

Te Whatu Ora Waitaha Pānui Health New Zealand Canterbury News

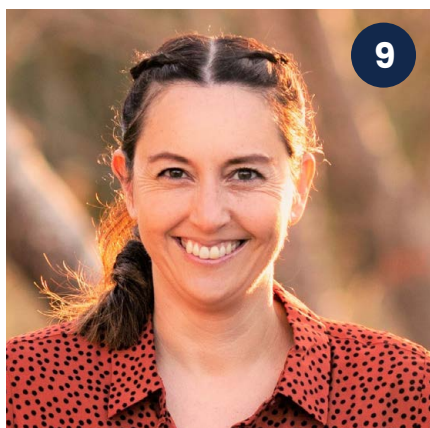
Issue No.33 | 27 March 2023 | 27 Poutū-te-rangi 2023



Te Whatu Ora
Health New Zealand
Waitaha Canterbury



8



9



11



14



17

In this issue

Kupu Arataki – Introduction... pg 3-6

- › Quiz – One-hit wonders... pg 7

Ā mātou korero – Our people

- › Stroke Equity Project – Improving upper limb outcomes... pg 8
- › One minute with... Chloe Hudson, Clinical Psychologist, Paediatric Diabetes team... pg 9
- › Akoranga reo Māori – lesson #7
Kupu māori – Common words... pg 10
- › International winter warmer recipes... pg 11
- › Whakamihi – Bouquets... pg 12-13

Ā mātou korero – Our stories

- › “State of the art” Building Management System... pg 14-16
- › People with chronic pain and health providers build whanaungatanga (relationships) at wānanga... pg 17
- › Strengthening buildings will achieve higher standards of seismic resilience... pg 18
- › Key milestone reached in roll out of Health Connect South / HealthOne across South Island ARC facilities... pg 19
- › Creating accessible documents and information... pg 20

Pānui – Notices ...pg 21-22

Cover photo: Members of the Stroke Allied Health team at Burwood Hospital, from left, Occupational Therapist Nikayla Bolch and Physiotherapist Natalie Lewis

Kupu Arataki – Introduction

Te Whatu Ora seasonal planning underway

Preparation for winter has started in hospitals and healthcare facilities across the country. As we know, winter brings a unique set of challenges for our communities, hospitals, aged residential care facilities and primary care providers.

We also know that these challenges will not present equitably. Māori and Pacific people will be more likely to visit busy emergency departments (EDs) instead of receiving treatment in a primary care setting; older people and disabled people will be more likely to go to ED and stay in hospital for longer; and those living rurally will find it harder to get an appointment with their primary healthcare provider, or access ambulatory services.

Last year, Te Whatu Ora, was able to conduct our first ever Winter Surge Review, looking at our performance nationally across the whole health system. The review has allowed for the creation of a nationally consistent system pressures operating model and Te Whatu Ora will continue to work alongside Te Aka Whai Ora to deliver it. A final operational plan is expected to be approved by the Te Whatu Ora board in May.

Keep up to date with operating model changes

All information about operating model changes will be posted to the [Information Hub on Prism](#), the intranet – check back regularly for details.

Details on timing can be found in the *Simplify to Unify – Te Whatu Ora Organisation Change Overview* presentation, and you'll also find links to last week's 'all staff' hui.



Patient information leaflets in te reo Māori

Infection Protection and Control has produced some te reo Māori versions of patient information leaflets. These are available on Prism.

Multi-drug resistant organism (MDRO)

- > [English version on Prism](#)
- > [Te reo Māori version on Prism](#)

Why am I in isolation?

- > [English version on Prism](#)
- > [Te reo Māori version on Prism](#)

Methicillin Resistant Staphylococcus Aureus (MRSA)

- > [English version on Prism](#)
- > [Te reo Māori version on Prism](#)



Free staff flu vaccinations start from 4 April

Te Whatu Ora kaimahi can receive free 2023 flu vaccinations from next Tuesday, 4 April. Now is the perfect time to take advantage and get immunised – before the flu becomes widespread.

Experts predict that this winter will see a surge in flu cases, similar or even worse to what was experienced last year. As mentioned above, this combined with COVID-19 infections and RSV, is likely to result in extreme pressure on general practices, urgent care clinics, ED, aged residential care facilities and our hospitals.

One of the most important things we can do, is get the flu vaccination.



Stop the flu before it stops you

**Free staff flu vaccinations
available from April**

Check PRISM for details

It helps protect you from the worst of the flu symptoms and it reduces the risk of spread to your whānau, colleagues, patients/consumers and the community.

To learn more and find your nearest vaccination clinic, [check out PRISM](#).

Reminder: The new COVID-19 bivalent booster is available to more eligible people from 1 April

Currently, the booster is available for anyone who is currently eligible for a COVID-19 booster (that is people who haven't had their first or (if applicable) second booster).

Effective Saturday 1 April anyone aged 30 and older who has completed a primary vaccination course (for most people, this is two doses) will be eligible to get another booster if it has been at least six months since their last COVID-19 booster or a positive COVID-19 test.

People at higher risk of severe illness from COVID-19 will also be able to receive an additional booster, regardless of how many doses they've previously had.

For more information:

- › Information about the bivalent booster and eligibility is [available here](#)
- › Need a reminder of your vaccination status? Go to [My Covid Record here](#)
- › Book your bivalent booster (and for non-Te Whatu Ora staff, your flu vaccine) now: www.bookmyvaccine.health.nz/

Waitaha Canterbury's state of the art Building Management System

Maintenance and Engineering are tucked away in the lower decks of Christchurch Hospital, not unlike the engine room of a ship. They may not be highly visible, but they are crucial to the day-to-day operations of all our facilities.

On [page 14](#) you can read about a new Building Management System now in use that could be a game changer for hospitals and health facilities across Aotearoa. Services Engineer Mark Byers takes us through the new technology that is saving time and money as well as reducing environmental impacts.

March is World Kidney Month

Kidney disease affects one in 10 New Zealanders overall and a staggering one in four Māori and one in three Pacific people. That's around 500,000 people and many lose up to 90 percent of their kidney function before they even realise that something is wrong.

Left undetected or undertreated, kidney disease could lead to a requirement for dialysis treatment, palliative care and eventual death.

Kidney Health New Zealand is convinced that the answer to preventing the long-term effects of kidney disease is comprehensive support and treatment.

The following additional statistics further highlight the need:










- › Over 500 people will die from kidney disease this year
- › Over 3500 people are on dialysis in the public system
- › Twelve people start dialysis every week – over 600 people per year
- › One year of dialysis costs over \$100,000
- › Once on dialysis, the average life expectancy is 6 years
- › Over 500 people are on the waiting list for a kidney transplant
- › Approximately 180 people will receive a kidney transplant this year.

Even if you don't have any of the risk factors, you should get a kidney health check done every two years. If you do have any of the risk factors, you should get a kidney health check annually.

Kidney Disease

Early Detection Saves Lives

Know the Risk Factors

	Overweight		Diabetes
	Smoker		Heart Disease
	Over 60 years of age		
	Hypertension		
	Previous kidney damage		
	Family history of kidney disease		
	Māori, Pasifika or South East Asian ethnicity		

0800 KIDNEY (0800 534 639) www.kidney.health.nz

kidney Health
NEW ZEALAND
Prevention • Support • Research

The three tests in a kidney health check are:

1. Blood test: eGFR stands for estimated glomerular filtration rate. It measures how much blood your kidneys filter each minute. If your kidneys are not working properly the eGFR will go down
2. Urine test: A urine test is done to check how much protein is in the urine. Leaking of protein from the kidneys is an early sign of kidney damage. The name of the urine test is called ACR, Albumin Creatinine Ratio

3. Blood pressure: Get your blood pressure checked by your doctor. High blood pressure can be caused by kidney disease or can cause kidney disease.

If kidney damage is found early, you may still be able to do something about it using healthy lifestyle changes and medication. Managing your health can stop or slow further kidney damage.

International winter warmers

With the weather cooling and the days shortening, we're beginning to think about the comfort food that gets us through winter, so what better time to start gathering some recipes?

We would love you to share your favourite winter dishes from around the world. Hearty, healthy (or a little naughty is okay too!), tasty and simple dishes that express your culture, a place that means a lot to you, or just food you love to eat.

Check out our first dish from India on [page 11](#).

You can [submit your own recipe here](#)
– we can't wait to see them!



Daylight saving ends Sunday 2 April

Next weekend we bid farewell to our longer days when daylight saving ends at 3am on Sunday 2 April. On a positive note, you do get an extra hour in bed.

Don't forget to set your clocks back one hour when you go to bed next Saturday night.

Be protected
against
**meningococcal
disease**

Te Whatu Ora
Health New Zealand



Quiz – One-hit wonders

Whether a novelty pop song, an artist just getting lucky or an act of absolute genius followed by dismal failure, many musicians have only experienced chart success once. These questions are about artists who, while they may have produced multiple albums, only had one top 40 song.

How much do you know about these one-hit wonders?

- 1. Complete the lyrics for Lou Bega's one-hit wonder, Mambo No. 5. A little bit of Monica in my life, A little bit of ____ by my side**
 - a. Jessica
 - b. Erica
 - c. Betty
 - d. Lulu
- 2. The Rembrandts had a one-hit wonder in the 1990s with the theme song to what TV show?**
 - a. Mad about you
 - b. Beverly Hills 90210
 - c. Friends
 - d. Dawson's Creek
- 3. What song did Vanilla Ice sample for his one-hit wonder, Ice Ice Baby?**
 - a. Under Pressure (David Bowie and Queen)
 - b. Don't you want me? (The Human League)
 - c. Sweet Dreams (Eurythmics)
 - d. Just can't get enough (Depeche Mode)
- 4. She dressed like a teenage cheerleader to sing about Mickey being so fine. Who was she?**
 - a. Toni Brie
 - b. Toni Basil
 - c. Toni Berry
 - d. Toni Bacon
- 5. In 2013, 15 Australian miners were fired after performing what one-hit wonder dance in the work place?**
 - a. Macarena
 - b. Conga
 - c. MC Hammer's 'Can't touch this' dance
 - d. Harlem Shake
- 6. What lyrics are correct for Gotye and Kimbra's one-hit wonder, Somebody that I used to know?**
 - a. Have your friends collect your clothes and then change the locks
 - b. Have your friends collect your books and then change your number
 - c. Have your friends collect your records and then change your number
 - d. Have your friends collect your records and then change your passwords
- 7. Bobby McFerrin was a successful jazz artist who had one crossover hit on the pop charts in 1988 – Don't worry, be happy. What famous comedian appeared in the song's music video?**
 - a. Robin Williams
 - b. John Candy
 - c. Bill Murray
 - d. Chevy Chase
- 8. Bill Medley had a lot of hits with the Righteous Brothers but only one biggie as a solo artist. The song was 'The time of my life' and it featured in which 80s movie?**
 - a. When Harry met Sally
 - b. Dirty Dancing
 - c. Back to the Future
 - d. Risky Business
- 9. The Vapors had a huge hit in 1980 and then the band broke up the following year. The song was silly but catchy and has had a long life in commercials and movie soundtracks. Its lyrics include: "I'm turning _____, I think I'm turning _____ I really think so" What is the song called?**
 - a. Turning Japanese
 - b. Turning around
 - c. Turning into you
 - d. Turning away
- 10. One of New Zealand's most spectacular one-hit wonders was 'How bizarre' by OMC. Can you complete the following lyric? "Destination unknown, as we pull in for some _____"**
 - a. food
 - b. Maccas
 - c. gas
 - d. beer

[Check your answers on page 21](#)

Ā mātou tāngata – Our people

Stroke Equity Project – Improving upper limb outcomes

The Stroke Allied Health team at Burwood Hospital is embarking on a project to trial use of equipment to address some equity of access issues for Māori, Pasifika and patients who live outside Christchurch city.

The goal of the Stroke Equity project is to help address known inequities in Stroke care for rural, Māori and Pasifika stroke survivors, says Advanced Practice Physiotherapist (Stroke Rehabilitation) Mark Adams.

“With the support of [the Brain Health Store \(BHS\)](#) appropriate stroke survivors will be provided with two evidenced-based treatments (electrical stimulation and mirror therapy) to support their community rehabilitation following discharge from the Burwood inpatient stroke rehabilitation wards, CG and DG.”

The BHS fundraises for the Stroke Foundation by sharing its profits. It was set up by a former stroke patient on Burwood's Ward CG.

An electrical stimulation unit helps the muscles to contract. This can mean that people are able to move their arm/leg in ways they couldn't do without the stimulation. It has been shown to help stroke survivors improve their strength.

The mirror box can help improve how stroke survivors use their arms. It involves people seeing a mirror image of their non-stroke limb performing movements in the mirror. This tricks the brain into seeing the stroke affected side moving.

Clinicians on the ward will identify people who are suitable for the project, Mark says:

These are:

- › Patients with upper limb muscle weakness and reduced functional use post stroke and/or patients with flaccid shoulder muscles
- › No contraindications
- › Living rurally (outside the Community Stroke Rehabilitation Service boundary), or identify as Māori or Pasifika.



Physiotherapist and Occupational Therapists from Burwood Hospital wards CG and DG holding boxes from the Brain Health Store which contain an electrical stimulation unit and a mirror box

Back row, from left, Physiotherapists Sara Horner, Mark Adams, Léa Dumaine and Natalie Lewis
From row, from left, Occupational Therapist Nikayla Bolch, Physiotherapist Kylie Newburn and Occupational Therapist Celia Watson

On discharge from hospital, the person will be provided with an electrical stimulation machine and a mirror box to complete their prescribed home exercise routine. Patients and/or their support person(s) will be given education on the correct use of the equipment, as well as educational pamphlets.

The BHS will check in with the person monthly and gather data on usage and satisfaction.

At three months, the BHS will:

- › Collect the device from the stroke survivor, repeat appropriate outcome measures, assess usage and satisfaction
- › Clean the devices with medical grade disinfectant and replace the electrode pads
- › Deliver the devices back to the health district for reallocation.

At the end of the project, usage, satisfaction and outcome measures will be analysed and reported back, Mark Adams says.

The BHS was set up by stroke survivor Mark Ford who spent time in Ward CG. He found electrical stimulation and mirror therapy useful in getting his arm back to near full function.

After meeting other stroke survivors at the Stroke Foundation, Mark realised that many didn't have access to these devices in the community. He created the BHS to make them more accessible.

“I am passionate about enabling stroke survivors to continue their in the comfort of their home and rehab to be their best selves after a stroke,” Mark says.

One minute with... Chloe Hudson, Clinical Psychologist, Paediatric Diabetes team

What does your job involve?

I am available to any young person who has diabetes and is needing more support outside of what the medical and dietetic team can provide. My role is very varied, and I get involved in lots of different issues. Some examples of what I work with are; adjustment to a chronic illness, needle phobia (not great when you have diabetes!), low mood, and medication adherence.

What pathway got you to this job?

I grew up with both my parents being clinical psychologists so pretty unoriginal for me! I was always fascinated by what they did, especially my Dad's work with the Police and my Mum's work with children at the hospital. I have worked in several different contexts so far in my career and I have come to the realisation that working in the medical setting is where my interest lies.

What advice would you give someone keen to enter your field?

To keep an open mind as to what population they see themselves ultimately working with, as I have loved working in places I thought I would not enjoy or be suited to.

Who inspires you and why?

My Mum because she always knows the right thing to say and I admire her perseverance in getting what she needs to get done no matter what is thrown at her.

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

As a psychologist we see people when they are really struggling, and often at their most vulnerable, which makes being caring and respectful very important. It is vital that we use our clinical skills in improving people's quality of life while showing empathy and communicating in a non-judgemental way. As a psychologist I am in a privileged position in being able to spend more time



with young people and their caregivers and can develop a deeper understanding of how they got to be where they are and communicate that with their wider care team. This contribution to the wider team contributes to the overall care of the young person and hopefully better outcomes.

If you could be anywhere in the world right now where would you be?

At Disneyland with my family, with a stop off in Hawaii on the way home.

Who would you want to play you if there was a movie made about your life?

I used to get told a lot that I looked like Alyson Hannigan from the television show 'How I Met Your Mother' and I think she would be a good fit.

What are your hobbies/interests outside of work?

One of my favourite things to do is to go for a walk and listen to a podcast. I also love reading and am in a book club that is mainly made up of Paediatric staff. It's a lot of fun and gets me reading books I otherwise wouldn't have read. Mostly I like getting outside and active with my three kids and husband.

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

Akoranga reo Māori – lesson #7

Kupu māori – Common words

Ngā mihi o ngahuru ki a koutou katoa. Greetings of autumn to you all.

Firstly, I should mention that the word 'māori' with a small 'm' in the heading above is not a typo. It is spelt in this way as in this context, it means common or regular.

Many kupu māori or Māori words are used regularly in Aotearoa and as such, have become firmly embedded in our vernacular. The following two akoranga will highlight are some of those words that you will commonly hear or see. Some of them may have been mentioned in previous akoranga however the repetition will help to reinforce your learning.

He Kupu – Word

Aroha	Love, affection, compassion
Haere mai	Welcome, come in, come here
Nau mai!	Welcome!
Hīkoi	Walk, march, journey
Hongi	Ceremonial pressing of noses to share the breath
Kaumātua	Elder or elders
Koha	Donation or gift
Kōrero	Talk or speak
Mana	Authority, power, influence, supernatural force
Manaakitanga	Duty of care, hospitality, kindness to others
Pākehā	European New Zealander–NOT “pig” (poaka=pig)
Raupatu	Confiscate, take by force
Noa	Safe from tapu, non-sacred, not restricted
Tapu	Sacred, prohibited, restricted
Whānau	Extended or non-nuclear family
Whenua	Land and placenta

He whakapātaritari – A challenge

How many of these words were you already familiar with? How many of them do you use in your everyday conversations? Extend yourself by learning more of these kupu māori and start to embed those in your vocabulary as well.

I mōhio rānei koe? Did you know?

Following years of protest, court hearings and agitation, Māori television was launched on 28 March 2004 and it is now known as Whakaata Māori.



Peruse the channel. You may be surprised by what you know, and you may well find some programmes of interest to you and your whānau. They have a great selection.

Ahakoā he iti, kōrerotia te reo kua ākona e koutou, kia whakamanahia ai te reo Māori. E whakamoemiti ana.

Although it may be small, speak the language that has been learnt, so that the Māori language may be empowered. Thank you.

If you have any questions or feedback, please make contact via the email below. [Hauora.
Maori@cdhb.health.nz](mailto:Hauora.Maori@cdhb.health.nz)

International winter warmer recipes

Name: Kadhi

Country of origin: The western state of Maharashtra, in India

Dish: Vegetarian curry

Ingredients

For making the curd mixture

- › 1 cup curd (yogurt) – fresh or sour full-fat curd
- › 2 to 3 tablespoons besan (gram flour/chickpea flour)
- › 2 cups water

Other ingredients

- › 1 tablespoon ghee (clarified butter) or oil
- › ½ teaspoon mustard seeds
- › ½ teaspoon cumin seeds – optional
- › 1 or 2 green chilies slit down the middle
- › 1.5cm piece of ginger, made into a paste, minced or grated
- › 5 to 6 curry leaves
- › ¼ teaspoon turmeric powder
- › 2 pinches asafoetida (hing spice) – available in Asian and Indian food stores
- › salt as required
- › ¼ teaspoon sugar or add as required
- › 1 to 2 tablespoons chopped coriander leaves (cilantro leaves)

Instructions

Mix curd, water, and gram flour in a bowl. Thoroughly whisk the batter to remove any lumps. Set aside.

Heat ghee or oil in a pan. Add the mustard and let them crackle before adding the cumin. Stir and add the green chilies, ginger, and curry leaves.

Sauté for a few seconds, then add the turmeric powder and asafoetida.

Pour the curd mixture into the spice mixture. Season with salt and sugar and stir very well.



Let the kadhi come to a gentle simmer on a medium heat. Continue to simmer till the kadhi starts to thicken. Stir at intervals. The longer it simmers, the thicker it will become so choose your preferred consistency.

Taste before serving and add more salt or sugar if required.

Finally, garnish with chopped coriander leaves. Serve the maharashtrian kadhi hot with steamed rice and vegetables or on its own topped with a bit of ghee along with papad (papadum) and pickle.

"I love this dish because it is extremely easy to make and requires just a few ingredients. It's great when you get home from work and want to make something that is quick, healthy, and comforting."

Ruchita Bharbhari – Senior Communications Advisor

We would love you to share your favourite winter dishes from around the world. Hearty, healthy (or a little naughty is okay too!), tasty and simple dishes that express your culture, a place that means a lot to you, or just food you love to eat. [Click on this link to submit](#). If you have any issues, please email communications@cdhb.health.nz

Whakamihi – Bouquets



Jenny Cox, Community Service Team, Christchurch Hospital

I would like to express my deepest gratitude Jenny Cox from the Community Service Team.

She was absolutely amazing with her kind attitude to my mum, to my family and to me in this very stressful situation. Her support and professionalism helped us to get through the difficult time when we needed to make a very tough decision and go through the process of assessment for Mum. Jenny is very kind, supportive and professional. Please send her our appreciation and tell her that we are very happy with her service.

Day of Surgery Admission (DOSA), Christchurch Hospital

I had occasion to spend part of my day at DOSA for surgery to have lesions removed from my head. I would like to compliment everyone connected with my care, it was absolutely brilliant, from the nursing staff through to the orderlies. Thank you all for your care and making what to me was a scary experience to be a lot less scary. Once again, thank you.

Ward AG, Burwood Hospital

My friend has been in here for two weeks now. I am ever so happy and pleased for my friend that there is a place for him to come to. I guess from me to you all gratitude comes to mind. Thank you.

Maternity Ward, Christchurch Women's Hospital

Very friendly and kind staff. Very supportive through my labour and birth. Very caring and helpful. No words to thank enough those beautiful souls who work there. Doctors, nurses, midwives, kitchen staff. Thank you again to everyone. You are all heroes!

Child Health Services, Christchurch Hospital

My husband and I want to pass on our thanks to the medical staff who helped our son. Everyone we encountered was calm, patient and kind, which made the experience much less stressful for us all. We appreciate the time everyone took to treat him and to thoroughly investigate the symptoms he presented with.

Nick Buchan and Ben Hindson, Christchurch Hospital

I write to express my gratitude and that of my partner for what can only be described as 'world class' service by doctors and nurses of Christchurch Hospital in the treatment and care received for cancer. Now that I have had a period to recover from my chemo and radiation treatment and again feel as fit and healthy as I guess an 81 year-old can expect, I can look back on the months of treatment received and put some perspective on that process. The numerous letters, information packs and text messages received give me a vivid recollection of just the extent of treatment received over a five-month period, which virtually commenced as my partner was concluding her six months of cancer treatment. Under the supervision of Mr Buchan and Dr Hindson, your team of specialists, radiologists, technicians, nurses etc, set about the process of eliminating the bladder and small cell cancer my body contained. The whole programme in its various components seemed to go like clockwork, as I was passed from one department to another. The care and individual attention I received from each and everyone in the hospital put a 'kind human' face on the very technical process and one which made it easier to cope with. Having accompanied my partner to many of her treatment sessions, I was better prepared for what was to come. Please pass mine and my partner's grateful appreciation to your hospital staff. We cannot thank them enough for what no doubt has extended our respective lives.

Intensive Care Unit (ICU), Emergency Department (ED) and Parkside Ground Medical (PGM), Christchurch Hospital

The standard of care offered by the ICU team and ED medical staff was outstanding. Christchurch Hospital is fortunate to have such quality staff who deserve to be recognised. The doctors and technicians went about their tasks in a calm, professional manner. The nursing staff in the PGM ward showed dedication to their role, were professional and very helpful. It was evident from observing that there was a good team spirit and culture amongst the staff. I have nothing but praise for the care I received.

Ward 11 and Physiotherapy, Christchurch Hospital

I would like to say that during this time in hospital I had excellent assistance from all staff I had contact with. They were all excellent. I eventually got to see Physiotherapist Benn Dickie who was also very good. I would also like to make a comment on the doctor I was in the care of I think his name was Alex, I found his bedside manner very good.

ED, Christchurch Hospital

Having read and heard of the hospital staffing problems prior to my emergency admittance, I was not expecting the care and treatment I received. Please convey to all involved my gratitude for a very professional but very personal experience. The atmosphere in the assessing ward and the next ward I was transferred to, was far removed from the hospital I recall when I had my tonsils removed some 70 years ago! Nothing better than a bit of laughter and banter when one is unwell.

Feeling all sorts of emotions is normal in difficult times.



Ā mātou kōrero – Our stories

“State of the art” Building Management System

Te Whatu Ora Waitaha Canterbury is now operating a high-tech Building Management System (BMS) which is saving money and staff time.

The Tridium Niagara 4 architecture for our BMS is considered by many as one of the best, most flexible and innovative systems available, says Services Engineer Mark Byers.

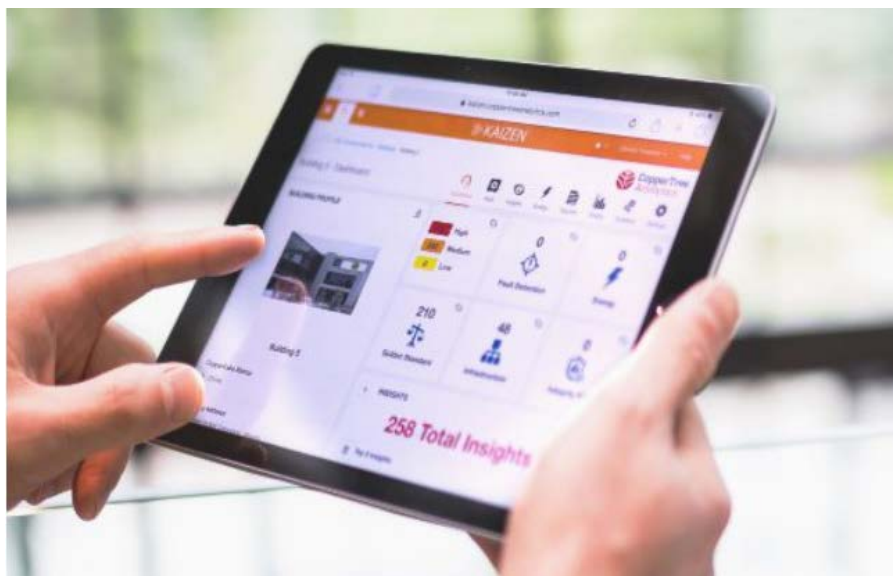
“What we have developed here in Waitaha would be a good benchmark for other Te Whatu Ora hospitals to compare to. I am confident that what we have is state of the art.”

Mark explored available systems over an 18 month period, looking at factors such as:

- › Cost of ownership and support (Tridium is 58 percent cheaper than our former and other BMS systems)
- › Reliability and ease of recovery after a failure (a simple SD card removal and replacement means we can get a site back up in less than one hour – previously it would be at least a week)
- › Openness and use in health care and that could it be programmed in-house by our own Maintenance and Engineering (M&E) staff (now there is one person globally certified and others are in the pipeline).

“The objective is to reduce our human intervention and have technology work for us 24/7. We want the BMS to make automated decisions and provide our maintenance teams with ‘insights’ and direction. People leave and retire – a resilient BMS can capture useful people knowledge, add global best practice, and enable this knowledge to be used effectively moving forward,” Mark says.

“We used to have a very reactive situation in M&E based upon the amount of BMS alerts we were getting. Now we have gone from about 3000 standing alarms to a manageable number of less than 100, and we can respond to this level effectively.



Our BMS analytical package as it appears on an iPad or laptop so users can be mobile with data at their finger tips

“Using one of the BMS’s analytics tools, it showed we could achieve savings of \$28,000 a year in our Outpatients facility alone. We have implemented changes to release 70 percent of this and are working on the remainder now. ”

The BMS team has just heard that the Energy Efficiency and Conservation Authority (EECA) will fund up to 40 percent of the BMS Coppertree Kaizen analytical software.

“This is gold, it means reduced Te Whatu Ora capital spend and with approvals we can now roll this out across remaining campuses,” Mark says.

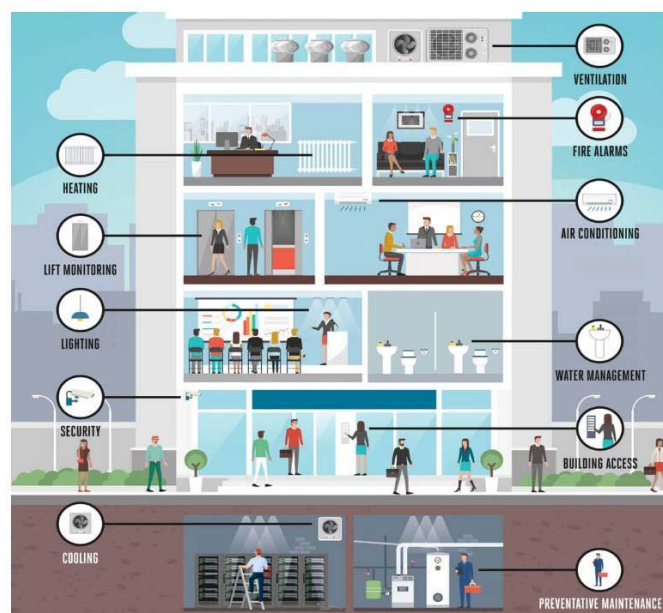
Twenty-four hour shift engineer positions have been able to be replaced with standard eight-hours a day, Monday to Friday technician roles, with one person on-call after hours.

“We now have a more BMS technically focused staff. This means we can focus on things such as planned predictive maintenance, in-house programming of the BMS additions and in-house fault finding of complex BMS issues that previously we needed BMS specialists to help us with.”

“What these three points achieve is a measurable cost reduction in use of third-party fault-finding in the order of \$80,000 plus a year. We can now apply approved operational expenditure on designing out the BMS fault conditions and eliminating these fault situations long term.”

Our organisation’s infrastructure is too large for manual control and to employ the staff to provide manual control effectively, he says.

“The BMS takes pressure off managers and staff to monitor data and adjust settings. The BMS has a single-user interface that saves people time by bringing relevant information and controls together in one place.”



This diagram is a representation of the BMS infrastructure in a building

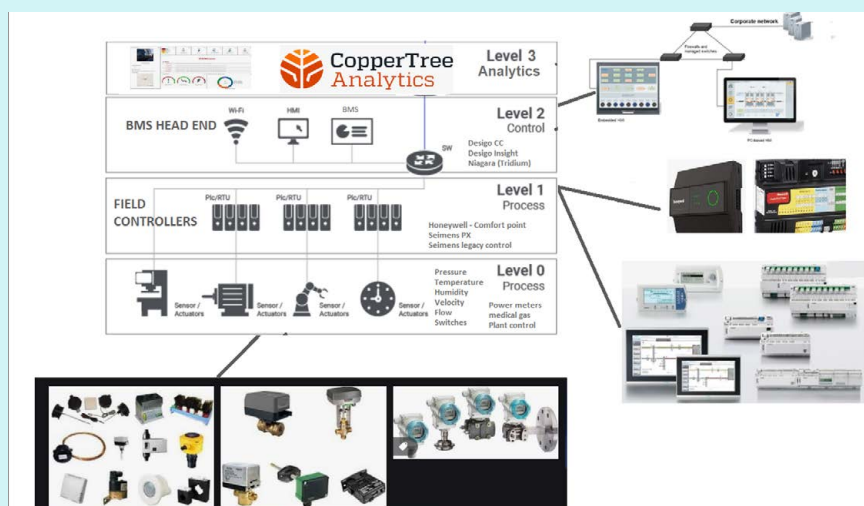
The First Building Management System (BMS) was installed in Christchurch Hospital around 1999. Today, our BMS measures and monitors our Waitaha buildings and mechanical plant from Kaikōura to Akaroa and out to Ashburton. A smaller BMS monitors Te Tai Poutini West Coast’s Te Nīkau, Grey Hospital and Health Centre and Buller Health.

What is a BMS?

A BMS is a distributed suite of software and hardware that enables control and monitoring of our hospital’s infrastructure systems. It allows real-time monitoring and optimisation of infrastructure, managing patient and staff safety by controlling air flow and providing a comfortable environment. The BMS also provides notification of any faults or abnormal situations before patient and staff environments are compromised.

Waitaha Canterbury’s BMS is designed around the Purdue model (shown right).

It manages utilities such as heating, cooling, air, and electrical power, mechanical plant such as water and waste management, heat pumps, energy recovery, medical gas bulk storage and distribution, and air extraction systems – to name just a few.



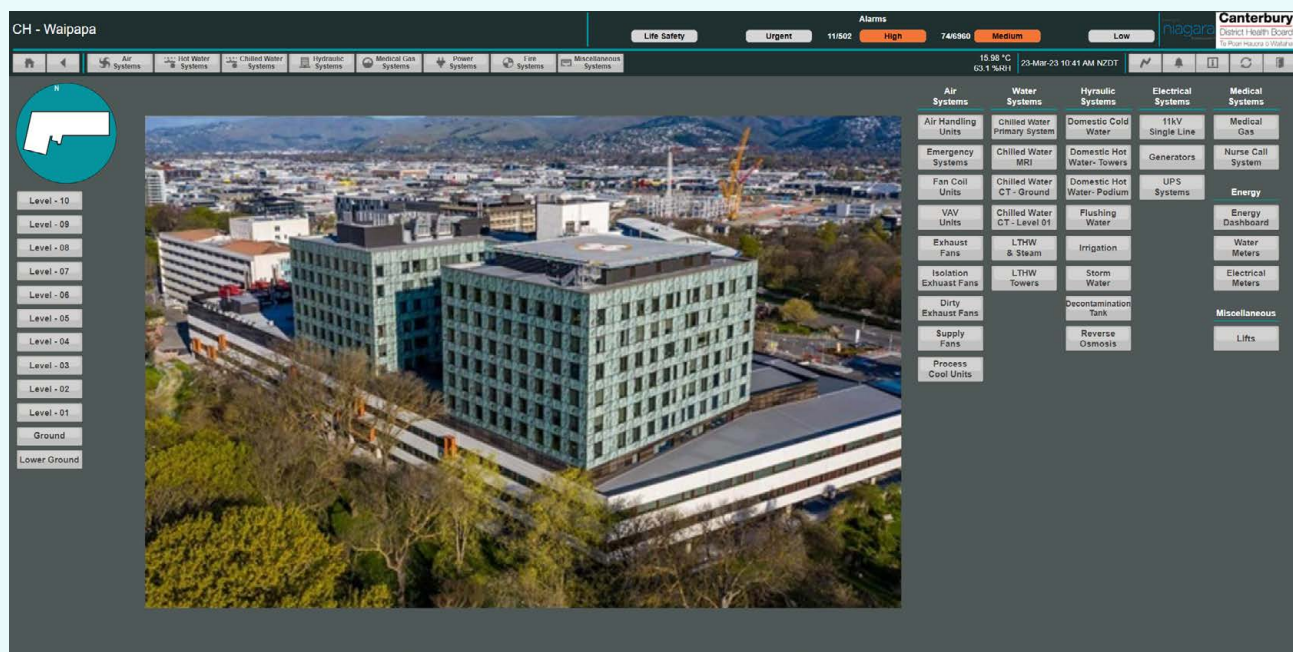
The BMS structure follows the global Purdue model. This diagram shows the layers of BMS devices and how they interconnect

It also controls room temperature and humidity, CO2 levels, lighting management, fire systems monitoring, lift monitoring, alerts and much more. Analytical software hosted in secure cloud-based global systems alert maintenance teams to any abnormal conditions.

A BMS has performance management and reporting capabilities, to meet energy consumption and energystar™ rating targets. It can quickly translate real-time data for rapid decision-making, enabling early identification of equipment failure.

Buildings can become less efficient as operational patterns change and equipment performance declines. A BMS can implement diagnostics for most heating, ventilation, and air conditioning components, and detect when a component is starting to fail. Operators can be alerted to begin preventative maintenance.

A web-enabled BMS can anticipate favourable or extreme weather conditions and adjust heating cooling and ventilation sequences for the most efficient outcome. For example, if the BMS anticipates a hotter than normal day, it can automatically pre-cool the building to take advantage of off-peak energy.



The Waipapa BMS home page

Why do we use a BMS and how does it help our staff and patients?

BMS allows control and optimisation of infrastructure to create the environments required by staff, and patients.

Energy-saving strategies that can be enabled include:

- › precise start-up and run times
- › economy cycle including CO2 occupancy control
- › adjusting for seasonal conditions, including variable plant sequence selection
- › air pressure and coolant temperature control.
- › the BMS can also flag excessive energy use, such as equipment left on when not needed.

People with chronic pain and health providers build whanaungatanga (relationships) at wānanga



A project which brings consumers and health providers together to co-design a new model of care for people with chronic pain recently held a wānanga – a forum to observe, listen and learn.

The wānanga was designed to build whanaungatanga (relationships), learn from each other and capture ideas about what type of support is needed for people living with chronic pain (long-term condition that often starts as an injury, accident, or illness) and their whānau.

The wānanga provided a safe space for consumers to share their journey through the health system.

“I’m grateful to the consumers and providers for sharing their stories throughout the project and at the wānanga, some of which were deeply personal and often extremely painful experiences,” says Project Manager Gareth Frew.

“They really made an impact that has set a strong sense of responsibility amongst those working on the project to improve the support that is offered to people with chronic pain.”

Consumer Lead Chelsea Skinner says she loves being a part of a project that is doing co-design authentically, with consumers at every stage, rather than a last-minute consideration.

“It has been rare in the chronic pain space to have everyone working together on a common goal,” says Chelsea.

“This co-design approach is not only about the destination, but also the journey. It also allows you to ask the question – ‘Who is not at the table?’ so that we are making sure everyone who needs to be involved in the project, is there from the start.”

Lincoln-based General Practitioner Jenny Lawrenson said the wānanga gave her hope that we can create a model that will reach more people in need and in an efficient and sustainable way.

“Whilst what I heard was no surprise, it was powerful to hear it directly from those involved and wonderful to discuss in person what we might be able to do.”



From left, General Practitioner Jenny Lawrenson and Physiotherapy Specialist Tracey Pons at the wānanga

To connect with clinician colleagues and hear their struggles and those of the consumer/patient was invaluable.

“I would love to see a model that incorporates more community-based care so this community can access wraparound support earlier, and my tertiary colleagues who have invaluable skills and expertise can support people who really need their help,” she says.

The project is using the [Kia Kotahi Partnership in Design Framework](#), a values-based framework which ensures that people and their whānau are at the centre of designing equitable health services in a genuine and purposeful partnership.

What was discussed at the wānanga is now being collated and the next step is to come together again to ensure everyone’s voices were heard and captured accurately and focus on whakaritenga (develop ideas and new directions through alternative thinking) and tuhituhinga (form and plan solutions together) for a revised model of care for Chronic Pain.

Strengthening buildings will achieve higher standards of seismic resilience

The Facilities and Infrastructure project team at Christchurch Hospital is hard at work making the Parkside building more seismically resilient, alongside other improvements.

Remedial works were approved to get the building to an Importance Level (IL) of four (IL4) after it was damaged in the 2021 earthquakes. The New Zealand Building Code defines the significance of a building by its IL. This is based on the importance of the building to society. Buildings that must be operational during and immediately after an earthquake or other disastrous event are IL4.

Executive Director Facilities and Infrastructure Rob Ojala says most office buildings are IL2, which means they protect the occupants during an event and provide safe evacuation but might not be safe to use after the event.

Parkside is made up of four separate structures and work has commenced on Parkside A and B (East) which is about half the whole structure, to elevate the building to IL4. This involves precast panel strengthening work to Parkside A and B, structural strengthening of Parkside A, and installing fluid viscous dampers (FVDs).

“By installing FVDs internally and externally, as well as strengthening works to the corridor links with the Clinical Services Building, the upper levels of Parkside A will become more rigid,” he says.

FVDs have been used in high seismic regions of the world and are a relatively new technology in New Zealand. They work on a similar principle to shock absorbers in a car or mountain bike. FVDs consist of a cylinder that contains chambers filled with silicone oil and a stainless steel piston. The Christchurch Hospital Outpatient Building has FVDs.

During an earthquake, the piston is forced through the cylinder, the oil moves through small openings in the piston head, and earthquake energy is transformed into heat. This dissipates into the atmosphere by absorbing earthquake energy. FVDs reduce the seismic demands that would otherwise be experienced by the building. This reduces the damaging effects of building movement.

Installing FVDs is an improvement that we are making to achieve higher standards of seismic resilience, Rob says.

The initial project work started in 2018 after receiving Crown funding and the on-ground work started after the new Waipapa building opened. The project is due to finish in the second quarter of 2023.



How Fluid Viscous Dampers (FVDs) function



FVDs installed

Key milestone reached in roll out of Health Connect South / HealthOne across South Island ARC facilities



More than 90 percent of Aged Residential Care (ARC) facilities across the South Island are now key players in the Health Connect South (HCS) / HealthOne (HI) space, which allows ARC teams to access their residents' shared electronic care records.

Shared Care Planning Programme Lead and Product Manager Rebecca Muir says this equates to 715 key staff at ARC facilities now having access to HCS/HI from 185 facilities across the South Island with 87 of those in Canterbury.

"This milestone means more ARC residents are benefiting by receiving timely and informed care, because their carers can view their up-to-date health information at the press of a button."

This information includes lab results, transfer of care letters, outpatient appointments, as well as shared care plans, which is an exciting development because it means ARC teams can view, update and create plans to help manage their residents' care.

"Part of the shared care plan ethos is that everyone involved in a person's care, is involved with their plan/s, so for them to be a truly useful tool we need all health teams to play their part," she says.

The four shared care plans are: [Acute Plan](#), [Personalised Care Plan](#), [Advance Care Plan \(ACP\)](#) and ARC Shared Goals of Care, which is a plan that the resident, clinicians and whānau create together, and includes the resident's values and treatment options while they are living in the ARC facility.



The project has illustrated several benefits for residents and staff.

"It is anticipated that ARC facilities having access to HCS/HI will have system wide benefits moving forward, particularly with regards to time saving and informing decisions made around treatments," says Rebecca.

For further information contact [Catherine Jordan](#) or go to the [Shared Care Plan page](#) on the CCN website.

Creating accessible documents and information

This is the eighth item in the series providing tips on creating accessible information and documents. For previous tips refer to [Tips and tools](#).

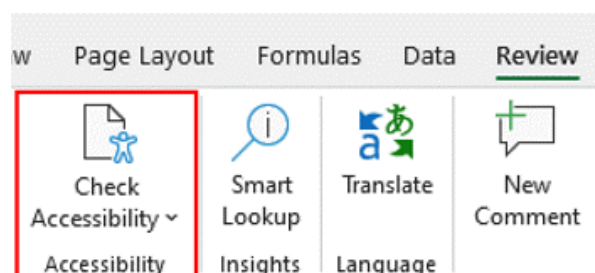
The items in pānui over the previous seven weeks have covered how to produce accessible Information. It is now time to give tips on how to check your created information for accessibility.

MS Office has an 'Accessibility Checker'. This is built in to later versions of Word, Excel, Outlook, PowerPoint, etc. It allows creators of information to check their work for accessibility.

Before sending your Outlook email message or sharing your Word document, Excel spreadsheet, or PowerPoint presentation, run the Accessibility Checker to make sure your Microsoft 365 content is easy for people with disabilities to read and edit. To find out which apps have the Accessibility Checker, go to [Make your content accessible to everyone with the Accessibility Checker](#).

Use the Accessibility Checker

1. On the ribbon of the Microsoft 365 app, select the Review tab. If you're using Outlook, you'll only see the Review tab when writing or replying to messages.
2. Select the upper part of the Check Accessibility split button. The Accessibility pane opens to the right of the screen. The Accessibility ribbon activates at the top of the screen.
Tip: To see more options, select the lower part of the Check Accessibility button.



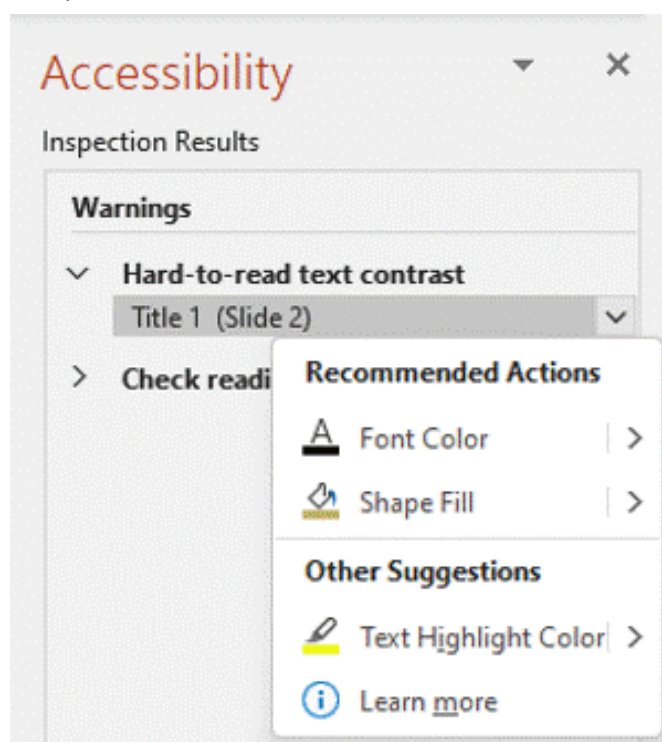
3. In the Accessibility pane, review and address the findings as instructed in [Apply recommended actions](#).

Apply recommended actions

In the Accessibility pane, you'll see a list of errors, warnings, and tips with how-to-fix

recommendations for each. To quickly fix the issues, apply one of the recommended actions. For more information on how the findings are categorised, go to [Rules for the Accessibility Checker](#).

1. In the Accessibility pane, select an issue under Warnings or Errors. The list expands and shows the items and objects affected by the issue.
Tip: To view the exact location of the affected item or object, select the item or object.
2. To address the issue, select the down arrow button next to it. The Recommended Actions list opens.



3. To apply a one-click fix, select an action from the Recommended Actions list. To view more options, select the right arrow button next to an action (if available).
4. Go through and resolve each issue under Warnings and Errors.

To learn more about creating accessible documents, look out for further items in future pānui. They will cover alt text, customising hyperlinks, videos and signage.. For any queries, please contact the Communications team on Communications@cdhb.health.nz.

Pānui – Notices

Something For You

Something for You is the Te Whatu Ora – Waitaha Canterbury employee benefits programme. The deals offered are from the New Zealand business community to say thank you for all that you do.

Please see below offers for you.



Parkside Pharmacy – 32 Oxford Terrace, Christchurch

Get 10 percent off the recommended retail price of all products except prescriptions, pharmacist-only medicines and items on special. Show your staff ID to redeem.

THE GALLERY



The Gallery Gym – 190 Montreal Street, Christchurch

Pay only \$7.99 per week (no contract and \$49.99 joining fee). Show your staff ID when signing up.



Cruise Milford

Get \$30 off your cruise (discount is off the normal rate) [more details here](#).



Waimakariri Aquatic Facilities – Kaiapoi, Oxford, Rangiora

Get 30 percent off all standard swim concession cards and memberships. Show your staff ID to redeem.



Northwood Skin and Body – Northwood Supa Centre, 1 Radcliffe Road, Belfast

Get 15 percent off all full paying services. Show your staff ID to redeem, [see more information here](#).

QUIZ ANSWERS – One-hit wonders

1. b. Erica
2. c. Friends
3. a. Under Pressure (David Bowie and Queen)
4. b. Toni Basil
5. d. Harlem Shake
6. c. Have your friends collect your records and then change your number
7. a. Robin Williams
8. b. Dirty Dancing
9. a. Turning Japanese
10. c. gas

Help make IT safer – please take part in our survey

Te Aka Whai Ora and Te Whatu Ora are focused on improving our collective online safety and data security. As part of this work, we want to understand what our kaimahi think, feel, and do when it comes to online security. Everyone has a role in keeping data and systems safe and secure, so please pass the survey on to your colleagues. The more you can tell us about what help you need, the better placed we are to support you. Cyber security is a team effort. When we practice good online security, we help protect ourselves, colleagues, patients and whānau.

You can take part by visiting the survey directly, or by using the QR code right:

- › The survey is open now and will run for a month.
- › Your results will be confidential and anonymous and will be grouped with others' responses for analysis.
- › Please be careful not to give information in your responses that might identify you (such as your name or email address etc).

We appreciate your time and support.



Latest news from CCN

In CCN's latest newsletter read about Kia Kotahi Partnership in Design, Disability Guidelines to help support disabled people in health settings to improved communication and accessibility and [much more here](#).

Free medicines to treat COVID-19

COVID-19 antiviral medicines are free if you became sick with COVID-19 in the last 5 days and you are eligible for the medicine.

These medicines are available from a doctor or nurse with a prescription. They can also be given by many pharmacies without a prescription after a health check, which can be done by phone.

If you have COVID-19 and your symptoms get worse or you need urgent medical care, call your local healthcare provider or Healthline on [0800 358 5453](tel:08003585453)

COVID-19 medicines

