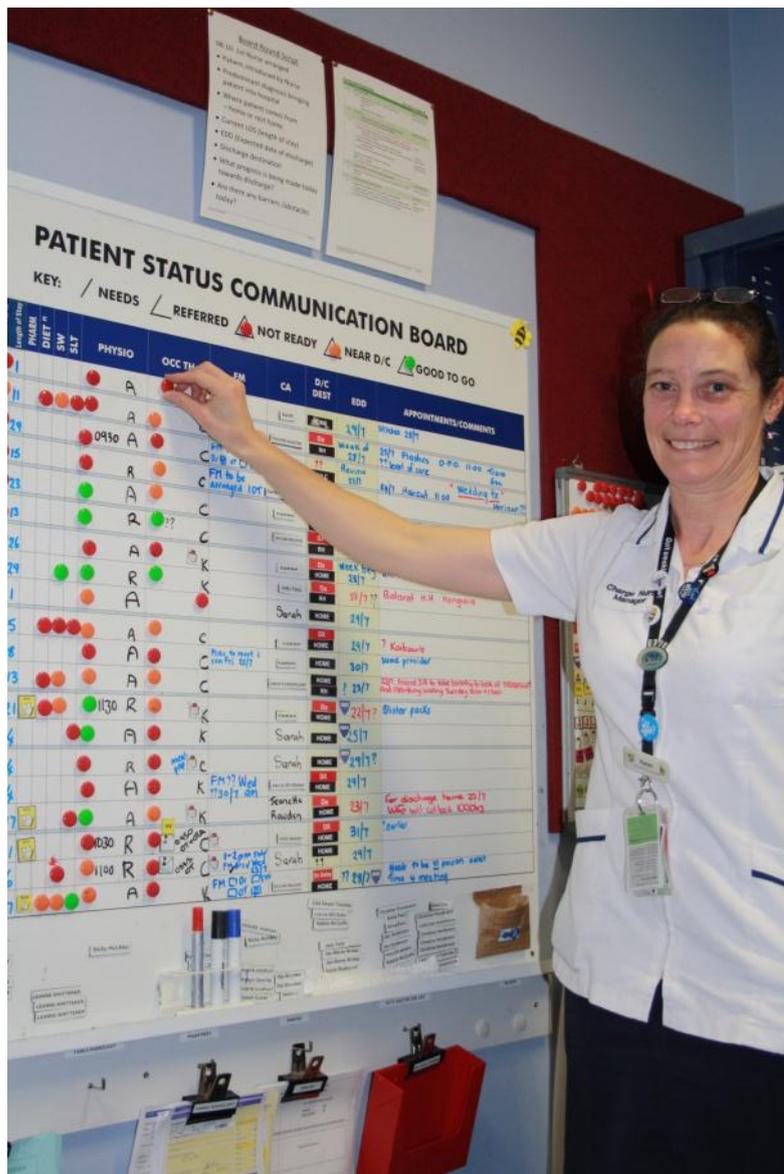
The meeting was held just after 8am (as it is every morning) around the Patient Status Communication Board where all patients are listed, and various coloured buttons, magnets and brief notes are used to give anyone caring for a particular patient an 'at a glance' snapshot of how a patient is doing, and what needs to happen to help them achieve the identified discharge goals to return home or to another facility, such as a rest home.

Continues on the following page...

The meeting followed a set format or 'script' as it is known. For each patient there was a brief summary of why they are in hospital, what the current interventions were; what was due to happen that day; what was planned for the following day and their current condition. A discussion was had on whether the current estimated date of discharge (EDD) was still achievable. In some cases the EDD moved forward and in others it moved back to accommodate the specific and changing needs of that patient.

There was some great team troubleshooting – for example asking night staff to give a patient a snack with her pain medication (which had to be taken with food) at 6:30am, rather than wait till breakfast time. This meant the patient could then get up out of bed and join the very social 'Breakfast Club' on the ward with fellow patients. Without her early medication this wasn't possible. A simple thing that made a big difference to a person's independence and wellbeing.

Supporting older people to 'get their endurance up' was another common theme, with patients (and sometimes their families) receiving training on tasks and activities that would enable them to return home and live independently – sometimes with support from a spouse or family member, or from CREST which provides a wide range of services in a person's own home.



Above: Charge Nurse Manager Karen Hurley.

It was evident that care was certainly patient-focused and family friendly and on ward 2B patients were viewed holistically with all manner of factors taken into account. Older patients also had to contend with the challenges of living in temporary accommodation while quake repairs were being carried out at their home. They too have important family events they want to attend, and these life activities are all taken into account in each person's daily care plan. For example discussing transport requirements to enable a patient to attend her daughter's wedding.

A patient's length of stay is also recorded on the Board, as it's acknowledged that hospital stays longer than clinically required can increase the chances of an older patient having a fall; losing condition; picking up an infection or being subject to a drug error. These factors remind us all why it's so important to keep up the patient flow. Most people are happiest in their own home – with the supports they require to enable them to be safe.

Staff on 2B say the introduction of Assertive Board Rounding has meant they are now busier ensuring things happen – on time - for their patients. "However, it's rewarding to see the benefits of better coordinated treatment and care for our patients – most of whom have a shorter but appropriate length of stay than would previously have been the case," says Karen Hurley.

**Have a good week,
David Meates**

Burwood

Twenty weeks into construction, work is continuing apace on the new ward blocks at the Burwood Health Campus with most of the concrete pillars for the first block in place. Right—Looking north through the first of the ward blocks.

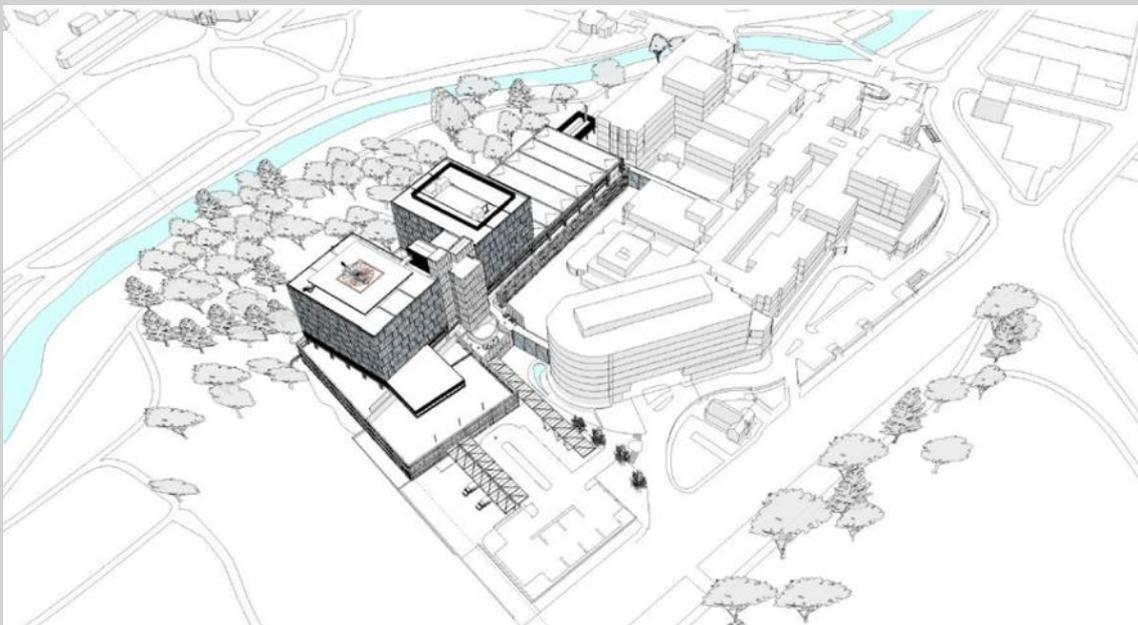


You may have heard that the Allan Bean Centre at Burwood closed last week. The building was damaged in the earthquakes, and a regular post-quake building inspection found that cracks were progressively widening, making the building no longer safe to occupy. Staff are being rehoused elsewhere.

Christchurch

Currently there is an intense focus on site preparation at Christchurch Hospital, with teams continuing to meet on fire evacuation plans, parking and traffic. User groups are currently in round 3 of their developed design meetings.

The picture below is an artists' impression of the new Acute Services Building in relation to the existing hospital buildings. Note the planned parking area in the foreground. This will be created when the temporary Hagley outpatients building is moved.



The view below shows the new ward block with the project office in the background. The project office will eventually be demolished to make way for the entrance and parking area.

Wayfinding for Burwood is starting to gather momentum: a group is meeting again next week to specifically discuss what we will eventually call our wards and service areas (the pros and cons of using ward numbers vs names) and the signage.



Bouquets

Burwood Hospital

I underwent hip replacement surgery in June and wish to comment on the care and kindness of the staff in the three areas of the hospital in which I stayed. All the staff were wonderful to me and need to be complimented on their professional ability. My care was second to none. I was also most impressed with the beautiful meals, especially the soups.

Emergency Department, Christchurch Hospital

I wish to convey my gratitude for the superb care my mother received during her few hours in the Emergency Department recently. They were extremely busy, however were very kind and compassionate towards my frail elderly mother. Being a nurse myself (but working in mental health) I was very impressed with the fantastic care she received. Again, when transferred to SARA she was cared for by very professional caring nurses who took care of my mother's every need. I cannot speak highly enough of the high quality care she has received.

Acute Medical Assessment Unit (AMAU), Christchurch Hospital

Thank you so much AMAU staff working night shift on 5 July. You all were awesome collecting and taking patients at a moment's notice when the Emergency Department got busy with an influx of patients from motor vehicle accidents during shift. Thank you from the Emergency Department staff.

Day Surgery Ward, Christchurch Women's Hospital

Linda my nurse was amazing. I couldn't have asked for better after op care. A true asset to your team.

Ward 28 Catering, Christchurch Hospital

Compliments to Lorraine – catering, for her fantastic, happy humour and caring attitude. I looked forward to her arrival as she always brightened and uplifted my day. Also to all the other staff who cared for me whilst here, who treated me with kindness, caring and dignity. God bless you all.

Ward 28, Christchurch Hospital

Just a note to say how good all the staff are in Ward 28. The food was great – a nice variety – and super friendly catering, nursing, cleaning etc. I was admitted after an accident and have found all the staff so helpful.

Christchurch Hospital

I wish to extend my appreciation and gratitude to Emergency Department Staff, House Surgeon Luke Holmes, Mr Allison, Ward 11, Dept. of Radiology, Theatre and Recovery. It was an unpleasant and frightening experience [but] I am extremely thankful for the expertise and input of all the staff that assisted in resolving the problem. It was a relief to come under the care of Mr Allison. Special thanks to Luke the House Surgeon. At all times I was fully informed and was discharged home feeling extreme gratitude and very impressed by the care I received as an inpatient.

Leesa Barrow - ICM Team: The comment is from a Ministry of Education Special Education Advisor

I am currently working with Leesa on a case and received some positive feedback from a school principal today. He feels that Leesa is doing a great job supporting the school, family and child in a very complex situation and was very happy with her involvement.



ceo update

A Farewell but not Farewell

Canterbury Directors of Nursing have paid tribute to Shelley Frost at her last meeting as Director of Nursing (DoN) for Pegasus Health.

Shelley has been a member of the Canterbury DoNs group since it was established in 2003. Her leadership within primary care and the Canterbury Health System as a whole goes back much further.

She began at Pegasus in 1997 and was the DoN for the past 12 years.

"We couldn't let this milestone in Shelley's career go unrecognised and she leaves behind large shoes to fill," says CDHB Director of Nursing, Mary Gordon.

Shelley is a strong nursing leader and had been a driver in developing the role of nurses in general practice.



Above: Shelley Frost



"I am pleased that while she is stepping away from her DoN role, she is not leaving nursing and will remain a part of the national nursing leadership and remain a colleague," Mary says.

Shelley will continue in her national role as president of GPNZ and she will be taking on other national work with the College of General Practice.

Left: Shelley Frost and Mary Gordon.



**Canterbury Grand Round—1 August 2014,
12.15-1.15pm (lunch from 11.50am)**

Speaker: Prof Boyd Swinburn, Professor of Population Nutrition and Global Health at the University of Auckland. Outside Speaker for NZMA.

Obesity

New Zealand has the unenviable record of being ranked fourth worst in the OECD when it comes to our rates of obesity. New Zealand is fortunate to have some of the world's leading scientific experts in nutrition and obesity, including our speaker Professor Boyd Swinburn.

Chair: Dr. Ruth Spearing, Consultant Haematologist

Venue: Rolleston Lecture Theatre

Video Conference set up in:

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

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

Mercedes service for health shuttle passengers

A new health shuttle, courtesy of a grateful former patient was added to the St John inter-hospital shuttle fleet in April this year and has helped to boost shuttle numbers. The new Mercedes shuttle can accommodate six people on seats and an additional three in wheelchairs and is registered as a functional ambulance. It was donated by The Grumpy Foundation.



The new Mercedes health shuttle which started operation in April this year.

Trends in health shuttle stats

The St John health shuttle continues to provide a very much appreciated service for patients, their escorts and CDHB staff. It also continues to save CDHB substantial taxi fees.

A review of annual statistics provides an interesting picture of shuttle use.

2009 - 2010

More than 6000 people used the Inter-hospital health shuttle in the 12 months from 29 September 2009 to 1 October 2010.

During that period 4539 staff members, 668 mobile patients and non-staff escorts and 823 wheelchair patients travelled free of charge between Christchurch, The Princess Margaret, Burwood and Hillmorton hospitals.

2011

A total of 19,025 wheelchair patients, mobile patients, non-staff escorts and staff used the shuttles to get between Christchurch Hospital, The Princess Margaret Hospital, Burwood and Hillmorton hospitals. The shuttle also transported specimen boxes to Canterbury Health Laboratories.

2012

The total number of passengers rose to 19,564. The number of staff trips increased by almost 200 to 16,205, providing substantial savings to taxi fees.

The biggest increase over the previous year was for wheelchair patients that increased by 360.

2013

Total carried: 17,625

Including Transit van and Toyota – 14,136 staff

Mobile and non-staff escorts – 955

Wheelchairs – 2498

Specimen boxes to CHL – 2,785

Chilly boxes of blood product – 195

January - June 2014 (six months)

Total passengers carried TPMH/ Christchurch/ Burwood: 7,829

Including - 5,093 staff

Mobile and non-staff escorts - 483

Wheelchairs – 1,271

Specimen boxes to CHL – 1,254

Chilly boxes of blood product – 198

The service experiences seasonal fluctuations, passenger numbers usually reduce in January and winter months are busier.

Rachel Cadle, CDHB Support Services Manager says that in addition to providing a vital service to patients and their families, the shuttle has become a regular transport option for many staff members who need to get to meetings at other hospitals.

“Taking your own car or bike, or getting a taxi can be quite stressful when you’re due at a meeting. The shuttle timetable provides reliable, cost effective transport for us and travellers can check emails, answer calls or just sit back and relax on the journey,” says Rachel.

Dry July – how are we going?

With just four days to go Dry July has raised \$140,937 for the Canterbury Regional Cancer and Haematology Service (CRCHS). You can find the leaderboard totals [here](#).

Although we are second behind Auckland in terms of total funds raised, the top national workplace team is Colliers International Christchurch. A thank you letter and bag of Dry July goodies have been delivered to the company – just a small way of expressing our appreciation.

Our own Christchurch Cancer and Haematology Service is ranked 4th for workplaces with Spin and tonics (CDHB Corporate Communications Team) in 10th place. Mark Jeffrey has raised \$2,255 on his own and is ranked 7th nationally. No matter how much you've raised we know every cent is hard won and really appreciate your support.



Above: Marg Foster.

If you haven't donated yet, [do it now](#). Remember too, the bake sale being held at Christchurch Hospital on 31 July (poster at end of update has details).

Today's [Daily DJ Update](#) on our website features Marg Foster saying we should all give ourselves a round of applause. This will be especially true if you have been paying heed to the healthy living and [wellbeing tips](#) provided on the Dry July website.

Gary Coghlan, General Manager, Māori Health, West Coast District Health Board has recently completed 12 days of intensive and very uncomfortable radiation treatment in Christchurch. He shares his story with us to highlight the cause that Dry July is raising funds for – to improve the wellbeing of adult cancer patients by improving treatment environments for them and their families.

The importance of a smile

Gary Coghlan is a man on various missions. One of them is to get well so he can be there for his kids. Another has been to fully experience life as a patient, so he can help steer the health system to fit around the needs of the person first and foremost.

Talking to Gary is an organic experience. It's obvious that his passion is that those in the health system should always be mindful of how they look after people. He wants to ensure that it's not the health journey that is the focus, but the person.

About five years ago Gary was diagnosed with cancer. The diagnosis was a shock. The West Coaster of Irish and Māori origin (Poutini Ngāi Tahu) says he had hardly ever been to a doctor. "I thought it wouldn't happen to me."

Gary kept it quiet and was busy being busy and occupied while he started treatment. In the end nurses had to take the battery out of his computer so he could realise his body needed rest.

After six months, he went into remission with an extremely good clearance.

Nearly five years later, last Christmas he was practising jujitsu (Gary was very proud that he had recently gained his brown belt, "as an old bugger") and started to feel pain in his neck. The new diagnosis was Follicular Non-Hodgkins Lymphoma.

He's recently back at work after 12 days of intensive and very uncomfortable radiation treatment in Christchurch.

It was an interesting time for Gary, as a patient and as a comrade to other cancer patients. He has praise for most of the clinicians involved in his care, but cautions:

"I think clinicians, like everyone else, should be thinking about their own health and how they would like to experience care in our health system. They are also only one step away from the vulnerability that their patients are feeling. It can happen to anyone."

Continues on the following page...

In his day job as the General Manager, Māori Health, West Coast District Health Board, Gary is surrounded by corporate speak and numbers.

“It can become easy to get a bit removed from what’s happening for people. The thing with an illness like cancer is that it attacks what Māori call the four dimensions of a person – whānau, psychological/mental health, spiritual health and physical health. So as well as dealing with the physical challenges, people are wondering what will happen to their jobs, how will they feed the kids and pay the mortgage, and do people really care?”

He says talking to other people, many worse off, can give you strength.

Some tips from Gary:

- I’ve learned to listen very carefully to what the specialists are saying. It’s important that you record it so you can check back later.
- You can still have fun. I laughed when the radiation technicians put on some bubblegum pop drivell while I was having my treatment. It was so unlike what I’d listen to that it made me laugh.
- If you’ve lived your life with smoke and mirrors, you’re going to find it very hard to call on inner strength at a time when you really need it. Keep it real.
- As John Lennon said (and he probably borrowed it), ‘*Life is what happens while you're busy making other plans*’. You can’t predict the future. Now is the moment. Make sure you use it wisely.
- A sense of humour is vital.



Gary during treatment.

This story has been shortened due to space limitations. [Read the full story on our website.](#)

Conversations about end of life are challenging and many of us struggle with them: -

Advance Care Planning training opportunity for Ashburton Staff

Advance Care Planning (ACP) Level 2 Training will be held on October 22-24 and is a 2.5 day workshop designed to help strengthen a Health Professional’s knowledge about ACP and develop the communication skills required to effectively initiate and participate in ACP discussions.

The course is being delivered by the National ACP Co-operative and Health Workforce New Zealand in conjunction with the South Island Alliance and has 10 places available. It requires 100% attendance from delegates.

The course has been accredited with up to 17.2 CME points from the Royal New Zealand College of General Practitioners. It is not suitable for new graduate staff in their first scope of practice.

The \$1300 +GST course fees are being funded by Health Workforce NZ and District Health Boards to enable more health professionals working across DHBs, Allied health, PHOs and related health provider organisations to access this important training opportunity.

“I’d absolutely encourage others to do this course!”

Dr Rachel Wiseman (right), a consultant in Respiratory and Palliative Medicine at Christchurch Hospital undertook the L2 ACP training in March 2014, and has since managed to bring the learnings back to her department, to her team, their patients and to embed it into the daily care being delivered to her respiratory patients. [Read her full story.](#)



[More information is available here](#)

[Or click on the advertisement above](#)

IS Service Desk Update

Who are we?...

The IS Service Desk is based at 1 Durham Street, the team of nine work from 7am to 5.30pm Monday to Friday. We are the first point of call for any IS related issues or requests. On average we handle 350-400 calls per day and receive over 100 email requests. We currently have 1200 jobs pending action in our queue, with around 200 of them being Account Management i.e. password resets, account lockouts and New User Requests.

We are aware that these numbers are not ideal and may concern some of you who have outstanding requests. We want to update you but also to share with you how we are working on improving the service we provide.



ISG Service Desk Team—Michael Li , Reagan McHardy, Peter Hayward, Damien Franklin, Simon Merrick, Courtney Solomon, Sam Virdi, Tori Alfeld and Lee Beardsley.

What is “Cherwell”

A number of weeks ago we launched our new Service Desk Support Tool, Cherwell. We have received almost 25,000 requests or incidents since 6 May 2014.

We know that the wait times for answering calls and handling jobs can be frustrating, but please be assured that we are constantly working on ways we can improve the service we provide.

Cherwell has a host of additional features that will enable the Service Desk to process requests more efficiently, these features are not available “out of the box” but need to be configured and tested.

How Cherwell can help....

Cherwell has a host of features that can be implemented, we have prioritised some of these features and have details on a few that we believe will enable us to handle requests more efficiently.

New User Setup – we can receive anything from 10-130 requests a day, this process can take from 15-45 minutes, taking an enormous amount of Service Desk resource. As a priority we are working on configuring Cherwell to automate many of the manual tasks that need to be completed for a New User. Significantly reducing the time spent per request.

Auto Create Tickets – Look for standard words in an email/portal request like “Cost Manager” and “report” and directly assign the request to the appropriate team. This will save time because the request will have no handling by the Service Desk.

Updates and fixes – If an “outage” or a change is required that may have an effect on an IS provided service a notification can now include a link to automatically create a request/incident and assign it directly to the appropriate team. This will also save time because the request requires no handling by the Service Desk.

How can you help us?

If you need an update on an existing request either reply to the original email confirmation from Cherwell or call 809999. Please do not create a new email message as this creates a duplicate/new job with no link to the original request.

Please give us plenty of notice (10-15 working days) if you are making a Service Request i.e. New User, New PC etc.

Please do not abuse us, we are here to help you, we understand your frustrations but abusive calls can be very upsetting to the team.

What does your job involve?

Supporting the project administrators in meetings and in the office. We are very busy with user group meetings at the moment. My average day includes going to user group meetings with the project managers to take the minutes. When back in the office I write these up and send them out to the users. I also provide administrative support to the project managers by creating spreadsheets to track actions, caveats and plan sign offs. I also manage the teams' joint calendar where all the user groups are listed for the week. The project managers currently have between seven and 10 user group meetings each per week.

The CDHB team is in the minority in our office as we have a team called Katoa working with us. This team includes staff from Warren and Mahoney, Chow Hill, Thinc and RCP. I work closely with their administrator to make sure everyone is getting the information needed.

All in all it is a varied job and, though there are some core tasks I carry out, I can be doing something different each day.

Why did you choose to work in this field?

I used to work for a demolition company in a similar role and found I enjoyed working with different types of people each day.

Who inspires you?

My mother. She always makes sure she treats everyone equally.

The last book I enjoyed was...

A Fine Balance, by Rohinton Mistry, it was an interesting read as I've always enjoyed stories about India.

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

Fontainebleau France because it's where a lot of artists during the 19th century would go and spend time outside with nature painting. It's really beautiful. I have a degree in art history based around 19th century art so it's a bit of a mecca for me.

My ultimate Sunday would involve...

A long sleep in, hanging out with my partner and family and making something crafty for my home in my tiny house studio.



One food I really like is...

Chicken and mushroom fettuccini.

My favourite music is...

Anything with a bit of a folky/country bent such as the Eastern (an awesome Lyttelton band) or Kings of Leon.

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

E-Portfolio trial for January 2014 Nursing Entry to Practice (NetP) group

The January 2014 NetP group will be trialling an electronic-portfolio as a part of their completion criteria for the NetP programme. It is important to note that this is a one-off trial for this group of nurses only, and is not associated with I-perform, the on-line performance appraisal system also currently being trialled for some groups within the CDHB.

The January 2014 registered nurses will be completing their e-portfolios soon, and it is expected that their preceptors and charge nurse managers will be sent an e-mail 'invitation' by the NetP nurse to have access to the e-portfolio so the senior nurse can complete their own component or sign off.

Some NetP nurses working in primary organisations will continue to submit their portfolio via hard copy.

Education has been arranged for all nurses (NetP, preceptor, CNM etc) who are involved in this process.

You are invited to attend any session at any venue to suit you, no registration required. Attendance is required for one session only. The one-hour sessions available are:

30 July Wednesday	1400-1500 hrs	5 th Floor Lecture Theatre The Princess Margaret Hospital
30 July Wednesday	1500-1600 hrs	5 th Floor Lecture Theatre The Princess Margaret Hospital
6 August Wednesday	1400-1500 hrs	Parent Education Room, lower ground floor Christchurch Women's Hospital
6 August Wednesday	1500-1600 hrs	Parent Education Room, lower ground floor Christchurch Women's Hospital
19 August Tuesday	1400-1500 hrs	Parent Education Room, lower ground floor Christchurch Women's Hospital
19 August Tuesday	1500-1600 hrs	Parent Education Room, lower ground floor Christchurch Women's Hospital

Please direct all queries regarding e-portfolios to Jo Greenlees-Rae Joanne.greenlees-rae@cdhb.health.nz



A REWARDING CAREER

Canterbury
District Health Board
Te Pōari Hauora o Waitaha

[Quality & Patient Safety Manager](#)

[Regional Training Lead](#)

Registered Nurses for [Paediatric Oncology](#); [Ward 15 / SPCU](#) and [Oncology Inpatient Service](#)

[Clinical Team Coordinator - Christchurch Hospital](#)

[Nurse Coordinator - Quality](#)

[Learning and Development Coordinator](#)

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

Department of Psychological Medicine, University of Otago, Christchurch & SMHS, CDHB Clinical Meeting

Tuesday 29 July 2014
12:30 pm – 1:30 pm

Venue: Lincoln Lounge, Admin. Building, Hillmorton

“Police Watch-house: Nurses in The Cells.
Inter-agency cooperation on the Frontline”.

Presenter: Steve Howie (Watch House Nurse)

Chair: Craig Cowie

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.

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 School of Medicine attendees the venue is the Beaven Lecture Theatre, 7th Floor, School of Medicine via telemedicine.

The dial in address is: Psych Med Grand Round.

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

Te Wiki o Te Reo Māori: 21 – 25 July 2014

On Tuesday staff gathered in the Great Escape Cafe to commemorate the 39th year of Te Wiki o Te Reo Māori (Māori Language Week) with waiata (songs) sung to those having lunch.

In attendance, to add their voices to the singing were staff from Te Korowai Atawhai (Māori Mental Health team from Hillmorton), Social Work Services, Diabetes Centre, Cardio-Respiratory Integrated Specialist Services and Nga Ratonga Hauora Māori, the Māori health team.

This year the kaupapa (theme) is Te Kupu o te Wiki, learning a word a week for the next 50 weeks. Give these words a try and increase your Māori vocab.

Go to <http://www.korero.maori.nz/news/mlw>



Latest from the Consumer Council

The Consumer Council is engaged in helping identify areas in the Māori Health Framework where consumers could make a difference in achieving health equity and improved quality of life for Māori clients of the Health System.

Consumer Council members have accepted an invitation to provide feedback into the Information Use & Management Group's (IUMG) consultation document "*HealthSafe framework for sharing health information*" before the end of July.

This month Consumer Council members have also been asked for feedback and involvement with:

- MedChart Electronic Medication Management
- The Strength & Balance Exercise Magnet – patient information
- National Training Day: Child Trauma
- Planning for Education and Training Development workshop for Consumers to be held in September.
- Recruitment is underway for a Refugee/Immigrant Consumer Representative and a Physical Disability Representative.

If you have any questions regarding the Consumer Council or would like to engage a consumer representative for work you are involved in please contact Wayne Turp, Consumercouncil@cdhb.health.nz; Phone (03) 364 4130



Te Puawaitanga Ki Ōtautahi Trust

Mō tātou a mō nga uri a muri ake nei
For us and those who will come after us

Te Puawaitanga Ki Ōtautahi Trust housing survey

Te Puawaitanga Ki Ōtautahi Trust was established by the Ōtautahi Branch of the Māori Women's Welfare League in 1995, enabling the League to extend its support for enhancing the health and wellbeing of Māori/women and their whānau.

Housing is a major issue in the post-earthquake environment in Canterbury. The loss of thousands of homes across greater Christchurch, home repair delays, increased rents and the demand for housing for rebuild workers creates a dire situation particularly for those who are most vulnerable and lifelong residents of Christchurch.

Increasingly Te Puawaitanga staff have been reporting concerns with regard to both the presenting and potential health issues of whānau who are living in dire situations and also about their own sense of helplessness in regard to their ability to support whānau into better living situations.

In response to these concerns the leadership team at Te Puawaitanga agreed that it wanted to ensure that it was doing as much as possible to support whānau. It was decided to undertake an in-house survey, in order to gain a better understanding of the situation for client whānau.

[Read the survey](#)

Correction

Noeline Lyman commenced her role as the Regional Administrator for New Zealand Familial GI Cancer Service, Christchurch Hospital on 21 July 2014. Previously she was Senior Secretary for the Youth Speciality Service and had worked at CDHB for 24 years. Apologies that Noeline's role was incorrectly described in last week's edition. All the best for your new job Noeline.



Patient Safety Week 3 to 7 November – HOLD THE DATE!

The Health Quality & Safety Commission is excited to introduce Patient Safety Week – to be held this year from Monday 3 to Friday 7 November 2014.

The week is intended to create focus, energy and momentum, and raise awareness of the importance of patient safety through a concentrated burst of activities over five days.

There will be three complementary focuses for Patient Safety Week 2014:

- Dr Jim Bagian – US expert in human factors in patient safety
- *Let's PLAN for better care* – a health literacy initiative for primary care settings
- celebrating *Open for better care* (and the *Open/First, Do No Harm* partnership in the Northern region) in secondary care, and continuing to raise awareness of the importance of providing safe, quality care.

[Read the full newsletter.](#)

Breastfeeding essentials for physicians: What every doctor needs to know

In recognition of fifty years of La Leche League mother-to-mother breastfeeding support in New Zealand, LLLNZ is organising a one day pre-conference seminar for physicians to provide up to date research and clinical information on current issues in breastfeeding medicine.

Breastfeeding essentials for physicians: What every doctor needs to know

When: Friday 3 October 2014

Where: Waipuna Hotel & Conference Centre, Auckland

Registration:

The program is available [here](#) for downloading and printing.

Only on-line registration is available - find the on-line form [here](#).

You are also welcome to register separately for the 50th Anniversary La Leche League Conference.

Further information and a link to the main conference registration form is [here](#).

Seminar costs

\$220 for members

\$279 for non-members

A flyer for a seminar. On the left, the La Leche League NZ logo features a green heart with a white baby and the text '50 years La Leche League NZ Supporting your breastfeeding journey'. Below the logo, it says 'Presents a pre-conference seminar: Friday 3rd October 2014 Waipuna Hotel & Conference Centre Auckland'. At the bottom left, it asks 'Need more info?' and provides contact details: 'Pre-conference@LLLNZ.org.nz or Debbie Graham (07) 827 8954 - (027) 205 6980 Registrations and further information: lalcheleague.org.nz/news-a-events'. On the right, the main title 'Breastfeeding Essentials for Physicians' is in large, bold, black letters, with the subtitle 'What every doctor needs to know' in a smaller, italicized font. The background of the right side shows a landscape with a blue sky, clouds, and a red tree. In the bottom right corner, a green box contains the pricing: '\$220 for members' and '\$279 for non-members (Professional Membership included)'.

Dry July Bake Sale

Mark it on your calendar: Wed July 30th is the Dry July Bake Sale! Please bring a plate that day and let's raise some funds for Dry July! If all food could be in the Lower Ground Floor Kitchen (in Radiation Therapy) by 8:15am that day, it will help with the setting up. Also, if you are free to help on the day of the bake sale, please email Laura Ross. Thanks!

Date: **Wed July 30th**

Time: **9-10:30am** (Setup at 8:30)

Location: Hospital Main Entrance Foyer

(by the ATM machine)

DRY JULYTM

Clear your head, make a difference®



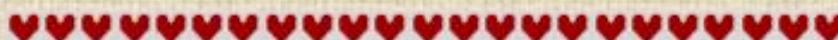


38th NZ Branch
Renal Society of Australasia Conference
Christchurch, October 10th - 11th 2014
Copthorne Hotel Commodore

With over 40 years of experience in home based therapy, Christchurch is well known worldwide when it comes to home dialysis. With a vast amount of local experience, come and join us in sharing the challenges, achievements and pitfalls which have made home dialysis what it is today.

Speakers include-

- Gary McCormick, Radio and Television Personality
- Brainwave Trust, Educational Organisation
- Professor Justin Roake, Clinical Director of Endovascular Surgery, CDHB
- Dr Suetonia Palmer, Nephrologist, CDHB
- Dr Nick Cross, Clinical Director of Nephrology CDHB
- Dr Kate Grundy, Clinical Director of Palliative Medicine, CDHB
- Dr Rob Walker, Clinical Director of Nephrology SDHB



Enquiries: penny.coffey@cdhb.health.nz

**Open to all medical,
nursing & allied staff**