



Eye patients first to be seen in new Christchurch Outpatients

Well done to everyone involved in last weekend's move into the new Christchurch Outpatients. Several Eye Clinic patients have had the honour of being the first to use the new facilities. The move started early on Friday morning with the moving company hauling out chairs, desks and filing cabinets from Pre-Admissions, Haematology and the Eye Clinic. Spare a thought for the staff at the Eye Clinic who were packing boxes as well as seeing acute patients. By midday on Saturday afternoon everything was in place and the team from Information Services had the weekend task of connecting all the services in time for today.

The Eye Clinic has soldiered on in premises that were only meant to be temporary but were used for 16 years more than originally planned. The growth in the number of patients has also been significant. Ten years ago, the Clinic was seeing around 33,000 patients a year and in the first nine months of this year they are already at nearly 40,000.

These new facilities will have a huge impact on staff morale as they will be able to see patients more efficiently in a better environment. Being the first to see patients, the Eye Clinic has been in the spotlight, but I'd also like to acknowledge the Haematology Unit and Pre-Admissions teams. Their moves have been no less onerous, and have been done in the same good spirit.

It has been a privilege to watch highly-involved and motivated staff working across teams to deliver such a unique environment that will be beneficial for our patients. We appreciate there will be some settling in required but I am confident that, by the time all the teams are in place by mid-November, everyone will be enjoying the seamless and high standard of care that we are renowned for.

A special 'bouquet' too for ISG's Donna Wright and Scott Begg who spent the weekend ensuring that all systems are up and running – no mean feat considering the volume of computers and technical gear that has been moved across to Christchurch Outpatients.



The bright spaces of the patient waiting areas in the Eye Clinic



Alex Medlands is enjoying her space behind the reception desk on Level 2

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There are two moves left: this coming weekend Genetics moves from Christchurch Women's, Rheumatology and Immunology shift from Riverside, and the teams from Hagley Outpatients pack up with their first patient appointments booked to start on Tuesday 6 November.

We all know how hard moving can be, so for all those people involved, thank you all for your incredible hard work, tolerance and patience.

If you haven't had a chance to have a look around the new Christchurch Outpatients, have a look at their [photo album](#).

Restorative care is one of our strategic priorities

A restorative approach to health supports people to maximise their independence for as long as possible. It's a flexible approach to health care that respects the individual and supports them to obtain and maintain their highest level of function.

This includes strengthening their ability to live independently and participate within their community and family/whānau for longer. It also includes strengthening their ability to recover quickly from injury or illness and contribute actively to decisions about their care.

We have been trialling Restorative Care in Older Person's Health at Burwood Hospital for some time, and it is now part of everyday clinical practice there. We have also been trialling it in the more acute settings of Christchurch Hospital, particularly in Ward 23.

Now it's time to roll out the restorative care framework more widely, to improve the patient journey in acute hospital care, rehabilitation and community based care. This process begins on Wednesday this week with a workshop for acute care ward staff at Christchurch Hospital.

Over the coming months, we will gradually embed more and more aspects of Restorative Care in our clinical practice across Canterbury DHB.



A Restorative Care approach in other hospitals has shown:

37%
reduction
in falls

86%
reduction
in pressure injuries

80%
reduction
in patient complaints



A reduction in length of stay of up to
1.5 days



Increased physical activity while in hospital results in improved walking, balance, mood, and fewer disruptive behaviours

83%
of a patient's hospital
stay may be spent **in bed**

60%
of immobile older patients
had **no medical reason**
that required bed rest

50% increase
in walking while in hospital
was associated with a
6% shorter admission

Why is it important to get up, get dressed and get moving?

Staying in bed and in pyjamas or a hospital gown for longer than needed means that deconditioning – loss of physical ability – can set in quickly. It also alters a person's mindset – people feel less able to function and more dependent on others because they are in bed or in pyjamas. This has been called "PJ paralysis". That's why we are encouraging patients to get up, get dressed and get moving – to help them recover quicker, maintain a normal routine and return home sooner.

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

David Meates
CEO Canterbury District Health Board

If you have a story idea or want to provide feedback on *CEO Update* we would love to hear from you! Please email us at communications@cdhb.health.nz. Please note the deadline for story submissions is midday Thursday.

If you're a non-staff member and you want to subscribe to receive this newsletter every week please [subscribe here](#).



Bouquets

Ward 17, Christchurch Hospital

I would like to compliment the service provided by Dr Mohamad and team including the nurses and hospital aides. The cleaners and food assistants were all very friendly and helpful too. I felt this was the best care I have ever received in a hospital as a patient. Thank you.

Ward GG, Burwood Hospital

I would like to compliment all the staff on ward GG for their willingness and helpfulness whenever I required help, and for always being so cheerful and encouraging.

Emergency Department (ED) and Ward 19, Christchurch Hospital

I want to send a big thank you to all the doctors and nurses who took care of me during my time at Christchurch Hospital after I dislocated my hip. Thank you especially to Ruth who looked after me in ED before I went into theatre (when I was freaking out a bit), you were so kind and really calmed me down. I can't thank you enough. Thanks to the doctors who managed to put my hip back into place. I can't describe how relieved I was when I woke up and I was still in one piece! And finally thank you so much to the nurses and physiotherapists who looked after me in Ward 19. I feel very lucky to have had such kind and attentive people always there for me during my stay.

Surgical Assessment and Review Area (SARA) and Ward 10, Christchurch Hospital

Everyone has been really amazing and helpful. The communication has been great so I have known what is happening at all times. I was nervous as this is the first time I've had any surgery but the team really put me at ease. I felt really lucky to have such great help and assistance available in New Zealand. From start to finish – SARA, Ward 10, the staff who moved my bed around the hospital, nurses, anaesthetists and surgeons have all been exemplary. Thanks so much!

Ward 24 and Emergency Department (ED), Christchurch Hospital

To all the amazing doctors, nurses, neurologists, physiotherapists and staff on Ward 24 and in ED. A huge thank you for the wonderful care, support and compassion that my husband and I were given when he was admitted (twice) after he suffered several mini strokes. The speed and regular updates of what was happening was greatly appreciated. Your United Nations of staff with their wonderful personalities showed very professional and human skills. A huge thank you from us both.

Ward 24, Christchurch Hospital

My family and I would like to thank you so much for the wonderful care

you have taken of [patient name]. We are also grateful for the time you took to explain things to us. And that you never seemed to mind us being there.

Hayley Waller, Surgeon, Christchurch Hospital

Many thanks for the wonderful operation you performed for my hernia two weeks ago. You no doubt have an assembly line of operations but trust me, each one of them makes a difference.

I am a new man and really appreciate your handy work along with that of anaesthetists Kartik and Dave and nurses Brie and Claire, to mention but two. You really have made at least one man a very happy chappie, along with his long suffering wife and very impatient little black Kelpie dog, so looking forward to longer walks. You have a splendid team. Thanking you once again.

Emergency Department (ED) and Ward 20, Christchurch Hospital

I came into ED with burns to my face and left hand from a saucepan filled with oil that caught fire. The staff were marvellous, both doctors and nurses. I felt I was in the best hospital in the world care-wise. I was put into Ward 20 for observation for smoke inhalation. I had a lovely nurse named Jackie and once again I was treated like I was in a private hospital. I would like a good recommendation put on

her work record as she was amazing. Thanks nurses and doctors.

Ward 26, Christchurch Hospital

This is the biggest compliment to whoever keeps the free WiFi running and organising with sponsorship. I have found the service invaluable at keeping loved ones updated at this life changing time. It has allowed us to communicate from all over New Zealand since I did not have a large data plan. The WiFi connection has been simple to connect and free from dropping out. Thank you.

Christchurch Hospital

You are all so helpful and amazing.

Ashley, Security, Christchurch Hospital

I am a regular at the hospital and have started to get to know some of the staff who work there. I would like to acknowledge one of your security team, Ashley. He always says hello and if I have my bag he insists on carrying it to my appointment, for which I am so grateful. I don't think he understands what his smile means to me as I return to the hospital for treatment. It means so much to an old person like me that I feel safe, secure and taken care of.

Plastic Surgery team, Christchurch Hospital

Highly competent and efficient team. Excellent and very likeable. Many thanks.

Acute Medical Assessment Unit (AMAU), Christchurch Hospital

On my initial assessment upon admission in AMAU I was extremely impressed with the trainee intern doing my assessment. As an 'up and coming' house surgeon this beautiful person will go an extremely long way and do well in her chosen profession. Unfortunately I have forgotten her name. I was assessed in AMAU then sent to Ward 23. I would have liked to

have personally thanked her. She put me at ease and was just wonderful.

Ward 23, Christchurch Hospital

I would just like to say a huge thank you to all the staff, from the hospital aides to the registered nurses. You worked so well as a team and did everything possible to reassure me, as well as the other patients in my room. We were well taken care of. It's great to see a ward of staff who appear happy and cheerful in their working area. It seems like a very well run ward. Thank you.

Ward 10, Christchurch Hospital.

What a lovely lot of people. Respectful, caring and kind. You all looked after us so well. Nothing but praise.

Ward 18, Christchurch Hospital

Fantastic nurses.

Emergency Department (ED) and Ward 14, Christchurch Hospital

From arrival at ED through to ward staff, ancillary staff, surgical staff and radiologists, I think this is a marvellous service. All staff are working so hard and are so kind. I even liked the food! They are stars.

Surgical Assessment Review Area (SARA), Ward 16, Christchurch Hospital

I would like to thank the amazing staff of the SARA unit and Ward 16, for their care and professionalism during my recent stay.

Haematology, Christchurch Hospital

I wish to send a thank you message to Dr Richard McNeill (Haematology Registrar to Dr Peter Ganly). I was unsure how to contact him directly. Recently, my Nana has been in and out of the ward with terminal leukaemia. I am a university student at Canterbury University, and have some important law exams in the next few weeks. Dr McNeill very kindly and promptly wrote a letter recommending

me for special consideration for my exams, which significantly helps alleviate some stress in these trying times. Unfortunately, I have not had the chance to personally meet Dr McNeill (as my family organised the letter), so I wish to personally thank him for his unreserved willingness to help. It is truly appreciated.

Ward 24, Christchurch Hospital

Thanks to nurses and doctors, especially Noel the male nurse who looked after [Patient name] during their final days.

Surgical Assessment Review Area (SARA) and Ward 17, Christchurch Hospital

I would like to thank the wonderful caring nurses in SARA (Stella and Katherine) and Ward 17 (Ruth, Miriam and Brooke). Wow what an amazing job you ladies do and always with a beautiful smile. From the time I was admitted Stella looked after me and Katherine managed to get the line in me thank goodness. I was then transferred to Ward 17 where it was all go. Ruth, you have a wonderful sense of humour to keep the patients smiling, Brooke you will make a wonderful nurse when you graduate and Miriam you are such a lovely caring lady. Please pass on my thanks. Keep smiling ladies, it makes all the difference to us in the beds.

Surgical Progressive Care Unit and Ward 10, Christchurch Hospital

I recently had a serious accident with broken ribs and vertebrae. The care I received was fantastic. The staff were very attentive to me and the other patients and seemed to support each other well. While I didn't actually eat a lot of food because of my condition, it was well presented by friendly staff.

Minor Surgery, Burwood Hospital

Good to have toys for parents with young kids in post op room for before/ during accompanied person's surgery.

Urology, Christchurch Hospital Outpatients

I met Dr Ben, a very nice person, who gave a great introduction of himself. He put me at ease and explained the procedure. He was very thorough in all he did and always had my comfort in mind. A big thank you.

Big Shout Out

Medical Physics, Christchurch Hospital

Thank you to Daryn and the boys in Medical Physics for making the wonderful new plugs for our sinks.

From the Gastro Reprocessing Team.

#carestartshere



The Library

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

[“Psychological distress and psychiatric disorder after natural disasters: systematic review and meta-analysis”](#) – This study looked into the effects and rates of mental health disorders following a natural disaster. The results show increased rates of psychological distress and psychiatric disorders when compared to control populations. It also highlights the potential for post-disaster response to mitigate adverse effects. From *The British Journal of Psychiatry*, published online: 10 October 2018.

[“Diverticulitis”](#) – A common long-term inflammatory condition, diverticulitis usually affects the sigmoid colon. This article poses the clinical problem, explores strategies for managing the condition, reviews the formal guidelines and makes a recommendation for treatment. From *New England Medical Journal*, published online: 25 October 2018.

[“Multi-national database can help researchers address questions about bipolar disorder throughout adult lifespan”](#) – An international team of researchers has received a grant to develop this database which aims to increase knowledge about bipolar disorder, a mental health condition that affects millions of people of all ages. From *News Medical*, published online: 29 October 2018.

If you want to submit content to **The Library** email communications@cdhb.health.nz.

To learn more about the real-life library for Canterbury DHB:

- › **Visit:** www.otago.ac.nz/christchurch/library
- › **Phone:** +64 3 364 0500
- › **Email:** librarycml.uoc@otago.ac.nz.

Facilities Fast Facts

Acute Services Building and the Link

Hours of work on the site of the Acute Services building have been extended. Workers will be on-site Monday to Friday from 6:30am to 11pm. This will be low noise and mostly inside the building, but you will see the lights on. The weekend hours remain unchanged.

The floor pavers are being laid on The Terrace on Level 3 (see photo, right). This is the family-focused area between the two buildings that will provide an outdoor area for children, parents, families and others both patients and non-patients.



Fit out has commenced on Level 1 Intensive Care Unit (ICU) North with pendants going in this week. There will be 87 Medical Pendants all up in Theatres, ICU, the Emergency Department and Radiology.



The contractors working on the retaining wall in the area between Hagley Outpatients and the Acute Services building podium, have a small concrete pour this week for more foundations. The photo (left) shows orange waterproofing being installed for water tanks.

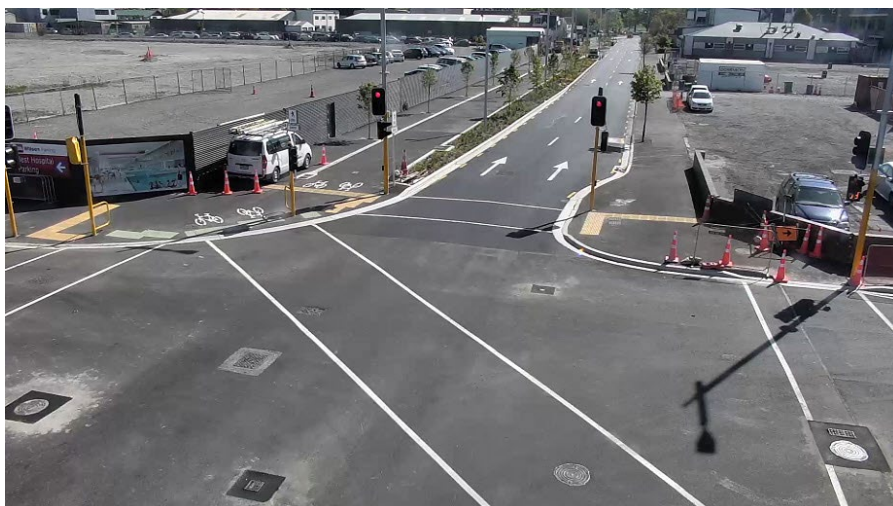
At the Link site, the pile testing was completed successfully so it's full steam ahead to finish excavating the area for the foundations, which are scheduled to go in around mid-November. The first concrete pour for the ground floor is expected in mid-December.

Christchurch Outpatients

It's farewell to the Christchurch Outpatients building from Fast Facts. Since the site blessing in July 2016 we've provided weekly updates on the building's progress. The building is now complete and gets handed over to Canterbury DHB on 1 November. With the first three of around 27 services having moved into the building this past weekend and already seeing outpatients, we no longer have a need for any construction updates. Thank you to everyone who has helped us put these together over the past two years.

Hospital Corner and surrounds

The roadworks around the St Asaph Street and Antigua Street intersection are complete with road surfacing and line painting all done. St Asaph Street is finally free of roadworks after months of reconstruction work.



BETTER TOGETHER

Destination Outpatients



Centralised deliveries

A centralised delivery plan for Clinical Records, Mail, Sterile Services and Pharmacy has been developed for the building to ensure items and services get to the right place at the right time. **A full breakdown of the plan is available on the intranet [here](#).** Please make sure you are familiar with the systems in place. Some of the key points are:

- › Each level will have a standardised collection and delivery area for the services' clinical records. Clinical records will be delivered at 9.15am and 1.30pm and collected at 11am and 2.30pm, with the exception of Eyes and Haematology who need their records ready for collection at 12pm.
- › The process for urgent clinical records remains the same as it is now.
- › Mail will be collected, sorted and delivered by the Facility Coordinator.
- › There will be one daily delivery and collection for Sterile Services, with the exception of Dental who have two collections.
- › Pharmacy deliveries will be once a week on Wednesdays at 1.30pm. The process for urgent orders remains the same as it is now.
- › Stock levels will be scanned on Monday for the Ground Floor, Tuesday for Level 1, Wednesday for Level 2, Thursday for Level 3 and Friday for Level 4. Delivery of supplies will occur the morning after scanning.
- › Each level will have a new supply of linen every Monday with roll-on roll-off trolleys being swapped at the weekend.

Locker management

Staff on Levels 1 – 4 who require a locker need to fill out a Locker Allocation form that is available on the intranet [here](#) and email it to Facility Coordinator for the Outpatient Building Donna Handy (Donna.Handy@cdhb.health.nz)

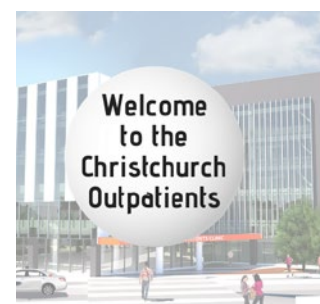
Donna will process the request and send/give the key to the person. Donna will also be keeping all the spare locker keys. All the lockers have been numbered by Donna to allow for this process to occur. No deposit will be required.

There are some key principles that will govern the use of the lockers.

- › Expectation that the key is returned to the Facilities Coordinator when it is no longer required or the person leaves Canterbury DHB employment. If the key is not returned upon staff exit, the Cost Centre will be charged for a replacement key at approximately \$20.
- › If a key is lost, the person needs to notify the Facilities Coordinator and may be charged for a replacement key at approximately \$20.
- › 0.4 FTE and below may be required to share a locker.

How to report a defect in the new Outpatients facility

- › Users should send a description of the defect to Facility Coordinator for the Outpatient Building Donna Handy (donna.handy@cdhb.health.nz)
- › Donna will log this onto the Maintenance & Engineering (M&E) system.
- › M&E will decide if the issue is a building finish issue for Leighs during the building defects period or not.
- › If it is a building finish issue, it will be managed by Leighs.
- › If not, it will be managed by M&E.



Watch Christchurch Campus General Manager Pauline Clark's weekly video message for staff moving into the new Christchurch Outpatients facility

If you haven't had a chance to go into the Christchurch Outpatients:

There are new photos in this flickr album www.flickr.com/gp/cdhb/xwB360

The 360 degree album has been updated kuula.co/post/7PyKG/collection/7ftvn



Artificial Intelligence and what we need to do to keep up

Last month, the ISG Leadership team attended the Future State of Government ICT Conference in Wellington, centred on how the public sector can work collaboratively to keep up with technological changes. One of the topics was artificial intelligence (AI). This got ISG thinking about how we may need to change the way we work to accommodate the rise of AI.

We often hear about AI in relation to software and technology, and it's a topic that's frequently at the centre of Science Fiction films – usually in a dystopian way, when AI has gone awry, or has 'outwitted' humans.

In essence, AI is the ability of a computer system to 'work like a human' without actually involving a human. It performs tasks that have traditionally required human input and intelligence, such as speech recognition, and makes predictions by using previously gathered data – and using the outcome of these predictions to learn how to behave in the future.

Although the mathematics behind AI has been around for some time, the increasing sophistication of computer power and the digitisation of our everyday lives has prompted new interest in AI.

So what does this mean for us and the wider health sector?

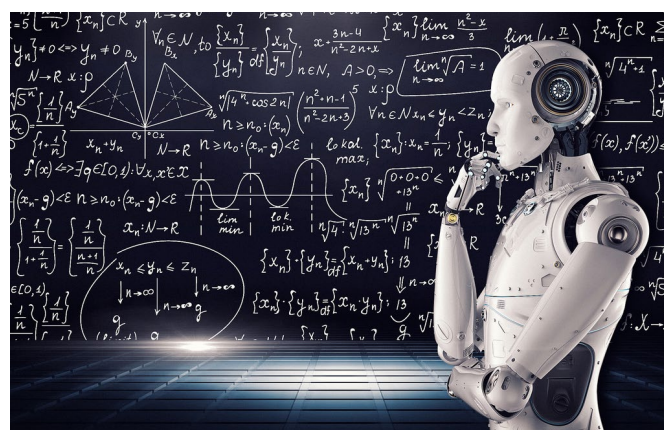
If we want to harness the potential power of AI, we need to think about how we might need to change our work practices, as well as understand its benefits and its risks and limitations. What might this look like in practice?

- › For AI to be useful, it needs good quality data, and we may need to change how we enter information into our electronic health record. It will be important that this is done in a standard and meaningful way, while ensuring it doesn't become a barrier or burden to good clinical care.
- › Consent for data reuse is currently a hot topic with many unresolved issues, and the health system needs to be very transparent in how it intends to use people's data – for both patients and staff.

- › Just because it comes out of machine doesn't mean it's perfect or right. There are multiple pitfalls with the use of AI. For example, a clinician may not understand how a prediction was made or know the algorithmic conclusion is correct. Therefore, the medical community and its AI technical partners need to validate the algorithms on multiple datasets in order to deliver a fair outcome.
- › We also need to be aware that the half-life of data will shorten as medical knowledge advances. For example, it wouldn't be useful to design a tool that can predict breast cancer survival based on data from 20 years ago, given the significant development in treatments for breast cancer in recent times.

Despite some uncertainty around AI, its use will create many opportunities. In the first instance, to enable the identification of patterns for better predictions, it is important that we focus on capturing good data and automating processes.

For those interested in a deeper data dive, have a read of the UK draft of the *code of conduct around use of data-driven health care* [here](#).



Working together for the best outcomes for women birthing in Canterbury

Last week, the Maternity Quality and Safety Programme held its Annual Report presentation, featuring keynote speakers, a review of Canterbury DHB's maternity clinical outcomes, quality projects and the team's plans for the next year.

The focus throughout the presentations was on how maternity services across Canterbury can collaborate to improve outcomes for women birthing in the region.

"Christchurch Women's Hospital is very busy so we need to really think about what we are asking women to come here for and to make better use of our community centres," Norma Campbell, Director of Midwifery says.

Speakers covered a range of topics and perspectives on maternity care:

- › Where to from here for maternity in Canterbury – Norma Campbell.
- › Māori health: Reducing inequity – Amber Clarke, Programme Leader for Kaiārahi Hauora, Te Runanga o Ngāi Tahu.
- › Canterbury DHB Clinical Outcomes 2016 – Emma Jackson, Clinical Director, Obstetric and Gynaecology Department, Canterbury DHB and Adrienne Lynn, Clinical Director, Neonatal Service, Canterbury DHB.
- › "Getting it right first time" – Suzanne Miller, PhD Candidate, Post Graduate Coordinator, Otago Polytechnic, School of Midwifery, LMC
- › Consumer update – Jen Coster, Chair, Women's Health Consumer Advisory Council.
- › Promoting primary birth – Suzanne Salton, Charge Midwife/Nurse Manager, Rangiora Health Hub; Bronwyn Torrance, Charge Midwife Manager, Lincoln Maternity Unit; Andrea Robinson, Charge Midwife, St George's Hospital.

Consumer Advisory Council Chair Jen Coster said women were surprised to learn that Christchurch Women's Hospital is a secondary/tertiary hospital, offering specialised services for women who have medical problems or who are experiencing complications in their pregnancy.

"Women we have spoken to just think that Christchurch Women's Hospital is where they go to have their babies. We need to educate women about the great care offered by primary units and reassure them that these units are also able to handle emergencies."



Speakers (L-R): Suzanne Miller, Jen Coster, Andrea Robinson, Adrienne Lynn, Emma Jackson, Suzanne Salton, Amber Clarke, Bronwyn Torrance, Norma Campbell and Samantha Burke

There was general agreement among the speakers and the audience that well women are better off birthing in a primary care unit, rather than face possible interventions at Christchurch Women's Hospital that may not be required if at a community unit.

Primary birthing units across Canterbury are also collaborating to help women access the appropriate level of care they need. Some are promoting their services through offering antenatal clinic rooms, so women can become familiar with and comfortable with the staff and space and therefore are more likely to birth in their unit as a result, and also by providing information online, such as video tours to show women what to expect from each facility.

Jen Coster said the afternoon highlighted the support and shared passion about improving the care and experience of women.

"Women need to feel safe and not judged in order to feel free to talk. I feel privileged to be part of the Canterbury DHB team and to be part of the changes we need to make to ensure women receive the best care possible. On behalf of women, whānau and babies who come here, thank you for the care you provide."

The Maternity team's focus for the next year will be on looking at ways in which the hospital and the system can change so more well women birth safely in primary care units and ease the pressure on Christchurch Women's Hospital.

Pharmacy manager's knowledge and experience will be missed

When Paul Barrett began work in the pharmacy at Burwood Hospital 39 years ago there were no computers.

Labels and documents were all typewritten, mainly on manual typewriters, he says.

A few years later in the early 1980s the first foray into computers occurred with the introduction of the "Pharmacy Information and Stock Movement System." This was created by Computer Programmer David Evans, who was employed by the then Hospital Board's Clinical Investigative Unit.

"The computer occupied a whole room in the basement of the Clinical (Medical) School building."

Paul, who retires tomorrow from his role as Pharmacy Services Manager, Christchurch, Ashburton, Burwood, and Hillmorton hospitals, advised on the first and many subsequent computer systems used in Pharmacy.

The details are contained in a 17-page "Pharmacy History, 1980 to 2018" written by Paul.

"It was something I really wanted to do before I retired," Paul says.

After completing his internship at Burwood Hospital Pharmacy in 1980, Paul worked in a variety of positions as a registered pharmacist across Burwood and Christchurch Hospitals from 1981 to the present day. His roles included Pharmacist-in-charge at Burwood Hospital, Quality Supervisor, and Production Supervisor at Christchurch Hospital.

In 2002, he was appointed Pharmacy Manager, initially for just Christchurch and Burwood hospitals, with Hillmorton, Princess Margaret and Ashburton hospitals added progressively.

Paul says that in his 16 years as Pharmacy Manager he is proud to have built up the total staff from 51 to 87 full time equivalent (FTE), introducing 15 positions of responsibility across the service. During his career he acted as professional preceptor to six intern pharmacists and was a workplace training assessor for many pharmacy technicians.

Paul has been an active member of many local, regional and national advisory groups and committees.

"I have particularly enjoyed completing the Xcelr8 improvement programme and the re-engineering of the Pharmacy Service that came out of that time. The chance to participate in the organisational planning and change

emanating from the time of the Christchurch earthquakes has also been uniquely exciting."

He has appreciated the help and support over many years from various operations managers, general managers, directors of Allied Health and the current CEO.



Paul Barrett

"I believe that stable and capable leadership has enabled this organisation to make huge gains in the past decade and feel privileged to have worked with so many wonderful and dedicated colleagues over the years."

There is so much more that could be achieved, if only we had the resources, he says.

Director of Allied Health Garth Munro says Paul was instrumental in the outsourcing of cytotoxic and aseptic compounding to the commercial sector in 2009, relieving pharmacy of the growing burden of this activity.

"As Quality Supervisor for Pharmacy he introduced a quality documentation management system in 1992, still in use today, and has remained strongly interested in quality management."

He has been a strong champion for increasing the role of the Pharmacist and the Pharmacy Technician.

Dispensary Supervisor, Pharmacy Department, Christchurch Hospital Janelle Kennedy says Paul never seeks any limelight "but always guides the light to shine on others."

He has been totally loyal and committed to the organisation. He is a consummate professional and has always had the success of the pharmacy department and its team as his highest priority.

"We will miss him and his extensive knowledge and experience and wish him well for the future," Janelle says.

Voting for your favourite poster for the 2018 Quality Improvement and Innovation Awards now open

All Canterbury health staff can now vote for the poster entry they think should win the People's Choice Poster Award.

The 48 posters are displayed on the Canterbury DHB website [here](#).

Voting will close on **Sunday 11 November**.

To vote, review the posters by clicking on each poster's link. Once you have made your choice, click on the survey link at the top of the page and enter your vote.

The awards recognise, reward and publicly acknowledge the excellent quality improvements and innovations taking place within the Canterbury Health System.

The awards are open to all Canterbury DHB staff and providers whose services are funded by Canterbury DHB.

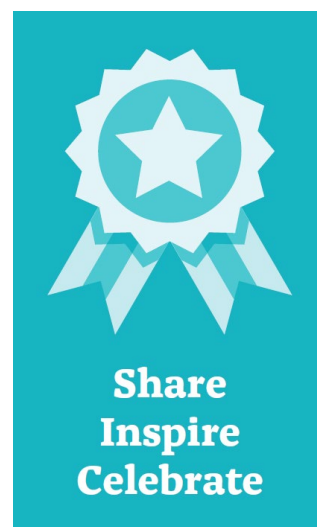
The submissions are assessed on how well they meet specific criteria; identifying the need and following the

PDSA (Plan, Do, Study, Act) process for making improvements.

A big thank you to staff who submitted posters!

Awards will be presented at the Canterbury Health System Quality Improvement and Innovation Awards Showcase on Thursday 6 December.

There can only be one entry that takes out the People's Choice Poster Award, so get voting today!



Road Accident Remembrance Day

Road Accident Remembrance Day, on 3 November, is a time for us to reflect on the lives affected by road traffic crashes – the injured people themselves, their families, health care staff, first responders and our community.

Christchurch Hospital is the country's busiest trauma centre, making this opportunity to reflect even more poignant for staff across Burwood and Christchurch Hospitals in particular, as they manage the physical and emotional consequences of road traffic accidents on a daily basis.

Over half of all trauma injuries presenting to Christchurch Hospital are as a result of traffic accidents; whether involving people as drivers, passengers, motorcyclists, cyclists or pedestrians.

Emergency Department Clinical Director David Richards says the Emergency Department is generally where many of the injured, and their families, end up after road traffic accidents.

"Whether the injury is relatively minor or something life-altering, road traffic injuries cause distress and disruption,

not just to the injured themselves, but also their families and friends and the health care staff treating them.

"Although a daily occurrence, the dedicated hospital staff are not immune to the impact of road accidents," David says.

Road Accident Remembrance Day encourages us to reflect on the impacts of traffic crashes and always do our best to drive responsibly and safely.

We extend our sympathies to the families of road accident victims and acknowledge the many hundreds of individuals and families living with the life-long health impacts of road accidents.

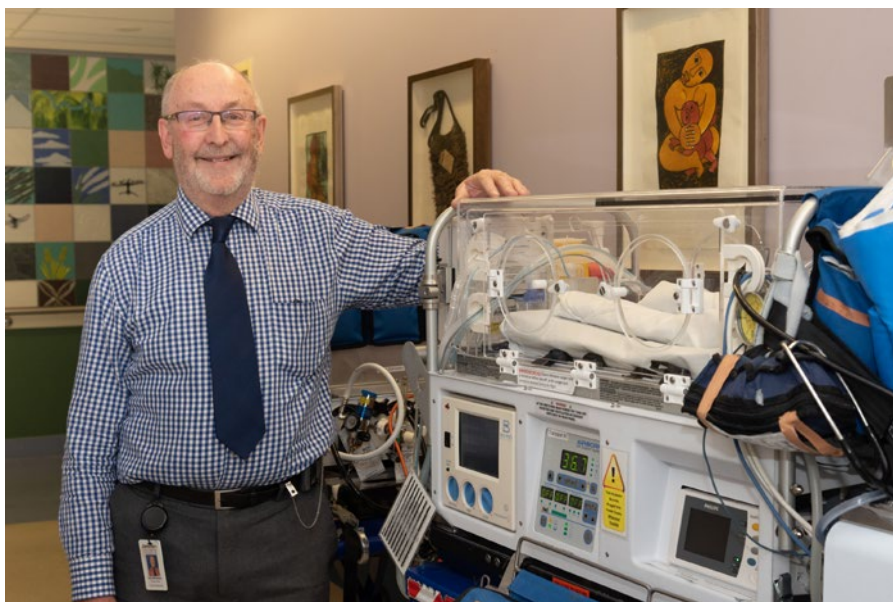


Career milestone celebrated

Over the last four decades, from the Clinical Engineering department's workshops, Gary Stevenson has worked tirelessly to ensure the smooth running and availability of medical equipment that is vital to saving lives and restoring health.

His dedicated contribution to providing technical services for safe, effective, and innovative patient care was celebrated last week by Clinical Engineer Gary and his colleagues.

Gary works closely with the Neonatal Intensive Care Unit and the Neonatal Emergency Transport Team. His role sees him managing equipment, sorting equipment supply problems and coming up with solutions to problems.



Clinical Engineer Gary Stevenson

One of the major projects he has been involved in is getting the Transport Incubator systems together and approved for use in ambulance, helicopter and fixed wing aircraft.

A huge congratulations and thanks goes out to Gary for the dedication he has shown over 40 years of service to Canterbury DHB, Clinical Technologies Manager Tony Hampton says.

"Gary's drive, passion and hard work in Neonates has been instrumental in the procurement and functioning of critical clinical equipment throughout the department, assisting in saving the lives of newborn babies."

Many a mother and father in and around Canterbury would be echoing these messages of thanks, Tony says.

When he started at Canterbury DHB only six people worked in the Clinical Engineering department, Gary says. Now there are 30.

"As well as an increase in numbers, there have been huge changes in technology, with basic equipment going from a screwdriver adjustment for calibration to a touchscreen calibration."

He enjoys the variety of the job and the people aspect of working in health.

Gary says a lot of what he does requires perseverance and thinking outside the box.

"You don't know what you are going to do each day when you come in to work and it is good knowing you are helping care for patients."

Well done, Gary, and thank you.

Nurses' Memorial Chapel re-opens its doors

The only chapel in the world built to honour nurses killed during the 20th century wars has re-opened following a complex year-long restoration project after it was devastated in the Canterbury earthquakes.

The 90 year old Nurses' Memorial Chapel outside Christchurch Hospital was officially re-opened on Saturday by the Governor-General, the Right Honourable Dame Patsy Reddy.

"In this final year of our First World War commemorations, I am pleased to help celebrate the restoration and reopening of the Nurses' Memorial Chapel which honours the memory of nurses who lost their lives in the conflict," she told those attending the event.

The chapel will serve as a reminder to future generations of the important role women played, and the sacrifices they made, not just in the First World War but also in subsequent wars, Dame Patsy says.

Mayor Lianne Dalziel says the chapel has survived against the odds.

"The team involved in restoring it have done an absolutely superb job. It's as if they have turned back time."

Council Heritage Programme Manager Richie Moyle says the restoration of the 90-year-old chapel has been a challenging but rewarding job.

"The neo-gothic arts and craft architecture, the beautiful stained glass windows and the intricate oak carvings that make this building so unique have all been restored and the building has been significantly strengthened."



Governor-General Dame Patsy Reddy officially re-opens the Nurses' Memorial Chapel



The Nurses' Memorial Chapel has re-opened for the first time since the earthquakes

Friends of the Chapel President Pip Mason says the chapel is a special place for Christchurch nurses and they are delighted by the effort that has been put into restoring it.

"We are extremely grateful to Christchurch City Council for restoring the chapel back to its original glory."

The Nurses' Memorial Chapel dates back to 1928 and was built to commemorate the loss of 10 New Zealand nurses who died when the British troop ship, Marquette, was torpedoed by a German submarine in the Aegean Sea in October 1915.

Three of the nurses killed when the Marquette sunk trained at Christchurch Hospital. The chapel also honours New Zealand nurses who died during the deadly influenza epidemic of 1918 and in World War Two.

A new book, *Stand For All Time* by Anna Rogers, was launched yesterday to mark the reopening of the Nurses' Memorial Chapel. It is available for sale, for \$45 via Friends of the Chapel. This is cheaper than in bookshops. If you would like to purchase a copy please contact Charge Nurse Manager, Ward 20, Sharon Minchington, on 0276890190 or sharonm@cdhb.health.nz.

Alternatively you can order by emailing chapelfoc@gmail.com or submitting a message via the online form on the Nurses Memorial Chapel website [here](#). The form is located on the right beneath the location map of the chapel.

Volunteers are needed to be present when the chapel is open. If you are interested in helping out please use any of the contact details above.

Become a healthy commuter!

Did you know:

- › 49 percent of Canterbury DHB staff live within 800 metres of a bus stop that can drop them almost to the front door of the Christchurch Hospital campus.
- › Christchurch has 31 kilometres of separated cycleways linking cyclists to the central city.
- › People who drive to and from work are the least happy with their commute.



Longer days, rising petrol costs, parking woes and an increasingly congested city centre make now the perfect time to give biking, taking the bus, carpooling or walking a go.

Canterbury DHB's Healthy Commute programme makes making the change easy. As part of the programme, members of the Healthy Commute team are moving around Christchurch campus talking to different teams about how they get to and from work, and working with staff who are interested in trying a new approach to develop a solution tailored just for them.

The Healthy Commute programme has recently been successfully piloted at the Intensive Care Unit (ICU). According to the pilot, 76 percent of ICU staff who biked were happy with their commute, compared to only 45 percent of those who drove.

If everyone spoken to as part of the pilot adopted their intended behaviour, there would be a 28 percent reduction in the number of car trips to Christchurch Hospital amongst ICU staff!

To watch of video on the experiences of ICU staff with the Healthy Commute programme click on the image below.



In August and September 2018, the Healthy Commuter programme was piloted at ICU. Watch this video for a first-hand account of how it went. For more information on the Healthy Commute programme, go to the Max Service Portal and enter the search word 'commute'

Bus

- › The Metro network provides transport from most suburbs to the city, and buying a Metrocard gets you at least 25 percent off the fare price.
- › **Free Metrocards for Canterbury DHB Christchurch Campus staff!** Go to the [Metro Bus Journey Planner webpage](#) and send a screenshot of your journey plan to healthycommute@cdhb.health.nz, along with your address, and we'll send you a free MetroCard, and for a limited time, three days of free fares so you can give it a go.
- › [Click here](#) for information on maps and routes.

Cycling

- › Cycling to work, even once or twice a week, may be a great alternative to driving a car. It can reduce stress, make you more effective at work, save you money and get you active.
- › [Click here](#) for a map of Christchurch cycle routes.

Carpooling

- › Sharing your ride can be a fun and sociable way to start and end your working day.
- › If you want to find potential carpool partners, join [Smart Travel](#) and let the website do the hard work of finding fellow carpoolers for you.

Walking

- › Walking is a great way to experience the changes and progress in our new city, and you don't need any specialist equipment.

Find out more

For more information on how to make your commute easy, reliable and relaxing visit www.ccc.govt.nz/transport/getting-to-work

For more information on the Healthy Commute programme go to the Max Service Portal and enter the search word 'commute!'

One minute with... Abbey Evison, Rotational Pharmacist

What does your job involve?

I am fortunate to spend time in different areas of the hospital and work with different teams – I love the variety this brings! I have been working in the Pharmacy Aseptic and Cytotoxic Unit where I was involved in a variety of tasks including the clinical review and processing of chemotherapy, liaison with the Home Intravenous Service for discharge antibiotics, and clinical trials. The unit also compounds sterile medicines such as antibiotic eye drops and injections, parenteral nutrition and a range of other medicines in its sterile production unit. This week I am starting with the Surgical Pharmacy team in General Surgery. On the wards, the Pharmacist role involves interviewing patients about their medicines on admission, medicine reconciliation, clinical review, providing education on discharge (such as anticoagulant counselling), and working alongside the medical, nursing and multidisciplinary teams.

Why did you choose to work in this field?

When I finished high school I knew that I wanted to work in health and I enjoyed science, so I headed to Otago University to study Health Sciences. During my studies I spent some time working at a Christchurch community pharmacy and enjoyed talking to patients and providing education on medicines. What attracted me to the Pharmacy profession was the ability to work with other health professionals and positively impact patients whilst constantly learning and problem solving.

What do you like about it?

It is satisfying being able to make a difference to patients and help to optimise their overall health. I also enjoy being able to work as part of a team on the ward. I like that every day is a challenge, brings plenty of variety and you are constantly learning.

What are the challenging bits?

Keeping up with evidence-based medicine and new medicines becoming available as this is a constantly evolving area.

Who inspires you?

I work with many knowledgeable and experienced pharmacists. The work, research and rapport they have built with the team of health professionals in their specialist areas in the hospital is inspiring for a young pharmacist like me. You always feel very well supported and there are

many learning opportunities.

What do Canterbury DHB's values (Care and respect for others, Integrity in all we do and Responsibility for outcomes) mean to you in your role?

They fit well with my own values where I always strive to provide the best possible patient care. Being able to build a partnership and rapport with our patients is important for developing trust. I also believe it is essential that we look out for our colleagues and team members.

Something you won't find on my Linked In profile is...

I was lucky to dance at the Crusaders Super Rugby 2018 winning home final!

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

Lying on a beach somewhere...Hawaii, Nusa Lembongan in Bali – anywhere beautiful and sunny.

What do you do on a typical Sunday?

Sundays are for relaxing and recharging for the busy week ahead. I like to catch up with friends and family, walk around the park, cook/bake and watch Downton Abbey!

One food I really like is...

Too hard to pick...I do enjoy dumplings from the Arts Centre on a sunny Friday lunchtime!

My favourite music is...

I love all sorts. I really like to support New Zealand music. I also enjoy a ZM Friday Jams session on the ward!



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

Canterbury Grand Round

Friday 2 November 2018 – 12.15–1.15pm with lunch from 11.45am

Venue: Beaven Lecture Theatre

Speakers: Rachel Wiseman, Palliative Care, Mark Coates, Radiology, Kristian Dalzell, Orthopaedic Surgeon, Avtar Raina, Radiation Oncology
"Treatment and palliation of spinal metastatic disease in 2018 – the changing paradigm"

As the range of available cancer treatments increases, people are living longer with pain or instability from bony malignancies. Newly available interventional radiology and radiation oncology techniques may provide benefit to individuals, alongside conventional treatments such as orthopaedic surgery and palliative care. This presentation draws together the relevant specialties to outline available treatment options and the complexities of decision-making for individual patients, within a constrained healthcare system.

Chair: Ruth Spearing

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

This talk will be uploaded to the staff [intranet](#) within approximately two weeks.

Video Conference set up in:

- > Burwood Meeting Room 2.3b
- > Wakanui Room, Ashburton
- > Administration Building, Hillmorton
- > The Princess Margaret Hospital, Riley Lounge
- > Pegasus, Room 1.02

All staff and students are welcome.

Next is: Friday 9 November 2018, Rolleston Lecture Theatre
 Convener: Dr R L Spearing – ruth.spearing@cdhb.health.nz.

Hidden Dangers – protecting our health by making food safe

Don't miss this unique opportunity to hear world expert Robert Tauxe talking about the hidden dangers in our food. Robert is Director of the United States Center for Disease Control Division, which is charged with the prevention and control of foodborne, waterborne and fungal infections. The division monitors the frequency of these infections in the United States, investigates outbreaks, and develops strategies to reduce the disease, disability and deaths that they cause.

This is a free public talk brought to you by the New Zealand Food Safety Science & Research Centre.

To reserve a seat, email info@nzfssrc.org.nz.





Living with Atrial Fibrillation? You are not alone

The Heart Foundation invites you to a session with a heart specialist from Christchurch Hospital to discuss living with Atrial Fibrillation.

After the presentation, there will be an informal opportunity for people to share their experiences of living with Atrial Fibrillation and to ask questions about the condition. Family/ friends are welcome to attend.

- When:** Thursday 1 November 2018, 6.30pm -8.00pm
Attendance is FREE
Light refreshments will be served
- Where:** The Sinclair Centre, Park Street
Ashburton
- Register:** Please register as we have limited spaces.
Please contact Emma 03 3662112
or e-mail emmag@heartfoundation.org.nz



Healthy Volunteers Wanted for Irritable Bowel Syndrome Research

Are you aged between 18-70 years old?

Do you have no Gastrointestinal Issues?

This project aims to identify the causes and mechanisms of Irritable Bowel Syndrome (IBS). We are looking at different aspects of everyday life and how they are associated with **gastrointestinal symptoms.**

We are looking to recruit people who have been diagnosed with IBS as well as people with no gastrointestinal issues for this study. The research is very important as there is very little knowledge about the causes of IBS.

This project involves filling out questionnaires about your current health and quality of life, keeping a food and symptom diary for 3 days and collecting some biological samples. There is only **one** meeting with the research team for 15 minutes.

Your help will be rewarded with a \$20 petrol voucher.

For more details please contact:

COMFORT Research Team
University of Otago, Christchurch

comfortcohort@gmail.com
(03) 364 1788

This project has been reviewed and approved by the HDEC. Reference: 16/NTA/21





SEXUAL HEALTH SEMINAR

THURSDAY 15 NOVEMBER 2018
FROM 1.00PM – 4.30PM

Community and Public Health
310 Manchester Street, Christchurch

1.00pm - 2.00pm

WELCOME

Time to catch up with work we are currently involved in, to share information and new resources, and projects planned for this year.

2.00pm - 3.00pm

AN UPDATE ON CONTRACEPTION

PRESENTER: SANDY HAMILTON

Sandy Hamilton is a nurse at Family Planning Christchurch. She will discuss the most popular contraceptive methods used currently, which methods are especially popular for young people/older people, any issues we need to be aware of, and new methods that are in the pipeline.

3.00 - 3.30pm

AFTERNOON TEA

3.30 - 4.30pm

NZ AIDS FOUNDATION – CURRENT STRATEGIES

PRESENTER: VICTORIA RIDDIFORD

Victoria Riddiford is National Therapeutic Leader and Team Leader Christchurch for the New Zealand AIDS Foundation.

She will present on NZAF's strategy to end all new HIV transmissions in New Zealand by 2025 including: Testing (home tests, clinic testing, GP roles), condoms, PrEP, UVL/treatment as prevention and supporting people living with HIV

4.30pm

CLOSING

There is no cost for these seminars and afternoon tea will be provided.

Please let me know if you will be attending.

Diane Shannon, Health Promoter
Community and Public Health
(a division of Canterbury District Health Board)

P 03 378 6755
E diane.shannon@cdhb.health.nz