



Celebrating 20 years of our Acute Demand Management Service

Taking a Canterbury Health System approach to care helps approximately 34,000 people stay or get well in their homes and communities, rather than hospital, every year.

Home is where most of us feel comfortable – near our loved ones, our favourite chair, our comfy bed, or companionable pet. And when we are sick those sources of comfort can feel even more important. Yet when we are worried that we may be seriously unwell we can feel ready to sacrifice our happy place to know that we will be looked after and monitored by health professionals in a hospital setting. The Acute Demand Management Service (ADMS) is an approach to care that allows people to stay home and still receive that monitoring and it has huge benefits for our consumers and health system. And it began 20 years ago this month.

The benefits also extend much further than the thousands of people who get to stay home each year. The original implementation in 2000 known as Community Care set the platform for the integrated health system we have today.

In 1999 Canterbury had the highest number of acute admissions growing at the fastest rate (approximately 6 percent every year). General Practice was the biggest referrer to the Emergency Department (ED) accounting for more than 30 percent of all referrals and half of all people who attended ED were admitted to hospital.

In a moment of real innovation, the Health Funding Authority (HFA) agreed to risk share with Pegasus Health on managing the growth in acute admissions. The Pegasus Board took the risk that they would invest in a new service that had never been attempted before and give up the funding if it failed to impact on acute admissions. A Health



A NZ Doctor article from December 1999 heralds the start of the Acute Demand Management Service

Technology Assessment confirmed to the HFA that no one had ever tackled the problem of acute admission growth from a primary care base.

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The contract was signed in December 1999 and the risk sharing commenced in July 2000.

Within months, a small team of people clinically led by Graham McGeoch and Sandra Hicks (general practitioners on the Board of Pegasus) working with Carolyn Gullery (today our Executive Director Planning, Funding and Decision Support) set about using the limited data, limited evidence and the collective wisdom of clinical teams to solve a problem that hadn't been solved anywhere in the world. The multi-stranded service plan was delivered in February, the pilot ran in March and the programme was fully delivered on the 1st of July.

The main problem to solve was how to fill the gap between a fully funded hospital system and a partially funded primary care system. It needed to be organised so general practice could have rapid and responsive access to the diagnostics and flexible services they needed to support unwell people in their own home.

Much of what we take for granted today in Canterbury is directly as a result of the Community Care programme: direct access to acute radiology for general practice; acute access to laboratory tests and results; same day packages of home-based support; district nursing; a mobile acute nursing team and a community observation unit (in the 24 Hour Surgery).



The very first Observation Unit at the 24 Hour Surgery in July 2000

General Practice expanded their skills and practice nurses thrived on the opportunity to coordinate the care of their unwell patients. There was some concern that patients may see it as a second-class service but patients saw it as a first class response because it was organised around them in their own home and with their whānau. Māori in particular access the service at a higher rate which contributes to our lower than national admission rates for Māori.

A World Bank funded review in 2015 noted that the Acute Demand Programme was a key platform for the development of the integrated Canterbury Health System model. The Canterbury model is also cited in a [World Bank Report published in 2019 by the World Bank and World Health Organization: Healthy China Building High Quality & Value-Based Service Delivery](#).

In 2000 Counties Manukau borrowed the programme as part of their development path to an Integrated System. There it became known as POAC (Primary Options for Acute Care). While it never became as expansive as the Canterbury programme the elements it does have are just as effective. POAC has spread in various forms through the North Island and is highly valued by general practice and their patients.

Pegasus Health CEO, Vince Barry says the Acute Demand service plays a vital part in the Canterbury Health System, helping to free up hospital facilities by instead looking after people in the community. "Working with our health system partners to provide patients with convenient home-based health care for the past 20 years has been a real achievement for Pegasus," says Vince.

For the first four years, Community Care was available only to general practices within Pegasus Health. It was extended across Canterbury in 2004 when funding of the service was transferred to the recently formed Canterbury DHB. It is worth noting that before the DHB agreed to fund it, its value was clearly demonstrated when Pegasus was forced to stop the then unfunded project for the month of August – an additional 50 people per day arrived at ED.

When the Canterbury earthquakes struck in 2011 around 12,000 people a year used the service. With so many of our facilities damaged, our region filled with people who needed acute care, and the need for what hospital resources we had to be available for people needing complex tertiary care, the importance of the ADMS was never more obvious. It quickly ramped up and today is used by around 34,000 people a year.

Before the DHB agreed to fund the ADMS, its value was clearly demonstrated when Pegasus was forced to stop the then unfunded project for the month of August – an additional 50 people per day arrived at ED.

The service has evolved over the past 20 years. ADMS enables general practice doctors and nurse visits to care for someone in their own home and not go to hospital. It also allows hospitals to discharge people home with ongoing medical monitoring rather than extending their hospital stay. Funding also allows observation and follow-up of unwell patients without them having to pay repeat GP consultation fees.

GPs can call on the ADMS for patients with chest pain, cellulitis, pneumonia, or exacerbations of long-term conditions – patients who may need observation or some tests rather than an admission. ADMS has been particularly beneficial for patients with Chronic Obstructive Pulmonary Disorder (COPD). In our Emergency Department (ED) in 2013, there

was a default position of admitting patients with COPD exacerbations. Acute Demand Liaison Nurses were stationed in ED to work with staff to identify opportunities to divert people to ADMS care, following a standardised pathway. In its first three years it saved 163 hospital bed days.

The financial impacts for the health system of hospital avoidance when care can be safely managed in the community is significant. Canterbury sees 13,500 fewer acutely medically unwell people in our hospital system than the national average (adjusted for age) this accounts for \$31M less cost at national pricing which means for every dollar we spend on the ADMS programme we save between \$4 and \$5.

Compared to the mean ED attendance rate in New Zealand, Canterbury has maintained a lower level of ED presentations and acute medical admission rates since 2008. This is especially notable in an ageing society. Canterbury has the largest population of people aged over 75 of any region and by 2026 one in every five people will be over 65. In Canterbury, ADMS is complemented by our Community Rehabilitation Enablement and Support Team (CREST) to help keep hospital admission rates low.

The impacts on people are significant. Liz Mangan, a GP at Riccarton Medical, says, "My patients get better quicker, and they're less likely to get secondary complications – it's that simple."

Developing and strengthening this programme has been a collaboration across our health system, and like all successful programmes it is owned by everyone.



Nurse Anne from the Pegasus Health team and Mary, who was very happy to be receiving expert care in her own home

Carolyn Gullery says "I'm incredibly proud of the what has been achieved over the past 20 years. It's telling that most of the key players are still involved in our health system and are still working together to 'make it better.' The key elements hold true today: a team based approach with clinicians and patients being in the best place to make the care decisions, innovation driven by the people who face the problem, an enabling framework with the right tools and data and most of all trust. The Community Care Programme was built on the basis of valuing and trusting the judgement of the clinical teams.



The Acute Demand Management Service has been a winner all round: it's definitely better for patients who receive a range of acute services in their own home, where they are most comfortable. Those organising and providing the care are often working at the top of their scope of practice. Their roles are varied, highly valued and often challenging.

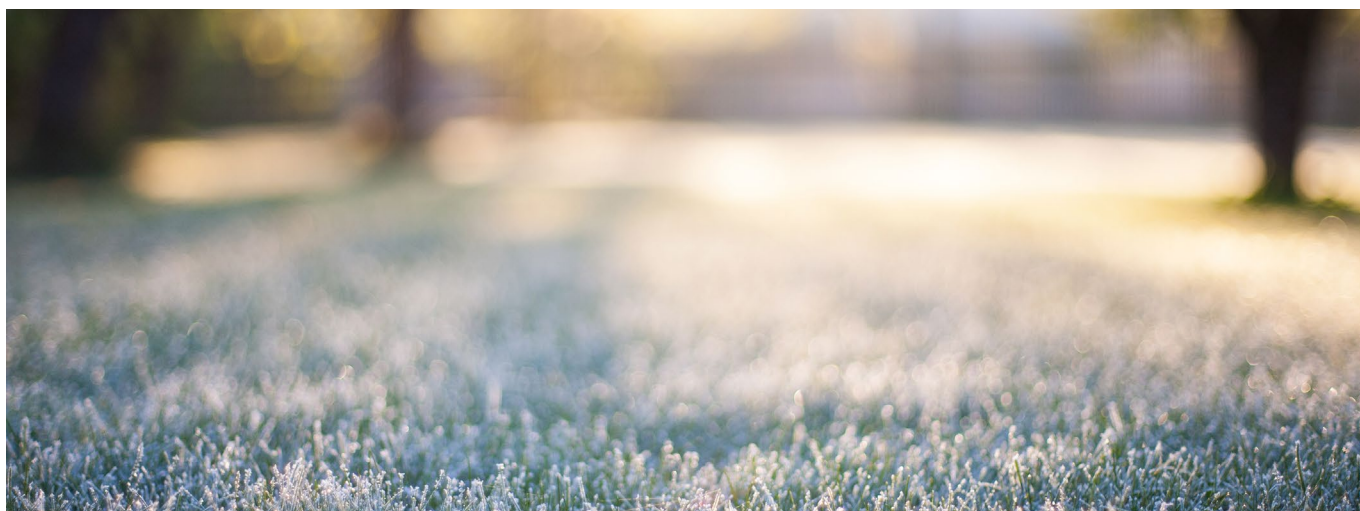
Thanks to everyone working together to make it such a success. Happy 20th!

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

Neonatal Intensive Care Unit (NICU)

I was in NICU for 50 days straight with my son, and I want to express my thoughts on my time spent there. People have said to me “wow, that’s a long time”, and, yes, it is, but it hasn’t felt like a drag at all. The nurses were absolutely outstanding. Every single nurse who cared for my son treated him with so much love and kindness, and treated myself and my partner with respect, and with a high standard of professionalism. Your team runs like a well-oiled machine. It’s great seeing them put their hands up for extra shifts and going the extra mile for people, making the work environment a very good one. The wider team, consultants, registrars, social worker, physio, hospital aides, reception staff etc have also all been wonderful. We felt we were always up to date with information, even when our wee medical mystery boy was a difficult one to diagnose. Our follow-up from the outreach nurse has also been great and our son is doing well. The nurses definitely made the tough days easier to cope with. It gave me warm fuzzies when I’d come in and my son was getting cuddles, or a book read to him. Many thanks, from our family.

Wards 26 and 19, Christchurch Hospital, and Burwood Spinal Unit

I was admitted to Christchurch Hospital for an emergency spinal operation. I started off in Ward 26 and was moved to Ward 19 after the operation. Despite the challenging circumstances that have added so much more to the workload of our frontline staff, all the hospital staff who took care of me in both these wards were exceptional. I cannot fault anyone. They were very kind and caring in a very professional manner. I was touched and will always be grateful for the amazing care I received. Each and every one of them has definitely taken up a career to care for

others, because they truly care. The spinal surgeon was just excellent. Thank you from the bottom of our hearts. My wife and I will always appreciate all the wonderful staff, they will always be close to our hearts. I was transferred to Burwood Spinal Unit and the staff there were amazing too. I was treated with kindness and dignity, and I want to say everyone involved played a very important part in my recovery. They all went the extra two miles to get me walking, and here I am today, able to walk, something I did not think I would achieve. Our heartfelt thanks to you all, we will always remember the goodness in each and every one of you.

Callum and Jibin, Ward 11, Christchurch Hospital

My dad was in Ward 11 and I want to pass on his compliments to Callum who looked after him above and beyond. He couldn’t speak highly enough of Callum, and also Jibin. My dad’s stay was very enjoyable, and you don’t hear that very often with a hospital stay! Well done, Christchurch Hospital.

Cardiology, Ward 12, Christchurch Hospital

I am the very fortunate recipient of a TAVI (transcatheter aortic valve implantation, to help repair a damaged aortic valve) in my heart. I wish to thank Christchurch Hospital and Canterbury DHB for the opportunity and to thank those responsible for me being a recipient. My special doctor is James Blake. The other people who were wonderful were Dr Smythe, Dr Riley, the very special Murray Hart, and Denise and Ann-Marie in the Intensive Care Unit. Also, my GP Dr J Palau. I am now in exceptionally better health and can look forward to more time with my special husband, my caring children and four granddaughters. I received excellent care the two times I was in Ward 12 and also

during the tests I had to have before the operation. The food that I was offered was very good. The service given in the Outpatients building for Cardiology on the fourth floor is also very good. I am now being well looked after by the Cardiology nurses at the Health Hub in Rangiora. I am also well looked after by a Falls nurse from Presbyterian Support with exercises. These are the words that I think: The power of prayer, people's thoughts, medical skill and today's technology and our hospital system are mighty!

Pierce Prendergast and Elaine Coombes, Dental Department, Christchurch Hospital

I am a cancer survivor and since July 2019 I have had regular visits to Christchurch Hospital for check-ups. I write this letter to say thank you to the clinical team of Dental Technician Pierce Prendergast and Dental Assistant Elaine Coombes for wholeheartedly supporting me throughout the journey. I cannot speak highly enough of the support I received from them during my visits and after my operation when I was emotionally concerned about my circumstances. They made the early journey so much easier for me with their support.

Birthing Suite, Christchurch Women's Hospital

I want to say how fantastic the current team is. The floor supervisor is awesome, and our midwife is fantastic! Kelly was our midwife, Margaret was the floor supervisor. Everyone was so wonderful.

Eye Clinic, Burwood Hospital

I want to give a big shout out to the incredible team at Burwood Hospital for my eye exam. There were clearly marked safety protocols in place, helpful staff in both the front and outpatients' reception area and the two specialists I saw for my eye screening were super friendly and efficient. I think I was in and out in under 15 minutes and that's with me turning up early! Health appointments can be just another headache for a diabetic but you all made this really painless and a great experience. Huge thanks to the whole team, keep up the amazing work!

Big Shout Out

To: Burwood Physiotherapy

I just had an awesome experience with the Physiotherapy team at Burwood. I had to return a walking frame which did not suit a patient. I had minimal information and it turned out that the frame was a Ministry of Health one, not a Canterbury DHB frame. Even so, even though it was not really their problem, they helped to come up with a solution, finding an ideal option and my patient is delighted. She can now get about her home safely and feels well cared for. Ngā mihi to the awesome 'Team Physio!'

From: General Practitioner, Sumner Health Centre, Rob Seddon-Smith

To: Adult Inpatient Group, Specialist Mental Health Services

I would like to give a Big Shout Out to the following staff in the Adult Inpatient Group, Specialist Mental Health Services. These people, alongside performing their regular duties, went way above and beyond in providing personal protective equipment (PPE), and enhanced PPE and hand hygiene training during the COVID-19 crisis. This training was provided to 250 nurses, doctors, consultants, administration staff, allied health staff, security, and nursing students, as well as pool and agency staff in a very short time.

Thank you very much to these hardworking staff, and our charge nurse managers and nurse consultants for their support: Aubrey Taylor, Brittany Sheffield, Amanda Powdrill, Janki Patel, Annie Haar, Kristine Haughey, Simone Verburg, Sheryl McGrath, Nicole Chinnery, Christie Higginson, Karla Svensson, Carolene Go, Sue McKenzie, Alexia Parker and Rebecca Hennessey (Security Officer).

From: Steve Holland, Registered Nurse/Duly Authorised Officer/Nurse Coach, Te Awakura, Hillmorton Hospital

#carestartshere



Canterbury DHB the first in New Zealand to use the mobile electronic disinfection unit – the ElectroClave

ISG is now able to safely disinfect devices such as tablets and cell phones when they are returned to ISG from wards and clinical units.

In a COVID-19 world, good hygiene has become top of many peoples' minds. Mobile electronic devices such as iPads and mobile phones can carry harmful germs and can act as inadvertent 'spreaders' of infectious diseases. While mobile devices need regular cleaning, it isn't as straightforward as picking up a disinfectant wipe to clean a device, given that moisture can damage electronic equipment.

This is where the ElectroClave comes in. It uses UV-C (short-wavelength ultraviolet) light for 360-degree sterilisation, killing 99.9 percent of pathogens. Its cooling system is also designed to prevent devices from being overheated. It's already used across healthcare in several other countries.

Canterbury was the first DHB in New Zealand to trial the ElectroClave. Following its successful use, we are now the first organisation in New Zealand to be using it.

"We know that COVID-19 virus can survive on hard surfaces for up to 72 hours. This was a risk that we needed to mitigate to keep our staff safe and provide them with something they can

use to do their job safely," says ISG Enterprise Devices Team Leader Rahul Mukherjee.

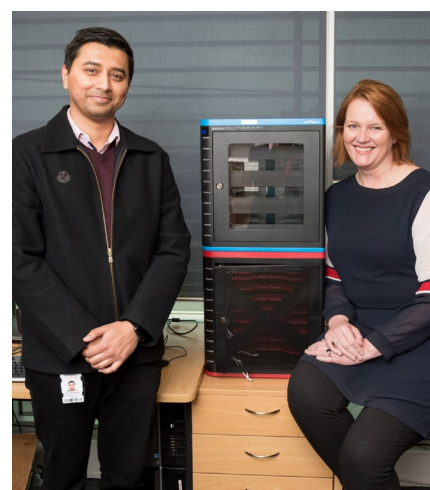
How does it work?

First, the device is wiped down to remove any excess oil or dust. The device is then placed within the ElectroClave unit with the screen facing down on one of the shelves. The length of the cycle can be customised anywhere from a 60-second rapid cycle up to six minutes, depending on the size of the device.

"Since the introduction of the ElectroClave unit, we have adjusted our processes to ensure when devices come back to ISG from clinical areas to be repaired, we clean them in the ElectroClave before we start working on them. It gives our staff the assurance they're working on devices that have been cleaned and cleared of any pathogens that could be passed on from the devices," Rahul says.

Chief Digital Officer Stella Ward is impressed by the unit's ability to sanitise hard-to-clean devices and charge them at the same time.

"From both a health IT and infection control perspective, we have gained efficiencies in the way we manage our devices such as tablets and smart phones," Stella says.



Enterprise Devices Team Leader at ISG Rahul Mukherjee and Chief Digital Officer Stella Ward with the ElectroClave



Rahul puts some iPads in the device to be cleaned

Capturing key medical information to protect the vulnerable during lockdown

During Alert Levels 3 and 4, acute plans were promoted as a solution to record decision-making, investigations, and goals of care that needed to be communicated to clinicians not familiar with the patient.

"This was a combined effort with the Shared Care Planning team and the Advance Care Plan team," says Senior Project Facilitator at Canterbury Clinical Network Rebecca Muir.

An acute plan contains information about a person's health condition and the recommended treatment if their health suddenly gets worse. It is especially beneficial for people who are likely to need emergency or after-hours medical care.

Health professionals can easily read, write and edit plans as appropriate, even if they are not the original author. The plans enable secure information sharing between hospital, primary and some community-based clinicians across the South Island.

Promoting acute plans during lockdown was essential as they are recognised as a key tool during uncertain times, Rebecca says.

"They're used across the system and are intended to support decision making regarding the need for admission, investigations and the appropriate setting for acute care."

During lockdown it was especially important that resources were used effectively to reduce pressure across the system

and ensure the most vulnerable patients were managed as close to home as possible.

A small working group, formed from the Urgent Care Service Level Alliance group, pulled together data that identified patients who had previous hospital admissions in the last three years with chronic obstructive pulmonary disorder (COPD) flare-ups.

The patients' general practices were contacted and encouraged to offer these people preventative and proactive measures.

These included:

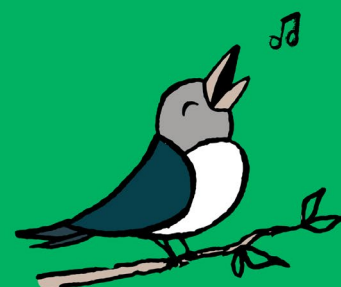
- > COPD blue cards (action plans) being sent to general practices
- > flu vaccinations
- > 'back pocket' prescriptions for antibiotics and prednisone
- > acute and advance care plans.

St John was also asked to only transport patients with a severe flare-up of COPD to the Emergency Department. For all other cases St John was asked to call the person's general practice team (urban and rural), followed by urgent care clinics.

"This was to ensure that all cases of mild or moderate exacerbations were managed in community settings," Rebecca says.

all
right?

IT'S
ALL RIGHT
TO TAKE A
BREATH.



Southern Cancer Network joins Te Aho o Te Kahu, Cancer Control Agency

On 1 July, Southern Cancer Network officially became a regional hub of Te Aho o Te Kahu, the new Cancer Control Agency established in December 2019 to unite and lead cancer control efforts in New Zealand.

The move will ensure a continued regional presence to help deliver more equitable cancer care across the country, while building on current connections and expanding engagement opportunities.

The Southern Cancer Network team was welcomed to Te Aho o Te Kahu with a pōwhiri at Pipitea Marae in Wellington on 1 July, followed by two days of working through inductions, whakawhanaungatanga, and establishing work processes and programmes.

As a regional hub of Te Aho o Te Kahu, the team will continue to deliver the current regional workplan for 2020/21 as previously planned. Stakeholder groups will also continue through the transition and staff will still be based at the South Island Alliance Programme Office, led by Southern Cancer Network Manager Nicholas Glubb.

Over time, the four regional hub work programmes will increasingly align to the Te Aho o Te Kahu priorities, for the implementation of the New Zealand Cancer Action Plan.

Nicholas says there's a huge amount to be done to improve cancer outcomes and he is excited by the challenges ahead.

"Being part of Te Aho o Te Kahu means we can be more joined-up nationally in our efforts to address inequities in cancer outcomes. We want to continue to offer strong support to the South Island cancer sector to be the best it can be, and to ensure patients and whānau have the best possible experience across the South Island."

The national Cancer Control Agency was gifted the Māori name Te Aho o Te Kahu, by Hei Āhuru Mōwai, Māori Cancer Leadership Aotearoa. The name, meaning 'the central thread of the cloak', was developed in response to feedback from people living with cancer and whānau Māori.

Adult Community Service teams pay tribute to Constable Matthew Hunt

The Adult Community Service teams based in the Fergusson Building at Hillmorton Hospital recently stood together to symbolise their support for the New Zealand Police after the loss of their fallen member Constable Matthew Hunt.

A tribute book was put together by staff for the Police.



Service Manager Tony Lockington, Nurse Consultant Megan McQuarrie, and Clinical Managers Jenny Hercus, Anne Kerr and Maggie Orr present the tribute book to Inspector Craig McKay Operations and Support Manager Canterbury Police District



The Adult Community Service teams

Success and Development: Preparing for great success and development conversations

We've heard what you had to say and updated the My Success and Development service in max. Lots of feedback was related to making it work better for clinical practice, so you can now add up to two endorsers, and managers can view plans in a larger window.

We've also made the online learning course easier for both employees and managers, to help you have great success and development conversations.

What is a Success and Development plan?

It's a conversation between you and your manager and/or clinical lead which focuses on your development over the next 12 months.

The conversation covers goal setting and development planning to help you succeed in your role.

The max. [My Success and Development](#) service records your conversation with your manager and lets you refer back to it during the year.

New features in max.

- › You can enter up to two endorsers to view your plan, such as your manager and/or clinical lead.
- › Once your Success and Development plan is endorsed, you won't be able to edit it – but you'll be able to see it in your 'Closed Cases'.
- › Managers will be able to view Success and Development plans in a larger window, making it much easier to read.

Do you have your S&D conversation recorded in max. yet?



For everyone

Having regular conversations with your manager/clinical lead about your development goals and progress will help you to be successful. To help you prepare, check out the [Preparing for great success and development conversations course](#).

We have launched a new module on [Communicating Clearly](#). Being able to communicate our ideas, challenges and goals clearly will assist in building a success and development plan that reflects what you want to achieve.

I found the online learnings helped me feel much better and prepared!



For managers

Next month we'll be releasing a new learning course that can support managers in leading great success and development conversations. This will be offered as pre-learning to the current face-to-face [Success and Development Workshop](#) offered through HELM.

In the meantime, check out our new course [Developing a Humming Team](#). Bringing together a collection of individuals with different professions, specialities, fields of practice, personalities, interests etc into one cohesive team is an integral skill for successful managers. Some of the skills highlighted in this module can assist you in the next phase of having success and development conversations with your team.

If you have any questions, or ideas on how we can improve this service, please use the Send a Question service on max., selecting "Learning & Development" from the drop-down menu.

Updated learning courses

There are two updated learning modules on success and development: one for everyone, and another to support managers in guiding great conversations. These replace the single course rolled out last year.

New independent Chair for Alliance Leadership team

The Canterbury Clinical Network (CCN) has announced the appointment of Don Elder to the role of Independent Chair for the Alliance Leadership Team.

Don fills the vacancy left following the appointment of Sir John Hansen as Chair of the Canterbury DHB Board.

Born and raised in Christchurch, Don achieved a first-class honours degree in Civil Engineering from the University of Canterbury. He moved to England in 1980 to complete a PhD in Engineering Science at the University of Oxford on a Rhodes Scholarship.

During this time, he met his wife who is originally from Nova Scotia in Canada. They were married in 1985 and have lived and worked in the United States, Canada and New Zealand.

Through this, Don gained more than 30 years of governance and executive leadership experience in a wide range of organisations internationally. He brings this experience and his strong connections and relationships within the Canterbury community to his new role with CCN.

The missing link in many health systems is often the focus on the person, Don says.

Addressing this and being clinically-led and data and evidence driven, are enabling our health system to move substantial resources from the ambulance at the bottom of the cliff to intervention, support and wellbeing at the top.

"I'm a big believer that most of society's hardest challenges are intergenerational. This drives my strong interest in improving the lives of children now, to have a huge impact on outcomes for them, and for the country, in the future."



Independent Chair for the Alliance Leadership Team Don Elder

Don's current governance roles include Chair of the Family Help Trust and Trustee of The Loft. Both of these non-governmental organisations work to address the needs of Christchurch's most vulnerable children, young people and whānau.



One minute with... Cameron Lacey, Clinical Director, Research

What does your job involve?

Helping to build and grow the profile and realise the benefits of research for the people of Canterbury and help our departments realise their research potential.

Why did you choose to work in this field?

A passion for research since my early days as a junior doctor.

What do you like about it?

The role combines creativity, challenging yourself to think differently and seeing benefits for the greater good of our community.

What are the challenging bits?

The paperwork and sometimes the disappointment of your ideas not working out.

Who inspires you?

I always think back to a whakatauki (Māori proverb) that came from Mātua George Ehau Nga rongoa tuturu o nga tipuna a te korero – the original medicine of our ancestors was to talk. We should never forget

the importance of humanities, relationships and caring as the foundation of our health system.

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

Ensuring that everything we do for healthcare and our people is research driven and rewards all involved.

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

What's LinkedIn? – My children keep telling me I should master TikTok.

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

Right now, Aotearoa seems a pretty good place to be – but anywhere with a fishing rod would do.

What do you do on a typical Sunday?

I would like to have a sleep-in, however, I'm a crew member for the Sumner Lifeboat Coastguard and that's our training day so I am usually out on the water.



What's your favourite food?

Any kaimoana suits me.

And your favourite music?

Rufus De Sol, but anything loud enough to drown out my daughter's music practice!

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

Always on the go? Take Healthinfo with you

HealthInfo is Canterbury's go-to site for information about your health.



Canterbury Grand Round

Friday 10 July 2020 – 12.15pm to 1.15pm (with lunch from 11.50am)

Venue: Rolleston Lecture Theatre. All staff and students welcome.

Speaker: Hector Matthews, Executive Director of Māori & Pacific Health “Do Māori Lives Matter?”

Why all lives matter is a spurious argument. Pēnā e mōhio ana tātou ki te ara tika, tēnā, me whai! If we know better we should do better!

Chair: Alistair Humphrey

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](#).

Video conference set up in:

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

Next date and convenor – to be confirmed. Venue will be Rolleston Lecture Theatre.



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.

This month there's a special promotion from Shoe Clinic (Riccarton and Northlands). Get 20 percent off all Merrell and any other product for you and your whānau instore. Plus, receive a free gift with all Merrell purchases in July. Make sure you take your Canterbury DHB ID card along with you.

We also have plenty of **brand new deals** from local businesses – check them out [here](#)!



HEALTH QUALITY & SAFETY
COMMISSION NEW ZEALAND
Kupu Taurangi Hauora o Aotearoa



The latest issue of the Health Quality & Safety Commission New Zealand's e-digest is available now. Read about research into disabled people's experiences of health and wellbeing, a programme of work done by the Central Cancer Network to engage with Māori communities and providers to improve cancer outcomes for Māori, how updated data shows a six percent reduction in antibiotic prescribing and more [here](#).

Latest Community Health Information Centre newsletter out now

The Community Health Information Centre (CHIC) provides free health resources to any person or organisation in Canterbury, South Canterbury, West Coast and the Chatham Islands.

The resources are developed by Community and Public Health staff, and other health agencies.

The [June 2020 edition of CHIC's newsletter](#) is out now and highlights new and revised free resources available from your local CHIC office, as well as recently deleted resources.

This month's featured resources are from the Health Promotion Agency, including:

- **MED0267 Got a cold or flu? Find out what to do (pamphlet)**
- **MED0268 Got a cold or flu? Find out what to do (factsheet)**

For more information about CHIC and to order resources online visit the [Community and Public Health website](#).



Cold and flu symptoms are similar, but flu-like illnesses are usually more severe.

Signs and symptoms	Cold	Flu-like illness
Symptom onset	Gradual	Often sudden
Fever and chills	Uncommon	Common
Head and body aches	Uncommon	Common
Fatigue, extreme tiredness	Uncommon	Common
Sore throat	Common	Sometimes
Cough	Sometimes	Common
Sneezing, runny nose	Common	Uncommon

Symptoms of COVID-19 can be similar to a cold or flu and range from mild to severe. See covid19.govt.nz for advice or phone Healthline's COVID-19 line on 0800 358 5453.

You can treat most colds and flu-like illnesses with rest and self-care at home, but you need to know when to seek medical help.

When to seek advice

Contact your medical clinic for advice if you:

- are not getting better
- are pregnant
- have diabetes or a health condition affecting your breathing, heart or immune system
- are aged 65 or older
- have a sore throat and are Māori or Pasifika aged 3 to 35 years
- are concerned or not sure what to do.

Phone first if you might have a highly infectious virus like COVID-19.

Not sure what to do?
Phone Healthline free on **0800 611 116** for health advice anytime

When to seek immediate medical help

If you have any of the following signs you may be seriously unwell and need emergency care:

- difficult or painful breathing
- bluish lips or tongue
- chest pain
- coughing up blood
- severe shaking, rigors
- confusion or difficult to wake
- stiff neck
- rash with purple or red spots or bruises
- clammy skin
- not urinating or dark coloured pee.

Phone **111** or go to the hospital emergency department right now. Do not delay.

HEMISC 2 - MISC | APRIL 2020

Expressions of interest invited from nurses for oral history research project

The Nursing Education Research Foundation (NERF) in partnership with Manukau Institute of Technology (MIT) School of Nursing is undertaking an Oral History Project in recognition of its 50th anniversary to capture the experiences and practices of nurses who gained registration in the 1970s and 1980s. The theme of the project is – "Learning and teaching of cultural best practice: How far have we come? How far have we got to go? What contribution have Māori nurses made to this journey? What contribution have Pacific and other nurses made to this journey?"

The Nursing Education Research Foundation is interested in capturing a range of nurses' experiences, including Māori nurses and nurses who practiced in the Defence Force.

Expressions of interest are open nursing staff both current and past. If you are interested in finding out more or for a copy of the selection criteria, please email Manukau Institute of Technology School of Nursing Senior Lecturer Louise Rummel on louise.rummel@manukau.ac.nz.

Millie
Ara student

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6 July 2020



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A yellow and red poster for a COVID-19 community event. The top half is yellow with a large white 'COVID-19' text. Below it, in bold black text, is 'The latest on the virus, the vaccine and the ongoing impacts on our health and wellbeing.' To the right, a white circle contains the text 'FREE COMMUNITY EVENT' in red. Below the main text, it says '23 July 2020, 5pm – 6.45pm' and 'Attend in person at Manawa, 276 Antigua St, or join us live online.' At the bottom left, it says 'Registration essential' and 'www.healthprecinct.org.nz'. At the bottom right, there is a logo for 'TE PAPA HAUORA' with the tagline 'The future of health' and a stylized red and orange graphic of a virus particle.

Te Papa Hauora Health Precinct is hosting a **free public information evening** on COVID 19.

The impact of COVID 19 has affected us all, and there remain many questions about the future. This is an excellent opportunity to hear from our experts and ask questions about the following issues.

1. The latest on the vaccine and controlling future outbreaks.

- **What is involved in developing a vaccine, when will one be developed, and how do we make sure New Zealanders get the vaccine?**
Speaker: Professor David Murdoch, Dean of University of Otago Christchurch and infectious disease expert.
- **Asymptomatic transmission, contact tracing, testing and what this means going forward to control future outbreaks.**
Speaker: Dr Josh Freeman, Clinical Director Microbiology, CDHB.

2. The ongoing impacts of COVID 19 on our health and wellbeing

- **What unintended health consequences, positive and negative, have emerged from our response to COVID 19?**
Speaker: Dr Alan Pithie, Consultant Physician in Infectious Diseases and General Medicine in Christchurch, CDHB.
- **What long-term impact might COVID 19 (and lockdown) have on the wellbeing of our tamariki and what learnings from other crises can we apply to support them? What can I do for myself so that I can support my whanau?**
Speaker: Mairin Taylor, Registered Senior Clinical Psychologist, University of Canterbury.

We invite you to come and join us either in person or as part of our online audience!

To register for this event click [here](#).