



Canterbury – we have changed

What a difference 10 years makes. Canterbury today is vastly different to the Canterbury of 2009. A lot has happened over the past decade.

Historically, Canterbury was characterised as a well-off, European population with very little diversity.

When talking with people from around the country, this perception still exists in some quarters. Many reference the first four ships and the prominent private schools in the Garden City. If you talk to the team at the City Mission, our public schools, community health teams and private providers, they will present a vastly different reality for many Cantabrians in 2019.

The earthquakes of 2010 and 2011 and the subsequent rebuild opportunities have dramatically transformed our physical and socio-cultural environment into a dynamic, diverse, vibrant and multicultural place to live. The population today is significantly more diverse in terms of ethnicity, deprivation and health need.

Our population

Over the past 10 years, Canterbury has grown by **14 percent** and our population composition has changed considerably. **In fact we have grown 11 percent in the last five years!**

Our **Māori** population has increased by **31 percent** (it is now 53,300 – more than the entire population of Nelson).

Our **Pasifika** population has increased by **31 percent** (it is now 14,460 – around the same size as the entire Grey District).

Our **Asian** population has increased by **64 percent** (it is now 62,320 – It is now around the same size as the entire population of Napier).

The communities we serve

We are responsible for **578,340** people

Our community is growing

Our population growth rate over the past 8 years is 15.9% – higher than predicted before the earthquakes.



Our community is ageing

Our population is older than the NZ average. By 2026, one in five people in Canterbury will be aged over 65.



Gender

50.2%
are male



49.8%
are female

Age

59.5%
are 20-64



16.1%
are 65+
24.4%
are 0-19

Our community is changing

Our population is becoming more diverse. We have the second fastest growing Māori population in NZ.



9.2%
are Māori



2.5%
are Pasifika



10.8%
are Asian

Based on the Stats NZ Dec 2018 Population Projections

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These populations challenge our health system to respond in different ways.

Perception: Canterbury is largely European

Facts: Canterbury has the second fastest growing Māori population by rate and by number.

Our non-Māori/Pasifika/Asian population is now 78 percent of the total Canterbury population (down from 82 percent).

Our Māori population is the sixth largest nationally – larger than Māori populations in Auckland, Hawke's Bay, Lakes, Capital and Coast and Tairāwhiti DHB regions.

Perception: Canterbury has fewer children

Facts: Our child population is the fastest growing in New Zealand – Under 15s are up eight percent over 10 years; but Māori have increased by 23 percent, Pasifika by 35 percent and Asian are up 88 percent.

Canterbury has the fastest growing Māori child population by rate and second fastest by number.

Deprivation

Perception: NZDep shows Canterbury has 29 percent of least deprived (quintile 1) and nine percent of the most deprived (quintile 5) people in New Zealand

Facts: Proportionately, Canterbury people have the median proportion of Community Services Cards as similar DHBs – below Waikato, Counties Manukau and Southern, but over 10 percent more than Auckland, Waitemata, Capital and Coast.

Our children (0–14 years) are second most likely to have a Community Services Card (five percent fewer than Waikato and around 50 percent more than Waitemata and Auckland).

Canterbury's median household income is two percent (\$1,761) above the national average (\$90,800).

Our median household income is 10.6 percent (\$9,600) lower than greater Auckland and 25 percent (\$23,000) lower than Capital and Coast.

Information from the Census is used to provide data on the level of deprivation for people living in different communities. It's called NZDep data. Unfortunately, NZDep has failed to capture the key elements of deprivation in a post-earthquake/forced migration environment. In fact, using historic data has suggested some unusual circumstances – for example, people who had to move from quake-damaged areas in the east of Christchurch to presumably 'wealthier' areas in the West miraculously became well-off simply by moving across town to areas where rents are higher. We know this isn't true, but due to the way historic data has been used, large numbers of people who are not well off became median-income earners overnight – on paper anyway. Ironically, the high rates of smoking of people who lived in the most deprived areas dropped dramatically as these same people moved to more well off areas – according to the data.

Our service load

Perception: Canterbury has lower rates of older people in hospital; the older population is well

Facts: Over 65s in Canterbury are almost 20 percent less likely to attend the Emergency Department (ED) than similar sized DHBs (6.5 percent below the next lowest DHB, Capital and Coast).

This ED gap would disappear if over 65s attending the 24 Hour Surgery went to ED instead – this is because attending the 24 Hour Surgery isn't 'counted' in the same way ED attendances are.

Older people in Canterbury are less likely to be hospitalised, with the second lowest rates of medical admissions for people aged over 65 and over 75 years, but this is because we have alternative services to support them in their own homes.

The Acute Demand Management Service which looks after 32,000 people per annum has enabled large numbers of people with chest pain, abdominal pain, respiratory illness and cellulitis to remain at home and receive treatment in the community (freeing up our hospital).

Surgical admission rates are similar across comparator DHBs, which means those of a similar size and population mix.

Perception: Canterbury has lower rates of older people in hospital; there is less work

Fact: Despite the lower population rates of older people in hospital more than 41 percent of all medical discharges are for people over 65 years and 26 percent of medical discharges are for people aged over 75 years (seven percent of the population) – the highest rates of comparator DHBs.

Perception: Canterbury's population has less health need than other places in New Zealand

Facts: Canterbury's population is over-represented in oncology First Specialist Assessments (FSAs) with 13 percent of New Zealand FSAs (noting Canterbury has 11.6 percent of New Zealand's population and 10.8 percent of the funding).

Our age profile is similar to other areas but the population cancer rates across all ages are higher than most comparator DHBs.

We have higher oncology discharge rates (46 percent above national) than most comparative DHBs.

Nearly half (47 percent) of oncology discharges are for people aged over 65

Perception: Canterbury has enough hospital beds

Facts: Canterbury's model of care has kept people in the community rather than hospital

If Canterbury reverted to a hospital-centric model and performed like some similar-sized DHBs we would need 180 more beds in 2019/20 to account for the increased admission rate and increased length of stay.

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



David Meates
CEO Canterbury District Health Board

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

If you're not a staff member and you want to subscribe to receive this newsletter every week please [subscribe here](#).



Bouquets

Danielle, Ward 16, Christchurch Hospital

We have had a lot of interactions with a lovely nurse named Danielle today and she has been amazing. She has been nothing but kind and patient and respectful, doing her role in such a professional manner despite difficult circumstances, and we really want to commend her on that.

Anaesthesia, Theatre and Ward 20, Christchurch Hospital

I want to say a big thank you to the staff who were involved with my care. The care was prompt and the staff were all very good at working together to save me. I want to particularly thank the theatre staff from Operating Theatre 6, the Anaesthesia team and the Plastic Surgery team. I would also like to thank the Ward 20 staff who looked after me post-operatively.

Emergency Department, Bone Shop and X-ray, Christchurch Hospital

The staff, nurses and doctors were all very good and informative. The team took care of us from the time we arrived until we left. Thanks team. Your advice has worked well – my daughter's injury seems much better than her last injury due to your great injury management.

Oncology, Christchurch Hospital

Thank you to all the wonderful staff. Such an amazing team of people and outstanding care for my father-in-law.

Emergency Department and Ward 14, Christchurch Hospital

My first thought was it was going to be a long queue but it wasn't. Staff were so pleasant. Nurses and doctors and other specialists, you guys were amazing. Every patient was so demanding but you guys gave extra special care. You do a brilliant job. Thanks especially to one nurse who looked for a phone charger for me.

Ward 10, Christchurch Hospital

Thank you lovely staff of Ward 10. We were only here for a night but you were lovely to my son and kind to other patients too. You are appreciated.

Ward 16/Surgical Assessment Review Area, Christchurch Hospital

You have such lovely nurses and doctors. Thank you for taking good care of me. Keep up the hard work.

Day Surgery Unit, Christchurch Women's Hospital

This is the second reasonably recent procedure I have had here and I could not speak more highly of my experience. Every single staff member has been kind, caring and considerate and I thank them for that. The facilities seem well-equipped and clean and I had no concerns at all about anything that was happening as I was always told what would happen and when and asked if I had any questions. Keep up the great work Canterbury DHB.

Volunteers, Christchurch Hospital

A thank you to the volunteer who helped my husband from the drop-off point to Ward 20 outpatients whilst I found a car park. The 'Can I help you' team are always marvellous.

Nuclear Medicine, Christchurch Hospital

All the staff were absolutely fabulous. Thank you so much.

Jess, Christchurch Outpatients, Christchurch Hospital

My appointment was in May and I was seen by a vascular nurse by the name of Jess. I cannot sing her praises enough. Jess spoke to me in a language I could understand and was efficient and showed empathy if required. Also, she has a good sense of humour and is a great ambassador for the department. Thanks for all your help.

Night Eye Clinic, Christchurch Outpatients, Christchurch Hospital

Thank you to all staff, from entry door through to the ophthalmologist. Very kind and helpful. It all contributes to my health.

Ward 24, Christchurch Hospital

To all the staff in Ward 24. Thank you so much for all your care and support looking after (patient name). It made his stay so much more enjoyable and easy!

Level 4, Christchurch Outpatients, Christchurch Hospital

Josie Todd and all helpers – as always the treatment and follow-up is amazing. Everyone is so friendly, caring and professional. Christchurch people are so fortunate with all health services. Glad you now have a nice building to work in. I am grateful for all the help.

Acute Medical Assessment Unit (AMAU), Christchurch Hospital

Recently, [patient name] was admitted to the AMAU and remained there until she passed away on 5 July. I am her daughter-in-law, a registered nurse who works in the Neonatal unit in Nelson, and since my return to Nelson, I have felt a great need to write and tell the staff of my appreciation of the care my mother-in-law received during the week she was dying.

My reflections on AMAU and the care provided are 100 percent positive. The consultant, Mark, and his team of registrars, house officers and trainee intern provided fantastic, warm explanations to our family. Mark was kind and gentle and guided us without pressure. The family always felt informed and appreciated by the medical staff and their focus on my mother-in-law's comfort at all times. Thank you.

The household staff were awesome – very kind and respectful. Thank you.

Every shift, every moment, every nurse who entered my mother-in-law's room, we felt your concern and care. We told you the things she liked. It was all written down and passed on to the next shift and remembered. We came and went at all hours of the day and night to give her many final moments of tenderness and love. We never saw any criticism, no annoyance, and no impatience as we came and went. Thank you.

On the evening she passed away, we stayed with her for three hours to say our farewells. The RN (Rachel I think) on duty that Friday evening provided the space and time for us to farewell our much-loved [patient name]. I am very grateful for this. Thank you.

I hope this reaches the people it is intended for and that they understand the value I place on each of their roles with our family during a very sad week. You all are doing an awesome job in very trying conditions and it has not gone unnoticed.

Ward 24, Christchurch Hospital

A note of thanks to you wonderful people for the care and compassion shown to [patient name] at the time of his recent passing. As a nurse of some 45 years I was humbled watching you all work. The patience, skills and humour reassured me for future nursing and hospital care going forward. God bless you all.

Ward 27, Christchurch Hospital

Many thanks for the care you gave my mother while she was in your ward. This was greatly appreciated.

Ward unspecified, Christchurch Hospital

Just like to say to all staff – thanks. Kia Kaha. Thank you all very much.

Ward 14, Christchurch Hospital

You do an amazing job.

Amy, Emergency Department (ED), Christchurch Hospital

Amy in ED on 15 July was fabulous at explaining her role, informing my child, gaining his consent and mine. She was awesome. Thank you.

Ward 24, Christchurch Hospital

On behalf of the family, I would like to thank you for the love and care you gave to [patient name] while he was with you (end of May, beginning of June). He often spoke of your kindness and dedication. There were too many of you to remember all your names, but thank you so much. Unfortunately, we were not able to save [patient name] but your kindness will always be remembered by myself and the family. God bless you all.



Canterbury Resilience Hub

Connecting us to the support we need during tough times

www.resilient.org.nz



Facilities Fast Facts

Christchurch Hospital Hagley/Acute Services building



A panorama of the Progressive Care Unit on Ward A3 (General Surgery/Ward 15)

With the final push towards getting the building complete, the orientation and training tours of Christchurch Hospital Hagley are still several weeks

away. Currently in development are some 360-degree/virtual reality tours being designed to help with wayfinding and understanding the

new work environments. A very early draft of these tours – a look around Children's A7 (Children's Medical/Ward 22) – is available to [view here](#).

Burwood Spinal Unit

Excitement is ramping up at the Burwood Spinal Unit as dates are confirmed for moving home and orientation is planned.

During a recent walkthrough, the glee was evident as staff saw their new cupboards, lighter rooms, more space and no more blue walls. Dates for moving have been confirmed as 10 and 12 September for administration and patients respectively, with orientation, training, a blessing and a stakeholder and staff open house all scheduled before then. Special thanks to the Site Redevelopment Unit for all their work to date – the countdown is on!



The patient's dining room no longer features blue walls and dark wood panelling



The Urodynamics treatment room with improved lighting and lots more space

Tuam Street Super Stop

The Tuam Street Super Stop is beginning to look more like a bus lane and less like a worksite as the paving is completed and the shelters go up. The glass panels for the shelter on the north side of Tuam Street (pictured) start going in this week and are expected to take around two weeks. The shelter on the south side of Tuam St will begin once the north side is complete. Asphaltting of the dedicated bus lane is due to commence later this week, so please be alert for specific traffic management in this area.



The bus shelter on the north side of Tuam Street is starting to take shape



Let's get ready to move

Christchurch Hospital Hagley

Update No: 14

How to get from A to B – navigating your way around Christchurch Hospital Hagley

With more than 62,000 square metres, 10 levels and two towers to navigate in Christchurch Hospital Hagley, finding your way around could potentially be quite daunting.

Get a head start by studying some of the material available to help you. There are a number of ways to find your way around, both before you're there and once in situ.

Maps

A full campus floorplan will be available from reception and on the intranet once Christchurch Hospital Hagley opens, to help patients and visitors navigate their way to the new building.

Plans of each individual floor will be available on healthLearn and in the orientation manual.

The map pictured (right) will be used to help staff and patients during migration to give them a good idea of where things are.

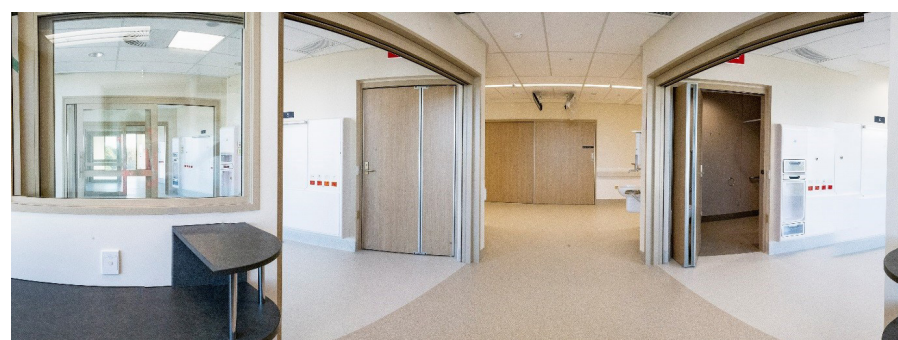
Virtual reality tours

A virtual reality tour is being developed that will take you through each floor and department. This is expected to be available in the next month or two.

As an early teaser for what's to come, you can tour Children's A7 (Children's Medical/Ward 22) [here](#).

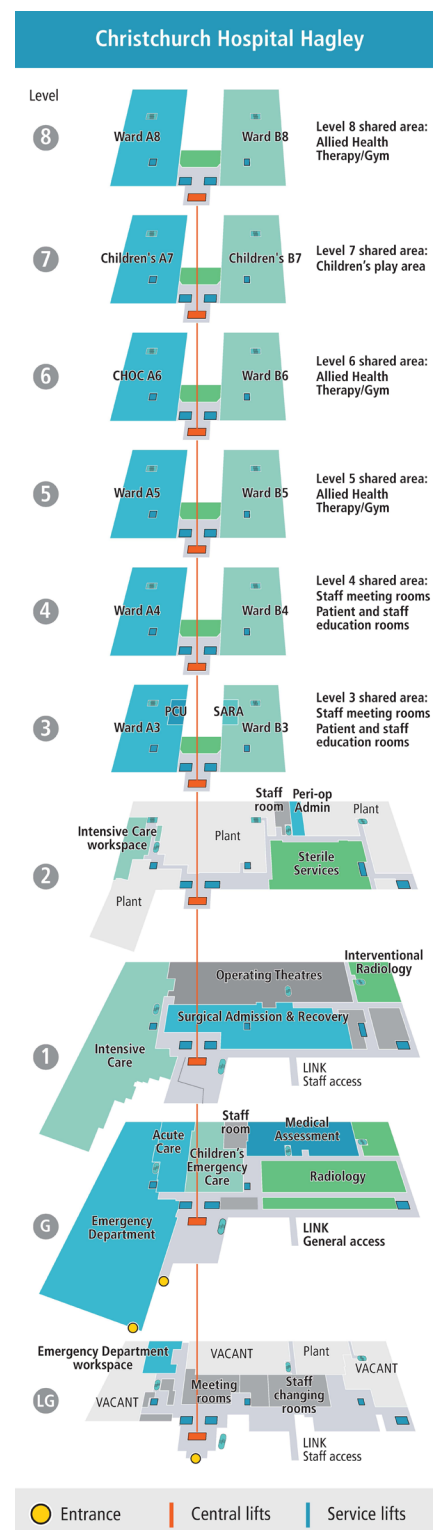
Photos

Photos are constantly being added to the [Facebook page](#), the [photo page](#) on the Intranet and to the [Flickr page](#). We also have an [Instagram page](#) so if you're taking some great photos, be sure to tag them #Chchhospagley.



A panorama of the Activity / Play therapy area in Children's A7 (Children's Medical/ Ward 22)

Stay in touch – you can do this through the [Facebook page](#) or email us at letsgetreadytomove@cdhb.health.nz



Looking after yourself

Getting through winter with Ikigai

This week's article looks at the Japanese concept of finding your purpose. Having meaning, purpose and belonging is all part of human need. It satisfies us and helps contribute to our self-worth.

The Japanese culture sums it up beautifully with just one word: Ikigai (pronounced "E-Key-Guy"). It's made up of "Iki" which means "life" and "gai" which means "purpose" – so Ikigai is about your life's purpose, or reason for being.

Many of us work in health for a reason. It can be because we love helping others. Or we're good at what we do. We may enjoy finding solutions to painful problems. Or all of the above! We find purpose in what we do, and in turn we usually feel good.

This is reflected in the four directions of Ikigai, which aim to help you achieve a sense of purpose:

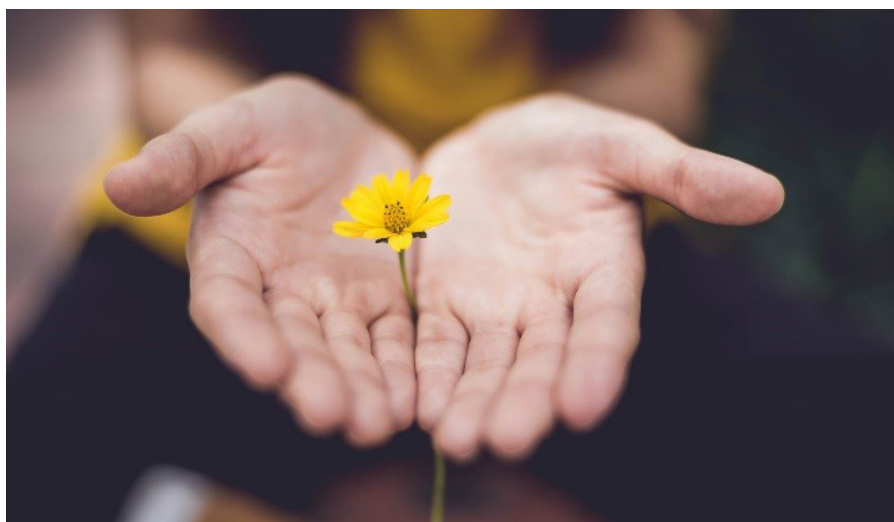
1. Do what you love
2. Do what you're good at
3. Do what the world needs
4. Do what you can be rewarded for.

The theory is, identifying your purpose can boost your motivation, provide you with a reason for living, give you a sense of direction, and support you to 'bounce back' from challenges.

This week take some time out to think about what you do that is purposeful, what you love, what you're good at and what you're rewarded for.

IKIGAI

A Japanese concept meaning 'a reason for being'



You can read more about the concept of Ikigai in this article [here](#), which focusses on how it can give you strength during tough times.

Improvement in hand hygiene results

As the saying goes, 'prevention is always better than cure.'

That's yet another reason why hand hygiene is still one of the most important things we can do to keep patients safe, by preventing healthcare associated infections. Performing hand hygiene correctly at each of the internationally recognised [5 Moments for Hand Hygiene](#) reduces the risk that infectious organisms will be spread between patients via the hands of healthcare staff.

In the latest End of Audit Period National Hand Hygiene Compliance Report 1 April to 30 June 2019, Canterbury DHB has achieved the 80 percent target for the eighth consecutive quarter while promoting the programme across Canterbury DHB.

"While this is something to celebrate and it's encouraging to be consistently above the national target, we need to aim for getting it right all the time," says Quality and Patient Safety Manager Irena de Rooy.

"Our challenge to you is to get us up there, showing leadership, as we do in so many other aspects of healthcare.

"Our aim, as always, is a continuing drive for improvement, with hand hygiene being a key patient safety priority," says Irena, who is also Chair of the Hand Hygiene Governance Group.

Canterbury DHB's result was 83 percent, slightly above the South Island average of 82.3 percent, but still below the 85.1 percent national average.

In the 5 Moments for Hand Hygiene, Canterbury DHB's challenge remains Moment 5 – after touching patient environment. There has been a decrease at Canterbury DHB and in the national average for this moment.

"While our specific challenge is to increase compliance with Moment 5, and make sure we perform hand hygiene correctly after contact with the patient environment, we have also set the challenge to always get it right before and after a procedure," Irena says.

The report noted that spreading and sustaining the improvements already achieved in hand hygiene practice is essential to prevent healthcare associated infections and



Clinical Nurse Specialist at Burwood Spinal Unit Lynn James, winner of the Hand Hygiene Month of May Campaign 2019 quiz

as a proactive response to the growing threat of infections caused by multi-drug resistant microorganisms.

From 1 July 2019 there have been some changes in the auditing requirements.

Significant changes to the Hand Hygiene New Zealand auditing programme are:

- › No minimum number of moments for the DHB as a whole as the focus will be on auditing across the entire hospital environment, with specific areas having to meet a revised minimum number of moments
- › High risk areas minimum moments decrease from 250 moments per audit period to 100 moments
- › Standard areas minimum moments remain at 100 moments per audit period
- › Ashburton Hospital, due to bed numbers, will decrease from the minimum moments of 100 to 75 moments per audit period.

The full audit report is available here: [National Hand Hygiene Compliance Report](#).

Clinical scientist bringing expertise in heart health test

A visiting laboratory scientist from the United Kingdom (UK) is bringing valuable experience to help develop a new blood test at Canterbury Health Laboratories (CHL).

Clinical Scientist Laura Walker, who works at Liverpool Clinical Laboratories, is spending three weeks at CHL for her elective placement.

Back home Laura is developing a screen for antihypertensive medicines to determine if patients with high blood pressure who are unresponsive to their medication are taking it correctly. The results will help guide their treatment.

Clinicians in Christchurch are keen to have a similar test available for patients here and CHL will use Laura's experience to accelerate its development.

"The work Laura is doing is an initiative we want to bring here," says CHL Section Head Endocrine and Steroid Laboratory Ian Phillips.

"She is a lot further ahead so we are using her expertise and knowledge to get there faster. Ultimately her work will help bring about a new clinical service."

Laura is in her second year of the Scientist Training Programme in Britain, a three-year course designed to develop clinical scientists in their chosen speciality within the NHS. With a background in drug design and development, Laura's chosen specialty is biochemistry.

She has an undergraduate degree in Medicinal Chemistry and a Research Master's degree in experimental drug design, specialising in antibiotics.



Visiting Laboratory Scientist Laura Walker

Her main interest in biochemistry is toxicology and therapeutic drug monitoring.

As part of the training she must do an elective placement in another laboratory, completing a project that will be of use to the host laboratory.

Laura says she is interested in seeing how biochemistry testing is performed outside the NHS and is enjoying observing tests she wouldn't have seen in Liverpool.

"There are a lot of hospitals in a small area in Liverpool, so hospitals send many tests away to be processed."

This means that although the hospital where she works carries out four times the number of tests done in Christchurch, it doesn't do the same variety.

It is hoped that Laura's visit will lead to further collaboration, with more clinical science trainees coming from the UK, Ian says.

"The unique aspect of Laura's visit is that she represents a science/clinician interdisciplinary approach in training laboratory specialists within Britain's NHS."

The profession of clinical scientist, which bridges the gap between the laboratory and doctors, does not exist in New Zealand, says Ian, who trained as a clinical scientist in the UK before immigrating to New Zealand.

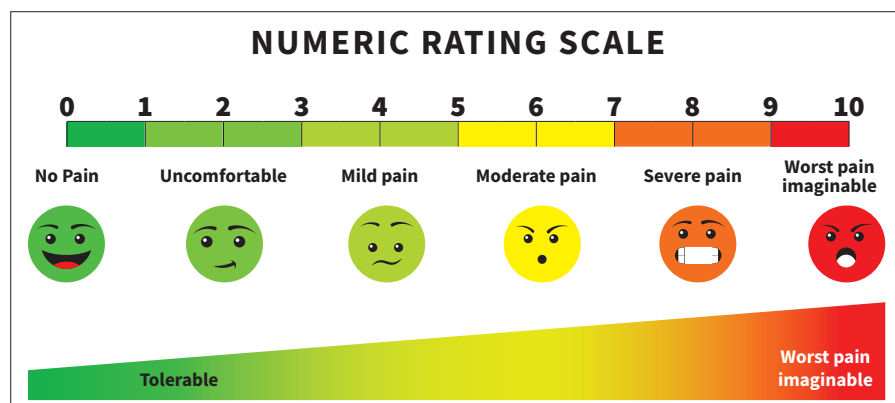
Change of pain score on its way

A number of scales are available that measure either pain intensity or the degree of pain relief following an intervention. Categorical scales use words to describe the magnitude of the pain or the degree of pain relief (for example, no pain, uncomfortable, mild pain, moderate pain, severe pain, worst pain imaginable). These terms can then be matched alongside numeric scores (for example, 0, 2, 4, 6, 8, 10) for charting and easy comparison over time. They also have the added advantage of being simple and quick to use.

Historically, most adult areas within Canterbury DHB have used a pain scale of 0–5. Recently a review was undertaken by a group looking at clinical practice in Canterbury DHB, as well as our neighbouring South Island DHBs. The review involved talking to Canterbury DHB clinical staff and experts and reviewing national and international literature, and has resulted in Canterbury DHB changing to a 0–10 scale for adult clinical pain assessment.

A graphic numeric rating scale with descriptors has been created so users can use the graphic to create their own posters, teaching resources, lanyard cards and PowerPoint slides. Currently the working group is liaising with clinical teams to see how this change may affect their paperwork and workflows.

It is anticipated that the change will occur on Tuesday 6 August.



Pain Score Changeover Group, from left, Nurse Consultant Acute Pain Service Richard Craig; Clinical Nurse Specialist Quality and Patient Safety John Hewitt; Nurse Coordinator Quality and Patient Safety Roxanne McKerras; Graphic Designer Medical Illustration Becky Brinch; Corporate Receptionist Rachael Jack; and Nurse Coordinator Nursing Workforce Margaret Burns

Absent: Business Analyst, Corporate Information Services Lesley Long, and Canterbury DHB Medication Safety Pharmacist Mary Young

Further communications will be sent out nearer to the changeover date.

For more information regarding pain management please contact Acute

Pain Management Service Nurse Consultant [Richard Craig](#). If your query is about a document control matter, please email corpdoccontrol@cdhb.health.nz.

Appointment of duty nurse managers for Christchurch Hospital

Kylie Clark and Geoff Brew have recently been appointed Duty Nurse Managers at Christchurch Hospital.

Haematology/Oncology/Ambulatory/Palliative/AfterHours Nursing Director Debbie Hamilton says Kylie and Geoff are well known for their vast experience in the Intensive Care Unit and the surgical cluster

respectively, bringing a wealth of clinical experience to the Duty Nurse Manager and Afterhours teams.

"Their leadership and management styles are highly regarded and their reputations in that regard precede them. Kylie and Geoff have commenced in their new positions during a very busy winter period and

have managed their new roles to date with panache and professionalism."

Kylie is seconded into the position through to December 2019 and Geoff is permanently appointed.

Welcome, Kylie and Geoff, to your new roles.

New award recognises clinical contribution to digital health

The important contribution clinicians make to New Zealand's digital health sector is being recognised with a new annual award.

The [Clinical Informatics Leadership Network](#) has worked in partnership with [Health Informatics New Zealand](#) to launch the Clinical Informatics Leadership Award.

People can [self-nominate or nominate others](#) who have shown innovation and health system improvement through leadership in digital health in New Zealand.

CiLN co-chair Karen Blake says part of the mission of the new network is to raise awareness of the importance of clinical roles in the data and digital sectors.

"This is about recognising the significant contributions clinicians are making in this space," she says.

"There are some people doing exceptional work and we need to recognise and celebrate that at a national level.

"It would be amazing for people to nominate their peers and I absolutely encourage people to put themselves forward."

Three judges, Ministry of Health deputy director data and digital Shayne Hunter; HiNZ board chair and academic rheumatologist Rebecca Grainger; and HiNZ board



member and chief executive of Auckland Eye Ltd Deb Boyd, will decide on three finalists, who will be profiled on eHealthNews.nz.

A public vote hosted on [eHealthNews.nz](#) in October will decide the winner, who will receive a trophy during Digital Health Week NZ in Hamilton, 18–22 November 2019.

HiNZ chief executive Kim Mundell says, "Strong clinical engagement is key to the success of the digital health sector and we want to recognise and raise awareness of those who are providing leadership in this area."

[Nominations](#) close on 19 August.

Please refer to the award [information page](#) and an [FAQ page](#) for further information.

Health Connect South break-glass survey – tell us your thoughts



The South Island Alliance is conducting a survey into the digital management of specialist mental health, addiction and dual diagnosis patient information.

Through Health Connect South, the five South Island DHBs have access to the same clinical health information. Having shared access to information such as allergies, X-rays, medications, hospital admissions, and outpatient and community treatment, ensures health professionals have the information they need, when they need it, so they can deliver the best care possible for our South Island community.

Information relating to a person's contact with specialist mental health, addiction and dual diagnosis services is also available in Health Connect

South but is subject to an additional layer of security called a 'break-glass.' Clinicians who work within these services, do not have to break the glass to access patient records.

However, clinicians not working within mental health services are required to specify why they are accessing the information in order to break the glass. This provides a means to audit the access of patient records.

The South Island Alliance is now reviewing the need for the break-glass. "We've come a long way in terms of how we share information and now we're questioning whether the break-glass is still needed for specialist information," says Chief Medical Officer, Southern DHB Nigel Millar.

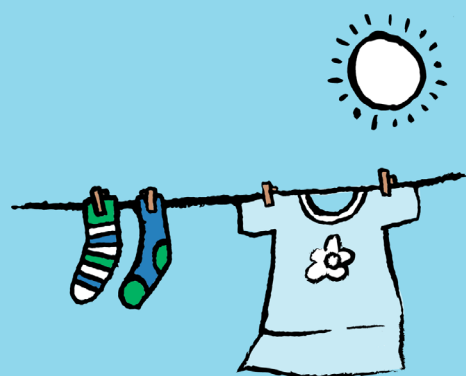
"We want to make sure clinicians have access to all the information they need, while protecting the privacy of our patients too. We'd love to hear from people working in the health sector as well as members of our community, so on behalf of the South Island Alliance, I encourage you to take part in the survey and share it with your colleagues, friends and family. It's relevant to us all."

The survey is available [here](#). There are 15 questions and it should take around 15 minutes to complete.

The closing date for the survey is Friday 9 August.

all
right?

**IT'S
ALL RIGHT
TO KEEP
TICKING
ALONG.**



It's official – Kathleen Smitheram is an expert Official Information Act coordinator

Earlier this month TAS (the organisation working to support DHBs and others who plan, commission and deliver health and social care) hosted an Official Information Act (OIA) Back to Basics workshop for OIA coordinators in Wellington. It was an opportunity for people in DHBs who manage OIA responses to come together and learn from each other, and hear from the Office of the Ombudsmen and the State Services Commission.

Canterbury DHB was proud to see Kathleen Smitheram, who coordinates OIA responses for Canterbury and West Coast DHBs, included in the 'panel of experts' to share her experience with some of the attendees who are new to the ins and outs of the Official Information Act.

Canterbury DHB and West Coast DHB are two of the very few DHBs who are posting OIA responses online:

- › [Canterbury DHB OIA responses](#) – 230 responses posted online since July 2018.
- › [West Coast DHB OIA responses](#) – 159 responses posted online since July 2018.



Kathleen Smitheram (far right) in some of her signature animal print

PRISM: Policy and procedure library latest

The second component of the PRISM implementation is the introduction of a new Policy and Procedures Library. Its purpose over time is to standardise the way key documentation is stored and accessed and to be compliant with the Public Records Act.

Planning for the upgrade of the Policy and Procedure Library is progressing, with the go-live date to be confirmed soon. The new library will have a workspace for policies and procedures under review, making current activity more visible.

In future, all new proposed policies and procedures will require a 'start-up form'. This information will help to minimise duplication, and group documents in policy areas. Supporting workflows will automate the review and approval processes.

There will be a freeze on uploading and editing documents in the current policy library from the Wednesday just prior to the go-live date to allow all current controlled documents to be migrated into the upgraded Policy and Procedure Library.

After go-live, all reviewed and new controlled documents will go into the new library. Training material is being developed for document owners on how to work within the new workspace. Please watch out for further communication closer to the time.

If you have any questions in the meantime, please contact your [document coordinator](#).

One minute with...

Spencer Beasley, Clinical Director, Department of Paediatric Surgery

What does your job involve?

I work as a member of a small and cohesive team of six surgeons who provide a paediatric surgical service to the whole of the South Island. We are based in Christchurch, and do all our major surgery here, but also do regular clinics and minor operations in all the other public hospitals on the 'mainland'.

Why did you choose to work in this field?

I was initially trained as a general surgeon, but then decided that my true vocation was working with children. At the time I was also influenced by knowing that there was a desperate need for specialist paediatric surgeons in New Zealand.

What do you like about it?

Its variety and challenges. It ranges in complexity from some extremely difficult procedures on the tiniest infants, to some common procedures in older children where good technique is rewarded with good outcomes. Kids keep you honest. My specialty has the added dimension that the whole family is the patient – in that the child can only be treated in the context of their whānau or family.

What are the challenging bits?

Rare conditions that require complex operations in tiny infants where the early operative decisions can affect the child's whole future life. Another

challenge is having to manage a wide range of conditions across a large geographic area and multiple DHBs as part of our comprehensive outreach service.

Who inspires you?

My immediate and unreserved response is to acknowledge my colleagues. It has been their commitment to their work, willingness to look after each other, and putting the interests of the service paramount that have been so impressive and enabled us to create a regional service of the highest standard.

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?

Living the values of genuine care, respect, integrity and taking responsibility for what we do has served us and our DHB well. That these values also permeate our governance, management structure and opportunities for clinical leadership means that as a clinical director I can feel fully supported in my role.

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

That my greatest passions and interests lie outside surgery.



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

Here. Does anyone know of a better place than the South Island of New Zealand?

What do you do on a typical Sunday?

Not set the alarm the night before. Go for a run in the morning (I do some of my best thinking under the relative hypoxia of exercise!), and then walk the Port Hills with my children in the afternoon.

What's your favourite food?

I have eclectic tastes, but love seafood, slightly undercooked vegetables, blue cheese and blueberries (redemption from the cheese). If not on call (of course), it may be supplemented by a glass of a suitable matching wine.

And your favourite music?

Mainly Bach, Brahms, Schubert and Chopin (and others in between), but have broader tastes too, depending on my mood. I have a pipe organ instead of a car in my garage.

Canterbury Grand Round

Friday 2 August 2019 – 12.15 to 1.15 pm, with lunch from 11.50 am. All staff and students welcome.

Venue: Rolleston Lecture Theatre.

Speaker 1: Dr Sarah Metcalf, Infectious Diseases
"From OPAT to CoPAT: What's trending in antimicrobial therapy"

Two important papers have been published this year challenging the need for protracted courses of intravenous antimicrobial therapy in certain infections. Sarah will discuss these papers and how they may influence treatment locally.

Christchurch Medical Students' Association 'Thank you' awards

Speaker 2: Dr Anna Stevenson, Public Health
"How 'Green' are New Zealand's District Health Boards"

Chair: Adam Herbstritt

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](#) in approximately two weeks.

Video conference set up in:

- › Burwood Meeting Room 2.6
- › Wakanui Room, Ashburton
- › Administration Building, Hillmorton
- › The Princess Margaret Hospital, Riley Lounge.

Next Grand Round is – 9 August 2019, Rolleston Lecture Theatre.

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



A COUNCIL OF MEDICAL COLLEGES
 IN NEW ZEALAND CAMPAIGN
 and part of Choosing Wisely work internationally.

The latest Choose Wisely e-newsletter is now available

It includes information about Canterbury DHB's focus on embedding the Choosing Wisely approach; overtreatment in the news; the appointment of a new Choosing Wisely Medical Advisor; resources; upcoming events, and more.

Read more [here](#).

Something For You

Something For You is the Canterbury DHB employee benefits programme. The deals offered are from the Canterbury business community to say thank you for all that you do. You can access all your deals right [here](#). Remember, you'll need your Canterbury DHB ID badge to claim these deals, so be sure to take it along with you.

Eats on Oxford

- › Receive 50 percent off all main meals at the new Eats on Oxford dining lane (Ground Floor, 32 Oxford Terrace) during opening week 5–10 August. Find more information about what's available on the [Something For You home page](#).

Tyreland Sockburn

- › Head to Tyreland Sockburn and receive \$20 puncture repairs (usually \$30), \$50 wheel alignments (usually \$89), and \$20 fitting and balancing per tyre (usually \$32 each).



My Food Bag

- › Enjoy \$40 off your first My Food Bag, Bargain Box or Fresh Start order. Find more information and the special code to use under the Lifestyle and Entertainment section of [Something For You](#).

MAKE THE SWITCH

IN 2018 OVER 400,000 WASTE ITEMS FROM BEVERAGES ALONE WERE SOLD THROUGH CANTERBURY DHB CAFES

199K

PLASTIC WATER BOTTLES



230K

TAKE AWAY CUPS



2/3 of all hot beverages sold

WHAT YOU CAN DO:

Use your own water bottle



Use your own reusable coffee cup





Matters of the heart – Medications for the Heart

Join us for a FREE community information series brought to you by the Heart Foundation and Christchurch Heart Institute, a University of Otago Research Centre.

Ev Tolerton, Cardiology/Respiratory Pharmacist Team leader from Christchurch Hospital will discuss common medications relating to the heart, pros and cons including possible side effects, and talk about new funded cardiac medications that are now available.

You will have an opportunity to ask questions. Friends and family are welcome to come along.

When: Thursday 1 August 2019, 6.30 pm – 8.00 pm

Where: New Salvation Army Building, 853 Colombo Street
(Corner Salisbury Street)

Register: Please register at heartmeds.eventbrite.co.nz
or by contacting Helen on 03 3662112 or email
helenc@heartfoundation.org.nz





GREAT KIWI QUIZ

**Pit your
wits against
corporate
NZ in our
online quiz.**

**Want to showcase your
smarts and do good at the
same time?**

Enter your team in the Great Kiwi Quiz and compete with teams from New Zealand's most savvy businesses in a 6-week online general knowledge challenge.

Not only do you get to prove to everyone you've got what it takes to win, but you help us raise funds to improve care and support for fellow Kiwis and their families who are affected by dementia.

How it works

It costs \$100 to register your business and your first team. Subsequent teams are \$50 each.

All you need to compete is a team of 4 (as many teams as you like) and internet access via PC, laptop or smart device.

Each quiz has 20 multi-choice questions covering a wide range of general knowledge topics (including on dementia!).

You compete in real-time against teams from around New Zealand.

The quiz starts at 5 pm, every Thursday, starting 8 August 2019, and runs for six weeks.

We will run a leader board so you can see who is wiping the floor!

The team with the highest aggregate result is the overall winner.

What do you win?

First, you win kudos as the winners of the inaugural Great Kiwi Quiz. You'll get skite sheets to display in the office, and if you send us a team selfie, we will publicly acknowledge you as amazing brains on both social media and our website.

We will also donate 100 hours of community dementia care on your behalf to someone you nominate (must be an NZ resident and living in NZ).

But to be honest, it's your fellow Kiwis who are going to be the biggest winners of all when we're able to improve the lives of people affected by dementia. Our families, our workmates, our communities.

Click here to register your team now!

Visit the registration page here and complete the eform.



Firstport is on the hunt for reviews of the best accessible day trips and we need your help! Enter our **GREAT ACCESSIBLE DAY OUT** competition and help share your knowledge of fantastic accessible hot spots in NZ with others. These great places might have accessibility features that help with physical access and inclusion, or perhaps special sensory features.

**WHAT ACCESSIBLE FEATURES THERE WERE • WHAT MADE YOUR TRIP SO GOOD •
WHAT YOU GOT UP TO • WHY YOU'D RECOMMEND IT • YOUR TOP HIGHLIGHT OF THE DAY**

Closing date: 5pm Sunday 11th August 2019

The Firstport website is your one-stop shop for disability information in New Zealand

firstport.co.nz 

f @firstportNZ

TOWARDS SPIRITUAL HEALTH

Sunday 4 August
5.30pm forum, 6.30pm dinner

Health professionals
and partners
are warmly invited
for input & discussion,
music & prayer,
and a shared meal.

Venue : Cashmere Presbyterian Church
Dyers Pass Rd, Christchurch.

Speakers :

Jeremy Baker, speaking on spiritual formation and resilience for health professionals. Jeremy is well-known in Christchurch as a GP with passion for mental health. He leads 'Headspace' and is establishing a new network for pastoral care.

Glenda Hicks, speaking on spirituality and 'wholistic healing Jesus style'. Glenda, an Anglican priest, is Otago University Chaplain, Christchurch (based at medical school).

No charge. Please bring a plate of food to share.

For more information
call Dr David Troughton: 021 231 0471
or email: davidtroughton35@gmail.com

CASHMERE  PRESBYTERIAN
CHURCH