



Big change is the sum of a thousand small ones – Peter Pronovost

There are times, having listened to a keynote speaker that you think about how you might relate the moment to others and decide to take easy way out by saying “You had to be there”. Well, this wasn’t one of those moments, and I’m not going to do that – because what Peter Pronovost had to say just made perfect sense.

We were thrilled to host Peter in Christchurch last week, and it was great to see so many of you able to either attend in person, or via telehealth or VC. A highlights video will eventually be made available to all on the intranet. In the meantime I’d like to share a few highlights with you.

Peter talked about the power of stories. The power of stories is in the telling and in what you believe, but more than that, it’s about which story you choose to tell in the first place. With some poetic license, here are some of his.

Peter began by talking about Roger Bannister breaking the four minute mile, way back in 1953. They said it couldn’t be done. Because no-one ever had gone under four minutes, it was impossible - and that you may well die in the attempt. Clearly Roger hadn’t read the rules. The following year, 12 people did the impossible and the year after that, more than 150 broke a four minute ‘barrier’ that was never there in the first place. All that had changed was belief, and the story they chose to tell.

Relating that thought to health, another belief that is fundamentally flawed is that harm is inevitable. Unsurprisingly those people and organisations who believe it’s an unfortunate consequence of what we do, continue to do harm. On the other hand organisations that consider zero harm is possible, that buy into the belief that everybody has a part to play, and that accept that harm prevention is about safe systems get steadily closer to their goal. It’s about choosing which storyline you want to follow.

Peter’s second story was about a little girl called Josie King who had died from a catheter-related infection. At that time,



Above: Peter Pronovost, centre front with members of the Canterbury Health System team and colleagues.

that was as common and as major a cause of death as prostate cancer. Josie’s mother asked Peter some time later if he could tell her the same thing wouldn’t happen to her other daughter. He couldn’t. Could he then tell her that care is safer now, but he couldn’t reassure her of that either.

He understood that wasn’t good enough. He also knew that some hospitals caused more harm than others. They looked at the good and the bad, worked out what made the difference and ‘bottled it’ so that it could be shared between organisations and between peers - a sharing but ruthlessly honest culture in the pursuit of learning. The checklist that resulted was the beginning of a journey to a place where there has been an 80% reduction in life-threatening infections like Josie’s. Progress, and they said it couldn’t be done.

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The final story I want to share is of a visit to a US aircraft carrier where they dice with death daily and win, by having safe systems and simply not believing that the odd crash is inevitable. A sailor was sweeping the deck and Peter asked him what he was doing. You might have expected a flippant answer or at best "I'm sweeping the deck!", but that's not what this sailor said. He said he was responsible for ensuring the safe take-off and landing of US aircraft in executing the missions of the United States Navy.

He might well have learned that by rote, but he clearly believed it. He understood that a rock or bolt left behind could destroy both plane and pilot, and that the heroics of a highly trained pilot counts for nought if he, the deck-sweeper doesn't do his job right every time.

Safe systems: Where people respect the roles of others, and each believes their actions matter, and that the best possible outcome is in their hands.

I'll leave you with a poignant comment that Peter thought so important he said it twice.

"Change progresses at the speed of trust."

Dr. Peter Pronovost, M.D., Ph.D., FCCM is the director of the Armstrong Institute for Patient Safety and Quality at Johns Hopkins, as well as Johns Hopkins Medicine's senior vice president for patient safety and quality.

In the final of our series looking at our 5+1 priorities, today we take a look at what's happening with Enhanced Recovery after Surgery

Patient-centred care key to reducing waiting times

The Canterbury Health System's aim is to put the patient at the centre of everything we do and this has led to remarkable efforts and achievements across our 5 + 1 key themes.

While Enhanced Recovery after Surgery (ERAS) sounds like it has all to do with what happens after surgery, the process actually starts well in advance of the patient even reaching the hospital. ERAS pathways make sure we enhance surgical outcomes and the experience for patients. In particular, those patients who present acutely with hip fractures were highlighted in a year-long programme to reduce time in ED, reduce time to surgery from presentation to ED and reduced time to rehabilitation after surgery. ERAS pathways are in use in many areas throughout the hospital.

We have done 104 acute hip and knee cases and 1209 elective hips and knees in the past 12 months.

Fractured Neck of Femur (#NOF) – aka hip fracture

The ERAS programme for acute hip fractures began in November 2014 and focused on reducing time spent in ED for this group of patients, timely access to theatre and early transfer to rehabilitation following surgery.

The results of this work can be seen in many areas of the hospital.

Result 1 – the average time in the Emergency Department (ED) for this specific patient group decreased by approximately 13%. This was achieved with the introduction of a dedicated #NOF bed in Ward 18 and a newly designed protocol for transfer. Staff in the ED and Wards worked together to deliver this result shown in Figure 1. The blue line shows the improvement. It is important that we continue to use data to ensure that we are keeping an absolute focus on continuing to improve the patient journey. This is a programme that is so important to keep improving.

Result 2 – It is pleasing to see a continued trend of surgery within 36 hours (figure 2). The next step is to focus on how we integrate flow of those patients across the site to reach theatre. This forms part of the wider focus for orthopaedics.

Figure 1

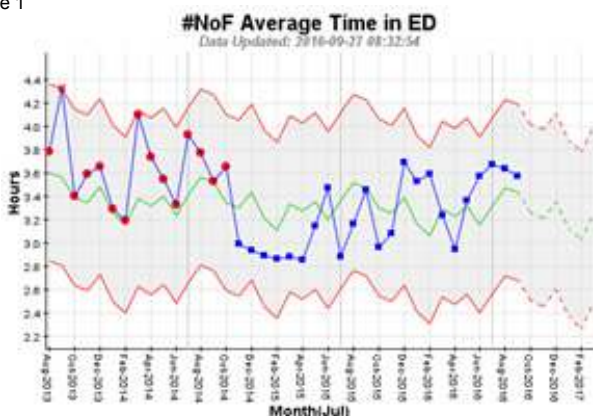
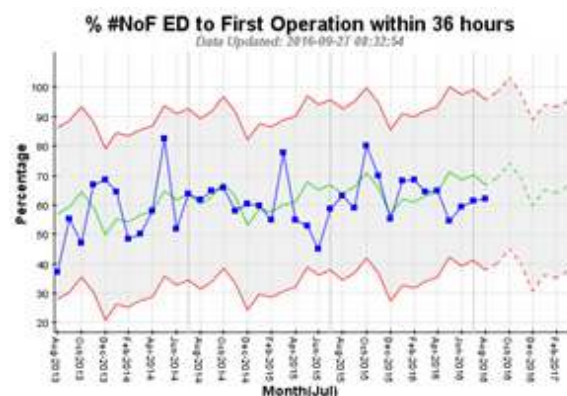


Figure 2



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Result 3 – significant gains were made initially to reduce the amount of time patients spend in an acute setting before being transferred to rehabilitation. More recently we have seen that winter pressures and the relocation of rehabilitation services may have impacted on achieving the same results (Figure 3). The continuing challenge there for us – how do we sustain the gains we know we can achieve?

Looking at the #NOF pathway, the overall length of stay and those patients with stays over 14 days have reduced and continue to reduce, which confirms that patients are receiving timely treatment, recovering well and getting home sooner – all key pointers that our patients are waiting less.

Working across the system the team has identified additional opportunities in the patient pathway. New work has started to look at the pathway for patients who are unable to stand on their own i.e. 'non-weight bearing' to ensure they are managed at the right place, at the right time by the right person.

Total Hip and Knee replacement (Elective surgery):

The key objectives the team set on this ERAS pathway were to reduce the time a patient spent as an inpatient post-surgery and to improve the patient experience by making the patient a partner in care.

Result 1 – we significantly reduced the patient time in hospital by revising the expectation of patients. Where clinically safe to do so, we simply advised that the patient would be able to return home after a hospital stay of three nights/four days. The change in language, behaviour and expectations around length of stay for joint replacements is now embedded. Other pathway changes have included: pre-operative education; pre-operative carbohydrate drinks which help improve the patients nutritional status to achieve best possible outcome and support their recovery from surgery; non-opioid analgesia which has fewer side-effects and faster recovery for patients and getting patients up and moving on the day of surgery. Changes made have resulted in an increase of 26% (from 52% pre to 78% post introduction of ERAS) in the number of patients returning home earlier and being cared for in the community (see Figure 4).

A patient information and work book was developed to help keep patients informed throughout their journey and manage expectations. Patients are actively participating in their recovery. This is supported by the further drop in our balancing measure of readmission rates, which shows that our focus and clinical practice is on track (see Figure 5).

Figure 3

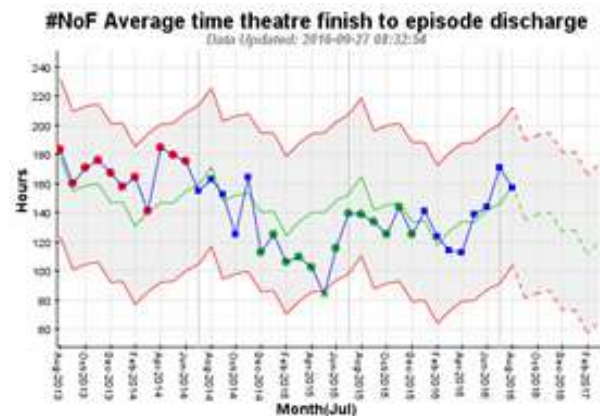


Figure 4

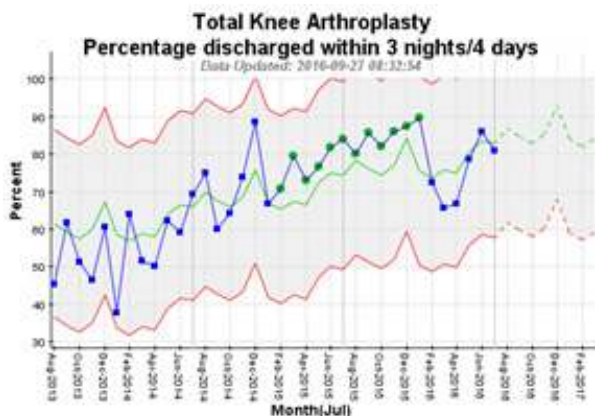
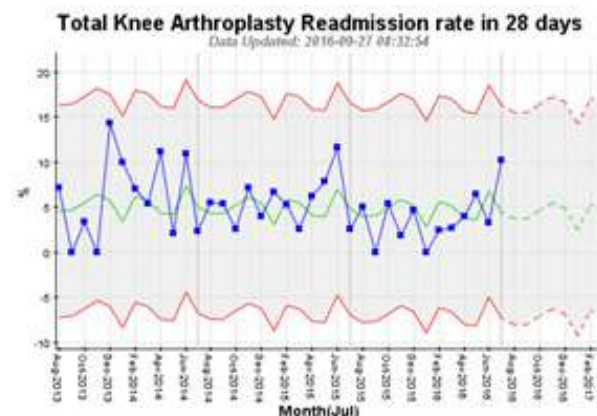


Figure 5



Guide to understanding Figures 1 - 5

Reading Statistical Control Process charts

- Data point
- 8 or more consecutive data points below mean
- 8 or more consecutive data points above mean
- × Data point above 3 standard deviations from mean
- Green line is mean
- Black lines are upper and lower control limit 3 standard deviations from mean

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International recognition for our integrated system

The Canterbury Health System's integrated way of working to create patient-centric care has sparked the interest of health leaders across New Zealand, across Australia, and now also on the other side of the world.

From the UK, South Tyneside Clinical Commissioning Group (CCG) chief executive Dr David Hambleton and North of England Clinical Commissioning Support Unit (NECS) Project Manager Mark Girvan are in Christchurch this week to learn more about innovations happening across the Canterbury Health System.

South Tyneside CCG covers a population of about 150,000 people in the North East of England.

Dr Hambleton says South Tyneside is one of 11 health and social care integration pioneer sites for the National Health Service (NHS) in the UK.

"Part of this pioneering work has led to linking with Canterbury because the work they are doing around integration across health care is seen as exemplary throughout the world," he says.

Dr Hambleton and his colleagues are especially interested in Canterbury's HealthPathways systems – a huge online manual of fingertip clinical information to enable doctors and other clinicians to make assessment, management, and specialist request decisions for more than 600 health conditions or 'pathways'.

"From our first conversations with Canterbury, we immediately saw what fantastic results you were getting.

"Yours is an integrated, collaborative way of working that South Tyneside wants for its own health system.

"It really resonated with us and we ended up with a formal agreement to launch HealthPathways in South Tyneside on August 18 this year."

Dr Hambleton says launching HealthPathways was a big public statement to say "we're all in this together".

Not reinventing the wheel had been a significant part of the attraction to adopting the systems that are already successful in Canterbury, he says.

"We love everything that we've heard about that's coming out of the Canterbury Health System, as it's exactly what we're trying to build."

Mr Girvan says the response to introducing HealthPathways in South Tyneside CCG has been very positive.

"We got engagement very early on ... when people saw what we're trying to do, everyone bought into it."

Mr Girvan and Dr Hambleton are in Canterbury until Friday (November 4, 2016). During their visit they are going to be learning about other innovations in the Canterbury Health System including HealthInfo, HealthOne and Electronic Record Management Systems. They will also attend the HealthPathways International conference being held from Tuesday (November 1) to Thursday (November 3).

Background

HealthPathways was founded by the Canterbury DHB and Streamliners in 2008. Canterbury developed the initial 500 pathways, agreed to share them with other members of the Community, and continues to review and update the core pathways based on current evidence and specialist opinion.

Use of HealthPathways has steadily increased to the point that 99% of general practitioners surveyed use it weekly in their practice, and 80% use it more than six times a week. Use is also high by practice nurses, pharmacists, physiotherapists, community nurses, and other allied health services.

HealthPathways is already being used in the following health authorities, with many more enquiries currently being followed up:

New Zealand DHBs

Southern; South Canterbury; Canterbury; Nelson-Marlborough; West Coast; Auckland Regional; Northland; Wairarapa; Hutt Valley; Capital & Coast.

Australia Local Health Districts

New South Wales: ACT and Southern; Central Coast; Hunter New England; Illawarra Shoalhaven; Mid & North Coast; South Western Sydney; Sydney; Sydney North; Western Sydney

Queensland: Cairns; Central Queensland; Wide Bay; Sunshine Coast; Mackay; Townsville

Western Australia

Victoria: Eastern Melbourne; Gippsland; Melbourne; Murray; Western Victoria

Tasmania

United Kingdom

South Tyneside – a local health authority serving around 150,000 people.



From left: Mark Girvan and Dr David Hambleton from South Tyneside.

Canterbury air to get fresher

From 1 November twenty Canterbury hospitality venues will be making their outdoor spaces smokefree as part of a pioneering pilot.

The six-month long pilot, called 'the Fresh Air Project', is being run by the Cancer Society and Canterbury DHB, and is supported by the Christchurch City Council. It's the first pilot of its kind in New Zealand.

Heather Kimber from Community and Public Health says 85 per cent of Cantabrians don't smoke, and research shows that they want to be able to enjoy outdoor dining without the smoke.

"As well as being a unpleasant to be around, second hand smoke is a real health issue. The pilot will help reduce the exposure of customers and staff to the dangers of second hand smoke, and set a good example to young people by reducing the amount of places where smoking is seen to be the norm."

Heather says the benefits of smokefree outdoor dining won't just extend to customers and hospitality staff.

"Making all the venue smokefree will attract more families, and improve the overall dining experience. For smokers, we know that the more smokefree environments there are, the easier it is to stop smoking. Most smokers want to quit, and being in a smokefree environment reduces the triggers of those trying to do so," says Heather.

Please show your support for a smokefree Canterbury by supporting Canterbury's twenty 'Fresh Air' hospitality venues: Laneway Espresso; Café Metro St Albans, Ferrymead and Merivale; Joes Garage Sumner; Emperor's New Clothes; Boatshed Café; Raspberry Café; Local at Riccarton House; Lonestar Papanui; The Tea House; Café 186; Addington Coffee Co-operative; lex Cafe– Botanical Gardens; Coffee Culture Merivale and Sumner; Savoie Café; Under the Red Verandah; Oddfellows; and Robert Harris Rolleston.

<http://freshairproject.org.nz/>



David Meates
CEO Canterbury District Health Board



Canterbury Grand Round

Friday 4 November 2016 – 12.15pm to 1.15pm with lunch from 11.45am.

Venue: Beaven Lecture Theatre – please **note change of normal venue**.

Speaker one: David Moore, Sapere Research Group – "The current state of early warning systems in NZ"; Gary Tonkin, Health Quality and Safety Commission, "National Deteriorating Patient Programme"; John Hewitt and Seton Henderson, "CDHB eObservation Project"

"Panel Discussion on the Deteriorating Patient"

Ensuring patients who deteriorate receive appropriate and timely care is a key quality and safety challenge. We want to ensure that all patients receive comprehensive care regardless of geographical location, their location within the hospital or the time of day.

Speaker two: Dr Bernie Fitzharris, Oncology

"Medical Oncology in Christchurch – A short history"

Medical Oncology is a relatively new specialty and an outline of its development locally will be given.

Chair: Ruth Spearing

Video Conference set up in:

- » Burwood Meeting Rooms 2.3a and 2.3b
- » Wakanui Room, Ashburton
- » Administration Building, Hillmorton
- » The Princess Margaret Hospital, Riley Lounge
- » Pegasus, 160 Bealey Ave, Room 2

All staff and students welcome

These talks will be uploaded to the [intranet](#) within approximately two weeks.

Next Grand Round is Friday 11 November 2016.

Convener: Dr R L Spearing

Email: ruth.spearing@cdhb.health.nz

Facilities Fast Facts

Fast Facts - Christchurch

Two-thirds of the steel framing is now in place at the new Acute Services building – that's around 4000 tonnes of steel. Work on the Lower Ground Floor's concrete blockwork and the installation of concrete panels to the sides of the building is ongoing.

On 31 October 2014 the Acute Services site looked like this.



In October 2015 the view showed the almost-completed concrete slab.



This week the view from the same camera looks like this:



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Fast Facts - Outpatients

Piling work on the Outpatients site is now around halfway through, with 19 piles completed. Excavation of the site is expected to begin shortly, and steel framing will then begin to be brought to site.



A bright and colourful hoarding has been erected on the fence around the Outpatients site, explaining some of the history of the site and giving an outline of the project.

Parking update:

The junction of Deans Ave and Riccarton Ave is being extensively remodelled by the Christchurch City Council, and will be converted from a roundabout to traffic lights. One consequence of this work is that there will be 15 fewer on-street car parking spaces on the north side of Riccarton Ave (travelling away from the junction towards the hospital).

Switch to water

As part of the National Oral Health Day on Friday 4 November the New Zealand Dental Association (NZDA), in partnership with Irene van Dyk, would like to invite you and your workplace to participate in the 2016 Switch to Water challenge.

As health professionals, we invite you to lead and role model the habit by switching your sugary drinks to water for 30 days during November. We need water, not sugary drinks, for hydration.

Water is the best drink choice. It is fresh, free and available readily on tap! Water has no added sugar, no calories and is non acidic.

- » One can of sugary drink a day can lead to 6.5kgs weight gain in a year.
- » A 600ml bottle of soft drink contains approximately 16 teaspoons of sugar and a regular 375ml can of soft drink contains about 10 teaspoons of sugar.

What: By giving up sugary drinks and also encouraging your colleagues to ditch the sugary drinks for the month of November. Your workplace could go into a draw to win an under bench commercial grade filter system donated by Aqua Filter.

When: 30 days for the month of November.

How: Take the challenge by registering at www.healthysmiles.org.nz/switchtowater.

You can find more information about the challenge, access resources to use at your workplace and register to take part here www.healthysmiles.org.nz/switchtowater

We would also love to see how your workplace is getting on with the Switch to Water campaign – tag your pictures or videos on our Facebook page at facebook.com/nzdahealthysmiles

So what are you waiting for?

Take the Challenge and start seeing the benefits!





Bouquets

Usha Chandra, IV Technician

I would like to express my thanks for the excellent care I have received from one of the IV technicians, Usha Chandra. I have had several hospital stays over the past year and have needed IV lines every time. I have very difficult veins and most people fail to get lines in, even with several attempts. But Usha has managed it first time, every time. She always explains the process and makes me feel at ease when I am often feeling quite stressed. She is also a lovely and genuinely caring person and I am always pleased when I see Usha arrive to insert a line.

Ward 27, Christchurch Hospital

Caring wonderful staff. Thank you for looking after our Dad.

Oncology/Radiation, Christchurch Hospital

Big compliments for how this department is run.

Hagley Outpatients

Staff always friendly and efficient. Many thanks.

Urology Outpatients

Absolutely wonderful staff and service. Thank you and thank you.

Oncology Day Ward

Nurse Lorraine friendly, professional and she succeeded at the cannulation first time. She was a delight to have as a nurse today. Everything went very smoothly and calmly.

Ward 17, Christchurch Hospital

Staff and nurses were very good and helpful, can't remember all their names, but George, Ally, and Kathryn. Explained everything before they did it. Made me feel better knowing what to expect. Can't

speak highly enough of the surgeon and staff in operating theatres.

Echocardiography department

Nurse Di at reception was wonderful, professional, friendly, helpful, communicative, a joy to be greeted by her and looked after when needed.

Christchurch Hospital

Many thanks for very caring, happy and patient service. Most lovely and friendly staff.

Ward 14, Christchurch Hospital

Can't fault anything from my short stay, especially all the staff. Thank you.

Oncology Day Ward

Nurse Kate is very organised, helpful, friendly, always smiling. A joy to have her as a nurse. Nurse Kate got cannulation first time.

Christchurch Hospital

I wish to express my sincere thanks to the doctors, nurses and hospital staff at Christchurch Hospital for their excellent skill and help dealing with [my injury]. The prompt assistance to avoid further blood loss was much appreciated and I am sure it has assisted in my recovery. Please convey my sincere thanks to all those involved, particularly the doctor who repaired my [injury].

Ward 11, Christchurch Hospital

I was very impressed, truly lovely people doing a great job.

Raechel Keepa, Emergency Department

Raechel was the nurse who cared for our family member....Raechel was outstanding with the care she gave and also her communication to us as a family. Please pass on our sincere thanks to her. We appreciated it greatly.

Hagley Outpatients

Thank you for such professional staff. It has been a pleasure here at Hagley Outpatients.

Oncology Radiation

Thoroughly professional and caring treatment from all the team over the last eight weeks. Thank you.

Day Surgery Unit, Christchurch Women's Hospital

My mum and I have been in today while she had a day surgery procedure. We have been so impressed by every staff member for their great, friendly communication, professionalism and kindness. Special thanks to Jax the wonder nurse for her amazing care and efforts. Fantastic team.

Ward 20, Christchurch Hospital

Thank you so much. My friend severed the tips of two fingers and was very anxious about staying in overnight. You allowed me to stay in the room with her. Seeing a friendly face when she woke with a fright made her feel safe. This helped accelerate her recovery and made a terrifying experience bearable. Thank you so much.

Ward 11, Christchurch Hospital

Amazing, thank you guys,

Ward 24, Christchurch Hospital

Thank you to the whole ward, especially nurse Brook for being so caring, understanding and sensitive.

Shouldn't every week be Patient Safety Week?

This week is New Zealand's national Let's Talk Patient Safety Week, coordinated by the Health Quality & Safety Commission and runs from 30 October–5 November 2016.

Patient Safety Week is Our Health System's collective commitment to consumers and patients that we continue to strive towards providing the best and safest care possible, every time. It's also an opportunity for us to focus our efforts in our journey towards zero harm.

Today the Canterbury DHB Quality Improvement and Innovation Awards were held. Alas, but the timing in relation to the CEO Update's publication means you'll have to wait until later in the week to find out more.

Another important initiative this year has been to recruit the support of primary care in getting the zero harm message across. They are, after all, the first point of call for most people who need health advice or care.

Thanks to the willing cooperation of our PHOs: Pegasus Health, Canterbury Rural PHO and Christchurch PHO, we will be giving advice to more people about the simple things they can do to keep themselves safe. We have picked two themes to push across the Canterbury Health System: Hand Hygiene to spread the message that clean hands are a vital part of keeping patients safe, and Falls Prevention where we stand out from the crowd to international acclaim. The table talker below will be on display in Pegasus general practices only, while other resources such as posters and "It's ok to ask me" stickers, and hand hygiene and falls posters will be more widely used.

Next week we will be reporting back on some of the initiatives across the divisions, such as displays, aimed at promoting the safety of our patients.

PATIENT SAFETY WEEK 2016

Welcome aboard...

It's Patient Safety Week!

Your safety and comfort is very important to us. We are committed to providing the best and safest care possible.

Please take a few minutes to read the patient safety briefing card conveniently located near your bed. It includes important information for your stay in hospital.

If you need any help, one of our crew members will be happy to assist you. Thank you.

Let's talk

It's ok to ask me



to clean my hands

Clean hands are a vital part of keeping patients safe.

If you have any doubts about the cleanliness of your carer's hands, just ask, we don't mind - with your help, our hands are safer.



Falls don't just happen TAKE CONTROL

Community health professionals can help you prevent falls:

1. Ask your General Practice team or pharmacist to check your medications.
2. Ask your General Practice team or physiotherapist about programmes to improve strength and balance.
3. Get your eyes checked by an optometrist. Blurred vision makes falling more likely.



Canterbury District Health Board | FALLS PREVENTION

TAKE PART IN OUR 'IT'S OK TO ASK ME' CAMPAIGN

Especially during Patient Safety Week, you can help us become even better with hand hygiene.

If you are receiving healthcare 'It's Okay to Ask' your health carer if they have cleaned their hands - to watch our video, visit www.cdhb.health.nz and type Good Hand Hygiene in the search box.

OUR health system



Canterbury District Health Board
Sober, safe, & thriving

Left: A table talker will combine our key Patient Safety Week messages.

WellNow, Quality Accounts Special Edition in mailboxes this week

By the time you read this, the latest Spring Quality Accounts Edition of WellNow will be beginning to arrive in close to 205,000 letterboxes across Canterbury. The Quality Accounts provides a snapshot of how our Canterbury Health System is doing in meeting the health needs of our community.

It also reinforces our vision, which is of a truly integrated system that keeps people healthy and well in their own homes by ensuring the right care and support is provided to the right person, at the right time and in the right place.

In the past WellNow has been sent twice yearly to all Canterbury Mailboxes, while The Quality Accounts was made available at around the same time as the Spring edition of WellNow through libraries, service centres and health system waiting rooms. We have now combined the two publications to make a shorter, punchier package of stories and information available to a wider audience. It still demonstrates our commitment to high quality health care, how we are progressing with continuous quality improvement, and how we monitor quality and safety. It also highlights our successes, what we have learned, and our future plans.

This year the printed WellNow, Quality Accounts Edition has five spotlight areas: Consumer experience, staying well, preventing harm, equity and redevelopment news: The online-only version has an additional section that charts our performance against national health targets, quality and safety markers as set by the Health Quality and Safety Commission and other key measures. It can be found at www.cdhb.health.nz/HealthSnapshot

Our spotlight areas are based on strategies that support our Canterbury Health System vision: While the format has changed a little to reflect key 'spotlight areas' for Quality Improvement, each as a colour-coded section, it still features the engaging and informative content you have come to expect from WellNow.

Featured in this edition are stories of how ARANZ Medical's wound imaging system Silhouette is helping patients and clinicians monitor healing, how CHOC children are loving 'The Magic Wand' as an alternative to numbing cream, and you can read about the difference Partnership Community Workers are making to health care for low income, Maori, Pacific and migrant families.

If you have any feedback that would help us improve future editions, please complete our online survey at www.surveymonkey.com/r/QAYoursay, email qualityaccounts@cdhb.health.nz

Look out for WellNow in your mailbox this week, but if you want to read one earlier than that, here is a link to a dedicated page on our website where it has been laid out so that you can read a little of what interests you most, or cover to cover.

<http://www.cdhb.health.nz/HealthSnapshot>



Clinical Board – October update

As we head towards the last few months of the year, the Clinical Board remains focused on staff wellbeing, acknowledging this year has been particularly challenging for the health system.

Diana Gunn, Clinical Board chair, said at the board's October meeting the recent Resident Doctors' Association's 48 hour industrial action was high on the agenda.

"The chief executive David Meates reported on the industrial action."

"We discussed 'what does training mean?' and 'how do DHBs train professionals to be prepared for the future in the context of hours and exposure to clinical issues?'"

Diana says on top of dealing with strikes, Canterbury has been faced with the added challenges this year around new hospital facilities coming on stream and all the ongoing construction disruptions.

"This has been reflected in the results of the recent Wellbeing survey, which showed about a quarter of staff are also still dealing with the ongoing earthquake issues in their private lives – so having a disruptive work environment has been compounding for many."

"In the work space fatigue and loss of energy is common. We are predicting the next five years are going to be even harder for many as we continue to go

through a huge period of change."

The clinical board was also given an update on alcohol minimisation and what was happening around the City Alcohol Action plan and local alcohol policies.

"This is a really important piece of work because as we know alcohol is responsible for a huge amount of harm in the community and that has a significant impact on the cost to the health and social systems."

"It was good to hear about some changes this year to the rules about alcohol consumption at the upcoming Cup & Show week events."

Diana says it was then very appropriate to also have a presentation about the Trauma Audit Update from Mr Christopher Wakeman, General Surgery, Dr Dominic Fleisher, ED specialist and Melissa Evans, Trauma Nurse.

"They talked about the establishment of a Trauma Team and the work ahead. It was very interesting to hear that Christchurch Hospital is the busiest trauma hospital in New Zealand," Diana says.

"It was an interesting presentation and one which illustrated just how busy things can get and the importance of ensuring we have the systems in place to manage it."

One of the systems helping the DHB manage activity across services is Signals for Noise (Sfn) IT system by Lightfoot Solutions. Trevor Read from Lightfoot Solutions presented to the clinical board about nursing activity in mental health and how Sfn is being used in this space.

"Trevor explained how to interpret the data in terms of admissions, episodes of care and stays including outpatients and community services in Mental Health."

"He also spoke of the type of patient, patterns of clinical episodes, age and gender, looking at the whole episodes of care, not just the tertiary portion, and patients accessing Mental Health services for longer than 365 days and their outcomes."

Clinical Nurse Specialist, Ward 10 / Cardiothoracic

It is with pleasure I announce the appointment of Katie O'Byrne as Clinical Nurse Specialist, Ward 10.

Katie commenced orientation on 25 October on a fixed term two year contract.

Katie is currently working as a Registered Nurse in Ward 10 and has prior experience in Clinical Nurse Specialist and Nursing Leadership roles.

I'm sure you will join with me in welcoming and supporting Katie into this role.

Katie can be contacted on Ward 10 – ext 81420 or e-mail katie.o'byrne@cdhb.health.nz

Nicky Graham, Surgical Nursing Director, Surgical Cluster

Using “Trigger Tools” to monitor patient safety

Trigger Tools is a method of accurately identifying adverse events (AEs), patient harm and measuring the rate of adverse events (AEs) over time.

Developed by the [Institute for Healthcare Improvement](#) and used widely, these programmes have been adopted by several New Zealand hospitals. Canterbury DHB's Trigger Tools programme has been running since January 2010 for the Adverse Drug Events Trigger Tool and October 2012 for the Adult Global Trigger Tool.

At Canterbury DHB a team of nursing and pharmacy staff review 40 sets of randomly selected notes each month. They look for specific triggers which direct them to the respective section of the notes to work out if harm occurred, and if so what harm.

The programme identifies actual (as opposed to potential) harm to patients, rather than errors in care and views harm from the patient perspective.

The question being asked is “was the patient harmed by the medical intervention?”

Medication Safety Pharmacist, Mary Young, says the trigger tool work contributes to identifying areas for improvement and is patient focused.

Clinical Pharmacologist, Matt Doogue, says Trigger Tools are the most valuable source of information about drug harm in CDHB.

Collaborative work with Capital and Coast and Counties Manukau DHBs led to the publication of work in the New Zealand Medical Journal in January 2013

<https://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2013/vol-126-no-1368/article-seddon>

The work showed that our biggest harm nationally was caused by opioids which lead to the Health Quality and Safety Commission (HQSC) decision to focus on harm from opioids during the recent ‘Open for Better Care Campaign’. At CDHB this included development of Acute Opioid Dosing Guidelines which are now available in [Hospital HealthPathways](#).

This national work is currently being collated by the team at HQSC to develop a bundle of strategies to be rolled out across the country.

Recent use of Trigger Tools data has included:

- » Work to minimise opioid-related constipation, particularly in the orthopaedic area.
- » Informing development of clinical decision support within MedChart.
- » Planned work around catheter associated infections.
- » Specific feedback to areas such as the Hospital Falls Prevention Steering Group, Quality Department, Infection Prevention and Control, and to individual clinical areas.

The Trigger Tool team produce quarterly reports which include statistical information and brief anonymous case summaries. The latest report covers findings from reviews in [April - June 2016](#) and highlights cases of narcosis, bleeding and infections.

Check out the [Trigger Tool Intranet site](#) for reports and further information.

The new issue of HQSC *Let's Talk Triggers* is available online now ([click here to open the PDF](#)).

In this issue you will find:

- » an update on regional trigger tool workshops
- » changes to the trigger tool programme
- » using and accessing the shared workspace
- » learning from trigger tool data.

Referring to the Vulnerable Children's Hub

The Canterbury Children's Team is encouraging referrals from health professionals via the Vulnerable Children's Hub ("The Hub").

Through the Vulnerable Children Act (2014), the Government has made sweeping changes to how we protect vulnerable children so they can thrive, achieve and belong.

The Canterbury Children's Team aligns with the vision of the Canterbury Health System to work together with other social services to improve outcomes for people.

Canterbury Children's Team Director, Peter Whitcombe says Children's Teams support vulnerable children whose issues do not meet the statutory intervention threshold of Child, Youth and Family.

"Having the opportunity to intervene early is what the Children's Teams are all about. Some vulnerable children require Child, Youth and Family support. But there are many vulnerable children and their families whose lives can be improved through individualised support before their circumstances worsen."

"The Children's Team works with existing resources but provides the opportunity for government agencies, iwi and non-government organisations to bring together their existing services for vulnerable children into one personalised plan for each child and their family and whānau."

Through this new way of working, a Lead Professional brings together the key frontline workers from a range of agencies, iwi services, non-government organisations and the community involved in supporting and delivering services for a child and their family and whānau.

For more information about how and when to refer, visit HealthPathways or click the links below:

» [Referring to the Vulnerable Children's Hub](#)

» [Background on Children's Teams](#)



Alzheimers Canterbury Community Education Seminar

Dementia: Changes and Loss

Specifically for family members and friends currently supporting a person with dementia

With dementia comes change and loss – both for the person diagnosed, and for families. Elizabeth Hamilton, social worker and counsellor, outlines some of the changes and losses for family members and how to live with and through them.

Bookings Essential!

Date: Tuesday 1 November 2016

Time: 10.30am – 12 noon

Venue: Alzheimers Canterbury, 314 Worcester St, Linwood (Between Fitzgerald Ave & Stanmore Rd)

Contact: 03 379 2590 / admin@alzcanty.co.nz

Child Health farewells Robyn Richens, Charge Nurse Manager, Ward 22

After a nursing career spanning 40 years and almost exclusively in the Canterbury DHB, Robyn Richens is planning to enjoy retirement.

She will relish the opportunity to take part in all those things that are difficult to do with full time work. Robyn plans to spend more time with friends and family, to have more grandparent time, to travel and to make time for voluntary work which is likely to be in adult literacy.

Robyn's early career included time in the Spinal and then Plastic Surgery units at Burwood Hospital and then at Ward 15 and Christchurch Hospital. Following this, she spent five years at the helm of Ward 20 as Clinical Nurse Manager and two years as Nurse Manager of the Diabetes Centre. In this time she also set up the Colorectal Nurse role. Child Health was certainly fortunate when Robyn accepted the role of CNM in Ward 22 in 2004. Lynne Johnson, Nursing Director, Women's & Children's Health says although she initially promised to take on this role for just two years, we were lucky enough to have her for exactly 12.

Robyn has said that what she likes about nursing is the people: both the patients and families she nursed, and the colleagues she worked with. She has enjoyed the challenges, the variety, the problem solving and simply making a difference.

"In her time as CNM in Ward 22 she has certainly made a difference by supporting the development of a great team while at the same time, facing the multiple challenges of the role and using her problem solving skills to great effect," Lynne says.

"Robyn has been a keen supporter of the NETP program and was instrumental in changing the approach to graduate nurses in Child Health. She has developed a strong team in 22 with a dynamic mix of nurses from the very experienced to those new to the Child Health specialty."

"Robyn has achieved so much over her time in Ward 22 both for the ward and the wider Child Health team. One of her greatest legacies is the afterhours Clinical Nurse Coordinator role for which she championed hard. The after-hours Clinical Coordinator role in Child Health is now seen as an integral part of the service, helping teams work together and improving the patient journey."

"It has been a pleasure working with Robyn over the last 12 years. We will miss her compassion, sense of humour, good sense, innovation and ongoing commitment to do the best job possible for patients, families and staff. We wish her all the best for a future which will undoubtedly be full of grandchildren, new challenges and travel," Lynne says.



Above: Robyn Richens

Great learning opportunities coming up



Courageous Workplace Conversations – Tuesday 8 November

We all find it difficult to have conversations with people whose behaviour or attitudes we find challenging. Have you heard these words, “I wish someone would say something”, then have a think - as you are someone and you can say something. Courageous Workplace Conversations will help you gain the skills and knowledge to feel comfortable and confident having a courageous conversations with the people you work with. Click here to enrol: [Courageous Workplace Conversations](#)

Practical Project Management – 28 / 29 November and 24 January

Our two day Practical Project Management workshop covers all you need to know about practical, appropriately applied project management. You'll learn about CDHB processes, tools and techniques most applicable to the projects you are currently working on and receive templates to guide your own project activities.

Click to enrol via healthLearn: [Practical Project Management](#)

Collabor8 – Tuesday 29 November or Wednesday 30 November

An introduction to the principles of Lean Thinking, influencing change culture, & leadership, patient safety, personality styles & effective communication.

Click to enrol: [Collabor8](#)

Effective Communication – Friday 9 December

Interested in becoming more effective in your communication in order to achieve better outcomes in the workplace? Effective Communication covers the fundamentals of interpersonal communication – you'll practice specific communication skills, examine roadblocks to productive communication, and become more self-aware about how our interactions are perceived by others. Click here for more info: [Effective Communication](#)

Understanding the Treaty of Waitangi in Health – Wednesday 14 December

Essential learning for all NZ health professionals is our Understanding the Treaty of Waitangi in Health course. It explores the role of this foundation document in our modern Canterbury Health System. Click here for more info:

[Understanding the Treaty of Waitangi in Health](#)

For enquires please contact the Learning and Development team: 03 337 7807 or learninganddevelopment@cdhb.health.nz



Do you have a healthLearn account?

Soon, all L&D courses will move to healthLearn for enrolment.

[Register now](#) or [update your profile](#) to be able to access hundreds of courses in 2017.

CDHB submissions in October

Every month the Canterbury District Health Board makes submissions on a variety of issues that have the potential to impact on the health of Cantabrians. Submissions are coordinated by Community and Public Health, with input from subject matter specialists from across the wider Canterbury health system.

During October CDHB made the following submissions:

Proposed New Woolston Community Facility (Christchurch City Council)

CDHB supported the proposed development and recommended that:

- » The building be designed to be accessible for people of all ages and abilities, using universal design and barrier free approaches.
- » Mobility parking be provided to ensure accessibility.
- » Secure bike parking should be provided to encourage active transport.

[Read the full submission here](#)

Sawyers Arms Road Proposed Safety Improvements (Christchurch City Council)

CDHB supported the proposed improvements to Sawyers Arms Road (between Glasnevin Drive and Cotswold Avenue)

to make it safer for pedestrians and cyclists.

Currently there are no cycle facilities on Sawyers Arms Road. To improve safety for cyclists, cycle lanes are proposed on both sides of the road within the project area.

[Read the full submission here](#)

Draft Code of Practice for Diagnostic and Interventional Radiology (Ministry of Health)

Radiation safety legislation and codes of practice are currently being updated. CDHB has already submitted on the Radiation Safety Bill 2014 and the Radiation Safety Regulations in 2015. The Code of Practice currently being consulted on is the first Code to be reviewed under the new Legislation and Regulations.

Staff from Medical Physics and Bioengineering, Radiology and Cardiology worked together to review the draft Code and made several recommendations on how it could be improved.

[Read the full submission here](#)

To view other CDHB submission please visit the [Community and Public Health website](#). For more information on the submission process contact submissions@cdhb.health.nz

Staff Wellbeing Programme

Two new Staff Wellbeing Workshops for Burwood

Wellbeing Workshops – 2016 has been busy with 30 of the 33 workshops now completed.

Last chance! If you have been meaning to attend one of the workshops and haven't, you are running out of opportunities!

Burwood is hosting the LAST Character Strengths Workshop:

- » Monday 14 November. Last chance for 2016! Available to managers / supervisors. [Click here](#) for more information and [click here](#) to register.
- » Participant comment ... "Thank you for the opportunity to participate in this course I value the sharing and the preparation that obviously went into the planning. I also liked the fact that there was scientific backing to the content."

Last chance to attend a Staff Wellbeing Workshop:

- » Tuesday 1 November at Christchurch Campus or
- » Monday 14 November at Burwood. [Click here](#) for more information and [click here](#) to register, available to all staff.
- » Participant comment ... "I thoroughly enjoyed this course and got a lot out of it. I will use what I learnt in my professional and personal life. Thank you."

Last chance to attend! Limited places in the last of these workshops. Don't miss out register now to ensure your place.

For more information please contact Lee Tuki, lee.tuki@cdhb.health.nz or extension 82855

Staff Wellbeing

Canterbury and West Coast District Health Boards



The NZNO Cancer Nurses College Conference is coming to Christchurch in May 2017!

Our conference theme 'Cancer Nursing Under Construction' is a reflection of what is happening in Christchurch after the 2010-2011 Canterbury earthquakes. Canterbury is focused on improvisation, rejuvenation and innovation to rebuild the environment and improve the wellbeing of Cantabrians. Cancer Nursing within New Zealand is developing its own identity and evolving as a specialty. As cancer nurses we are influenced by improvisation, rejuvenation and innovation in research, clinical practice and developing technologies to provide high standards of care to people living with cancer.

The 'Cancer Nursing Under Construction' conference offers a variety of sessions with the aim of providing you, as a health professional involved in care of people living with cancer, tools to fill your cancer care toolbox. Delegates will be enriched with novice to expert classes, plenaries and concurrent speakers through education, research, technology, community and wellness topics. The conference will enable delegates to explore their cancer knowledge, strengthen clinical skills and resources for the future development of cancer care in New Zealand.

Visit our [website](#) for full conference information, including a preliminary programme.

Call for abstracts

This biennial event for cancer nurses is an opportunity to showcase the passionate work undertaken by nurses working with people with cancer. We invite you to submit abstracts for oral presentation or posters on the following themes: education, technology, research, wellness and community care/hospital in the home.

The closing date for submissions is Friday 3 February 2017.

For full details please visit the [website](#).

Registration is open!

Be sure to get in quick to secure early bird rates and nearby accommodation.

Visit the [website](#) for more information and to register.

Cancer Nursing NZ
Under Construct on
 11-13 May 2017 Christchurch

One minute with... Christina Lewis, Smokefree Enforcement Officer, Community and Public Health

What does your job involve?

My job is to make sure people comply with the Smokefree Environments Act 1990. In practical terms that includes things like educating retailers who sell cigarettes so they understand that in New Zealand there is an age restriction around the sale of tobacco products. New Zealand law is quite different from some other countries where laws around tobacco sales are more relaxed. So sometimes retailers who have come from overseas to make New Zealand their home just aren't aware of what they can and can't do.

I also check out bars and restaurants to make sure that if they choose to provide a smoking area it is open enough that others aren't affected by second hand smoke.

Why did you choose to work in this field?

Looking back on my work life I have generally worked in 'care' settings, so this is a natural extension of that type of work. Now, instead of caring when someone is unwell, I get to be part of preventing them getting sick in the first place. I am lucky to be in a role that contributes to the health of both current and future New Zealanders. We have a goal of being Smokefree by 2025 and while there's a way to go to reach that, I remind myself of what it was like back in the 80s when pubs were so full of smoke you could hardly see across the room. Now, we no longer have smoking inside those venues as well as a number of other settings – we've come a long way.

What do you like about it?

I get out and about quite a bit with my job so I am lucky in that regard. It's also great to be able to help people understand what they need to do to be compliant with the Act. Occasionally, I even have conversations with people who go off on a tangent and they suddenly decide they want to quit smoking – so while that's not my area of work I can make a connection with our wonderful smoking cessation lady at work.

What are the challenging bits?

Someone once told me that my job title is quite scary! And strangely enough if someone is non-compliant with the Act they aren't generally happy to see the Smokefree Enforcement Officer turn up. Understandably, there are some tense conversations had if there is a lot of money required to be spent to make a venue compliant.

Who inspires you at work and why?

Our Māori staff. They are exceptionally skilled and dedicated to their work and often work in relationally complex environments – I take my hat off to them all. But not only that, my relationships with them have shaped my tikanga. I believe I 'do life' better because of my discussions and friendships with them.

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?

I don't think those values stop at the office door when you go home. They are an integral part of who you are that you take with you wherever you go. For me it means in any situation I am looking out for the welfare of others, I am asking 'is what I am doing or how I am being good or right' (a bit subjective, I know). It also means I acknowledge my responsibility, good or bad, for the outcomes of my actions at work or home.

The last book I enjoyed was...

I am too busy studying right now but I when I get the chance I love science fiction.

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

In Dusseldorf, Germany. It's beautiful in Summer along the Rhineside as a lot of the traffic has been diverted under the city which means there are lots of walkways along the Rhine river.

My ultimate Sunday would involve...

Riding my horses along the countryside – with them behaving themselves (horsey people will get this).

One food I really like is...

Tiramisu cheesecake...rounds of heavenly goodness, mmmmm.

My favourite music is...

I'm showing my age here, but I like electronic bands from the 80s – my kids think this is definitely not cool!



Above: Christina Lewis

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

Recruitment

Casual Occupational Therapist (Burwood Hospital, Older Persons Health)

Casual

Burwood Hospital is seeking casual Occupational Therapists with a passion for working in older person's health to come and work with us in our new wards on the newly expanded Burwood Campus!

Here at Burwood Hospital you can expect to be a valued member of our supportive multi-disciplinary team that work collaboratively and take a patient centred approach to assess patients, interventions and discharge planning that reflect the needs and goals of the individual.

As an Occupational Therapist in this team you'll work with patients to enable optimum safety and function during this phase of their recovery. You'll work with clients from diverse social and cultural backgrounds. Bring your enthusiasm and passion to achieve the best outcome for your patients.

Demonstrate your excellent communication skills and build rapport with patients and their families. Plan and organise your days to make a strong contribution to quality care. You'll also contribute to the ongoing development of the AT&R service.

Be part of both the ward team and the wider OT team and access professional development through in-service training, clinical supervision and other professional development opportunities.

As this is a casual role, there are no set hours and the number of hours worked per week can vary, covering sick and holiday leave. Hours are generally worked over business hours between 7.30am-4.30pm Monday to Friday, with flexibility required for public holiday work.

Enquiries should be directed to our Allied Health Recruitment Specialist, Heather Ewing on email heather.ewing@cdhb.health.nz.

Applications are only accepted online so please click the "Apply Now" button below to send us your CV and covering letter today!

Location: Christchurch

Closing Date: Friday, 25 November 2016

[More information](#)

Apply Now >

Senior Leadership Position Planning & Funding

Permanent/Full Time

The West Coast DHB is leading the way in providing health care to a rural community. We are continually looking to improve our services and over the next few years the organisation will be going through significant changes. To support this we are looking for a special person that can fill a senior role in our Planning & Funding division. This role will be a permanent full time position based in Greymouth.

We are looking for someone that likes a challenge as this is not going to be an easy role. We are looking for someone that understands the "numbers" to assist in interpreting data to support decision making. We need someone that has great people skills as you will be supporting and working with a variety of different people. Most of all we are looking for someone that can take our vision of delivering an integrated, person centred service and support our clinical staff to make it a reality.

You will be joining a team that come from diverse backgrounds – from health, education, power production, engineering, finance and legal - that have come together with their unique skills to help improve how we deliver health to our communities. Are you up for the challenge? Do you have some

unique skills that would help us achieve our vision? Are you someone that wants to make a difference?

This is a Senior Leadership Role so we are expecting applicants to show that they have previous experience in a leadership position. We are looking for someone that has been a key influencer in making change happen. While health experience is beneficial it is not essential. It is your skills we are interested in.

To find out more about the Planning & Funding team, please view the links below to hear from Carolyn Gullery, GM Planning, Funding & Decision Support and Philip Wheble, Team Leader Planning & Funding.

<https://vimeo.com/143081299>

<https://vimeo.com/143081297>

If you're up for the challenge and have the skills and experience needed then let us know by contacting Tracey Gulbransen, Recruitment Specialist on (03) 337 7985 or email tracey.gulbransen@cdhb.health.nz

Location: Greymouth

Apply Now

In brief



Christchurch Hospital
2016



Do you have questions about Safety 1st?

How do I report a patient incident?

How do I report an incident that has happened to me?



Come along to a **Safety1st** Session

Where	Padua Lecture Theatre	
When	Monday	31st October
	Tuesday	1st November
	Wednesday	2nd November
Time	12.30 - 1pm	

No need to register just drop in.
Come to a session and ask your questions.
Stay for as long as you like.

Safety Safety Safety Safety Safety

Any questions about the drop in sessions contact:
Heather Phillips phone ext 81751 or email: heather.phillips@cdhb.health.nz

CHRISTCHURCH PUBLIC LECTURE

2016 Carl Smith MEDAL LECTURE

PROFESSOR RICHARD GEARRY

Department of Medicine | University of Otago, Christchurch
2016 Winner of the Rowheath Trust Award and Carl Smith Medal



Diet, digestion and disease – learning more about the effect of food on gut health

Monday 31 October at 7:00pm
Rolleston Lecture Theatre
2 Riccarton Avenue
University of Otago, Christchurch
Christchurch Hospital Campus



THE ROWHEATH TRUST AWARD AND CARL SMITH MEDAL IS AN INITIATIVE OF THE ADVANCEMENT CAMPAIGN

Triathlon Festival

The Triathlon Festival includes a wide variety of events and there is something for everyone from the first time runner to the professional athlete.

The festival comprises:

- » The Pegasus Classic – targeting the seasoned triathlete
- » Team Challenge – great for corporate, social or families with a swim/bike/run or run/bike/run option
- » Try a Tri – targeted at first timers and novice athletes
- » Terra Firma – a Duathlon for the non swimmers (run/bike/run)
- » Loop the lake 5km run or a team of 3x5km – a run only event than can be individual or teams of 3x5km
- » Kids Tri Challenge – For 9-13 year olds + a new 5-8 year olds race
- » The Elite Cup – (Draft legal) – for national and international class athletes

For more information and to register go to -

www.triathlonfestival.co.nz/

