

KEEPING OUR COMMUNITY HEALTHY

# WELL NOW

SPRING 2019

CANTERBURY

A snapshot of how we're doing

## The superhero masks putting young cancer patients at ease

Full story on page 5

## Improving health outcomes for Pasifika through cultural connections

## Enhancing recovery by getting up, dressed and moving

**Canterbury**

District Health Board

Te Poari Hauora o Waitaha

**our** health system





# Avoiding Legionnaires' this spring

Spring is a great time to be out in the garden, but it's also important to take care of yourself when handling potting mix and compost to prevent Legionnaires' disease. Here are five easy things you can do:

- 1** Open potting mix or compost bags carefully with scissors.
- 2** Wear a well-fitting disposable face mask and gloves.
- 3** Reduce dust by dampening down potting mix or compost.
- 4** Work with potting mix or compost in a well-ventilated area outside.
- 5** Wash your hands after handling potting mix or compost and before removing your mask.





## Welcome to the spring edition of *WellNow*, the Canterbury Health System's community magazine.

This special issue of our magazine is all about people. People who come to work each day to make a positive difference by caring, supporting and empowering others to live well, stay well and get well, whatever life stage they are at.

The stories in this issue provide a taster of some of the incredibly talented and passionate health people who work with the 578,340 residents we support in Canterbury and on the Chatham Islands.

In some respects this year has been an *annus horribilis* (latin for 'horrible year') as we've had an unprecedented number of strikes and industrial action, a measles outbreak and the mosque terror attacks on 15 March. This was closely followed by a significant flood in our new outpatient facility; more influenza cases than during the 2009 pandemic; and record-breaking numbers of patients visiting the Emergency Department and needing to be admitted to our hospitals in the peak of winter. The upshot of all this disruption and busyness meant we had to defer and reschedule tens of thousands of outpatient appointments and hundreds of surgeries throughout the year.

It's not all doom and gloom, though. It's been an outstanding year in so many respects: I've seen skilled clinical and non-clinical health staff exhibiting the finest qualities of care and compassion when under sustained extreme pressure. I've seen a community come together and grow from adversity. I've witnessed remarkable kindness and generosity: from our local communities, from throughout New Zealand and from around the world.

Next year we have some very positive things to look forward to. In Christchurch we will be moving in to the new Christchurch Hospital Hagley building early next year. While later than planned it is going to be a brilliant modern facility for all of our acute services such as the new Emergency Department, new theatres, a new Intensive Care Unit, new wards with special areas for children, and rooftop helipad – which will save a vital 13 minutes for seriously unwell patients who currently land at Hagley Park, and are then transferred by an ambulance to the Emergency Department.

### TAKE A BREAK TO REFRESH AND RECHARGE

After the year Canterbury's had, on top of the many challenges we've faced in recent years, we know many people are feeling vulnerable. It's great that so many are seeking the support they need. If you or someone you know is feeling anxious, overwhelmed or not sleeping, please seek help. You can talk to your own General Practice team or call or text the 1737 free counselling service.

With holidays for many people just around the corner, take the time to get away from your usual routines, connect with nature and refresh and recharge. Spare a thought for the vulnerable in our community, and those who live alone. Holidays are a great time to connect with others, and take the time to have a cup of tea with your neighbour or invite them to share a meal. Small gestures can make a big difference to a person's wellbeing.

### FREE, CONFIDENTIAL COUNSELLING 24/7 OVER THE PHONE – OR BY TEXT

If you or someone you know is struggling and you need someone to talk to

I encourage you to call or text 1737. This four digit number is free to text or call, and is answered by a trained counsellor 24/7. It's a free service for anyone feeling anxious, out-of-sorts or depressed. Whatever it is, there's someone to text or talk to. Free call or text 1737 any time or visit [1737.org.nz](https://www.1737.org.nz) for more information.

NEED TO TALK?

**1737**

free call or text any time

### FREE HEALTH ADVICE AFTER HOURS – WHEN YOUR OWN GENERAL PRACTICE IS CLOSED

Did you know that in Canterbury you can call your own General Practice team (family doctor) 24/7. After-hours simply follow the instructions on the answerphone to be put through to a nurse who can provide free health advice and advise on what to do and where to go if you need to be seen urgently. For care around the clock, and to pay lower fees and be enrolled for health screening checks, make sure you're enrolled with a general practice.

Haere ora, haere pai.

*Go with wellness, go with care.*

### David Meates

Chief Executive, Canterbury DHB





**Scientific Officer  
Dr Kylie Drake  
processing  
blood samples  
for robotic DNA  
extraction.**



## Specialised genetic testing now right here in Canterbury

**Genetic testing is becoming more important in healthcare. As scientific understanding of genetics increases, DNA testing will provide answers for hereditary and rare conditions in families and help people live healthier lives. It will enable more targeted drug treatments with fewer side effects; identify people more at risk of some cancers; and help target screening to high-risk patients.**

Canterbury Health Laboratories (CHL) has long performed testing for the more common genetic disorders such as cystic fibrosis and hereditary cancers. However, most complex genetic testing is still done overseas. This has meant investigations for families with genetic conditions have had higher costs and lengthy delays – until now.

“Testing overseas created a barrier for many families as we were unable to fully investigate gene changes, meaning many were left not knowing the complete picture,” CHL Scientific Officer Dr Kylie Drake says.



**Medical Laboratory Scientist Darrell Wang  
preparing samples for DNA sequencing.**

In May 2017, CHL implemented an advanced DNA testing service, to provide genetic tests to families with a known genetic condition. This service was set up with the support of the local clinical genetics team – Genetic Health Services New Zealand (GHSNZ), who foresaw significant demand for a service of this nature. By April last year, in response to clinical demand, the service started providing testing to patients nationwide.

The new service allows the team to answer important questions such as whether parents carry the gene change identified in their child, and to provide testing for conditions

such as heart disease. This allows patients who carry a gene change to be offered the best screening to help keep them well.

“This service reduces the time taken to get results to families from more than six months to an average of three weeks, for a lot less money, which has improved access to genetic testing for more patients.

“The decreased waiting time also reduces the anxiety of waiting for results,” Kylie says.

As of September 2019, the genetics laboratory at CHL performed testing for over 1000 individuals from 305 families for conditions ranging from early childhood epilepsy and intellectual disability to Alzheimer's disease and breast cancer.

Canterbury Health Laboratory's Clinical Director Dr Richard King says this service is unique in New Zealand and has set the stage for further development in genetic testing at CHL.

“Canterbury is at the forefront of genetic testing in New Zealand and I'm proud of our team for their achievements.”

# Heroes for the day:

## The masks putting young cancer patients at ease

Putting on a radiotherapy mask that covers your face, stretches over your shoulders and fastens to a treatment bed to hold you in place can be a claustrophobic experience for most adults, and even worse for children.

But thanks to some creativity and artistry from staff at Christchurch Hospital's Oncology Department, this is no such longer an issue for children receiving treatment in Canterbury. Some of the hospital's radiotherapy masks have been given a makeover, transforming their young patients into little superheroes, with Spiderman™ and the Black Panther™ now regular visitors to the department.

Senior Radiation Therapist Barrie Greene says the Radiation Oncology team had seen the idea on social media and showcased at Oncology conferences.

"The team began to see these mask transformations more and more online and I got asked to have a go at painting one of ours. I started with a cat and that ended up looking slightly weird...so we quickly changed tack to superheroes which turned out much better.

"My first attempt was a Spiderman™ mask. When I was finished painting, one of the kids walked past the desk where the mask was sitting and they were very intrigued by it. They asked if they could use it for their upcoming radiation therapy, and this is where it all started," Barrie says.

The team then started offering the mask to child patients and the uptake was overwhelming. Spiderman™ was so popular, the team began to look at other superhero options to be added to the supply with the first being Black Panther™.

The first patient to transform into the Black Panther™ was eight-year-old Manaia, who is being treated for a brain tumour.



The Spiderman™ and Black Panther™ masks.



**Back row (staff) L to R: Radiation Therapist Natalie Davidson, Treatment Supervisor Radiation Therapist Penny Willocks, Treatment Supervisor Radiation Therapist Kimberley Gallagher, and Radiation Therapist Genevieve Macilquham.**

**Front row (Manaia's family): Laura, Tui, Manaia, Taika and Tahu.**

Manaia's mum Laura explains that his treatment sessions were always a daunting prospect for him, with Manaia quite frightened of the large machinery and being strapped to the bed at first.

"The painted mask really made all the difference to how Manaia felt about his treatments and we saw a huge transformation in his feelings towards his sessions. It gave him something to look forward to, he was

super excited to see his mask before the treatment began.

"Manaia's mask was painted to look like Black Panther™ so this set the superhero tone for chats and the feeling and vibe of his therapy sessions – he went from being extremely anxious about the treatments to being totally at ease," Laura says.

Staff in the Oncology Unit are rapt with the results the masks are having for their young patients.

Radiation Therapist Natalie Davidson, who was Manaia's 'buddy' throughout his treatment journey, says the change she saw in him was remarkable and they're now seeing this with other kids.

"It's heart-warming to see that a little creativity from us has led to these super positive results which are transforming the way our child patients feel about their radiation therapy," Natalie says.

The popularity of the masks has been so immense the team have now tasked Barrie with finding other suitable superheroes to base new masks on, in order to expand the mask selection available to their young patients!



# WE HAVE LIFT OFF!

## World-class helipad comes to Christchurch Hospital



PHOTO: GCH AVIATION

**Dr David Bowie has never been so excited about hearing the whirr of a helicopter, as it will mean the world-class helipad at the new Christchurch Hospital Hagley building is ready for action.**

"We've been talking about a rooftop helipad for more than 20 years, and having it finally become a reality is amazing," Clinical Leader of the Canterbury Air Retrieval Service Dr David Bowie says.

"There's no doubt it will result in a drastically improved patient experience, and also improved patient outcomes."

Getting the new helipad has been the principle task for the Māia Health Foundation, which set a bold goal to raise \$2 million to help future-proof the rooftop helipad.

"We wanted to take the helipad from good to great and together with our community, we've done it," Māia Health Foundation Chief Executive Michael Flatman says.

Initial plans for the Christchurch Hospital redevelopment included a single rooftop helipad. This design only catered to a limited-size aircraft and would have forced larger, long-range helicopters to continue landing in Hagley Park.

"There are about 800 landings each year on the Hagley Park helipad, and with a 40 percent increase in emergency landings and transfers over the past three years we knew our community needed and deserved better – a facility that ensured we could provide world-class, life-saving treatment as quickly and as smoothly as possible," Michael says.

Thanks to Māia and the support of our community, the new helipad

is 30 percent bigger than initially planned, which enables two helicopters to be on the pad at the same time, including larger, longer-range aircraft.

"Christchurch Hospital is home to the country's busiest trauma centre, with patients flown here from all over the South Island and beyond. I've been at the front line of emergency care for more than 20 years and I know that this new helipad is going to help us continue to provide world-class emergency care."

This new helipad will save 13 minutes (on average) it currently takes to transfer a patient from the helipad in Hagley Park. And now life-saving stabilisation treatment

**The new helipad will save 13 minutes (on average) it currently takes to transfer a patient from the helipad in Hagley Park. And now life-saving stabilisation treatment can be provided immediately upon touchdown, as Māia's fundraising also paid for a rooftop clinical support unit.**



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"When it comes to medical care, any delay is bad. In a trauma case, if you shorten the time it takes to get to hospital for treatment, you reduce the consequences of shock and trauma. If you're dealing with a stroke, time is brain function; in a heart attack, time is muscle; in a spinal injury, time is spinal recovery," David says.

The helipad will become operational when the new Christchurch Hospital Hagley building opens.

"We want to thank every single person who helped make this upgraded helipad a reality. This success is not ours alone...it belongs to the community who made it happen," Michael says.



**The Coughlan family, from left, Maddie, Charlotte, Paddy and William.**

The Coughlan family were camping near Wanaka when six-year-old William crashed his bike, splitting his liver in two.

He was taken by ambulance to Clyde and then flown by helicopter to Christchurch's Hagley Park.

"It was time-critical to get him to a major centre," says William's dad Pat.

"You feel helpless, your mind starts racing thinking of what could happen, the what ifs, and the maybes."

Pat says getting William from Hagley Park to Christchurch

Hospital's Emergency Department took around 10 to 15 minutes, but felt like half an hour.

"It makes so much sense to have a helipad connected to the hospital. Every minute counts and it could mean the difference between life and death."

Today William is happy and healthy.

"We're really appreciative of everyone who helped and are so pleased to see the new helipad going in at Christchurch Hospital because minutes matter, and we know it can save lives."





# Helping people with health conditions or disabilities *Step Up* into work or education

A Canterbury Health System-led programme called *Step Up* is helping people with health conditions or disabilities to find and stay in work or to engage in education or training.

*Step Up* was devised here in Canterbury and implemented through a partnership between Canterbury DHB, Pegasus Health and the Live Life Programme, with the support of the Ministry of Social Development (MSD) as part of a WellBeing@Work *Oranga Mahi* drive to build healthier, more connected workplaces. Since March 2017, *Step Up* has assisted 228 participants.

Melissa McCreanor, Community Liaison Access Manager at Pegasus Health, says a significant number of people on the *Step Up* programme are living with mental health conditions that create barriers to them finding and retaining work.

"Many find it hard to get and keep a job, or even have the confidence to start looking for one, because they have ongoing health issues, insufficient support, or they face discrimination."

With this in mind, *Step Up* was designed to reduce those obstacles to employment.

Health Navigators employed by Pegasus Health provide support, such as accompanying participants to doctor and MSD appointments if needed.

The Live Life Programme includes mentors as part of an innovative approach to build the social skills and confidence necessary to take on work-related activities. Additional



A Live Life participant with their mentor.

**"Step Up never pushed me to do anything I didn't want to do. I've been overwhelmed with how great it has been."**

*Tina, Step Up participant*

case management is provided by Pegasus Health in conjunction with Work and Income; and funding for four free General Practice team consultations assist those in the programme who have ongoing health needs.

"People who are interested in the programme can seek additional information and a referral through their General Practice team," says Melissa.

The *Step Up* service is available for people who are:

- Receiving a main benefit (this includes Jobseeker Support, Sole Parent Support and the Supported Living Payment).
- Holding a medical certificate showing they're unable to work.

- Motivated to work towards returning to employment.
- Assigned to a Work and Income service centre within the Canterbury region, excluding Ashburton.
- Enrolled with a General Practice team in the Christchurch region.

Tina is one of the participants who has re-entered the workforce through the *Step Up* Programme.

"The Health Navigator helped with giving me interview confidence and pointers on how to approach and talk about my illness with future employers. She also came with me to my appointments at Work and Income which meant that, if I forgot something, they were there to remind me.

"*Step Up* never pushed me to do anything I didn't want to do. I've been overwhelmed with how great it has been.

"Even though I'm now working, I still have ongoing support from my *Step Up* Health Navigator," Tina says.





Meg and Jan.

# BUYCYCLES:

## A wheelie good bike scheme

**Now able to easily complete her 10 kilometre round-trip commute to work, Jan is keen to build on her fitness and join a community cycling group, and is looking forward to a summer in the outdoors.**

The 63-year-old New Brighton resident (pictured on the right) is a participant in the BuyCycles project, an initiative which supports people who have lived experience of mental illness to purchase a good quality, second-hand bicycle.

The project offers an interest-free loan of up to \$200 to help cover the cost of purchasing a suitable bike, helmet and lock and then continues to provide maintenance and moral support.

Jan now completes her work commute up to five times per week. Not only has she experienced an improvement in her physical and mental health, but her bank balance is much healthier too as she no longer has petrol or parking to pay for.

Jan became part of the BuyCycles scheme when she told her local general practitioner that financial

stress had been affecting her anxiety levels. As part of the solution, he referred her to Canterbury DHB Active Transport Health Promoter Meg Christie, who helps coordinate the BuyCycles project.

Jan and Meg found a good quality bike suitable for Jan's needs. The total cost to purchase the bike and helmet was \$150, which was initially paid for by seed funding.

"Having the bike to get to and from work has reduced the worry and stress of wondering whether I will run out of fuel before the end of the week. It's also given me more independence and a new sense of confidence," Jan says.

Jan says she recommends the scheme to anyone looking to reduce their weekly transport costs, or wants motivation to exercise and get outdoors.

"It was a perfect solution for me, and I'm realising all the extra benefits as I go along. I am feeling fitter and healthier every day."

This supportive purchase model is a new and novel approach to health promotion, Meg says.

"Our main focuses are to get people cycling for health and wellbeing, and at the same time, not put people into debt.

"Having the wrap-around service of expertise and funding means that people get a functional bike that is the right size for them, is appropriate for their needs and is affordable," she explains.

Meg added that as debts are repaid, the seed funding re-circulates and funds the scheme to purchase more bicycles.

The project has brought together a committed group of volunteers.

"We have a great team choosing and refurbishing bicycles and managing the financial side of things. We've been going for over one-and-a-half years already, and, since September, we've helped 83 clients buy a bike."

For more information on the BuyCycles scheme, or if you would like to volunteer for the project or donate good quality bicycles, phone the Community Focus Trust on 03 355 4928.



Bill being helped up by a nurse at Burwood Hospital to dance to some music in the shared space.

## RESTORATIVE CARE: Get up, get dressed, get moving

**A certain level of bed rest is an important part of recovering from illness or injury, but staying in bed for too long can also be harmful, particularly for the elderly.**

In fact, a hospital stay can 'age' an older person very rapidly due to lack of movement, whilst the unfamiliar and sometimes stressful environment can lead to mental decline. Older adults in hospital spend about 83 percent of their time in bed and this leads to loss of muscle mass, strength and balance, which combine to increase the risk of a fall.

Restorative Care is based on the concept of 'get up, get dressed, get moving'. It takes a proactive approach to boosting a person's ability to recover from injury or illness and enables them to actively contribute to decisions about their care.

Older Person's Health at Burwood Hospital has been using a Restorative

Care model for some time, and it is now part of their everyday practice. This approach has also been successfully piloted in Ward 23, a General Medicine ward at Christchurch Hospital, and November 2018 saw the official launch of Restorative Care in the hospital.

Encouraging activity during hospitalisation helps prevent physical decline, and gives a person a better chance of maintaining their normal level of function so they can get home again more quickly. Other things that have been put in place include encouraging people to wear

their own clothes and shoes, and use their own mobility aides. Being up and dressed while in hospital and sitting up in a chair for meals means the person is less likely to take on a 'sick role', and also helps maintain their own identity.

Executive Director of Nursing Mary Gordon says Restorative Care provides a flexible approach to healthcare.

In Christchurch Hospital, audits show there is a gradual improvement in getting patients up and dressed in the wards and the goal is for this upward trend to continue.

Restorative Care in Canterbury has been influenced by the Māori concept of "haumanutia" – a word that means to revive, rejuvenate and restore to health. Haumanutia is connected to the Māori understanding of health – Te whare tapa whā – which requires a holistic approach encompassing physical (tinana), mental (hinengaro), spiritual (wairua) and family (whānau) wellbeing.



# THE SEARCH IS OVER FOR OPPORTUNITIES

Project SEARCH is an internship programme that gives young people with learning disabilities a chance to enter the workforce. A year-long pilot, hosted at Burwood Hospital, began in January and gave eight young people the opportunity to learn skills to work in their chosen field.

Those involved in the project have been so impressed that Canterbury DHB is gearing up for a second programme to begin in 2020.

Canterbury DHB Chief People Officer Michael Frampton says the programme is an important initiative to ensure our workspaces are inclusive and that we celebrate diversity.

“At Canterbury DHB we’re committed to creating a workforce that reflects the communities we service. Of more than 200,000 Kiwis with disabilities who are unemployed, three quarters of them want to be working, but can’t get jobs.”

Another year of Project SEARCH – a collaboration between Canterbury DHB, CCS Disability Action, the Blind Foundation, IHC Foundation, Riccarton High School, and WorkBridge – means more opportunities for ambitious young Cantabrians, he says.

There are a number of ways intern progress is measured and assessed through Project SEARCH, including via external educational researchers and a documentary maker.

“It’s extremely important to look to what employers want from modern-day employees: according to Careers NZ, there are seven employability skills employers are looking for –



Deanna spent 10 weeks working in the Physiotherapy Department, where she helped run knee rehabilitation clinics.

**“According to Careers NZ, there are seven employability skills employers are looking for – positive attitude, self-management, communication, team work, willingness to learn, thinking skills, and resilience.”**

positive attitude, self-management, communication, team work, willingness to learn, thinking skills, and resilience.

“All the interns have developed and nurtured these skills within the context of real, meaningful work experience. We’ve already seen benefits for our organisation, like improving our processes and policies to be more inclusive, and seeing an even stronger sense of community in those areas where the interns are working.”

One of the current interns, Emilia, says: “It has been good with the Spinal Unit girls. I’m happy there and feel like I’m better at the way we greet each other. They give me a lot of respect. I’ve been learning skills like putting the towels and flannels neatly in the cupboard and cleaning the bathrooms.”

Ricky, another intern who was left legally blind after he had a brain tumour removed when he was a nine-year-old, says Project SEARCH has given him hope he can have a career.

“I had been told previously that people won’t hire me because I can’t see, and it’s too hard. Project SEARCH lets me show everyone I can do it, that blind people can actually do the same jobs as sighted people.

“My first internship was in admin where I did jobs like binding, photocopying, making up information folders and sending out letters. Now I’m working in IT, and doing special projects around testing telephone lines and beepers. I’ve also done presentations about Project SEARCH to different groups of people.

“The holidays were too long and all I wanted to do was go back to work!”

Norma goes through her advance care plan with her daughter.

# Make your wishes known

**Three thousand Cantabrians have already created an advance care plan, and you should too.**

**Creating an advance care plan helps you, the important people in your life, and your healthcare team plan for your future health and end-of-life care.**

One of Canterbury's Advance Care Planning Facilitators, Jane Goodwin, says an advance care plan makes it easy for everyone to understand your wishes if illness means you are no longer able to speak for yourself.

"It includes information about what is meaningful to you, your values and your spiritual and emotional needs. It enables you to tell us

about your treatment preferences and can also cover what sort of funeral you would like, if you want to donate your organs, and where important papers are."

It may also include an advance directive and details of any enduring power of attorney you have appointed, and any other people you would like to be involved in decision making about your health.

Advance care planning is for all ages. Bryan is in his 40s and has made an advance care plan after seeing the stress it caused for his family when his brother became unwell suddenly, and there was no such plan.

## **HOW DO I MAKE AN ADVANCE CARE PLAN?**

Create an electronic advance care plan with support from your practice nurse or general practitioner. It is then stored in your electronic health record so your healthcare team can access your wishes, if you are too unwell to speak for yourself.

For more information or a copy of the advance care plan template, visit [www.healthinfo.org.nz](http://www.healthinfo.org.nz) and search for 'advance care planning', or talk to your General Practice team.

# Measles – only a plane ride away...

Measles is a highly contagious virus spread through close contact with someone who is infectious.

Check your immunisation status with your General Practice team (or ask your parents) – you need to be 50 or older, or have had two doses of the MMR vaccine to be considered fully immune.

Immunisation is particularly important if you are planning to travel overseas or to anywhere measles is present. Visit Safe Travel ([www.safetravel.govt.nz](http://www.safetravel.govt.nz)) for more information.

For the latest information, visit the Ministry of Health's website at [www.health.govt.nz](http://www.health.govt.nz).





# Connecting is key to improving health outcomes for Pasifika people

To achieve better health outcomes for Pasifika people, we have looked at ways of engaging better with our Pasifika community. Two Christchurch-based Pasifika health providers share an understanding of Pasifika people's holistic view of health, and are building connections and making a difference.

## THE TANGATA ATUMOTU TRUST: CONNECTING THROUGH CULTURE

Tangata Atumotu provides support to the Pasifika community in the form of a mobile nursing service and a range of community programmes including Siva Samoa, Fiji Flavour dance and exercise programmes, and an Island Breeze Social Club which connects people with their cultural skills and heritage through traditional crafts.

Tangata Atumotu also offers transportation to events it runs or facilitates, as well as translation and advocacy support during medical appointments.

"Pasifika people share an holistic concept of health where the physical, emotional and spiritual aspects of a person are interconnected and related," General Manager Carmen Collie says.

"Our organisational vision is 'Healthy, thriving and connected Pasifika Peoples.'

"We connect our community to one another, to support programmes, to their cultural roots, to healthcare, and to social services."



Members of the Island Breeze Social Club crafting group at a recent visit to Lincoln University to celebrate Cook Island Language Week.

"We build relationships based on an understanding of identity and environment. We work closely with others in the health system on how to meaningfully engage with Pasifika. We also work with health students at Ara Institute of Canterbury and University of Canterbury, providing opportunities for them to grow their cultural responsiveness," Carmen says.

Tangata Atumotu takes referrals from General Practice teams and the hospital, and directly from the community via [www.tat.org.nz](http://www.tat.org.nz) – or people can phone 03 377 2016.

## ETU PASIFIKA: PASSIONATELY PACIFIC, FAMILY-LED

With a doctor, health navigator and nursing team on-site, Etu Pasifika offers a range of services including primary healthcare, Whānau Ora support, child health services, mental health and addiction help, employment assistance and debt reduction assistance, and delivery of the Mana Ake programme (story on page 14).

"Our service is 'Passionately Pacific' and family-led; we support and walk alongside families as they set their

own health and wellbeing goals," General Manager Amanaki Misa says.

"We have 2400 enrolments in our primary healthcare service and accept self-referrals, as well as referrals from other providers. We operate within Pasifika cultural frameworks which focus on cultural connectedness and build long-term relationships through talanoa, which means 'to talk; to listen'.

"We treat those who walk in like we would family while maintaining professional boundaries – for example, the receptionist will leave the desk to come and sit and talk with our guests, make them coffee or tea, or provide fruit for the kids.

"Our Matua group meets weekly with the aim of bringing our elderly together so they can share their lived experiences with each other and pass these 'gems' on to the younger generation," Amanaki says.

To get in touch with Etu Pasifika, phone 0800 388 727.



# More than 3000 children stronger for tomorrow thanks to Mana Ake

**Mana Ake – Stronger for Tomorrow has supported more than 3000 children across Canterbury since it was launched.**

Designed to enhance positive mental health and wellbeing, Mana Ake helps children learn skills such as coping with change or challenges, managing their emotions, building positive relationships or overcoming grief and loss early on, before issues have a chance to get worse.

The most common requests for support are around anxiety, social skills, emotion regulation, anger and self-esteem.

Project Lead for Mana Ake Clare Shepherd says the flexible and collaborative approach to designing and implementing the support programme was key.

The Mana Ake kaimahi (workers) work with children and their families at school, in the community or at home; and with groups of children in schools. They also provide advice, guidance and support for teachers and whānau.



A student from Burnside Primary enjoying the outdoors.

It's up to schools and school clusters to decide on the best use of the Mana Ake resource for their students. Somerfield School is using a mix of one-on-one and group sessions which Principal Denise says has provided the most tangible evidence of positive change for parents, the children and the teachers.

"We had a group of Year 6 boys who needed some help in developing leadership and friendships.

"We had really positive feedback from the parents about how they'd noticed the change at home and we had teachers saying that the boys were doing things they hadn't seen before. They have more respect, more maturity, they are taking on responsibility, and dealing with problems and relationships with their peers in a much more considered way," Denise says.

The Mana Ake kaimahi have a diverse range of skills and include social workers, counsellors, teachers, nurses, occupational therapists, Whānau Ora workers, youth workers and psychologists.

"A couple of kaimahi worked together to develop and deliver the programme which was designed around what we'd identified the needs were. It's not a package, it's not a one-off – it's a series of

**The Mana Ake kaimahi have a diverse range of skills and include social workers, counsellors, teachers, nurses, occupational therapists, Whānau Ora workers, youth workers and psychologists.**



Two students from Burnside Primary School where Mana Ake was rolled out in October 2018.

sessions and the boys really enjoyed it," Denise says.

Kaimahi Kevin Hapi saw an opportunity to run specially-designed groups promoting a connection to Māori culture. In the Mana Whaka Tipu groups, the boys learn their pepeha (Māori introduction/identity), karakia and carving and perform a celebration performance in front of the class or teachers.

"The sessions are designed to teach the boys to share who they are and how they feel, and show self-discipline – mana resulting from strength of character," Kevin says.

"It has been absolutely amazing – the boys are so proud of themselves and their culture, and see improvement in their mana," Deputy Principal and Special Educational Needs Coordinator at Riccarton Primary School Sarah Cooper says.

"To see these students engaging with their Māori culture is fantastic."

Mana Ake is available to children in Years 1 to 8 in Canterbury's 220 primary and intermediate schools.

To find out more about Mana Ake visit [www.ccn.health.nz](http://www.ccn.health.nz) and type 'Mana Ake' in the search box.





# Relieving the pressure

Helen had recently turned 50 when the 2011 earthquake hit and the chimney in her family home collapsed into the living room, trapping her beneath it and changing her life in an instant.

Over the next year, Helen recovered from her injuries in the Spinal Unit at Burwood Hospital and learnt to adjust to losing the use of her legs. It was a difficult time for Helen, her husband Ben, their four children and their extended family and friends, but a combination of excellent care and resilience helped Helen recover.

Since then she has embraced her independence – learning to get around in her powerchair, drive a modified car and explore new hobbies such as making jewellery.

While her mobility is reduced, Helen is not used to staying in one place for very long. That is, until she recently developed two pressure injuries which meant she was bedridden for over five weeks, unable to use her wheelchair or drive.

"My carer noticed a red area at the base of my spine that didn't change colour when pressed. Another was on my toe, caused when my sock bunched up inside my shoe," Helen says.

Pressure injuries, also known as pressure ulcers or bed sores, develop when the skin breaks down due to sustained pressure or friction.

"I now have a community nurse coming regularly to help check the sores and ensure they are healing well."

Canterbury DHB Director of Quality and Patient Safety Susan Wood says Helen is one of more than 55,000 New Zealanders who will develop a pressure injury this year, and it is



Helen with Julie from Nurse Maude. Despite being laid up in bed, Helen continues to keep her sense of humour.

stories like hers that motivated the DHB to team up with ACC to improve the prevention and management of pressure injuries.

"Pressure injuries can take a huge toll on a person's health and independence, and patients often need additional care, which is why we've committed to an ongoing programme here in Canterbury and on the West Coast.

"We have set up an online community of practice for all health care staff; appointed dedicated Pressure Injury Prevention Link

Nurses and trained them in pressure injury prevention, assessment and management. We're also educating patients and carers to check their skin regularly so they quickly recognise when something has changed," Susan says.

## SIGNS OF A PRESSURE INJURY

Be aware of your skin and seek medical advice if you notice:

- discolouration and soreness
- a tender or painful area
- a blister
- swelling
- skin that feels cooler or warmer to the touch than other areas.

**"My bottom has now had more viewings than Michelangelo's David!"**



Statue of David by Michelangelo in Florence, Italy.

"I knew about the risks of pressure injuries but this has certainly made me and my carers more aware of the terrible impact they have," Helen says.

Throughout it all, Helen has retained her sense of humour, and often tells her friends that "my bottom has now had more viewings than Michelangelo's David!"

To learn more about pressure injuries and how to prevent them, visit HealthInfo – the Canterbury Health System's patient health information website – at [www.healthinfo.org.nz](http://www.healthinfo.org.nz) and search for 'pressure injuries'.

# SPARKLERS:

## Learning to improve wellbeing

### Louise gets goosebumps when she tells the story of her Year 8 student who took charge to quietly calm his panic-stricken mother.

"We had been doing mindfulness in class throughout the year, such as lying on the floor and doing breathing activities.

"This student was called to a family emergency and his mother got so wound up on the drive to hospital, he made her pull over and calmed her down by talking her through a breathing exercise," Louise says.

As a team leader and classroom teacher to Year 7 and 8 students at Christchurch's Mount Pleasant School, Louise credited her student's handling of the situation to the mindfulness techniques he had learned at school.

"I know the kids don't always appear to take mindfulness seriously, but this story proves that they can, and do, take it on board."

In her role as the school's 'Wellbeing Champion', Louise helps teachers and students access a variety of resources, tools and techniques to take better care of their mental health and wellbeing.

One such resource is 'Sparklers' – an initiative created by Canterbury's All Right? team in conjunction with Canterbury DHB's school-based mental health and health promoting schools teams. Sparklers offers over 50 activities to help Years 1–8 students feel calmer, happier and more ready to learn.

The activities take between 10 minutes and one hour, and are aligned with the school curriculum, covering a wide range of wellbeing topics including managing emotions, living in the moment (being present), being grateful and showing kindness.

Louise recognised Sparkler's true potential when her senior students successfully researched, engaged and taught the junior students about mindfulness.

"The older kids were given access to the website and had to choose which activities they thought would be suitable for their junior buddies. The learning and connection was so nice to see."

Reflections back from the students had been equally constructive.

"Many students said that the breathing activities had definitely made a difference to their day, and

In September, Prime Minister Rt Hon Jacinda Ardern announced the national roll-out of the Sparklers wellbeing toolkit for primary and intermediate schools.

that it had helped them get a better night's sleep – that's pretty mature feedback from kids of this age."

Louise says that feedback from other teachers at Mt Pleasant School showed that many had embraced the programme; they appreciated the variety of activities and found that instant access to materials was particularly helpful.

"Sparklers has really helped the kids with their understanding of what mindfulness is. It's been great to provide them with the vocabulary and confidence to express how they are feeling and give them the emotional maturity to help the transition into high school.

"It's a fantastic resource."

For more information on Sparklers visit [www.sparklers.org.nz](http://www.sparklers.org.nz).

**Sparklers**  
Helping tamariki live brighter



Yogis! Louise teaches some Mt Pleasant students the tree pose (vrksasana)...



...and the child pose (balasana).



— Joanne, an advocate for a gender diverse community.

Gender and sex are not the same. A person's sex is identified at birth as either male or female, whereas gender identity is a person's sense of who they are – which may be male, female, neither or both. It is thought that 1.2 percent of New Zealanders identify as transgender, meaning their sex at birth does not match how they feel, and another 2.4 percent are unsure. In Canterbury this equates to 21,000 people who may identify as 'gender diverse'.

Community advocate Jennifer says, “A good general practitioner is not necessarily an expert in transgender care but one who is able to create a relationship of trust where the patient feels comfortable to talk about their issues and know they will be listened to and respected.”

Education aimed at addressing the knowledge gap among health professionals in primary care



**“I don’t get asked as much as I used to about how to find a general practitioner who is safe for gender diverse people.”**

Seven hundred general practitioners, nurse practitioners, practice nurses and community pharmacists have attended education meetings. A

At least one general practice, Eastcare Health, has changed how they enrol all patients to make it easier for patients to indicate their gender identity. A general practitioner from the practice says that this has been a very positive experience for staff and patients.

Comprehensive and updated information on gender diversity can be found at [www.healthinfo.org.nz](http://www.healthinfo.org.nz) when you search 'gender diversity'.

WELLOW CANTEBURY: A SNAPSHOT OF HOW WE'RE DOING | 17

Practise  
Safer Sex!

# Bacterial bug from the Middle Ages makes a comeback – but ‘Middle Age spread’ is easily avoided

Perhaps best-known as the likely cause of Henry VIII's madness in the 15th century, this disease from the 'Middle Ages' has been on the cusp of eradication but is now back with a vengeance.

Mention the word syphilis these days and more often than not the response will be 'Is this still a thing?'

Unfortunately, in 2019, syphilis is very much still a thing and it has health professionals worried.

"Syphilis has been rising since 2012 and is now considered to be at epidemic levels, with rates in New Zealand doubling between 2015 and 2018. There were 548 cases notified in the past 12 months nationally, and 60 of the patients were from Canterbury," Canterbury Medical Officer of Health Dr Ramon Pink says.

Internationally, there are estimated to be about 6 million new cases of syphilis per year and over 300,000 deaths in babies and young children occurring due to syphilis.

Syphilis is a very infectious bacterial disease. It's usually caught by having sexual contact (including oral sex) with an infected person, or passed on through pregnancy to babies.

While most people don't show any symptoms (though they may still be infectious), the symptoms of syphilis are so varied it can often be misdiagnosed as other diseases, leading to its nickname: the 'great pretender'. The only sure way to know if you have syphilis (or not) is to have a blood test.

In the short-term, syphilis can cause a painless ulcer on your genitals or around the mouth. Long-term and if left untreated, it can cause serious life-threatening conditions such as paralysis, dementia, blindness, deafness and, rarely, death.



**Women can pass syphilis to their baby if they become pregnant while infected — this is called congenital syphilis, and can seriously harm an unborn child, causing miscarriage or even still-birth.**

The good news about syphilis is that it can be diagnosed through a simple blood test and, if diagnosed early, it is easily treated with antibiotics. It is important to get tested and treated early if you think you have syphilis, because late-stage damage cannot be undone.

For more information, talk to your health professional or visit [www.healthinfo.org.nz](http://www.healthinfo.org.nz) and search for 'syphilis'.



## HOW TO PROTECT YOURSELF FROM SYPHILIS

- Condoms are the only method of contraception that reliably protect against both sexually transmitted infections (STIs) and pregnancy.
- If you are having unprotected sex, for peace of mind, talk to your partner about getting yourselves tested for STIs.
- Before having sex, discuss the use of condoms with your partner. Remember, you have the right to say no if your partner does not agree to use condoms.
- Never have sex (even with a condom) if your partner has a visible sore, ulcer or lump on their mouth, genitals or anal area.
- If you are pregnant, speak with your Lead Maternity Carer or midwife about being tested for syphilis, as this check is free as part of your routine pregnancy health care.





# Christchurch Hospital Hagley gets kitted out

Our new building, Christchurch Hospital Hagley, has around 3000 spaces inside. These range from a simple space for a linen trolley, to highly technical and sophisticated rooms like an operating theatre, or a children's intensive care room.

Fitting out these rooms takes a lot of planning, budgeting and hard work. This job falls to the Furniture, Fixtures and Equipment team which ensures the appropriate equipment is selected and installed to the highest standard.

The shopping list for Hagley includes items such as those on the right... and that's just for starters.



Chairs and sofas in place in the foyer of the Hagley building.

About 2200 curtains will be installed to not only offer privacy and block out light but also add some personality to the wards.

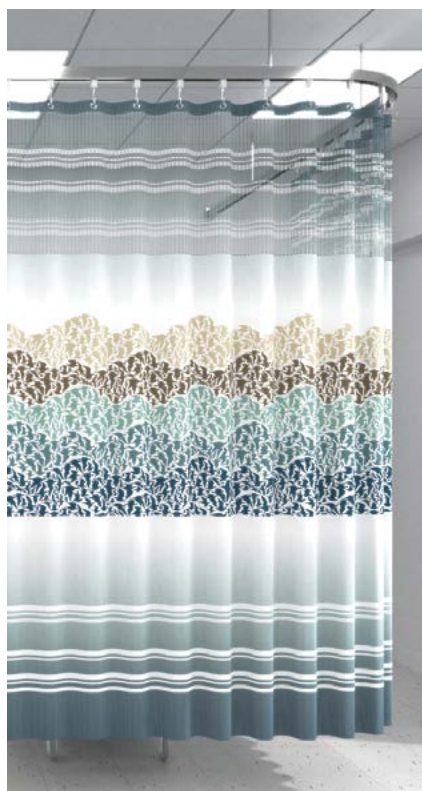
Canterbury DHB interior designer Marcy Craigie says the design of the curtains draws on the environment around the hospital campus, reflecting nature from the Avon River through to the Alps and up to the sky.

Privacy curtains in the adult wards feature the theme 'Migrating Birds', inspired by the migrating flocks of godwits from New Brighton Beach.

Curtains in the wards, the Emergency Department, Acute Care and Intensive Care Unit feature 'Falling Feathers'.

"This is a design intended to pay homage to the strength and bravery of the godwits," Marcy says.

Block-out curtains for the external windows feature a delicate leaf design that coordinates with the privacy curtains.

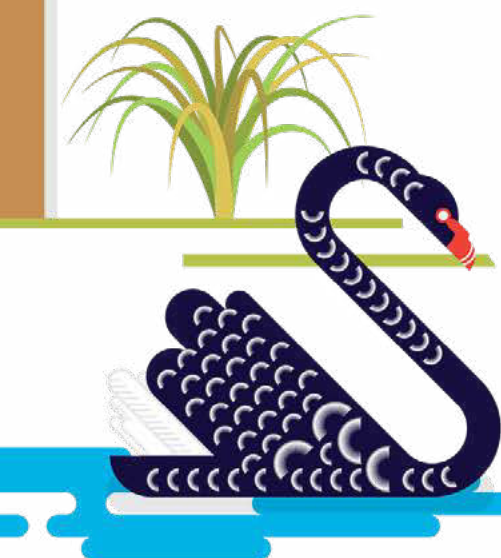


(left) Migrating Birds and (right) Falling Feathers are among the five different privacy curtain designs that will be in Hagley.



**“Matatiki is a metaphor for child health as a spring of wellness for tamariki and whānau.”**

**Executive Director of Māori Health Hector Matthews**



## Matatiki and tamariki

**The journey to wellness is one no child ever has to go through alone. No matter how short or long that journey may be, our Child Health services ensure Canterbury’s children (tamariki) are supported, cared for and treasured every step of the way.**

More than five years ago, Canterbury DHB’s Child Health team leaders began working on a way to bring the wide variety of Child Health services under one umbrella.

“It’s important that tamariki know that no matter where they are, they have a soft place to land,” Nursing Director Lynne Johnson says.

Working with Executive Director of Māori Health Hector Matthews, the name Matatiki – which is Māori for *spring of water* – was agreed upon as a reflection of the abundance of water and springs around the main hospital campus which feed into Ōtakaro (the Avon River). The name is also a good representation of regeneration, rejuvenation and the return to wellness.

“A spring provides one of the most essential ingredients of life and wellbeing: fresh, clean, running water. After oxygen, there is nothing more essential to wellbeing and indeed to life, so Matatiki is a

metaphor for child health as a spring of wellness for tamariki and whānau,” Hector says.

The new brand incorporates backgrounds that have been used to create attractive curtains and decals for the walls and windows around the hospital.

“As our tamariki make their journey, they will be accompanied by some very special friends – our native birds and creatures,” Lynne says.

More than 70 critters, from insects and birds to fish and butterflies, have been chosen.

“From the tuna (longfin eel) and kōaro in our streams to the wētā and tunga rere (huhu beetle) in our trees, right up to our winged friends, the kererū (wood pigeon) and kāhu (harrier hawk), our young people will know they’re in a special place just for them when they see our beautiful creatures alongside them.”

Matatiki is a touchstone for our young people – a sign that this is a place of support where their care and wellbeing is paramount, and a place to give young people and their whānau the comfort of familiarity during what can be stressful times.

Matatiki has been supported in its own journey by the Māia Health Foundation and many clever, creative and compassionate people, Lynne says.

“We are grateful for the dedication and determination of everyone involved in bringing this concept to fruition, and we’re proud to share it with Canterbury.”





# New mental health facilities a step closer

After February's welcome announcement from Prime Minister Rt Hon Jacinda Ardern of funding for Christchurch's mental health facilities, construction is well underway at the Hillmorton campus on two projects.

The first is the construction of an extension to the existing Assessment, Treatment and Rehabilitation (AT&R) Unit to provide a safer, more appropriate environment for Specialist Mental Health Service consumers and Hillmorton staff. The high-care area will be connected to the current AT&R building and will include four beds with a series of separate lounge, bedroom and en-suite bathroom facilities set up



Concrete pouring for the AT&R Unit.

in a way to create low stimulus, self-contained spaces. It will also

include courtyards, and extensive landscaping will provide privacy.



An artist's impression of the reception area for the new Integrated Family Services Centre.

The second project is the construction of two new facilities: an Integrated Family Services Centre, including purpose-designed facilities to meet the needs of the Mothers & Babies service and Eating Disorders

inpatients, and a separate High and Complex Needs Unit. These services are currently located in outdated buildings at The Princess Margaret Hospital site and will be moving to new, modern facilities at Hillmorton.

The project is moving into the developed design phase when user groups will begin to look at each room in detail.

# CAKE, RIBBON CUTTING AND SONGS TO CELEBRATE



Despite the rain, celebrations to officially open Akaroa Health – Te Hauora o Rākaihautū went ahead with tremendous community support. Health Minister Hon Dr David Clark was on hand to help cut the cake and a ribbon to mark the occasion.

Akaroa residents Nance and Nelima were called on to be the official cake cutters. Nance, who recently turned 100 years old and eight-year-old Nelima, a seventh-generation Akaroa resident who was the last baby to be born at the old hospital before it was demolished, were assisted by Dr Clark and Canterbury DHB Chair Dr John Wood.

However, it was the members of the Gaiety Players, an after-school drama group, who stole the show with their rendition of 'Tomorrow' – a song from the musical *Annie*.

Akaroa Health – Te Hauora o Rākaihautū is a health centre with a medical practice owned by Akaroa Health Limited (AHL), a wholly-owned



**Nance, Minister of Health Dr David Clark, Canterbury DHB Chair Dr John Wood and Nelima cut the cake to mark the opening of Akaroa Health – Te Hauora o Rākaihautū.**

subsidiary of Akaroa Community Health Trust. There are four flexi beds under contract to Canterbury DHB and eight Aged Residential Care bedrooms that are operated by AHL.

General Manager Jenni Masters says the feedback from patients visiting the centre and residents in care is overwhelmingly positive and everyone is thrilled with the new facility.

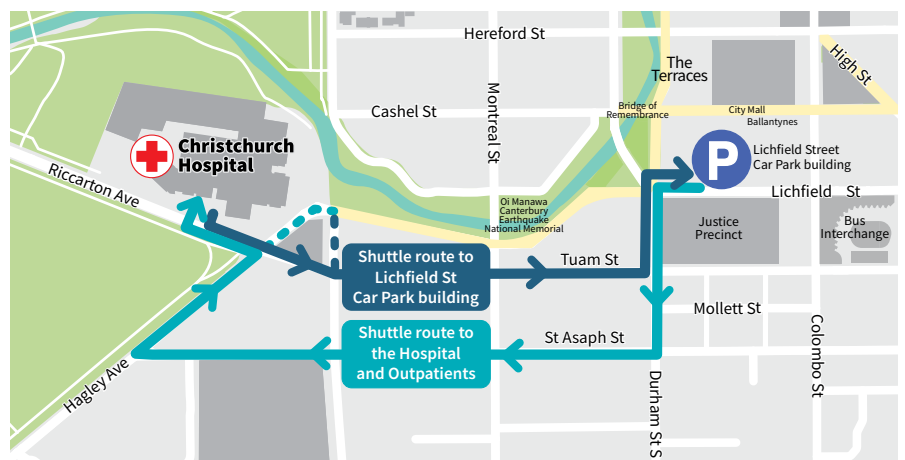
## Heading to hospital? Plan your trip.

Car parking is available at the Christchurch City Council car park building at 33 Lichfield Street, 24 hours a day, seven days a week.

For parking rates, visit [www.ccc.govt.nz/carpark](http://www.ccc.govt.nz/carpark).

Free shuttles run between Level 2 of the Lichfield Street car park building and Christchurch Hospital. They stop either at the Outpatients Department or at the main entrance to the hospital before returning to the Lichfield Street car park building.

The shuttle runs every 15 minutes between 7.15am and 8.30pm, seven days a week.







# Improving system performance through the System Level Measures

The System Level Measures are one of the national outcomes frameworks developed to recognise and strengthen integration across the health system and measure system performance.

Six measures were set: Ambulatory Sensitive Hospitalisation (ASH) rates, acute hospital bed days, patient experience of care, amenable mortality, youth access to health services, and babies in smokefree homes.

Canterbury DHB then identified local priorities and activities that would positively influence performance against the System Level Measures in the coming year.

While the System Level Measures only capture a small part of what is necessary and important to our community's health, they provide a focus for collective action across our health system. The 2018/19 Improvement Plan, championed by the Canterbury Clinical Network alliance, highlights the commitments made by us and our partners and can be found on [our website](#).

1. **Amenable mortality:** The aim is to reduce avoidable causes of death. A review of these causes indicates that a number of medical conditions contributing to Canterbury's amenable mortality rate are influenced by lifestyle choices, including activity levels, nutrition and smoking. Our focus is to assist people to



Babies living in smokefree homes is one of the System Level Measures.

better manage their own health outcomes, improve quality of life and reduce mortality.

2. **Youth access:** In Canterbury, youth access to health services is focused on those in high school (up to 17 years in age) using DHB-funded dental services.

The numbers using this service have changed little over the past 10 years, and Canterbury sits below the national average. We are working with young people to better understand how we can make services more youth-friendly and accessible.

3. **Babies in smokefree homes:** We aim to increase these numbers to ensure the best start to life. While Canterbury has higher rates of babies in smokefree homes than the national average, Canterbury's results for Māori and Pasifika are lower than the Canterbury Total Population. To address the ethnic variation between Māori and Pasifika people and the Total Population, our priority

will be on strengthening referral pathways into our smoking cessation programmes.

4. **ASH rates:** Our aim is to reduce the ethnic variation between our Pasifika and Total Population. In Canterbury, Pasifika people have a high ASH rate compared to other ethnicities, so we are working on initiatives in this area.

5. **Acute hospital bed days:** Our aim is to reduce these rates while ensuring those who need to be in hospital still receive the optimum level of services. Stroke and other cerebrovascular disorders are higher in Canterbury than other parts of New Zealand, and are the largest contributors to Canterbury's acute hospital bed day rate.

6. **Patient experience of care** is a marker of how well a health system is working overall. Our priority is to use information from the inpatient and primary care patient experience surveys to drive quality improvements.



## How we've performed over the past year:

June 2019 System Level Measure targets	How did we do?	
<b>Amenable mortality</b> Maintain a downward trend, achieving an amenable mortality rate of 83 per 100,000 people by June 2019.	2019 data is not yet available. However available data has Canterbury's rate in 2015 as 85.3 per 100,000 and we are on track to achieve the June 2019 milestone.	✓
<b>Youth access to services</b> 63% of adolescents in high school and up to 17 years old are using the DHB-funded dental service.	66% of adolescents in high school and up to 17 years utilised the DHB-funded dental service.	✓
<b>Babies in smokefree homes</b> Increase the number of infants living in smokefree homes and reduce the equity gap for Māori and Pasifika babies.	This measure is now calculated using a revised denominator. The change means we are unable to determine if the specific 2018/19 milestone set has been achieved.  However, when comparing our data with national rates, we are doing favourably: 61% of babies in Canterbury live in smokefree homes, compared with 54% nationally.	✓
<b>ASH rates for 0 - 4 year olds</b> Reduce the ratio between the Total Population and Pasifika ASH rates for 0 - 4 year olds to 1:1.84 or less.	The Total Population to Pasifika ASH ratio as at March 2019 (the latest data available at the time of this publication) was 1:2.04.  Performance improvement actions implemented though 2018/19 have not had time to impact on rates. However, Canterbury's rates remain below the national average which is encouraging. Reducing Pasifika ASH rates remain a focus for 2019/20.	↻
<b>Acute hospital bed days</b> Reduce Canterbury's acute bed day rate to 289 days per 1000 population, or fewer.	Canterbury's acute bed day rate to March 2019 (the latest data available at the time of this publication) was 304 days per 1000 population.  Although the bed day rate was reducing towards the target, the events of 15 March 2019 impacted on this result. Still, Canterbury's rates remain well below the national average and this will continue to be a focus for 2019/20.	↻
<b>Patient experience of care</b> Improved score for the primary care patient experience survey questions:  Medications: "Were you told what to do if you experienced side effects?" – with an average 12 month score improved to 6.9/10.  Care plans: "After a treatment or care plan was made, were you contacted to see how things were going?" – with an average 12 month score improved to 5.1/10.	Medication: Average 12 month score improved from 6.7 to 6.8.  Care plans: Average 12 month score remained static at 4.9.  Performance improvement actions have not had time to fully impact on rates, so this remains a focus for 2019/20.	↻

# Your Experience Matters to Us – National Patient Experience Survey

The Patient Experience Survey is a large, national survey that asks for feedback from patients 15 years and older who recently spent time as inpatients in our hospitals, or visited their General Practice team. One of the System Level Measures where the Canterbury Health System is measured on its performance relates to the patient experience of care.

The survey focuses on four areas: the quality of communication experienced, whether the patient felt involved in decisions about their care (partnership), coordination of care and how well physical and emotional needs were met on a scale from 1 to 10. Understanding how a patient experiences healthcare gives us valuable insight into where we can do better.

Surveys are emailed or sent by text message via a link to patients. This happens once a fortnight for those who have been in hospital, and for a week every three months for those who have visited a general practice. Patients are asked to respond to a range of questions about their healthcare experience, so, next time you receive healthcare, you may like to check your email address is up to date so that you can have your say.

For the rest of this year and into 2020, our goal is to increase the number of patients completing the Patient Experience Survey and to improve the patient experience in relation to communication around medications.


In addition to the national surveys there are also specific surveys for outpatients, children, and for mental health consumers and whānau through the Ngā Poutama Oranga Hinengaro: Quality in Context survey.




## Canterbury DHB Patient Experience Survey

### National Patient Experience Survey results


#### Communication

	2018/19	2017/18	2016/17	2015/16
Primary care	8.5	8.4	8.5	8.5
Secondary care	8.4	8.6	8.6	8.6


#### Partnership

	2018/19	2017/18	2016/17	2015/16
Primary care	7.6	7.6	7.7	7.6
Secondary care	8.6	8.6	8.6	8.6

#### Coordination

	2018/19	2017/18	2016/17	2015/16
Primary care	8.5	8.4	8.7	8.6
Secondary care	8.4	8.5	8.6	8.5

#### Physical & emotional needs

	2018/19	2017/18	2016/17	2015/16
Primary care	7.8	7.8	8.0	8.0
Secondary care	8.7	8.8	8.8	8.8





# Quality and Safety Markers

**Health Quality and Safety Markers are designed to track progress to help us improve healthcare and reduce patient harm. Areas of work include reduction of falls and surgical site infections, improved hand hygiene, safe surgery, medication reconciliation and improving recognition of the deteriorating patient.**

The markers measure healthcare processes and outcomes, and the thresholds have been set by the Health Quality & Safety Commission's (HQSC) expert advisory groups. HQSC has created a **dashboard of health system quality** that brings the range of measures together in one place. Some of the key initiatives Canterbury DHB is working on to improve patient outcomes include the following:

## Falls Prevention

Canterbury DHB has a 'whole-of-system approach' to falls prevention, which aims to reduce harm from falls through initiatives to reduce them in the wider community, in rest homes and for older people receiving care in our hospitals.

We are committed to achieving zero harm, as falls can have both a detrimental physical and psychological effect.

### STRATEGIES

#### *In the community and rest homes*

Over the past year, the Canterbury Falls Prevention Programme has helped more than 1531 people aged 75+ years in reducing their risk of a fall. The Falls & Fragility Fracture Prevention Service Level Alliance was established in October

2017 as a three-year group to enhance and improve the falls and fragility fracture prevention work in Canterbury. It continues to work in partnership with ACC and Sport Canterbury.

As at the end of April 2019, 18,485 places have been filled in community-based strength and balance classes aimed at further decreasing falls in older persons. Sport Canterbury has also worked on developing accredited classes for the culturally diverse community, such as for Māori, Pasifika, Indian as well as Muslim groups. Other ongoing initiatives include piloting an automatic referral process to the Community Falls Prevention Programme for those who have been discharged from hospital with a fracture of the humerus (upper arm), or a fractured neck of femur (hip).

### ***In our hospitals***

Forty-seven patients had falls that were confirmed as resulting in serious harm during the 2018/19 year. Each serious harm fall has an independent file review to determine contributory factors and identify if there are any care management problems. These reviews are moderated by a multidisciplinary review panel and recommendations are made on how to prevent it happening again.

There has been a 5 percent reduction in falls resulting in injury per 1000 inpatient bed days compared to the 17/18 year.

We are continuing to focus on identifying risk factors and tailoring falls prevention strategies to meet the needs of individual patients while they are in hospital, and for when they return home. Partnering with the patient and whānau to keep them safe while in hospital continues to be an important part of our hospital falls prevention strategy. We're also continuing to focus on involving the patient's whānau in fall prevention planning, including discussion around their fall risk factors, as well as providing them with educational material. The introduction of bedside handover notes and the use of bedside boards are examples of encouraging and enabling opportunities for patients and their whānau to be more involved in their care. Routine activities included standardising processes and practices, such as using aides to indicate a falls risk (for example, a wrist bracelet) and bedside safe mobility plans for all inpatients.

### **Pressure injury prevention**

Pressure injuries (also known as pressure ulcers or bed sores) occurring during care are considered preventable. These injuries usually

effect 'bony' parts of the body due to sustained pressure, or pressure combined with friction.

### **STRATEGIES**

Canterbury DHB is committed to ensuring all steps are taken to prevent pressure injuries developing while people are in our care. We have also been proactive in the community by implementing multi-pronged strategies to prevent pressure injuries.

#### ***Across the Canterbury Health System***

The Canterbury Pressure Injury Advisory Group (CPIAG) aims to improve clinical outcomes and standardise clinical practice across the district. The group has been proactive in developing and implementing pressure injury prevention (PIP) strategies, such as:

- a survey of staff knowledge and confidence in identifying and staging injuries
- point prevalence surveys
- improving professional development through a staff pressure injury prevention e-learning package
- updating the Canterbury DHB Pressure Injury Policy and enhancing pressure injury prevention communication across Canterbury.

To further our 'whole of system' approach, we are working closely with ACC to strengthen practice across the health community through the implementation of a system-wide PIP Community of Practice project which includes both Canterbury DHB and West Coast DHB.

Key initiatives aimed at reducing pressure injuries in 2018/19 include:

- Completing a stocktake of pressure injury resource requirements and activity for Canterbury DHB and the

community, and Aged Residential Care facilities in Canterbury and on the West Coast. The plan is to now to standardise resources, allocate central repositories and update distributions lists and channels for getting the messages out.

- Commencing the Pressure Injury Prevention Link Nurse (PIPLN) programme, which is a frontline nurse in any setting who is trained to teach quality improvement methods, promote prevention, monitor/undertake surveillance, and support improvement processes with colleagues to deliver best practices in the prevention and management of pressure injuries. There are more than 40 nurses participating from both Canterbury and West Coast DHB.
- Setting up a Community of Practice online forum on healthLearn (an online learning management system) to support and assist health professionals in all settings to share and develop knowledge and skills in pressure injury prevention and management.
- Working on consistent messaging by updating and improving online resources (such as HealthInfo and HealthPathways information), and other health-related websites for consumers and those at high-risk.
- Developing a national online learning package for health care staff.
- Undertaking a stocktake of pressure reduction equipment in hospitals and the community to ensure equity of access, as well as completing a needs assessment with recommendations for improved practice.
- Launching of a mattress replacement programme.





T-shirts promoting each of the '5 Moments of Hand Hygiene' were produced for the month (with kind sponsorship from Schulke NZ) - modelled here by members of the Canterbury DHB Hand Hygiene Governance Group.

### ***In our facilities***

Routine activities to prevent pressure injuries include a comprehensive assessment during care, which covers any past history of a pressure injury, checking general skin condition, and identifying risk factors such as incontinence, nutrition issues and mobility problems, and whether devices (for example, a catheter) are pressing on the skin.

Including prevention strategies in patient care plans, such as the use of pressure-relieving equipment, the repositioning and appropriate mobilisation of patients, promoting safe patient handling practice, and optimal nutrition and continence management are helping reduce the number of pressure injuries.

Fourteen hospital-acquired pressure injuries were confirmed in 2018/19 as a stage 3, 4, unstageable or deep tissue pressure injury. Each hospital-acquired pressure injury stage

3 or greater has an independent file review to determine the contributory factors and to identify if there were any care management issues. A multidisciplinary panel moderates all the reviews and makes recommendations.

### **Hand hygiene**

Worldwide, one in 10 patients get a healthcare-associated infection – which can lead to disability, antibiotic resistance, increased hospital time, and, in some cases, death. Canterbury DHB's Infection Prevention and Control team provides direction for staff on best practice hand hygiene using an evidence-based approach, which has proven benefits for quality of care and improving patient safety across all parts of the health system.

Effective healthcare worker hand hygiene is a core strategy in the prevention of healthcare-associated infections, and is recognised

worldwide as the most useful strategy to prevent the spread of infection. Canterbury DHB promotes good staff hand hygiene, either by washing with liquid soap or using alcohol-based hand rub, and has participated in the HQSC Hand Hygiene Programme since 2010.

### ***Threshold***

The national hand hygiene threshold is 80 percent.

### ***Are we doing things right?***

Canterbury DHB first surpassed the 80 percent hand hygiene target for the audit period finishing on the 31 March 2017, with 83.3 percent. This result has continued to be sustained: the latest audit period of 30 June 2019 resulted in us surpassing the 80 percent target for the eighth consecutive time (82.7 percent).

The full rollout of the Hand Hygiene Measurement Programme across all 44 inpatient areas in each audit

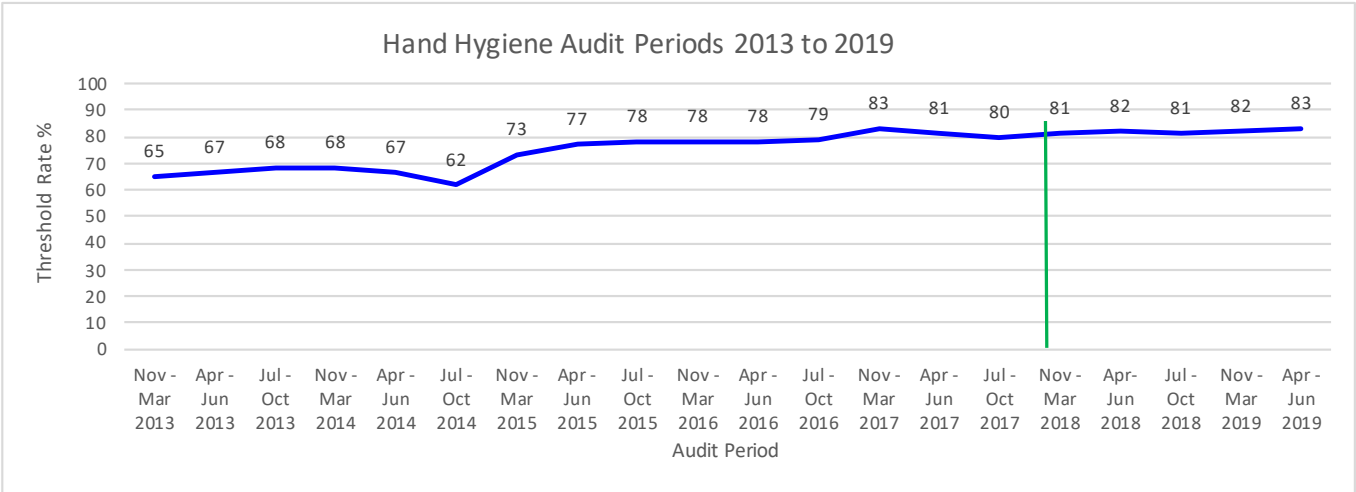
period was achieved as of 1 November 2018.

Hand hygiene initiatives are happening across the Canterbury Health System. Canterbury DHB took the World Health Organization's World Hand Hygiene Day on 5 May 2019 a step further by continuing to promote hand hygiene for the whole month of May.

The World Health Organization's 2019 hand hygiene theme was *SAVE LIVES: Clean Your Hands* with the slogan *"Clean care for all – It's in your hands"*. HQSC's resources were displayed in public spaces encouraging patients to ask staff to clean their hands with the tagline 'It's okay to ask me to clean my hands', continuing the initiative first introduced for the 2016 campaign.

Local activities were promoted during May 2019: we developed posters for both patients and staff, along with screensavers, and ran staff quizzes, where there were winners from various divisions across the hospital.

Visit [www.healthinfo.org.nz/hand-hygiene.htm](http://www.healthinfo.org.nz/hand-hygiene.htm) for more information on hand hygiene. To see the Canterbury DHB hand hygiene patient information leaflet, click [here](#).





## Safe Surgery

Canterbury DHB participates in the Safe Surgery NZ programme which aims to improve teamwork and communication in the patient perioperative journey. Three parts have direct observational auditing to assess three surgical safety components:

- sign in (led by an anaesthetist before induction)
- time out (led by a surgeon after positioning and before skin incision)
- sign out (led by a nurse before patient leaves theatre).

### Threshold

A minimum of 50 observational audits per part (sign in, time out and sign out), per quarter are required before the observation is included in the uptake and assessments with those involved in carrying out the components of the safe surgery (engagement assessment).

## Are we doing things right?

Canterbury DHB	Sign in						Time Out						Sign Out					
	Baseline	Rolling	Q2, 2018	Q3, 2018	Q4, 2018	Q1, 2019	Baseline	Rolling	Q2, 2018	Q3, 2018	Q4, 2018	Q1, 2019	Baseline	Rolling	Q2, 2018	Q3, 2018	Q4, 2018	Q1, 2019
% audits <b>all components</b> reviewed (target 100%)	91	100	100	100	98	100	92	99	99	100	98	99	96	100	100	100	98	100
% audits with <b>engagement</b> scores of 5 or higher (target 95%)	88	100	98	100	100	100	76	97	94	99	98	97	65	93	93	96	93	91

**Key** ■ Target Achieved 100% ■ Between 75% & Target ■ Less than 75%

Canterbury DHB has met the threshold for 50 observational audits for all audit periods, and is one of 12 DHBs to achieve 50 audits in each checklist section.

The target for all three surgical safety components is 95 percent. Canterbury DHB has achieved this in sign in and sign out, and missed achieving this score by 1 percent (with a score of 99 percent) for the time out component.

Improved results are expected in future quarters.

## Surgical Site Infection Prevention Programme

A surgical site infection is an infection of a surgical wound following surgery. Some infections are minor and only skin-deep, others can be deeper – even involving organs or implanted material, such as a prosthesis used in joint replacements.

HQSC continues its focus on reducing surgical site infections following orthopaedic hip and knee replacement surgeries, and cardiac surgeries. The recommendation

is that the correct dose and type of antibiotic is given within a set timeframe prior to the surgical procedure (0 – 60 minutes before 'knife to skin') to help prevent infection. Canterbury DHB participates in this national programme, achieving comparable rates with other DHBs in both cardiac and orthopaedic procedures.

### Threshold

For hip and knee replacements, the following thresholds have been set by HQSC:

- 100 percent of primary hip and knee replacement patients will receive the appropriate antibiotics 0 – 60 minutes before incision.
- 95 percent of hip and knee replacement patients will receive 1.5g or more of cefazolin or 1.5g or more cefuroxime as a prophylactic antibiotic before surgery.

### ***Are we doing things right?***

In the first quarter (January to March 2019), 100 percent of hip and knee arthroplasty procedures involved giving an antibiotic within 60 minutes before incision, with 99 percent of procedures receiving the right antibiotic and right dose. Canterbury DHB was one of 12 DHBs that achieved the national goal.

In **cardiac** surgeries the current thresholds are:

- 100 percent of cardiac procedure patients will receive the appropriate antibiotics 0 – 60 minutes before incision.
- 95 percent of cardiac adult patients will receive the prophylaxis antibiotic of choice (cefazolin >2g).
- 100 percent of cardiac procedures will receive alcohol-based skin antisepsis.

### ***Are we doing things right?***

In the first quarter (January to March 2019), 87 percent of cardiac surgeries involved the giving of the antibiotic within 60 minutes before incision, and the antibiotic of choice (cefazolin) was given 90 percent of the time. Canterbury DHB met the skin antisepsis marker 100 percent of the time through the use of an alcohol-based skin preparation.

## **Medicine reconciliation**

Medicine reconciliation is a process by which health professionals



accurately document all medicines a patient is taking and their adverse reactions history (including allergy). Any discrepancies are then documented and reconciled. The information is then used during the patient's time in care. An accurate medicines list can be reviewed to check the medicines are appropriate and safe.

Medicines that should be continued, stopped or temporarily stopped can be documented on the list.

Reconciliation reduces the risk of medicines being:

- omitted
- prescribed at the wrong dose
- prescribed to a patient who is allergic
- prescribed when they have the potential to interact with other prescribed medicines.

The introduction of electronic medicine reconciliation (eMedRec) allows reconciliation to be done more routinely, including at discharge.

Canterbury DHB is one of six DHBs that has implemented eMedRec, and 100 percent of eligible wards have implemented eMedRec.

## **Deteriorating Patient Programme**

Acute physical deterioration can happen at any point during a patient's admission to hospital. Many patients show signs and symptoms of physiological instability for some time before events such as cardiac arrest or unplanned admission to an intensive care unit (ICU). This means there are opportunities to intervene and prevent these events from occurring. HQSC has introduced a five-year national Patient Deterioration Programme that aims to reduce harm from failures to recognise or respond to acute physical deterioration among adult inpatients. It consists of three workstreams:

- Recognition and response systems.
- Kōrero mai – patient, family and whānau escalation.
- Shared goals of care.

### ***Recognition and response systems***

Canterbury DHB introduced the NZ Early Warning Score (NZEWS) across all of our adult inpatient services (excluding Maternity) in



September 2017. We are also the only DHB to introduce this as part of an electronic vital signs and assessments platform. The NZEWS is a track and trigger system that adds up and scores a set of vital signs within the defined parameters, and the result of this score is visible to clinicians who use set pathways to respond in a timely manner.

The benefits of the electronic platform include:

- The NZEWS always being correctly totalled and accurately charted.
- Being visible remotely.
- Better collection of data for quality improvement and governance.

In the past 12 months, the data allowed us to undertake a large quality improvement study to improve response times to the NZEWS. This work and resultant changes have been agreed to by the HQSC. We put the changes in place in May 2019 and we are currently monitoring them.

Canterbury DHB has been testing the national Newborn Early Warning Score, and also recently adopted the national Maternity Early Warning

Score which will be introduced in the future.

HQSC introduced Quality and Safety Markers early last year to track NZEWS performance. These markers, and the associated threshold, are:

- 1) the spread across the hospitals – 100 percent
- 2) the percentage of early warning scores added up correctly – 100 percent
- 3) the percentage of patients requiring an escalation response within the correct timeframes – 100 percent
- 4) the number of cardiac arrests in hospital – no threshold
- 5) the number of rapid response calls in the hospitals – no threshold.

### ***Are we doing things right?***

Canterbury DHB has an electronic observation system in use across all hospital facilities (100 percent, meeting the threshold for marker 1) in which the NZEWS is an integral part. Every day, 3500 sets of vitals are completed and 100 percent are added up correctly (meeting the threshold for marker 2). Of the

average 220 sets, observations are scored as red or blue and require escalation. The April to June 2019 quarter audit of 121 records found that 67 percent received the appropriate review within the prescribed timeframes (against marker 3 – it is expected that this marker will improve with the change to the NZEWS response pathway which occurred in May 2019).

### ***Kōrero mai – patient, family and whānau escalation***

Patients and whānau often recognise subtle signs of deterioration, even if vital signs are normal. The purpose of HQSC-led Kōrero Mai (Talk to Me) was to co-design a patient, family and whānau communication process to enable staff to establish whether family and whānau were concerned about a loved one's care. We found that, through working with families and whānau in paediatrics, asking them if they had any questions did not open up a conversation about concerns. So, now we directly ask them if they have any questions or any concerns. We also provide them with information on how to get help if they continue to have any concerns.

By showing we act on these concerns, discussing patients' preferences for care early, and encouraging shared decisions around care, we can improve communication, resulting in better experiences, and more appropriate responses to acute deterioration. The next stage will involve transferring the learnings from our work with families in paediatrics to the adult population.

### ***Shared goals of care***

This workstream ensures that the patient's goals are established and reflected in the care documented in their clinical record. As at November 2019, this work is being designed and piloted within Older Persons' Health at Burwood Hospital.





# What's next?

## The Always Know Who to Contact project

While 5 percent of patients do not want family and/or whānau involved in discussions about their care, 50 percent of patients reported staff always involved family and whānau in discussions about care. In assessing the issues impacting how we can involve family and whānau, staff indicated that the person recorded as the contact may not be correct.

Currently our information systems use different language, such as: Next of Kin, Emergency Contact, Nominated Contact, Key Contact, and Preferred Contact. This is confusing both for staff and the patients in our care. No guidance is provided to family and whānau on what the contact person is expected to do.

To resolve this confusion, Nominated Contact will soon become the Canterbury DHB-wide terminology, and clarity about rights and the expectations of the role will be provided to the nominated contact. Steps are underway to ensure the terminology is consistent throughout our information systems and patient information.

## Reducing hospital-acquired urinary tract infections

Canterbury DHB is going to extend our work around prevention of falls, pressure injuries and surgical site infections to include prevention of hospital-acquired urinary tract infections. While patients may have a urinary tract infection on admission or in a day or two after admission, later presentations of uncomplicated

urinary tract infections are considered to be avoidable. Examples of factors that can be managed to prevent hospital-acquired urinary tract infection are dehydration, hygiene, poor nutrition, immobility, and not using some devices, such as indwelling catheters.

## Consumer engagement

Canterbury DHB is assisting HQSC in developing a Quality and Safety Marker to measure how DHBs are involving consumers.

We are exploring what the enablers of and functions for true partnership and meaningful consumer engagement might be, how we currently respond to consumer feedback and how we could improve, and to what extent consumers are involved in co-designing our healthcare processes and services.



# IMPROVING YOUR EXPERIENCE OF THE HEALTH SYSTEM

**Hearing from people who use Canterbury DHB's health and disability services (consumers) helps us improve the quality of our health system.**

Consumers bring unique and valuable perspectives from outside the health and disability system and engaging with them is an ongoing strategic priority for Canterbury DHB.

Having the opportunity to provide input is also good for consumers. Research shows that when someone is engaged in their own care, they are more likely to have a better understanding of their health issue/s, why they need health services and are better able to self-manage any long-term conditions.

There are a number of ways the Canterbury Health System involves consumers: we invite them to contribute to project teams and programmes to help with co-designing services and processes, and Canterbury DHB's Consumer Council also provides a voice for people who use the health system.

We also encourage consumers to provide feedback via surveys such as the national inpatient experience survey and the primary care patient experience survey, along with specific surveys such as those for outpatients, children and the recent Ngā Poutama survey of mental health consumers and whānau.

Comments and feedback are reviewed and given to the



## Canterbury DHB Patient Experience Survey

The Canterbury DHB Patient Experience Survey is one way we gather consumer feedback.

services that provided the care so improvements can be made

For example, consumers let us know they were not receiving enough ongoing treatment/care information on discharge, so we reviewed and improved our discharge processes to ensure consumers and their whānau feel more confident about their care, medication and ongoing treatment.

In the general practice setting some teams have responded to consumer feedback regarding long waiting times by setting aside more 'on-the-day' appointment slots to cover urgent or lengthy appointments.

Dr David Pilbrow, Clinical Leader for Integrated Family Health Services programme at Pegasus Health, says "We are also working with General Practice teams to see if we can improve consumer access to timely information and healthcare advice. The aim is to reduce unnecessary same-day visits to their general practitioner or nurse.

"This may save people time and money while still ensuring they have access to appropriate health care from their General Practice team when they need it."

### HOW TO HAVE YOUR SAY

Health surveys are usually emailed or a link is sent by text message, so, next time you receive health care, check your email address and phone number are up to date so that you can have your say.

## Urgent after-hours care

**Call your General Practice team first.**

For health advice after hours, call your own General Practice team. A nurse is available to provide free health advice after hours.

If you need urgent care, you can use the services below.

### 24 HOUR SURGERY

**401 Madras Street – open every day**

Tel: 03 365 7777

[www.24hoursurgery.co.nz](http://www.24hoursurgery.co.nz)

- Urgent accident and medical care.
- Specialist-led fracture service (X-ray and plaster service on-site).
- Five bed observation unit with an attached whānau room.
- Free after-hours treatment and care for enrolled under-14s.
- Sports injuries.

### MOORHOUSE MEDICAL

**3 Pilgrim Place**

**– open 8am - 8pm every day**

Tel: 03 365 7900

[www.moorhousemedical.co.nz](http://www.moorhousemedical.co.nz)

- Free ACC wound care for everyone (no surcharge).
- X-rays and fracture clinic on-site.
- Free treatment and care for enrolled under-14s after hours.
- Minor surgery, sexual health, traveller's health and immigration medicals.
- Pharmacy open until 8pm daily.

### RICCARTON CLINIC

**4 Yaldhurst Road**

**– open 8am - 8pm every day**

Tel: 03 343 3661

[www.riccartonclinic.co.nz](http://www.riccartonclinic.co.nz)

- Resuscitation room, plaster room, minor surgery room, treatment and triage rooms along with general practice consulting rooms.
- Specialist travel doctor and nurses.
- Free after-hours treatment and care for enrolled under-14s.
- X-rays, physiotherapy, optometry and podiatry also on-site.

**Emergency mental health services – 24 hours, every day**

Freephone: 0800 920 092

**In an emergency, call 111.**

**Free counselling 24/7, call or text 1737.**



**We welcome your feedback. Email [communications@cdhb.health.nz](mailto:communications@cdhb.health.nz)**

**Or write to: Communications team, Canterbury District Health Board, PO Box 1600, Christchurch 8041.**

[www.cdhb.health.nz](http://www.cdhb.health.nz)

# Christchurch Hospital's Emergency Department is moving



**The new Emergency Department on the ground floor of Christchurch Hospital Hagley will open in late January 2020.**

**Entry to the new Hagley building is to the left of Christchurch Women's Hospital off Riccarton Avenue.**



Artist's Impression

[newzealand.govt.nz](http://newzealand.govt.nz)

**Canterbury**

District Health Board

Te Poari Hauora o Waitaha