



## Congratulations to SMO leaders on another successful engagement afternoon

Getting most of Canterbury's senior doctors in one spot for over four hours is no mean feat – however, once a year, there is a not-to-be-missed event for all our SMOs (Senior Medical Officers) and that's the annual SMO engagement afternoon. A chance for our clinical leaders and colleagues to get together and share stories.

Stories about innovative new ways of working and technology that is helping us make it better for patients. More than 15 speakers talked on subjects ranging from palliative care clinics in nephrology and community care for patients with COPD (chronic obstructive pulmonary disease), to using an electronic note pad for your clinical notes through to PICs, our new Patient Information Care system, and how data can help us achieve what we want for our patients. It was a valuable afternoon. Congratulations to the organisers – there was robust discussion and a great sense of enthusiasm and passion for all that is happening in our health system.

### Data at your fingertips



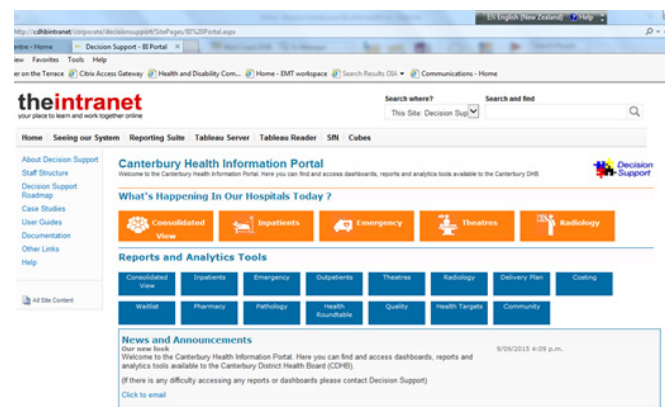
Did you know that by clicking on the [Seeing Our System](#) icon on the intranet, you can see, in real time, what's happening in our theatres, how many people are in the emergency department, what's happening in radiology, how many inpatient beds are occupied - and in which department, along with access to a wide range of reports and real time information?

Once into the system, click on 'Canterbury Health Information Portal' and you now have access to a myriad of information about what's happening in our health system today.

Making data accessible and visible makes it useful. It allows us to identify trends, and quickly pinpoint any hold-ups which are stopping patients from flowing seamlessly through

our system. Measuring what we are doing means we can compare data by day, week, month and year.

The range of data and information available is currently being expanded – if you haven't had a look recently, you may be surprised by the breadth and depth of data available. Thanks to the Decision Support, Planning & Funding and Ops Centre teams for your work to bring data to life in ways that are meaningful for staff and patients alike. If you have any problems accessing any of the data, contact the people listed on the portal who can help.



Screenshot of the Canterbury Health Information Portal site.

### Why am I waiting?

'Why am I waiting?' used to be one of the most frequently-asked questions in the emergency department waiting room. By making data about the number of patients being seen at any one time, and the seriousness of their condition, visible to people sitting in the waiting room, those waiting now have a greater understanding about what's happening behind closed doors.

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People waiting can see how many ambulances have brought patients in and how many patients have walked in during the past 24 hours.

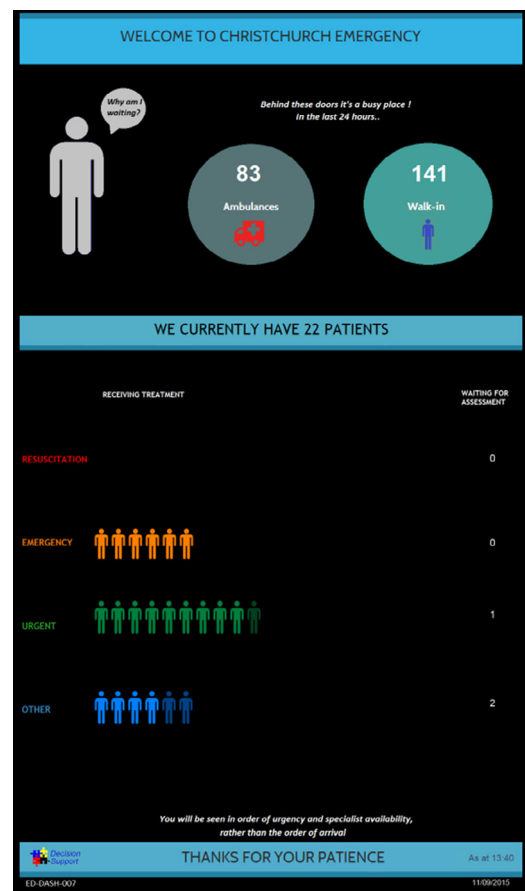
The screen (pictured below and right) has been up and running for the past three weeks and emergency department nurses report positive feedback from patients.



Have a great week.

David

**David Meates**  
CEO Canterbury District Health Board



## A big thank you

A recent CEO newsletter gave insight into the earthquake repair work being undertaken within Christchurch Women's hospital during the months of July and August and in particular the work being carried out within the neonatal and maternity service.

This was an essential and significant undertaking and on behalf of the neonatal service we wish to express our sincere thanks to everyone involved over this time.

Thanks to:

- » The neonatal team which was exactly that, a TEAM. The work involved extensive planning, compromise and support from each and every one of the staff (a team of 140!). Every single staff member played their part and this is acknowledged but a special mention for going beyond the call of duty: Claire Carroll, Gina Beecroft, Jan McKenzie, Janice Cowan, Nell Wilson, Gary Stevenson and Fiona Findlater.
- » The parents and families with infants in the service at this time, who worked with us and understood what, why and how the work needed to happen.
- » The wider Canterbury DHB team for their understanding and flexibility with a special mention to Nicola Forrest-McLernon and the staff of Level 2 gynaecology team for accommodating a nursery area for us.
- » The contractors and cleaning staff who did their utmost to cause the least disturbance as possible. With a special mention to Rebecca Rimmer and Don Innes of the site redevelopment unit and Fletchers for always keeping us informed and being adaptable to the changes needed.
- » To the clinical leaders of the neonatal services around the country who were available to us if the need arose.

This was an experience that we are very glad has been completed, and demonstrated what team work and support is all about. A big thank you to those we may have forgotten.

Debbie O'Donoghue Neonatal Nurse Manager and Nicola Austin Clinical Director.





## Monday's Facilities Fast Facts

### Burwood

A new timelapse video has been created for the Burwood project, showing the view from the project office (now being demolished) from June 2013 to August 2015. Compare the view before and after (below) or [click here](#) to view the timelapse.



Further concrete pours are continuing, including for the floor of the Psychiatric Services for the Elderly (PSE) wing.

### Christchurch



Another large concrete pour was completed at the weekend for the Acute Services building. The pour is the fourth in the sequence.



## User group news

The design team held a workshop for user groups this week to update them on the latest plans for the Acute Services building. The plans include detailed information on various aspects of the building e.g. doors and windows, joinery, lighting plans and elevations of some key rooms. The design team will also be attending user groups over the next two weeks to help users to review the specific plans of most relevance to each group.

The Outpatients User Group met their design team this week to receive an update on planning for the general layout of the building and its stacking (which service is located on each floor). A further round of meetings in a fortnight will mark the start of the preliminary design phase.



## Bouquets

### **SARA, Ward 16 Christchurch Hospital**

I would like to say that everyone has been very helpful, not only did they look after my husband but also looked after me. Nothing was a bother. It's lovely to see smiles on their faces, it cheers you up.

### **Ward 28, Christchurch Hospital**

I am frequently in Ward 28 as I am epileptic. I just want to say that the nursing crew there are really awesome and I could not live without them. They are like my second family. The charge nurse Ali is also awesome. They all deserve credit.

### **SARA, Christchurch Hospital**

Thank you so much for looking after my dad.

### **Ward 11, Christchurch Hospital**

Thank you to all the wonderful nurses and doctors for their help, encouragement and great health care.

### **Ward 20, Christchurch**

The dedication of all the nursing staff has been wonderful. I thank you all from the bottom of my heart.

### **Physiotherapy, Christchurch Hospital**

I have been very impressed by the care and consideration shown by this department. I have never, during this time, been treated as an NHI number, but as a person....The staff members whom I have worked with have been helpful, patient and very positive in my care. I am still under-going treatment and even though I ache afterwards, I am seeing a difference between pre and post op in my arm. Lee and Jude are phenomenal and I appreciate their assistance.

### **Park n Ride, Cardiology, Christchurch Hospital**

Thumbs up for the wonderful Park n Ride service. Wonderful staff (cardiology).

### **Oncology, Christchurch Hospital**

An accolade for the Treatment One team. I have been receiving therapy from the Treatment One team and, on a few occasions, from the Treatment Three team in the Oncology Department at Christchurch Hospital for eight weeks.

I have been unfailingly impressed with the standard of care I have received from all therapists throughout this process. My experience for eight weeks has been a positive one.

The therapists were thoroughly professional and most efficient in setting up and administering treatment sessions. I had confidence that all was well under control.

Through the process, I appreciated the chance to increase my understanding of the treatment I was receiving. My enquiries were answered, the result of the willingness of the staff to share their expertise.

Most of all, I appreciated the friendliness of the therapists. Their continuing support and encouragement during the treatment was evident at all times. Their personal interactions are a feature of their work!

My very best wishes to the team in the future and in the therapy they are providing for all patients. I have been lucky to have had the treatment I have received.

### **Ward 16, Ward 11, Christchurch Hospital**

I would like to thank Helen (Ward 16) for making me feel very welcome and safe when I first arrived, she is such a lovely and bubbly nurse who put a smile on my face. I would also like to thank Theresa, Sunni, Laura, Luke, Ashley, Anna and E Wallis from the bottom of my heart for making my six days here bearable. They were truly amazing and went to any effort to meet my needs. Even made the night visits funny and not so dreaded after little sleep. Also a huge thank you to Sharon and her student on the day of my surgery. At a time of complete vulnerability you managed to make me laugh and were always so quick to help when I needed it. You guys are an amazing, caring and nurturing team. I really enjoyed my stay (besides the circumstances). Thank you so much!

### **Ward 24, Christchurch Hospital**

Wonderful care my Nana received during her stay. The nurses and aides were helpful and caring throughout her stay. Thanks for making a hard time a wee bit better.

### **Oncology, Cancer Society shuttle driver, Christchurch Hospital**

I wish to thank Jo (oncology nurse) and Raewyn (shuttle driver) for going out of their way and helping me after their working day was over. I lost my car keys on the way home from my radiation therapy appointment and so walked back to the hospital to try to find them.

The department was closing but Jo went out of her way to be helpful by

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## » Bouquets continued from page 4

searching the department, making phone calls and tracking down my keys on the shuttle. Raewyn then got in her car and brought me my keys and took me home to my accommodation. A very big thank you to both ladies for helping me.

**Medical Day Unit (MDU), Christchurch Hospital**

Last Friday I came to MDU for a blood transfusion. I was needing to be away for another appointment A.S.A.P. As they were very busy the staff there got me all prepared for my nurse when she came on duty so I could start having blood straight away. I really appreciated the staff

doing that – they went well “beyond the call of duty”. Their service to me was great, thanking you.

**Ward 28, Neurology, Christchurch Hospital**

Absolutely blown away by the professionalism, service and friendliness of the staff on this ward. Found everyone easy to understand, professional in their dealings with me, open and honest which is exactly what I needed. I can't remember all the names but thanks to Colette, Megan and Emily who were three of the nurses...Would have been happy to stay another week :-). Even the food was ok. But ohhhh those gowns....

**Medical Illustrations Department**

I would like to thank the Medical Illustration Team for assisting me in producing a presentation I recently gave. Their advice, patience and skills were extremely helpful and my presentation was very professional. In particular, I would like to thank Laura as she helped me with some very technical aspects of my presentation. Thank you all.

## Nursing Excellence Award



Oncology Outreach Nurse, Ruth Gerring, has won the inaugural annual Oncology Nursing Excellence Award in recognition of outstanding excellence in cancer care.

She was one of several nurses from the Medical Day Unit, Oncology Outpatients, Ward 26 and the Bone Marrow Transplant Unit who were nominated by their peers.

Charge Nurse Manager Sally Braycotton, says the award is about recognising an excellent role model, a great communicator with a ‘can-do’ positive attitude – “someone who really shines”.

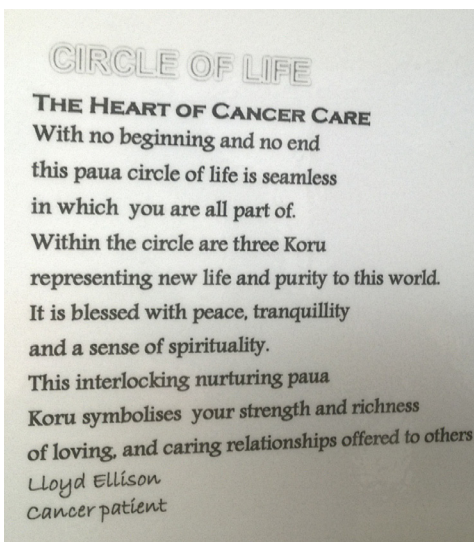
“Ruth is a great person. I have known her for quite a long time and she is always very positive. She is a change agent; she now works in outreach, which was her dream for a long time.”

Ruth says she accepted the award on behalf of everyone.

“You make me want to come to work every day and of course the patients we look after. That is why I have stayed so long.”



Above: Ruth Gerring and Lloyd Ellison



Explanation of the “Circle of Life” artwork.

Lloyd Ellison, a patient well known to the service, was commissioned to create some art which the holder of the award will have on loan for a year.

Lloyd told those at the award ceremony he was keen to have the opportunity to create an art work to recognise nursing excellence.

The work, entitled “Circle of Life”, represented arohanui which talked of nurturing, caring and love.

“That’s how I see this place. From the moment I arrived I was treated as a person with dignity and sensitivity. I actually looked forward to coming here, and not just because it kept me alive but for the essence of excellence of care here.”

Lloyd says he collected the paua for the art work from Gore Bay and it was blessed by his kaumatua who died three weeks after the art work was made.

“So for me there is a whole lot of feeling around that and it warms my heart to see it presented here today.”

## Rural Nurse Practitioner role offers variety

**Nurse Practitioner (NP) Sue Price has been working in rural areas since December last year and enjoys the variety that comes with rural practice.**

Her role as NP at Oxford Community Health Centre includes weekday clinics offering a range of general practice consultations as well as covering some after hours and responding to Primary Response In Medical Emergencies (PRIME) calls.

"I also cover after hours/PRIME weekends as an NP for High Country Health in Twizel and enjoy the clinical and geographic variety of the roles."

Sue says she was fortunate to be able to work in an expanded role as a Rural Nurse Specialist for nearly four years before gaining NP endorsement and so was able to develop advanced practice and clinical decision making skills in a supportive setting.

"However, like others, I still found the pathway challenging, juggling postgraduate study then the portfolio application to Nursing Council on top of my work schedule."

The responsibility of being a prescriber is immense, but the ability to make autonomous decisions has been rewarding, she says.

"I can offer services to the community that otherwise may not be available."

Forming strong collaborative relationships and working in a team environment has been important to her stepping into the role and developing her NP practice.

While mainly seeing patients in the practice, Sue's on-call and PRIME role means her work often extends into the community assessing people in their homes and working closely with other services such as St John, the fire service and police.

"In rural areas sustainability of health services is going to require a range of experienced practitioners of various kinds and NPs will be an important part of this mix", Sue says.

Rural communities need the team approach and the NP role fits well with this."

Sue is looking forward to continuing her development as an NP across Primary Health Care Services.



Above: Sue Price

## Canterbury Grand Round

FRIDAY 18 September 2015,  
12.15 to 1.15pm.

Lunch from 11.45am.

Venue: Rolleston Lecture Theatre

**Speaker one: Greg Frazer,  
Respiratory**

**Title: "The Management of  
Spontaneous Pneumothoraces"**

Pneumothorax is a relatively common reason for acute presentation, particularly amongst patients with pre-existing respiratory disease. Using a recent case, current management guidelines will be reviewed.

**Speaker two: John Fink,  
Neurologist**

**Title: Beyond thrombolysis for  
acute ischaemic stroke: intra-  
arterial clot retrieval – coming to a  
hospital near you.**

Thrombolysis with intravenous alteplase has been the best available therapy for acute ischaemic stroke for nearly 20 years, but throughout this time it has been obvious that better treatments are still needed. This year the role of intra-arterial clot retrieval has been shown to dramatically improve outcomes in some of the worst-affected stroke patient for whom intravenous alteplase is poorly effective. Will this treatment

be feasible and cost-effective in Canterbury? (If you can't make it to the talk, the answer is: yes!)

Chair: Andrew Butler

Video Conference set up in:

- » Burwood Meeting Room
- » Meeting Room, Level 1 TPMH
- » Wakanui Room, Ashburton
- » Administration Building, Hillmorton

All staff and students welcome

Talks (with Speaker approval) will be available within two weeks on the [staff intranet](#).

Next Clinical Meeting – Friday 25 September 2015

Convenor: Dr RL Spearing (email: [ruth.spearing@cdhb.health.nz](mailto:ruth.spearing@cdhb.health.nz))





## Making sure foreign medical teams are a help not a hindrance

A professional background in emergency medicine and military experience made Dr Emma Lawrey a perfect candidate for the New Zealand Medical Assistance Team (NZMAT). She was part of a NZMAT deployed to Vanuatu following Cyclone Pam that caused major devastation.

[NZMAT](#) is a civilian-based disaster medical assistance team made up of clinical and allied staff that include doctors, nurses, paramedics, allied health and non-medical members such as logisticians. It comes under the Ministry of Health's umbrella and was formed in 2013. NZMAT members are volunteers who leave behind day jobs to help out. Each team is made up of three components:

- » MAT trained clinicians sourced (and supported by) NZ DHBs;
- » NZ Fire Service Urban Search & Rescue (USAR);
- » A Ministry of Health Team Lead - who acts as liaison for the teams working onshore and in the office back home.

Emma says she registered while in the throes of final fellowship exam preparation late one night.

"I was distracted while finishing off study prep. An online search of how New Zealand responds to overseas disasters lead me to the NZMAT page. I knew there were civilian opportunities to be involved. I filled in the registration form and submitted it," says Emma.

One year later Emma underwent training and taking into account family commitments, made herself available for short term deployments.

When the call for help following Cyclone Pam (March 2015) went out, Emma was in the right place at the right time and headed off to Vanuatu. She says one of the most valuable ways the team was able to help was by simply showing up.



Dr Emma Lawrey boarding the HMS Canterbury. Photo sourced from [NZMAT's facebook page](#).



Vanuatu following Cyclone Pam. Photo sourced from [NZMAT's facebook page](#).

"Just going there let the people know the world knew what had happened and they cared. This psychological support coupled with medical knowledge and even simple pain relief made such a difference. Some people needed outpatient care, some needed treatment for infected or septic wounds and the most serious were airlifted out," says Emma.

Another way that the team helped was in identifying ways the military engineers and USAR firemen could get involved.

"We learnt that the solar powered vaccination fridge wasn't working. We let the USAR team members know and they managed to fix it – a vital task for maintaining health long term on the Island of Epi," says Emma.

Foreign medical teams like NZMAT can be a godsend in disasters or they can further overwhelm stretched resources. [The World Health Organization is currently overhauling rules and guidelines for foreign medical teams \(FMTs\)](#). For a FMT to be a help and not a hindrance the team must have quality, training and equipment/supplies so it can respond with success rather than impose a burden on the national system. FMTs must strive for self-sufficiency, a quality of care that is appropriate for the context, with credentials that meet a minimum acceptable standard.

### Do you have an interest in the deployment of foreign medical teams?

The operationalisation, deployment and coordination of Foreign Medical Teams is one of the focus meetings that will take place during the [People in Disasters Conference being held in Christchurch 24 – 26 February 2016](#).

Registration up until 29 November is just \$550.00.

Registration opens access to the workshops including the FMT focus group meeting.

# Retirement of respected dermatologist



Above: Paul Maurice

British trained Dermatologist, Paul Maurice, retired from Christchurch Hospital on Friday 4 September.

Paul came from the UK 11 years ago with his wife, Ruth, drawn by his love of botany and tramping.

He graduated in medicine from Cambridge, trained in dermatology in London, gained an MD and became established as a well-respected consultant in St Albans, in Hertfordshire, north of London.

His work on procollagen-3 as a marker of liver fibrosis in patients being treated with methotrexate for psoriasis helped many patients avoid unnecessary liver biopsies and would have prevented a number of accidental deaths, says Christchurch Hospital Dermatologist, Martin Keefe.

"In Christchurch Paul established a clinic for assessment of skin cancer risks in transplant patients, established the first Dermatology Clinical Nurse Specialist post in New Zealand, re-established the dermatology registrar post and appointed a consultant colleague," he says.

Paul ran a successful meeting of the New Zealand Dermatology Society and the Dowling Club in 2010 with many overseas delegates.

He has been exemplary in maintaining his clinical skills and his wide knowledge will be sorely missed.

"However, at a time when dermatology is struggling with recruitment issues, it is a mark of Paul's great sense of responsibility and dedication to public service that he will continue a fortnightly clinic for another year to maintain the service to the transplant patients," Martin says.

We wish him and Ruth a happy retirement and we are delighted that he will still be helping us out for a little while longer.



Above: From left, Ruth Maurice, Dermatology Secretary, Shirley McTaggart, and Paul Maurice.

## Following your feedback, the Information Services Group (ISG) has been working hard on improving the services they provide, so that.....



- » You can now reset your own password or unlock your computer login without having to contact the Service Desk.
- » Many emails to the Service Desk are automatically sent to the right person, without having to wait for them to do this.
- » They have worked to reduce their administration time by automating manual tasks like creating or removing users, so they spend more time taking your calls.

### The result of these improvements have seen

- » Service Desk's abandoned call rate improve by 15% compared to 2014 (abandoned call rate was 22% in 2014 and 7% in 2015).
- » Their call volume reduce by 600 calls a month (Avg of 4400 calls a month).

- » 500 jobs a month automatically routed directly to the "right" team.
- » Since its launch the User Account Management Tool has enabled you to reset 1125 passwords and unlocked 2379 accounts.

### What's next?

- » Customer Satisfaction surveys will enable us to work directly on the feedback you provide
- » Improved and Automated "New User Request Forms"
- » Working on how we notify you more efficiently on Major Outage Notifications

For more information on some of the improvements we have made please visit our [Service Desk Team Site](#)



# Take a moment for one of the 5 Moments

**“Our message is simple: Clean hands save lives.” - Hand Hygiene NZ**

Canterbury DHB's interim Hand Hygiene result as at 8 September is 75.8% against a national target of 80%. While we have come a long way since the 62% mid last year and can be proud of the initiatives that have helped us continue to improve, we're not quite there yet.

Susan Wood, Director Quality and Patient Safety says that we have until the end of the current audit period which ends October 31 to make this happen, and ensure we cross the 80% line for the first time.

“It is totally doable. We are scoring close to 90% in one of the moments, which is amazing by any standards and shows the progress we have made as a health system. But the one that is presenting us with a challenge is Moment 5, with a rate of 63.8%. It is bringing our overall average down.”

## How is your Moment 5: After touching a patient's surroundings?

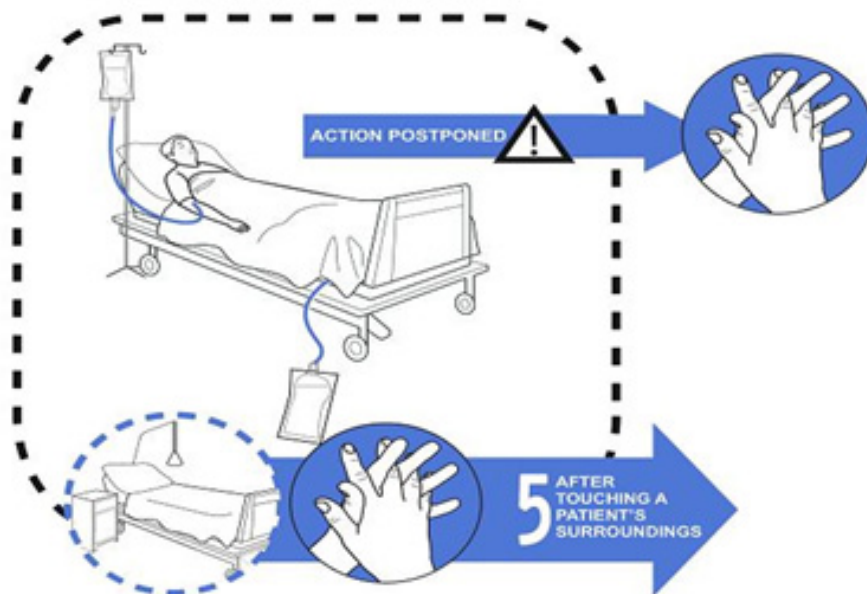
Under Moment 5, hand hygiene should be performed after contact with patient surrounding, even if you never come into physical contact with a patient.

‘The patient surroundings’ refers to a space temporarily dedicated to an individual patient for that patient's stay and includes:

- » Patient furniture and personal belongings.
- » Medical equipment – BP machine, monitor etc.
- » Medical charts.
- » Anything touched by a health care worker while caring for that patient.

“We are so close to that 80%. Other DHBs have shown it to be achievable. Lets do it, be the leaders we are, show them what Canterbury can do.”

For more detail on our performance versus other DHBs and for other useful information, visit <http://cdhbintranet/corporate/Quality/SitePages/Hand%20Hygiene>



## Cultural Competency Courses are now available nationally

One of NZ's best cultural competency training programmes is in the process of being rolled out through DHBs. This programme has been available to all health professionals in the Auckland area for nearly 10 years. It was then funded by the Auckland DHBs. Over 10,000 health professionals have gone through this course.

It is recommended by the College of General Practitioners and is also CME qualified. The Ministry of Health is now funding the national roll-out of the course. It is available free-of-charge to all health-related participants. It covers cultural competency training about communities from Asian and refugee backgrounds.

Get more information [online](#) and see poster at end of this update.

# New fertility technology available

Canterbury Health Laboratories (CHL) is the first laboratory in New Zealand to offer world leading fertility technology to screen embryos for certain conditions that can result in failed implantation or miscarriage.

"CHL likes to be at the forefront of science and we're glad to be there again", says Clinical Director, Professor Peter George.

The Preimplantation Genetic Screening (PGS) service has been extensively developed by lead Scientist Dr Vivienne Bickley, in a collaboration between Fertility Associates and CHL.

Vivienne says PGS uses leading-edge technology and is a logical extension to our current Preimplantation Genetic Diagnosis (PGD) service, available for diagnosing familial single gene disorders in IVF embryos.

Peter says selecting embryos through PGS provides a better chance of progressing to a successful pregnancy because it identifies embryos with the correct number of chromosomes. Many embryos look normal but have the wrong number of chromosomes (this is called aneuploidy).

"Determining this condition prior to transfer can markedly increase the success of IVF," he says.

Vivienne says she is passionate about the science behind this new service.

"The transfer of embryos with abnormal numbers of chromosomes will nearly always lead to either failed implantation or miscarriage."

The testing is designed to check embryos before transfer, to pick up certain aneuploidy conditions and avoid transferring these embryos, thereby improving the success rate.

"We're trying to avoid the transfer of these embryos and reduce the heartbreak these couples feel when they experience failed

implantation or miscarriage. We can't eliminate it but we can certainly improve the number of successful outcomes," she says.

PGS can be useful for couples who have experienced multiple miscarriages, implantation failure during IVF or for those who would like extra reassurance and information during their IVF cycle.

PGS is not a funded service and is available privately to patients under the care of Fertility Associates.



Peter George



Vivienne Bickley

## CDHB Research Committee - Call for Allied Health Nominations

The CDHB Research Committee is a Standing Committee within the Canterbury District Health Board, reporting to the Clinical Board. The Committee develops policy, provides governance and advises the Clinical Board and Executive Management Team on matters related to clinical research activities within the CDHB.

The Committee is now seeking one Allied Health member to represent allied health on the committee. Members of the committee must be willing and able to attend monthly meetings. Confirmation of places on the Committee will be ratified by the Clinical Board.

For Research Committee Terms of Reference, meeting dates and current membership list please contact Rebecca Coombes at [Rebecca.coombes@otago.ac.nz](mailto:Rebecca.coombes@otago.ac.nz)

Nominations can be made by any member of the research community and should be forwarded to Stella Ward, Executive Director of Allied Health, by Friday 18 September.

Email: [stella.ward@cdhb.health.nz](mailto:stella.ward@cdhb.health.nz) Applicants are invited to submit a brief resume of their research activity, and a short paragraph outlining how they could contribute to the Committee.



# Healthcare team challenge

In the midst of August ills and chills two energised inter-professional teams made up of new graduates and students competed in the Canterbury Health Care Team Challenge (HCTC).

They were both given a mock case study and had a month to prepare a health plan. The teams consisted of doctors, nurses, pharmacists, physiotherapists, occupational health and social workers.

A lot of work went into the presentations and a “curly curve” question was given to teams to see how they promote teamwork and highlight multi-disciplinary practice.

The winning Canterbury team competed in Auckland at the national HCTC on Monday 8th September.

HCTC Co-ordinator for this year’s event was Keryn Burroughs, Team Leader/ Social Worker, along with the members of a Multidisciplinary HCTC working party who all contributed. Social Worker, Sarah Kennedy and Nicky Cabell were the teams’ coaches.

A big thank you to the directors and clinical managers who supported the winning team to compete in Auckland, Keryn says.

Although Canterbury DHB’s team was not placed they did well, displaying the skill of incorporating the use of prompts and drama while collaborating and highlighting the importance of working with each discipline.

“Our team was the most creative and used the whole stage, they received excellent feedback from the judges,

however they went over the time limit that is allocated which impacted on their scoring,” she said.

It was pleasing to hear the positive feedback from the group about the overall HCTC experience in Canterbury and Auckland.

“Everyone is keen for a larger HCTC next year with more teams competing so this live event has a lot of potential for opportunity and education.”

The winning team from Christchurch who went to Auckland were:

- » Lloyd Roffe, Doctor
- » Alex Cruickshank, Registered Nurse
- » Angela White, Intern Pharmacist
- » Emma Johns, Occupational Therapist
- » Ben Ardagh, Physiotherapist

» Centaine Donovan, Social Worker, (could not attend on the day due to being unwell, however is very much a part of the team). She was replaced by Social Work student Nadia Churchward.

Emma Johns says the experience has been a highlight of her new graduate year.

“Working alongside like-minded people to solve a complex case during the start of our chosen careers has strengthened our skills within each of our professions, given us an appreciation of those roles around us and allowed us to transfer our new learning into practice.”

Below: The Canterbury HCTC in action. Left foreground, one of the Canterbury judges, Penny Maher, right, Nurse Alex Cruickshank with “patient”.



## Emergency preparedness training

Coordinated Incident Management System (CIMS) 2 Training - 18 November 0900-1500hrs at the Design Lab (was CIMS for Health).

Currently a new CIMS2 course is being piloted, which is inclusive of the health component, but will align to the NZQA unit standard 17279.

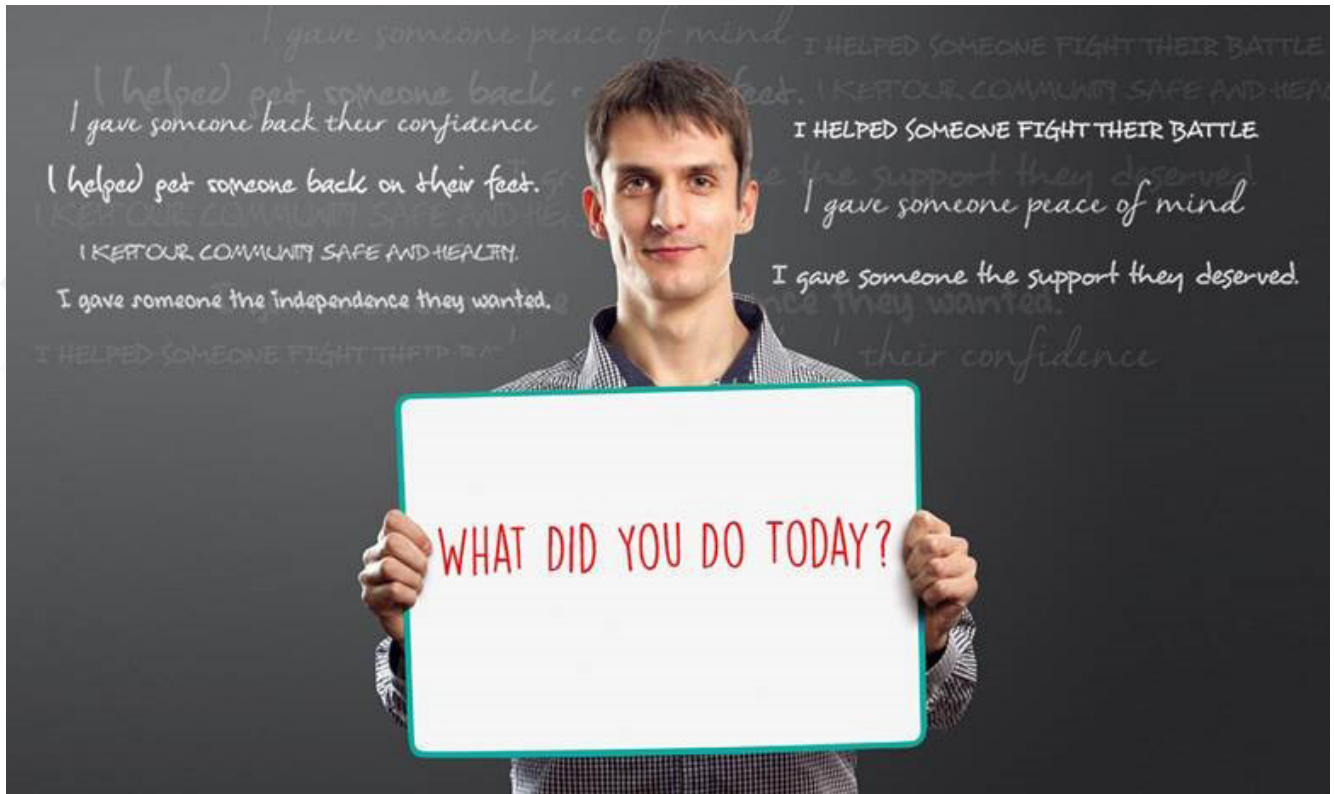
CIMS4: (Civil Defence & Emergency Management) CDEM are holding two courses this year with limited spaces available. Contact Janelle Mackie CDEM direct

([Janelle.Mackie@cdemcanterbury.govt.nz](mailto:Janelle.Mackie@cdemcanterbury.govt.nz)) but CC (Jenny Ewing) [jennifer.ewing@cdhb.health.nz](mailto:jennifer.ewing@cdhb.health.nz)

Course One: 6-8 October 2015, Christchurch- Nominations to Janelle by 11 September. Venue TBC

Course Two: 1-3 December 2015, Christchurch- Nominations to Janelle by 30 October. Venue TBC

It is expected that managers (in outlying facilities/Rural) and emergency planners to undertake the CIMS4.



## The world is watching us....

The Canterbury District Health board is transforming the delivery of health care services and is being recognised in New Zealand and overseas for our extraordinary journey.

We are leading the world in delivering integrated and connected health care services that put patient's right at the heart. The world is watching what we are doing and we are influencing the delivery of health care services.

## People and Capability are recruiting for talented, ambitious, game-changing Leaders to join them.

- » People and Capability Managers x3
- » Wellbeing Health and Safety Manager
- » People and Capability Services Manager

## IF YOU'RE INTERESTED, WE WANT TO HEAR YOUR STORY!

Find out more below.

[vimeo.com/138477665](https://vimeo.com/138477665) & [whatdidyoudotoday.co.nz/](https://whatdidyoudotoday.co.nz/)

# #WHATDIDYOU DOTODAY

**Canterbury**

District Health Board

Te Poari Hauora o Waitaha



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





## One minute with... **Angela Blackwood,** **Community Pharmacist**

### What does your job involve?

I'm a staff pharmacist at The Dispensary in Colombo St. My job is to ensure people take their medicines in a safe and effective way. A variety of interpersonal skills are used on a minute-by-minute basis. On any given day I need to be encouraging, gentle, sympathetic, stern, tactful, concise and engaging - and that might be just for the first customer of the day!

I also volunteer for Medical Aid Abroad – packing up unwanted, good condition medicines to be sent to less fortunate countries. This is a small but regular time commitment, and we could always use a few more people. I'm currently the branch president for the Pharmaceutical Society of New Zealand and we're trying to find ways to make the national goals relevant and accessible to our 370 Canterbury and West Coast members.

### Why did you choose to work in this field?

Up until last year I worked as a Clinical Advisory Pharmacist for a PHO, working mainly with doctors to optimise prescribing, but I found I really missed working closely with a team and having face-to-face consultations with customers. I'd worked nearly 20 years in community pharmacy prior to that and I feel that one of my strengths is helping people with a variety of minor ailments, that's why I took the opportunity to move back.

### What do you like about it?

I like the problem solving. It's all well and good if a prescription is perfectly written, there's no supply problems, the medicine is fully funded, the person can pay, and knows exactly what to do, but I feel the most useful when I've helped provide people with their medicines even when the prescription presents multiple problems. It's nice to interact in a meaningful way. It's especially satisfying if a person with low health literacy has shown an interest in taking their medicine in the best way possible for them.

### What are the challenging bits?

I find the legal paperwork frustrating. For example, in a situation when, because of an oversight, only four out of five pieces of paper have been signed by the doctor, the pharmacy spends time and money getting the last signature on paper when the doctor's intentions are perfectly clear. Similarly, when for example, six medicines are prescribed as 90 days but the seventh item only has 30 days supply, all these prescriptions are supposed to go back to the doctor for signature (unnecessary time and money for everybody). Electronic prescribing will help immensely and I wish it was the main way of receiving prescriptions. Explaining limitations on funding can also be time-consuming, but overcoming the challenges and resolving a customer concern satisfactorily also contributes to feeling that I've done a good job.

### Who do you admire in a professional capacity at work and why?

There are many pharmacists who have stepped up to

leadership roles around the country. This is not something that they initially trained for, they have had to learn by experience, by osmosis, looking out for each other, learning as they go. I admire Di Vicary from Hawkes Bay, because she had the foresight to start working in a different way back in the early 1990s, and has recently been part of a team which has expanded pharmacist roles across general practices in Hawkes Bay, showing that pharmacists are a useful part of the general practice team. Closer to home, we often get prescriptions written by a few regular doctors at the 24 hour Surgery and I think it's great that they are available because I know that there are a lot of visitors to the city who need the service, as well as Christchurch residents. Stan Falloon, Martin Gardner, and Melanie Trimboy are the names that spring to mind.

### The last book I read was...

Stephen Fry's memoir, 'More Fool Me'. Written as he speaks, it was like listening to him deliver a very long monologue. Very interesting, and only mildly shocking.

**If I could be anywhere in the world right now it would be** London – so many places to explore. No wonder it's a starting point for so many Kiwi adventurers.

### My ultimate Sunday would involve...

A sunny day at Lake Kaniere, relaxing with friends and family, and watching that funny dog that looks like the one from the Lotto ad on a kneeboard being towed behind his boat.

### One food I really dislike is...

Only one? There are things that I had bad experiences with as a child – feijoas and yams. I don't like fish, and I'm allergic to bananas. A bit fussy really!

### My favourite music is...

I have short attention span when it comes to music, I can only handle about 10-20 minutes! I like most types, except jazz, heavy metal, R&B and rap (fussy again!) .



Angela Blackwood

If you would like to take part in this column or would like to nominate someone please contact

[Naomi.Gilling@cdhb.health.nz](mailto:Naomi.Gilling@cdhb.health.nz)

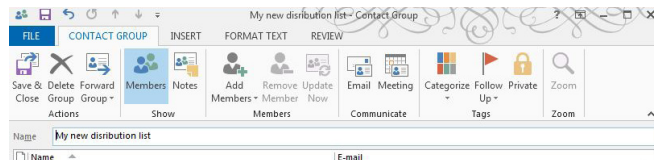
## em@il tips & tricks

### This week: Compiling distribution lists

If you find you need to send regular emails to the same groups of people, you can save time by creating a distribution list. This reduces the amount of time you have to spend inputting email addresses for each message.

Set up a Distribution List

- » From the Inbox, press Ctrl+Shift+L or select File\New\ Distribution List.
- » Give the Distribution List a unique name, i.e. one that has not already been used in the Global Address book.
- » Click Add Members for names available from existing Address and Contacts books, or new entries.
- » Double click the names from existing Address or Contact books or type in the relevant information for new entries.
- » Click OK.
- » Click Save and Close. The Distribution list will appear in your Contacts.



### Intranet Tip #4: How to get better intranet search results

Our intranet is HUGE, it contains tens of thousands of webpages and documents. So given the mass of information available, how can you find what you need using intranet search rather than the navigation?

As well as fine-tuning our search engine technology, relevant intranet search results rely on a combination two things; your searching technique, and well established good document publishing practices.

#### For searchers:

- » Use OR to expand your search results.
- » Use AND to narrow your search results.
- » Use double quotes "" to find exact phrases.
- » Use the "Refiners" (Result Type, Site, Author, Modified Date) on the left of the search page to "refine" your results down.
- » Use Title:Term or Filename:Term if you know a word in the title or filename of a document.
- » Use a wildcard "\*" if you only know part of a phrase or word.
- » If at first you don't succeed, try your search again with more words or different syntax.

#### For content publishers and site owners:

- » Use metadata in webpages and documents.
- » Use meaningful file names and titles.
- » Use best bets

[Read more about file names and versioning on our intranet tips page](#)

## Registered Nurses undertaking Postgraduate nursing study in 2016

Applications are now open for HWNZ funded places in Semester 1 and 2, 2016. The link to the online application form is:

[CDHB Online Application Form - HWNZ funding](#)

The link, and further information, is also available on the Postgraduate Nursing Education website:

[Postgraduate Nursing Education](#)

Closing date is Friday 9 October, 2015.

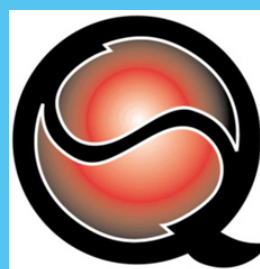
Any queries should be directed to Margaret Bidois, Administrator, PG Nursing Education on 68680 or [margaret.bidois@cdhb.health.nz](mailto:margaret.bidois@cdhb.health.nz) or to Jenny Gardner, Nurse Consultant, PG Nursing Education on 68679 or [jenny.gardner@cdhb.health.nz](mailto:jenny.gardner@cdhb.health.nz)

## Date extended to 2 October - Quality Improvement and Innovation Awards Poster Competition

Enter a poster you have already prepared or use our template to showcase your quality improvement initiative.

For more information go to [click here](#).

Posters due Friday 2 October, any enquiries contact [Sian.Colenutt@cdhb.health.nz](mailto:Sian.Colenutt@cdhb.health.nz)





## Staff Wellbeing Programme: New Yoga classes proving popular

### Staff Wellbeing Workshops – only nine places left for 2015 workshops

CHCH Campus, 8 October – Four places left.

TPMH, 13 October - Five places left.

[Click here](#) to register – [click here](#) for more information.

### FREE Retirement/financial planning advice and information about house buying/home loans

See an Authorised Financial Advisor or Home Loan Expert free of charge at main hospital sites.

[Click here](#) for more information.

### Yoga classes proving popular

We are now running 12 yoga classes a week across five sites - and they are proving extremely popular.

Note new class at TPMH midday each Wednesday with Alison - [Click here](#) to view a full timetable

For more information on all wellbeing initiatives visit the [Staff Wellbeing Programme intranet page](#)

Andy Hearn  
Staff Wellbeing Coordinator  
Canterbury & West Coast DHB  
Phone: 03 337 7394 | Ext: 66394 |  
Mobile: 027 218 4924  
[andy.hearn@cdhb.health.nz](mailto:andy.hearn@cdhb.health.nz)



## Department of Psychological Medicine, University of Otago, Chch & SMHS, CDHB Tuesday Clinical Meeting

Tuesday 15 September  
2015, 12:30 pm – 1:30 pm

Venue: Beaven Lecture Theatre, 7th Floor, School of Medicine Building.

Presenter: Dr Erik Monasterio

Title: "Findings from the Canterbury sudden and unexpected psychiatric death register 2005-2009; healthcare implications".

Abstract: The death register captures all past and present patients with the CDHB mental health services who died unexpectedly. This research focusses on demographics, cause of death, diagnoses and current or last service involved in care. Healthcare implications arising from the findings will be discussed.

The research is conducted by E Monasterio, R Mulder, A McKean and V Sinhalage.

#### Special notes

- » These meetings are held on a weekly basis (except during school holidays)
- » A light lunch will be served at the School of Medicine venue, 7th Floor, 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.

## Professional Development and Recognition Programme (PDRP) update for Senior Nurses and preceptors

Are you a Charge Nurse, Clinical Nurse Specialist, Nurse Educator, Nurse Consultant, preceptor or person responsible for providing evidence for another nurse against the NCNZ competencies as part of the performance appraisal process? Are you up to date with the requirements of PDRP?

Do you know how to write your evidence in the performance appraisal if a nurse is audited by NCNZ or participating in the Regional PDRP programme?

If you need an update, are unsure of PDRP requirements or perhaps new to the role and would like further information please make time in your diary to attend one of the following sessions which are being held at various CDHB campuses.

This is not a session on how to put together your PDRP portfolio. These sessions are designed for the senior nurse or preceptors writing up evidence in a performance appraisal.

There is no need to book, please just turn up on the day. This session will be run by Suzanne Johnson the Nurse Educator for PDRP.

TPMH – Tuesday 15 September, 1pm, 1.40pm and 3pm.

## New Zealand Speech Language Therapy Awareness Week is 13-20 September 2015

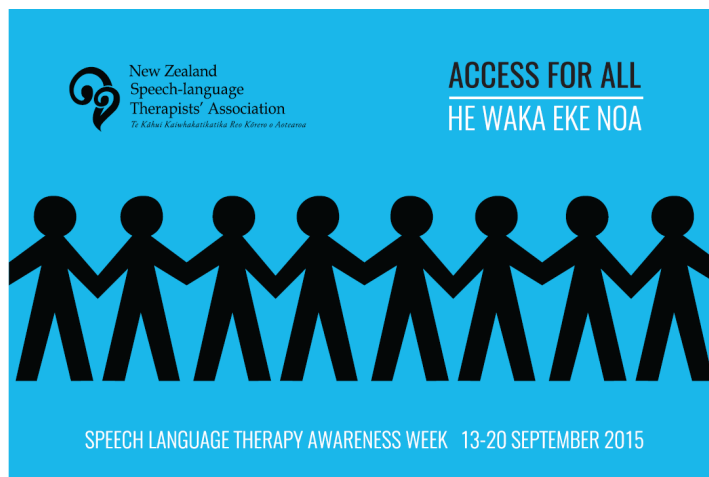
This week is New Zealand Speech Language Therapy Awareness Week. This year's theme is Access for All. He waka eke noa

The New Zealand Speech Therapists' Association key messages are:

- » Everyone has the right to communicate.
- » Speech, Language, Communication and Literacy are essential for life success.
- » Key populations who could benefit from Speech-Language Therapy have limited access to funded services.

New Zealand has approximately 300,000 people affected by a communication disability. On average that's one person in every rugby team for example, or two in most classrooms. The impact of this on the individual can be devastating and has a more widespread effect on their whanau. Many people who experience communication disability also have swallowing difficulties.

Speech-Language Therapists can help people to express their opinions and feelings, explain their side of the story, and make and maintain friendships. Oral language skills underpin the development of reading, spelling and writing and profoundly influence success in so many areas of life - education, the workplace, relationships and positive well-being.



A Clinical Specialist representing NZSTA says New Zealand universities train a total of 100 speech language therapy graduates each year and we need to be utilising the skills of these highly trained professionals to improve the lives of 1 in 15 New Zealanders.

"Speech Language Therapists have the tools for assessment and intervention and to provide support for people of all ages with speech, swallowing, language and communication needs. Speech-Language Therapists can make a difference to the lives of these people, now and in the future."

Many vulnerable children and adults are currently missing out on specialist communication support that would allow them to fully participate in important interactions in their lives, whether with their family/whanau or with other professionals across many contexts in education, health, social and legal settings. This is why the NZSTA continues to advocate for more funding that would enable more Speech Language Therapists to offer specialist help to more people who need it.

"All New Zealanders have the right to effective communication and to have their voices heard."

To find out more about the New Zealand Speech Language Therapy Association go to [www.speechtherapy.org.nz](http://www.speechtherapy.org.nz)

## The September edition of the "Table Talk" newsletter is here!

Issue 20 - Sept 2015 of Table Talk is now available online on the [senior chef website](#).

Enjoy the read and happy cooking!

**SENIOR CHEF**  
cooking classes for older adults

## Building Awesome Whanau - A six session course for parents with 0-12 year olds

Tuesday 20 October to Tuesday 24 November,  
7.00pm - 9.00pm

Aranui Community Trust, 37 Hampshire street, Aranui

Facilitators: Ellen Hatherell and Lee Tuki

Contact: Kirsten Wyllie, 03 3552680 or email [canterbury@theparentingplace.com](mailto:canterbury@theparentingplace.com)

The course is free. The normal price of Toolbox courses is \$75.00 per person, or \$110.00 per couple. Please note that this Toolbox is offered free because of the availability of local Red Cross funding. A koha towards facilitation costs would be gratefully accepted.





## In brief

### THE INAUGURAL RON BALL MEMORIAL LECTURE

Professor Ron Paterson

A Parliamentary Ombudsman and former Health & Disability Commissioner

**Care, compassion and charity:  
Do they still have a place in modern medicine?**

7.30pm, Thursday 1st October 2015

St Andrew's College Theatre - Normans Road entrance

Everyone welcome - Free entry



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CHARITY HOSPITAL  
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By the community - for the community  
Not for profit, not for power

[www.charityhospital.org.nz](http://www.charityhospital.org.nz)

Canterbury Charity Hospital Public Lecture

## ASIAN HEALTH DAY

Bring your family and friends

**Saturday 3rd October 2015**

**9am - 1pm**

**Avonhead Primary School Hall**

**55 Avonhead Road**

#### SPONSORS



**If you lose your health, you lose everything**

Free health information, simple health checks, cardiovascular risk assessment and more. Diabetes is of major concern internationally. Learn how to address your risk factors. Presentations about your health entitlements and the services available. Interpreters will be provided (Chinese, Korean, Japanese)



COUNTDOWN  
KIDS  
HOSPITAL

## QUIZ NIGHT

Thursday, 15 October

7.30pm

Hornby Working Men's Club

\$10.00 Person

4/6 per Team

**All teams to be confirmed by Friday, 9 October 2015**

Please contact: Elana Breytenbach for tickets:

Tel - 364 0742

Ext - 80742

email - [elana.breytenbach@cdhb.health.nz](mailto:elana.breytenbach@cdhb.health.nz)

## 15th Intravenous Nursing NZ Conference

*Welcomes all infusion enthusiasts on board ....*

**the sky's the  
limit**  
for collaborative care in  
infusion therapy

#### INFLIGHT ENTERTAINMENT

Key Note Speaker:

**Lisa Dougherty >>**

CLINICAL NURSE SPECIALIST/MANAGER,  
IV SERVICES, THE ROYAL MARSDEN  
HOSPITAL NHS TRUST, LONDON, UK

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**Don't miss out on the IVNNZ inflight experience!**

Location: Wigram Airbase Museum, Christchurch, New Zealand

Clinical Nurse Specialist Forum 17th March 2016

Conference 18th-19th March 2016



REGISTER ONLINE AT [IVNNZ.CO.NZ](http://IVNNZ.CO.NZ) TO SECURE YOUR SEAT!



## Exciting News!!



CALD Cultural Competency Courses are going national on 28th August 2015

eCALD™ provides a range of online and face-to-face training courses for the New Zealand health workforce to develop CALD cultural competencies.

We are pleased to announce that all District Health Boards' workforces will be eligible to access free CALD cultural competency online and Auckland-based face-to-face courses from 28th August 2015.

eCALD™ courses and resources are developed and managed by Waitemata DHB's Asian Health Services and funded by the Ministry of Health via the Northern Regional Alliance Ltd.

(CALD refers to culturally and linguistically diverse groups who are migrants and refugees from Asian, Middle Eastern, Latin American and African (MELAA) backgrounds).



## Bake Sale

Friday 18 September,  
10am - 12pm

Christchurch Hospital Foyer, Ground Floor

All proceeds go to Countdown Kids Hospital Appeal. Please support.

Come early to avoid missing out...there will be a range of homemade delights.



# WALK 2 D'FEET MIND

Motor Neurone Disease

**20<sup>TH</sup> SEPTEMBER  
2015**  
**6 CITIES**



ENTER @ [www.walk2dfeetmnd.co.nz](http://www.walk2dfeetmnd.co.nz)



# YOGA FOR STAFF



Flexibility is NOT a prerequisite  
...each class provides a level of options  
for a beginner Hatha practice –  
enabling you to practice at your own  
pace & within your own capabilities.

Nicole- 0274372263 megamigal@xtra.co.nz

Alison- 0211500163 yogatreechch@xtra.co.nz

Perla- perlalucknell@gmail.com

Please notify instructor before attending a class

**At TPMH**  
**Join**

**Nicole, Alison  
& Perla**

**Tuesday-Nicole**

4.30-5.30pm, Riley Gym/  
Lounge

**Wednesday-Alison**

12pm - 1pm, The Chapel

**Thursday-Perla**

12pm - 1pm, The Chapel

**Only \$10**

Concession cards available

Please bring a yoga mat,  
your drink bottle and  
comfortable clothing.

