A SNAPSHOT OF HOW WE'RE DOING

Canterbury Health System Quality Accounts ***2014-15***

Canterbury District Health Board
Te Poari Hauora ō Waitaha

our health system

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Disclaimer:

We have endeavoured to ensure that information in these Quality Accounts is accurate at the time of printing.

Welcome to our Quality Accounts

Everyone who works in the Canterbury Health System plays a crucial role in ensuring we deliver safe and high quality health and social services. We are all part of one Canterbury Health System, making a better environment for the people of Canterbury.

In Canterbury, we are strongly motivated to do the very best we can to deliver the most efficient and effective services possible to improve the health and well-being of the people living in our community.

Our vision is a truly integrated health and social services 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. At its core, our vision is dependent on achieving a 'whole of system' approach where everyone in the health system works together to do the right thing for people, their Whānau and the system. At Canterbury District Health Board (DHB) we support the New Zealand Triple Aim of: improved quality, safety and experience of care; improved health and equity for all populations; and best value for public health system resources.

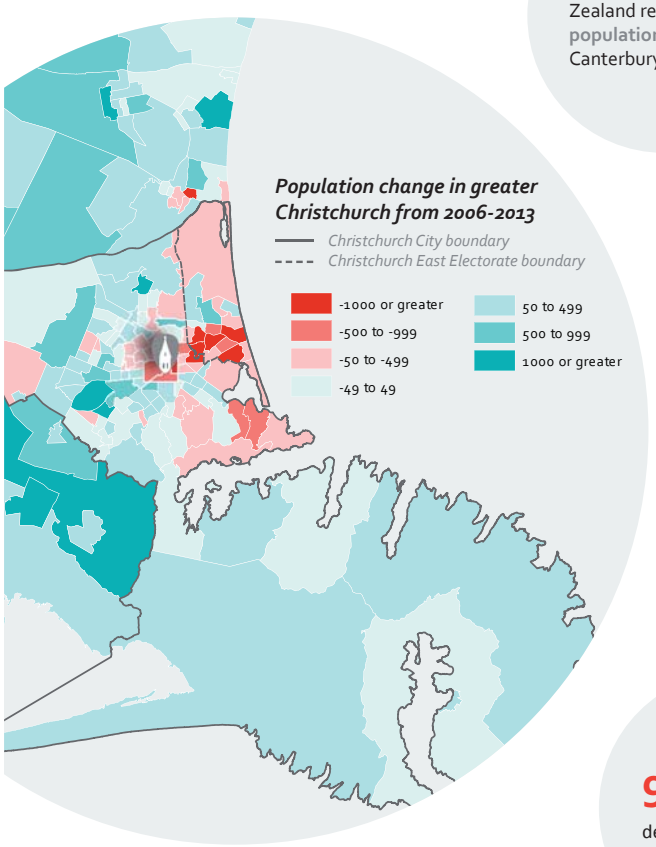
The Quality Accounts demonstrate our commitment to high quality health care, how we progress with continuous quality improvement, and how we monitor quality and safety. We have also worked hard to achieve the Ministry of Health Targets. We have met most of the Government's expectations and have made significant progress in the targets we did not achieve. For example, in the past year the number of smokers seen in primary care who are provided brief advice and support to quit has increased from 75 to 89 percent. We have also increased the number of eligible people having had their cardiovascular risk assessed in the past five years from 66 to 82 percent.

In the coming year we will remain focused on achieving the Ministry of Health Targets, the Health Quality and Safety Commission's Quality and Safety Markers and on a number of initiatives to reinforce our commitment to continuous quality improvement.

Everyone who works in the Canterbury Health System plays a crucial role in ensuring we deliver safe and high quality health and social services. We are all part of one Canterbury Health System, making a better environment for the people of Canterbury. We have every confidence that our people have the aptitude and drive to build on the successes captured in this set of Quality Accounts, and that we will continue to support a culture of continuous quality improvement and innovation.

David Meates
Chief Executive,
Canterbury DHB

Diana Gunn
Chair,
Canterbury Clinical Board



11.4%
of the total New Zealand resident **population** live in Canterbury.

We are becoming more diverse
2.6% are **Pacific.**
8.2% are **Māori.**
7.5% are **Asian.**

15%
of our population are aged **65 years or older**, up from 13.4% in 2006. The national percentage of people aged 65 years or older is 14.3%.

9.8%
decrease in **one-parent families** with dependent children.

32%
Increase in the usual resident population of the **Selwyn district.**

1,281
more **two-or-more family households** than in 2006.

Data source: *Statistics New Zealand, Census of Population and Dwellings, 2013.*

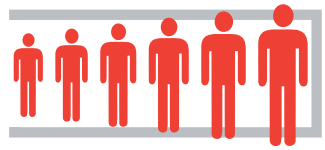
Who makes up THE CANTERBURY DHB Community

The Canterbury region has undergone significant changes since the previous census was conducted in 2006. The results of the 2013 census indicate how the profile of our population has changed. Consideration of these changes is crucial to the planning of future health services in Canterbury, and are the basis for our population funding.

529,905
residents

Our population growth

Our funded population has increased from 483,300 in 2006 to 529,905 in 2015. A growth rate of 9.6%.



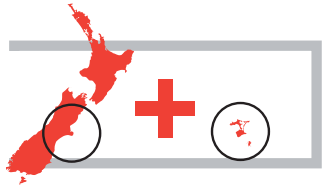
8,260
more males aged 20-29 than in 2006.*

Our rebuild population

There has been a noticeable increase in the number of males aged 20-29 years between 2006-2013. An increase of 25% compared to a 10% increase in females of the same age. This most likely reflects the workers coming into the region for the Christchurch rebuild.

Inclusion of the Chatham Islands

From July 2015, Canterbury will assume responsibility for the population of the Chatham Islands. The islands are located 840km east of Christchurch with a population of 600 people.



What we do not know*

The 'real' number of rebuild workers

Our resident population only includes people that listed their usual residence as being in our region. Rebuild workers that have come from other parts of the country, or overseas, and do not consider Canterbury to be their place of usual residence, were not counted in our resident population. MBIE data suggests close to 28,000 people coming into Christchurch for the rebuild.

Data source: *Statistics New Zealand, population projections based on the 2013 Census.*

ON AN Average CANTERBURY DAY

16 babies are born in Canterbury facilities

258 attendances at Canterbury DHB Emergency Departments

46 people have elective surgery

318 people are discharged from hospital

442 consultations are delivered by specialist mental health services+

57 people receive brief intervention counselling in primary care

133 people have a cardiovascular disease risk assessment

205 children have a dental check+

236 under 18 year-olds have a free influenza vaccine *(during FLU season)*

91 women have a cervical smear

5,139 laboratory tests are completed

49 adolescents access free oral health care+

105 people receive support and advice to quit smoking

16 children receive a Before School Check (B4SC)

90 women are screened for breast cancer

8 people are given a green prescription—a referral for increased physical activity

12 older people received a comprehensive clinical assessment—using InterRAI

15 8 month olds completed their vaccinations

+ represents the 2013 calendar year. All other figures are for the 2013/14 financial year and are based on the DHB's Annual Report.

THE CANTERBURY VISION

OUR VISION: AN INTEGRATED HEALTH SYSTEM THAT KEEPS PEOPLE WELL AND HEALTHY IN THEIR OWN HOMES

The Canterbury way: A whole-of-system approach

Our vision is a truly integrated health and social services 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.

Canterbury is the second largest of New Zealand's 20 District Health Boards (DHBs) - by both geographical area and population size. We serve a population of 529,905 people (11.5 percent of the New Zealand population), cover 26,881 square kilometres and six Territorial Local Authorities. We manage a budget of approximately $1.6 billion. We own and manage six major facilities: Christchurch, Christchurch Women's, Hillmorton, Burwood, The Princess Margaret and Ashburton Hospitals, and almost 30 smaller rural hospitals and community bases.

While our responsibility is primarily for our own population, the Canterbury DHB also provides an extensive range of highly specialised and complex services to people referred from other DHBs, where these services are not available. Over 7,000 people from other DHBs were discharged from Canterbury hospitals in 2014 and over 11,000 people had outpatient visits. These specialist services include: eating disorder services; brain injury rehabilitation; child and youth inpatient mental health services; forensic services; neonatal services; paediatric neurology; specialist diabetes and respiratory services; cardiothoracic; haematology; oncology; neurosurgery; plastics; gastroenterology; and ophthalmology services. There are also some services we provide on a national or semi-national basis: including laboratory services; endocrinology; paediatric oncology; mental health forensic services and spinal services.

Every year Canterbury delivers almost half of all the elective surgical services provided in the South Island and provides over $108 million of tertiary and specialist services.

We are the single largest employer in the South Island, employing more than 9,000 people across our hospitals and community bases. A similar number of people are employed in delivering health and disability services in Canterbury – funded either directly or indirectly by the Canterbury DHB.

The focus on a whole of system approach and an integrated, connected system is not new in Canterbury. In 2007, health professionals, providers, consumers and other stakeholders came together to rethink the future of our health system. The challenges we faced were well understood. There were growing numbers of older people and people living with long-term conditions and disabilities, capacity all across our health system was stretched. At the same time health budgets were under increasing pressure. We knew if we didn't actively transform the way we delivered health services, by 2020 Canterbury would need 2,000 more aged residential care beds, 20 percent more General Practitioners and another hospital the size of Christchurch Hospital.

We began reorienting our health system around the needs of our patients and our population. To achieve our vision, we have three clear strategic objectives:

- The development of services that support people/whānau to stay well and take greater responsibility for their own health and wellbeing.
- The development of primary and community-based services that support people/whānau in the community and provide a point of ongoing continuity (which for most will be general practice).
- The freeing-up of hospital-based specialist resources to be responsive to episodic events, provide complex care and provide specialist advice to primary care.

Our Quality Accounts

The Quality Accounts are a collaborative effort from staff across our health system. Every effort has been made to ensure we provide a system-wide account of the improvement and innovation activities happening throughout Canterbury. Our spotlight areas, together with our National Health Targets and Quality and Safety Markers, provide you with a snapshot of how we are doing and highlight some key areas of work.

The spotlight areas are strategies from the Canterbury DHB outcomes framework (featured on page 58), plus a "Consumer experience" section and a section about facilities redevelopment – "It's all happening". These were included in our last set of Quality Accounts because they are important development areas for Canterbury and it was felt they would be of interest and benefit to our readers. Each spotlight area consists of a consumer story and two pages of quality improvements/initiatives. Later in the document is our "How we measure up" section, a performance review comparing our progress with the National Health Targets and the Quality and Safety markers set by the Health Quality and Safety Commission. This document concludes with the "What next" section, in which we confirm our commitment to continuous quality improvement and priority areas for the coming year.

This production was overseen by a sub-group of the Canterbury Clinical Board, which included representation from Quality and Patient Safety, clinicians, the Executive Management Team, Planning and Funding, Community and Public Health, Primary Care, the Canterbury Clinical Network and the Canterbury DHB Consumer Council.

Quality of care and patient safety is core business for Canterbury DHB. Our Quality Accounts will stand beside our Annual Plan and Statement of Intent, Māori Health Plan, Public Health Plan and the South Island Regional Health Services Plan, as our key accountability documents. All these documents are available on the Canterbury DHB website www.cdhb.health.nz

We want to hear from you

We publish the Canterbury Health System Quality Accounts annually so your feedback is very important to us. This feedback will help us ensure the Quality Accounts provide relevant and useful information on the quality of health services being delivered in Canterbury.

You can let us know what you think by emailing qualityaccounts@cdhb.health.nz or by writing to Susan Wood, Director Quality and Patient Safety, Canterbury DHB, PO Box 1600, Christchurch.

Consumer experience

Helping children through radiation therapy

Tracy Morris is very proud of her 11 year old son, Jayden, for the outstanding bravery he has shown while undergoing gruelling treatment for a brain tumour. “He never complained about anything and was incredibly courageous throughout,” she says.

The Morris family were rocked to the core when their precious, sporty boy, a lock on his Invercargill rugby team, and a Southland representative in table tennis, was diagnosed with a rare type of aggressive brain tumour last year.

Their nightmare started one day in November 2014 when teachers at Jayden’s school noticed his behaviour seemed “robotic”. He appeared to be able to hear but wasn’t responding to anyone. Dad, Geoff, picked Jayden up from school and took him straight to Invercargill Hospital’s Emergency Department. By that time he did not even recognise his parents. A CT scan showed Jayden had a tumour in his brain. He had an MRI in Christchurch Hospital the next day.

Jayden had surgery to remove a primitive neuroectodermal tumour and three days later he was kicking a rugby ball around. However, a second MRI a fortnight later showed the tumour had returned and Jayden began 31 days of intensive radiation therapy.

Radiation therapy is a targeted treatment involving the use of high-energy radiation to treat cancer. The patient needs to be completely still during treatment, which can last up to half an hour. If a child cannot stay still for their treatment, it is necessary for them to be put to sleep under a general anaesthetic for every treatment appointment. This can be distressing for the child and family/whānau, and resource-heavy and expensive for the hospital.

Laptops and iPods have been donated for children to watch during treatment. iPod mounts have been developed which can be attached to the treatment couch and can be put in almost any viewing position. The distraction of movies and music during radiation therapy treatment has meant children have been able to remain still, reducing the need for general anaesthetic.

The Christchurch Hospital Paediatric Radiation Team has introduced some other new initiatives for child cancer patients and their family/whānau. One of these, if the family agrees, is a personalised treatment movie. The movie allows the child patient to reflect on their journey and can be used to explain to siblings, extended family, and friends what their treatment was like. The Paediatric Radiation Team treats on average one child every month (about 12-15 children per year), and since the initiative began in 2013 they have filmed 21 treatment movies.

Jayden had one of these made for him and Tracy says she hopes it will one day prove to Jayden how brave he was. “At the moment he doesn’t realise what a courageous person he is. I hope that when he watches this movie when he is older, he will.”

Back row, from left, Radiation Therapists Olivia Dixon, Kimberley Gallagher, Laura Ross, and Allison Perry. Front row, from left, Radiation Therapist Jarrod Murray, Jayden’s sister Samara Morris, and Jayden Morris.

The Paediatric Radiation Team has also introduced a buddy system. The buddy is a person who is a point of contact and support and does not carry out any treatments. Tracy says she can’t speak highly enough of this programme. Jayden’s buddy, Radiation Therapist Jarrod Murray, knew Jayden was a keen table tennis player so set up a table tennis net and played with Jayden before his treatments. He also took him outside to kick a rugby ball around.

“The buddy programme was the most fantastic thing. They paired him with someone who was sporty like him and was a young man he could relate to. Jayden loved him.” Tracy says Jayden will never forget the Paediatric Radiation Team. “We definitely built some amazing relationships with them.”

We recognise that consumers have a unique and essential perspective of health services and are able to provide important information about the experience of care they receive. By working in partnership, we will be able to improve their experience of care, as well as their health and wellbeing.

Consumer participation in decision-making

There are many consumer and community reference groups and working parties involved in the Canterbury Health System. The Canterbury DHB 16-member Consumer Council was formed in 2008, it ensures a strong voice for consumers in health service planning.

In the past year the Consumer Council has been very active, including with the development of these Accounts, the Quality Improvement and Innovation Awards, the Patient Portal, the Hospital Falls Prevention Programme, and the Infection Prevention and Control Committee.

Interpreter Services

Canterbury DHB's Interpreter Service is available for people who use New Zealand sign language or do not speak English as their first language. This ensures that patients are able to participate in making decisions and giving informed consent about their health care and treatment options complying with the Consumer Code of Rights.

The Interpreter Service has 67 interpreters speaking and signing 43 languages, is available 24 hours a day and at no cost to patients.

The Canterbury DHB Interpreting Service was first established in 1996, covering Christchurch and Burwood Hospitals. Gradually over the past 3 years and finally by September 2014 it has gone on to cover requests from Christchurch Women's, Hillmorton and The Princess Margaret Hospitals, Community and Public Health and the Cervical Screening services.

The growth for the service has been significant, with a 26 percent increase in the past year. The average monthly uptake is now 500 bookings. As the population mix of Christchurch has changed and put additional demands on the service for new languages, we have employed two Filipino, two further Mandarin and a Farsi interpreter to cope with these changes in the past 18 months.

Promoting wellbeing in Te Awakura

Te Awakura, Hillmorton Hospital's 64 bed acute adult inpatient unit, has implemented a new wellbeing programme based around the Mental Health Foundation framework "5 Ways to Wellbeing". The framework, led by Physiotherapy and Occupational Therapy, promotes building five actions into daily life to improve the wellbeing of individuals, families, communities and

The growth for the service has been significant, with a 26 percent increase in the past year.

organisations. The five actions are Connect, Give, Take Notice, Keep Learning and Be Active.

As part of this programme, Occupational Therapists are available within Te Awakura, seven days a week. In the weekend they run activities or are available for one-to-one time with consumers. Activities often focus on sensory modulation and associated emotion regulation, relaxation, goal setting, creative projects such as card-making for friends and relatives, self-cares and pampering such as nail and hair care, foot soaks, baking, and recreation/sport. On average 30 consumers join in the weekend activities. Feedback from consumers and staff has been overwhelmingly positive. Consumers note that weekends as an inpatient can be a difficult time, and the Occupational Therapy programme brings a positive focus, a listening ear and useful techniques for promoting recovery.

#hello my name is…

The #hellomynameis campaign was launched in the United Kingdom in 2013 by Dr Kate Granger, a doctor and terminally ill cancer patient. Kate became frustrated that health professionals failed to introduce themselves let alone explain their specific roles in her care. Kate launched the campaign to remind health professionals about the importance of introducing themselves to patients. She believes it is not just about making a human connection, but also about building trust and providing compassionate care.

At the Christchurch Hospital Campus sessions are being offered to remind health professionals of the importance of introducing themselves and explaining their roles. By June 2015 over 150 staff had attended these sessions and the message of the campaign is spreading. Across the campus, staff have started wearing #hellomynameis name badges and are making a concerted effort to introduce themselves to patients and explain their role.

Disability Action Plan

The Canterbury DHB Disability Action Plan will be finalised before the end of 2015. It will include strategic objectives for the next ten years aimed at addressing the barriers that result in health disparities for people with disabilities. It will recognise the United Nations Convention on the Rights of People with Disabilities and align with the New Zealand Disability Action Plan 2014-2019. It will also include priority actions, and will identify how we will measure our success, monitor the Plan and report back to the disability community.

The development of this Plan will help to ensure that the DHB incorporates the perspectives and needs of people with disabilities in a range of areas including: the design and building of new facilities, communication and information sharing, contracting processes, and employment opportunities for people with disabilities.

A peek through the Patient Portal

A key part of our sustainable future health system involves enabling people to take a more active part in their own care. One of the best ways to engage and involve patients is by giving them simpler access to their own health information. This can be offered through a patient portal.

A patient portal allows people to securely access their own health information through a computer or portable device, and so engage more closely with health professionals and make better informed decisions about their own health. Patients can use the portal to check lab results, make appointments, order repeat prescriptions, and send secure messages to their care providers.

Dr Mark Jeffrey, clinical champion of the #hellomynameis campaign

Last year, we tested our own pilot version of a patient portal with 34 participants. We learned that the Canterbury people who took part in our pilot had similar needs to people in countries where portals are already used. Almost 90 percent wanted to know more about their own health so that they could feel more in control of their care, and a similar percentage wanted access to blood test results.

Participants also suggested improvements to the pilot version, including having access to a fuller set of information, historical data, and receiving alerts when information was added. In 2014-15 we are in the early stages of finding the right solution for a Canterbury-wide patient portal.

Preventing harm

Visual cues for safe patient mobility

Falls prevention remains a key focus for the Canterbury health system as a major cause of avoidable harm. The most serious injuries from a fall are head injuries and hip fractures.

Not only is the harm from falls devastating for the person who has fallen, and distressing for their families/whānau or caregivers, but it often means the person may need to stay longer in hospital, become more dependent on others or have a lesser quality of life. Older people have a higher risk of falling than others, and because they may also be frail, the consequences are often greater too.

One of the best ways of not falling is to keep mobile.

In an initiative started last year, visual cues have been standardised across Canterbury's hospitals. From 30 April 2015, visual cues are now displayed at the patient's bedside, worn as a bracelet or tagged to equipment. They indicate to family and staff at a glance the level of assistance a patient requires in moving about.

That's wonderful, I don't feel it's an intrusion at all. We do need that feeling of safety when we get older."

Mrs Betsy Hay with her yellow visual cues bracelet and equipment tag

Canterbury DHB Executive Director of Nursing and programme sponsor Mary Gordon says the introduction of a single set of visual cues across our health system is a simple but smart solution and represents another significant advance in safer care. "With a highly flexible workforce often working in more than one location, consistency is hugely important in preventing harm to the people under our care."

Patients who need supervision when mobilising will be given a yellow bracelet, "Keep an eye on me". Patients who need assistance when mobilising will be given a red bracelet, "Give me a hand". There is no green bracelet to signal the patient is independent, as the absence of a red or yellow one does that, but there is a green equipment tag that says, "I'll ask if I need help" because patients we consider independent might still use a walking aid.

Safe Mobility Plan

Betsy Hay has been assessed as requiring supervision to safely mobilise whilst in hospital. Betsy wears the yellow bracelet and has a yellow tag on her walker.

"I'd never heard anything of these bracelets and tags until they came and explained and put one on my walker frame and wrist. I thought it's an extra safety guard for us older people who aren't so good on our feet".

Betsy says being assessed as yellow means "that I'm not as good as I look. It alerts staff that I need to be accompanied. That's wonderful, I don't feel it's an intrusion at all. We do need that feeling of safety when we get older."

Betsy's Safe Mobility Plan can also be viewed at her bedside by staff and family.

Providing excellent care to the people of Canterbury is always the priority for those who work in our health system. However we know that people are fallible, that there are known risks with many procedures, and that there are additional risks for some groups of people when they are in hospital. Our job is to design systems that take this knowledge into account and to act to buffer our patients against harm.

HealthOne

HealthOne, Canterbury's electronic patient information sharing system, allows healthcare providers quick access to your health information, such as your test results, allergies, medications, general practice summaries and hospital information. This helps them to make safer, faster and better-informed decisions about your care.

HealthOne was formerly known as Shared Care Record View or eSCRV, but neither name really described what it did and people found it difficult to say or remember what it meant.

HealthOne has helped Canterbury achieve one of the lowest rates of acute admissions in New Zealand. Our rate of acute admissions to hospital in 2014-15 was 30 percent less than the national average.

Flight transfer during pregnancy

In remote regions such as the West Coast, transportation often seems slow to arrive in an emergency situation. Waiting can cause high levels of anxiety for those isolated. Up to 50 pregnant women are transferred by air ambulance, or occasionally by helicopter, each year.

Patient being transported in an air ambulance

In January 2015 the 'In-Utero Transfer Between Hospitals' policy was re-written to streamline the co-ordination process for transport, including short practice steps for each scenario, such as transfer out of Christchurch Women's Hospital (CWH), mostly when the Neonatal Intensive Care Unit is full; or transfer into CWH for specialist care. The steps were colour coded for each profession, to allow them to be easily applied in an emergency.

A pamphlet has also been developed to inform all women who are urgently transferred. It is the first of its kind in the country, and encourages consumer feedback to enable us to further improve this service.

Preventing pressure injuries in children

Pressure injuries (also known as bed sores) are injuries to the skin and underlying tissue from prolonged pressure/friction on the skin.

Patients who cannot move are at high risk of pressure injuries. Babies and children, in particular, may not be able to speak up when something is causing them pain. Medical devices, such as IV luers (a plastic tube that delivers medication into the body), plaster casts and machines that support breathing also pose a high risk. There is a zero tolerance for pressure injuries at Christchurch Hospital, but results from Canterbury DHB's prevalence study in 2014 showed the overall prevalence of pressure injuries in babies and children was 3 in 100 patients.

Assessors found limited evidence of assessment and reassessment of pressure injury risk. This area needs attention for future improvement.

After the introduction of a new tool and increased awareness and training for healthcare professionals to help identify pressure injuries in this vulnerable group, we expect to see the prevalence of pressure injuries decrease in 2015-16.

Improving medicine management

Through the Electronic Medicines Management Programme we are working towards an electronic system that will give healthcare providers easier access to patients' medication information and enable them to manage medications more safely.

Nurse electronically recording administration of a patient's medication

Last year the Specialist Mental Health Services began electronically recording the prescription and administration of a patient's medications during their hospital stay. From May 2015, Older Persons Health also adopted the electronic drug chart instead of handwritten paper records.

Senior Pharmacist Andrew McKean says the new system is paperless, faster and the information easily readable. "It's great to see the new technology and to be able to use it to make medication administration much safer for patients."

Reporting adverse events

The Canterbury DHB is committed to ensuring that no patient will be harmed as a result of the care they receive. Despite this intent and the best intentions of our competent and caring workforce, sometimes adverse events do occur.

An adverse event is one in which patient care has an unintended consequence resulting in harm. All adverse events are investigated. This enables us to find out what went wrong, learn from them, and put in place measures to prevent harm occurring again. We can then redesign our systems to prevent these events occurring again, improving the safety of our patients.

The Health Quality and Safety Commission produces a report each year detailing the serious adverse events which occurred in all DHBs (available at www.hqsc.govt.nz) and locally we publish our own report. In 2013-14, Canterbury DHB had 56 events and in 2014-15 we had 58.

The increase in serious adverse events reported may suggest we are getting better at identifying these events, rather than an increase in the number of events.

We expect the number of reported events to continue to rise with the introduction of our new electronic incident management system Safety1st. As the new system makes reporting easier and faster.

Canterbury DHB introduced the new system in February 2015, along with the other four South Island DHBs. Safety1st will make it easy for staff to submit, manage, analyse, and communicate adverse events, the aim being to improve patient safety.

All adverse events are investigated. This enables us to find out what went wrong, learn from them, and put in place measures to prevent harm occurring again.

Fewer people need hospital care

Patients can and do manage their own health

At 71 years old, Dennis Alsop was overweight and suffered constant pain in his knees. Having first consulted with his General Practitioner he was referred to a Christchurch Hospital specialist, fully expecting to be scheduled for knee surgery.

Instead, his appointment and discussion with clinical staff motivated him to take control and he decided to make the lifestyle changes that would enable him to spend more time enjoying his children and grandchildren. He sought advice on maintaining a healthier diet, and on a safe level of exercise that would enable him to achieve steady and sustainable weight loss.

“Being told I was 156kg was a huge shock. The doctor said my weight was out of control and that I had to get to 130kg before I could have the knee surgery. I had to do something – my knees were buggered and I could hardly walk.”

Already benefitting from a greatly improved diet with smaller portions, Dennis became a regular at his local Leeston gym and attended weekly aqua jogging sessions. He lost an astonishing 47kg in just 14 months with the help of his dietician Emma.

As if the weight loss and reduced pain in his knees wasn’t good enough news in itself, he was then told that he no longer needed surgery.

“The more weight I lost, the less my knees hurt. I’ve got more energy now.”

Dennis Alsop

“The more weight I lost, the less my knees hurt. I’ve got more energy now and my knees aren’t perfect but I can sleep, get around without pain and do a day’s work. And I am enjoying my family more, just as I’d hoped,” Dennis says.

University of Otago, Christchurch orthopaedics department head Professor Gary Hooper said studies show obesity plays a significant role in the development of osteoarthritis in the knee. He sees more obese patients with the condition each year.

“Also infections after surgery are more common for obese patients because fatty tissue takes longer to heal, which is part of the reason we ask patients to lose weight first,” Professor Hooper says.

The hospital orthopaedic unit developed a weight loss programme five years ago to help hip and knee patients lose weight and avoid complications in surgery.

Of the patients referred for hip or knee surgery at Christchurch Hospital, 300 were recommended for the weight loss programme in 2014-15. About 60 percent of them achieved their weight loss goal, and went ahead with surgery. One in 12, including Dennis, were delighted to discover that weight loss lessened their joint pain so much they were able to avoid surgery.

There are many conditions for which earlier identification and treatment can prevent or reduce the length of hospital admission. Reducing these 'avoidable' admissions or length of stay provides opportunities to improve our population's health and ease demand. Improving the flow of patients across our hospitals and between our departments is essential to ensure we stay ahead of the demand curve and play our part in supporting people to stay safe and well in their own homes and communities.

Online booking system for respite care

Respite care is the provision of short-term accommodation in a facility outside the home. It provides temporary relief to those who are caring for family members who might otherwise require permanent placement in a hospital or facility. Caring for a friend or family member can be demanding. Easy access to respite care is important because it enables people to take regular breaks and keep themselves well, while providing assurance that the person being cared for is getting the support they need in the meantime.

In Canterbury approximately 1,400 older people access respite care every year. A new electronic online booking system went live in May 2015, making booking respite care easier. It is just like making a hotel booking online, with pre-approved respite facilities listed. The patient or the person making the booking is able to submit an electronic booking request by choosing their preferred facility and days from a calendar of vacancies. The facility receives the electronic request and responds within two working days, with the carer or patient receiving written confirmation of the facility's response and arrangements to proceed.

A consultation with a doctor at the 24-hour surgery in Christchurch

The electronic booking system is saving time for people and their families by removing the need for people to telephone multiple facilities to check for vacancies. It also allows people to check vacancies and submit requests for respite care at any time, day and night. Although there is still the option of making enquiries by telephone, the online system is proving popular and making it easier for service users, carers and family to take a break.

Prior approval from a General Practitioner is needed for respite care. The HealthInfo respite page explains how eligible older adults can access this. [Healthinfo.org.nz, search word respite]. The booking system is located on the Eldernet website at http://www.eldernet.co.nz/Respite.

Frail Older Person's Pathway

The objective of the Frail Older Person's Pathway is to get frail older people back home, faster and safely. This minimises the impact of a hospital admission on their health and wellbeing. Working across the system, this programme promotes a team response that supports the older person to achieve what is important to them. The ultimate goal is a seamless pathway with no delays to ensure the best possible clinical outcomes for frail older people and to improve their quality of life.

Frail older people are identified on admission, they receive an early comprehensive assessment and their stay in hospital is actively managed. A key initiative of the pathways has been the introduction of assertive ward rounds. This involves a patient's healthcare professionals meeting to discuss that everything is on track for the planned discharge date. They identify any delays or barriers that need to be addressed.

Since the introduction of the Frail Older Person's Pathway the average length of stay for older people has decreased by six days, with no effect on readmission rates.

Enhanced Recovery after Surgery

The Enhanced Recovery after Surgery programme is designed to optimise surgical outcomes by improving the patient experience and ensuring all patients receive the right care at the right time.

This is achieved by ensuring the patient is in the best possible condition for surgery, that they have the best possible management during and after the operation, and that they experience the best possible rehabilitation. The programme supports early recovery and discharge from hospital, allowing patients to return to their normal activities more quickly. The programme also looks to reduce wait times.

Initiatives include the fast track pathway for fractured hips, which will save a significant number of bed days this year. This pathway focuses on reducing time from presentation to the Emergency Department (ED) to ward admission, to surgery and then on to a rehabilitation facility. During the 2014-15 year the average time in ED for patients with fractured hips was reduced from 3.6 hours to 2.8 hours and the overall length of stay for all patients was reduced from 23.5 days to 20.5 days.

Burwood Hospital has improved its Total Hip and Knee Replacements care pathway. With a strong focus on early mobilisation, patient education and managing expectations, many patients can go home from the hospital after three nights (four days) following their surgery.

Faster Cancer Treatment

The Faster Cancer Treatment programme aims to improve the quality and timeliness of services for patients along the cancer care pathway.

Significant progress has been made in improving access to cancer services, leading to better outcomes for patients and a better experience of care for patients and their families. Continued improvements over the coming year will help ensure patients receive high quality, timely treatment in a way that meets their individual circumstances and standardises care pathways for cancer patients.

Canterbury's Outpatient and Surgical Flow (100 Days) Programme

The Canterbury's 100 Days programme will significantly reduce patient waiting times with the target that patients will wait no more than 100 days to be seen initially by a specialist; then if they are accepted for surgery, they will wait no more than 100 days for their surgery or procedure to take place.

To achieve this we are ensuring that there are standard practices for triage, ensuring both clinical priority and longest wait are considered when booking patients into outpatient appointments and surgical treatments, ensuring all clinic and theatre sessions are used wherever possible, and that all support systems work. Other key steps include ensuring correct processing of reporting data and creating responsive surgical capacity management systems.

Reducing the time patients spend waiting does not mean we are seeing fewer patients. We still have the same outpatient and theatre capacity and are working to increase volumes over time. We are delivering more care to people faster: Canterbury DHB delivered 17,714 elective procedures in the 2014-15 year – an increase of 753 on the previous year.

Theatre Utilisation

Until our new hospital is built, operating theatre capacity will be our biggest constraint. The Theatre Utilisation programme is focused on improving the performance and productivity of operating theatres across the Canterbury DHB, reducing cancellations, improving patient flow and achieving shorter waiting times for patients.

Initiatives include the weekly distribution of the planned theatre sessions schedule, allowing any vacant sessions to be filled with high priority cases, and the trialled use of procedure rooms for hand surgery instead of operating theatres. In addition the Mobile Surgical Bus has been secured to provide an extra two weeks of surgery in Ashburton and the Lithotripsy bus (treats kidney stones) has been relocated from Christchurch Hospital to St George's Hospital. The relocation of the Lithotripsy bus alone has freed up around 20 half day theatre sessions at Christchurch Hospital that can now be used for other surgeries.


People are seen
and treated early

Surgery at the doorstep saves time and travel

Ashburton man Rodney Webb is back to normal and feeling great after having successful surgery for an inguinal hernia on the Mobile Surgical Bus. Rodney, aged 72, says he had never seen the mobile surgical unit before and so he couldn't imagine what it would be like. However his mind was put at rest after appointments with the surgeon and anaesthetist and receiving a "very informative" information pack and brochure prior to surgery. "I was so well informed it took all the worries away."

On the day of his surgery, when he walked through the doors of the bus parked outside Ashburton Hospital, he was surprised at how large it was inside. Staff dressed in surgical gowns were ready and waiting for him, and greeted him with "big smiles", making him feel at ease. Two days after surgery he was up and around doing his usual walking. He had no pain afterwards and a very neat scar. Having surgery on the bus saved him a lot of time and "hassle" compared to having to get to Christchurch Hospital and back, 50km away.

Since the earthquakes in 2011, which closed the theatres at Ashburton Hospital, the Mobile Surgical Bus has been a regular visitor to the town ship.

The Surgical Bus is a purpose-built 20 metre long, 42 tonne truck which has been kitted out with a full sterile theatre.

Surgery taking place inside the Bus

The Bus provides surgery at locations lacking permanent surgical facilities, bringing the operating theatre to the doorstep of rural communities. In doing so, patients requiring operations can receive treatment sooner and closer to home, without the burden of having to arrange transport to, and possibly accommodation in, Christchurch.

As most people express some degree of anxiety leading up to an operation, it is important that the procedure is made as stress-free and comfortable as possible for them. Having the Bus visit them in their own town, close to their home, friends and family, goes a long way towards this. In the 2014-15 year, 83 Ashburton locals were operated on in the Bus.

Mobile Surgical Bus parked outside Ashburton Hospital

Community-based care can deliver services sooner and closer to home and help prevent disease and illness through education, screening, early detection, diagnosis and timely provision of treatment.

Reducing the waiting list for Communication Speech Language Therapy Service

The Community Speech Language Therapy Service provides specialist intervention for people with communication or swallowing difficulties. In 2014 the Service was struggling with a long waitlist and increasing demand. By September 2014 there were 124 patients on the waiting list, with the longest wait time 10 months.

Several initiatives were introduced to decrease wait times including defining access criteria, supporting primary care to manage some patients who required less specialist support (15 percent of those on the waitlist could be managed in primary care), streamlining care pathway processes, improving available patient information and piloting a Community Clinic. Improvements to the Community Speech Language Therapy Service created a more responsive service in which patients are seen and treated early. By May 2015 the longest wait was just two weeks.

Promoting mental wellbeing in schools

The School Based Mental Health Team, established in June 2013, works with a range of agencies to support school communities promoting mental wellbeing and resilience. The team provides interventions to primary and high schools, based on needs identified by the schools. In the past year the number of schools involved has increased from 56 schools to 81 schools across Canterbury.

The interventions include liaising with school communities – support staff, teachers and parents – in the form of workshops, presentations, pastoral care team meetings and other tailored support. Recent workshops have focused on managing depression, recognising and managing anxiety, and managing challenging behaviours in schools/at home.

New dressings reduce hospital admissions

Each year, many people are treated in the Emergency Department for burns. Standard treatment can mean at least one overnight stay in hospital and some people will also require an operation. Follow-up treatment may also be required at hospital.

In the past year the number of schools involved has increased from 56 schools to 81 schools across Canterbury.

New keratin dressings were trialled on superficial (first degree) and partial thickness (second degree) burn injuries in 2013-2014. After initial treatment in the Emergency Department, dressing changes were followed up at home by SOS Nursing, a community nursing provider. The trial results showed that wounds healed fast or faster than patients who received standard treatment, care was provided in the comfort of their own home and follow-up appointments at hospital were often not required. The positive results of the trial has led to the keratin dressings now being used at Christchurch Hospital for difficult to dress areas such as the face, hands and neck.

Mental Health Acute and Emergency Community Care

From November 2014 crisis resolution was integrated into the Adult Community Mental Health Teams, delivering acute and emergency

care in a different way. The crisis resolution provides the necessary care, treatment and support in the community, preferably in the home, to deal with crisis and urgent psychiatric presentations. Each of the four Community Mental Health Teams are working with between 20 and 30 people at any one time.

The service is available seven days per week providing assistance, support and treatment interventions to enable people using our services to remain in the community wherever possible.

The HealthPathways website began in 2008. It contains over 570 integrated patient pathways and information on referrals, specialist advice, diagnostics, General Practice procedure subsidies and patient handouts – all of which have been collectively agreed by health professionals from across the system. During the 2014-15 year 39 new pathways were introduced for conditions ranging from ingrown toenails to advanced or end-stage heart failure.

HealthPathways assists in referral between primary and hospital-level care, so patients with the greatest need receive specialist care and other patients are well looked after in the community. It has supported the delivery of more services closer to people's homes by enabling general practices to deliver procedures such as skin lesion removals, Mirena insertions, sleep assessments, and steroid injections without the need for a hospital visit. Eighty percent of General Practitioners use HealthPathways more than six times per week.

Improving services for women with problems in early pregnancy

The Early Pregnancy Assessment Service (EPAS) was set up in 2007 to provide efficient management and support for women with early pregnancy problems. Recently a service review was undertaken and changes were made to improve the patient journey of women following a suspected miscarriage.

Ultrasound scans are now undertaken in the community before referral to the Service. If the pregnancy is sustainable or if the woman has already had a complete miscarriage her ongoing care will be managed by her General Practice Team in the community and she will not have to come to a hospital appointment.

The EPAS clinics have been increased from once or twice a week to daily clinics Monday to Friday. This allows women to be seen more quickly after they have been referred, which can reduce worry and concern.

There are a number of management options available for women experiencing an incomplete miscarriage. One of the safest is medical management of miscarriage, which involves taking a medication to complete the process of miscarriage. Since October 2014 women seen at the clinic who meet the relevant criteria are now offered the option to go home with a support person, after taking the medication.

Outpatient medical management allows women to be in the privacy and comfort of their home, with support from family/whānau over this time. An audit of these changes, including feedback from women, is being carried out. Initial feedback is that women value having the choice of outpatient medical management of miscarriage.

HealthPathways assists in referral between primary and hospital-level care, so patients with the greatest need receive specialist care and other patients are well looked after in the community.

People are supported to stay well

Medications carousel supporting independence

Nurse Maude is working in partnership with community pharmacies to introduce a carousel supported medications oversight service. The carousel service supports people to remain in their own homes for longer and frees up home-care support staff to spend more time with clients.

Previously, people who were not able to manage their medicine on their own, required a support worker to visit and open blister-packed medications at the right time each day. With the carousel service, medications are packed into an electronic pill dispenser instead of blister packs by the pharmacist. The dispenser holds 28 doses. Each compartment contains all the medications due at a single time. The pharmacist programmes the dispenser so that when pills are due, the internal tray rotates, an alarm sounds, and a red light flashes. The pills that are due appear in the opening. The alarm will continue to sound for half an hour or until the medications have been removed.

Dr Colin Waugh from Papanui Medical Centre is happy to recommend the medications carousel for people struggling with medication compliance. “I have two patients who are being supported with the carousel, one of whom I might have considered quite high risk. He has Parkinsons and memory loss and with four dose events each day was getting pretty mixed up. Now with the carousel, his compliance is much improved, without any reduction in his independence.”

His daughter backs up Dr Waugh’s assessment. “I wasn’t sure it would work, because Dad is very hesitant about new technology. But with all the support through the set-up phase he really did get to grips with it much better than I expected. It is just part of his routine now. If he needed four medication visits a day we would have had to consider moving him into care. This way he can keep managing independently, and I know his compliance is much improved, so his general health is better managed. I have never felt so involved with a multidisciplinary team about Dad’s care. The contact with the pharmacy as well as the General Practitioner and Nurse Maude is fantastic.”

Nurse Maude case manager Liz McLean says that early referral for assessment for medications support is critical for a successful implementation of the carousel. “It is much easier to establish a new routine for people when they have early signs of memory loss and confusion. They accept the new technology well, establish new routines, and can then manage independently for much longer.”

All Nurse Maude referrals for medications support are assessed in partnership with the client’s pharmacy and General Practitioner against the screening criteria developed for the carousel. If clients are assessed as suitable they will be offered the carousel service as an alternative to a support worker visiting programme. There are no additional costs for the client.

Medications carousel

Clients are kept safe through the trial/establishment period with support worker oversight to ensure that new routines are working well, before visits are gradually withdrawn to a safe level of ongoing oversight. Multi-disciplinary reviews ensure ongoing clinical safety.

The service has trialled 45 clients since launching in 2014, and provided ongoing support to 38. Over the 18 months since launch, 11 clients have been discharged after a successful period of support due to transfer to long-term care, or significant deterioration leading to re-establishment of support worker medications oversight. Twenty seven remain active clients, enjoying the independence provided by the carousel service.

When people are supported to stay well in the community, they need fewer hospital-level or long-stay interventions. This is a better health outcome for our population. It reduces the rate of acute hospital admissions and frees health resources for those who need it most.

The Fruit and Vegetable Co-op update

The Fruit and Vegetable Co-op is a health promotion partnership between Community and Public Health who provide community networks, recipes and health information; Healthy Living Trust who provide vegetable buying expertise and liaise with new Co-op groups; and community groups who provide packing space, volunteer packers and distributors.

The aim of the Fruit and Vegetable Co-op is to increase the quantity and variety of fruit and vegetables consumed among participating families by providing low-cost fresh fruit and vegetables. A survey in April 2014 of 345 participants found over 70 percent eat more fruit and vegetables since they began using the Co-op and over 80 percent report they use the Co-op to save money.

The Co-op began in September 2011, and has expanded every year since. Now over 3,000 packs of fruit and vegetables are ordered each week, from 40 community distribution hubs. Under the scheme participants pay 12 dollars one week in advance. The funds collected are used to purchase produce at the wholesale market. The produce is divided and packed into bags by volunteers. Each participant receives one bag of fruit and one bag of vegetables, a recipe idea and some health information.

Hauora Village at Te Matatini

In March 2015 Christchurch hosted the largest Māori gathering in Aotearoa – Te Matatini, the national kapa haka festival.

The Hauora (Health) Village featured at Te Matatini involved over 30 organisations showcasing initiatives and programmes designed to support Māori health.

Over 400 of those who visited the Hauora Village had a free heart health check. University of Otago Director of Māori/Indigenous Health Institute Associate Professor Suzanne Pitama was amazed so many people took time out of the event to get their heart health checked. “It was great being able to talk to so many whānau about healthy lifestyles, exercise and nutrition. We advised some people to return to their general practice for follow-up and worked alongside some of the other hauora organisations at the Village to facilitate support for them,” says Suzanne.

Canterbury Pulmonary Rehabilitation Programme

Chronic Obstructive Pulmonary Disorder (COPD) patients have consistently reported feeling better equipped to tackle their condition after participating in a Pulmonary Rehabilitation Programme. The programme is designed to help people with COPD to manage their condition better in the community. In the 2014-15 year, 11 programmes were run by the Canterbury Clinical Network.

Programme graduates rate the programme highly. “Anyone and everyone who has a respiratory ailment should attend this programme, as I am positive they will all benefit from it,” one participant said following the programme.

Held throughout Canterbury, the programmes run for eight weeks and provide a safe and supportive environment for people with COPD to get advice on breathing, diet, exercise and day-to-day living techniques. Respiratory Nurse Louise Weatherall says the Pulmonary Rehabilitation Programme is unique “because, along with physiotherapists and other health professionals, the programme brings in other COPD patients to share their story and show new patients how to lead an active and full life with the condition.”

Online party register helps to reduce alcohol harm

The Good One project provides people with all the information they need to have a great party, and allows party organisers to register their party with the police. Good One is backed by community and government organisations including ACC, the Police, the Health Promotion Agency, Ashburton Community Alcohol and Drugs Service, Canterbury Community and Public Health, Canterbury universities, CPIT and student associations. Once a party is registered, police will get in touch to have a quick chat about what's planned. The police may also turn up to make sure everything is going okay. Should there be a problem the organisers can call the police, who will come and help out.

The project aims to reduce alcohol-related incidents and harm, increase access and distribution of information to enable the public to self-manage parties, and reduce disorderly behaviour. The Good One website went live in February 2014. To June 2015, 282 parties have been registered. Good One is available to anyone planning a party. For more information visit www.goodone.org.nz.

All Right?

All Right? is a Healthy Christchurch initiative led by Canterbury DHB and the Mental Health Foundation of New Zealand. It aims to support and improve Cantabrians' mental health and wellbeing as we recover and rebuild from the earthquakes. Prior to Christmas 2014, All Right? launched the 'Take a Breather campaign' designed to encourage people to think about how busy life is and how they can take time out to recharge.

Leading up to Te Matatini, the national kapa haka festival in March 2015, the campaign created a resource entitled Te Waioratanga. This featured six black and white portraits of kapa haka practitioners reflecting on the part that kapa haka plays in enhancing their wellbeing. The aim of the resource was to encourage a conversation within whānau, hapu and iwi about the things that support positive wellbeing.

"It's All Right? to love your Pacific Culture" is the Pacific version of the campaign. Posters, drink bottles and playing cards have been produced each featuring one of two by-lines; "communication is the heartbeat of healthy family relationships" and "spirituality is a journey of purpose faith and love". The campaign partnered with Polyfest (the Secondary Schools Polynesian Festival) and Pacific women's elders and youth Fono to promote their wellbeing messages.

In June 2015, 69 percent in greater Christchurch (70 percent of Christchurch residents) were aware of the All Right? campaign. This was up from 66 percent in July 2014. Of those who were aware of the campaign, 84 percent agreed that the messages were helpful and 64 percent stated it made them think about how they were feeling and gave them ideas of things they could do to help themselves.

Created following the Canterbury earthquakes in May 2011, HealthInfo is an easy-to-use health information website just for the people of Canterbury. It provides up-to-date information about many health conditions and diseases, medications, tests and procedures, and local support groups and organisations. As well as information about serious conditions – it's also the place to go for information about staying well. In the "Keeping healthy" section there's a wealth of information about eating well, keeping active, being smoke-free, alcohol and safe drinking. There's also advice on how to prevent childhood injuries and how to stay well at work.

http://www.healthinfo.org.nz/

In 2014-15, 452,614 pages were viewed, during 76,679 visits to the HealthInfo site. New content is added weekly and each month three new topics covering local/national health campaigns or topical issues are featured on the homepage.

Living within our means

Bedside Patient Boards save time

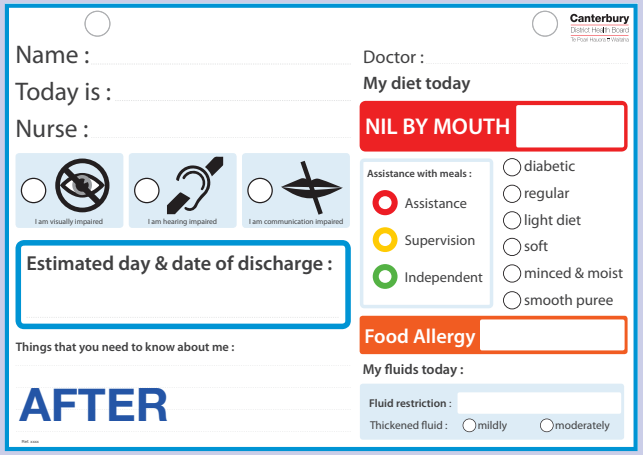
The Releasing Time to Care programme is best described as a ward-based quality improvement initiative to help ward teams redesign and streamline the way they work – releasing more time to care for their patients.

The Releasing Time to Care Programme trialled the Bedside Patient Boards in February 2015 as part of their work to standardise important information at the patients' bedside. The Boards incorporate information that was already displayed at the bedside. They can be easily updated regularly, 'seen at a glance' and used by everyone. During the trial, feedback from staff and patients informed changes.

BEFORE: *Patient bedside before the signs were trialled*

The Consumer Council was involved in the design and the wording on the Boards, "I asked the question why all the signs by the patient's bedside were different. It was messy and confusing for patients and their family," says Trish Adams, Consumer Council member.

The Hospital Falls Prevention Group and the Releasing Time to Care team set out on the pathway of combining all the information into one sign. Trish says "it has been a rocky and protracted road getting everyone to agree, but we can see the light at the end of the tunnel."

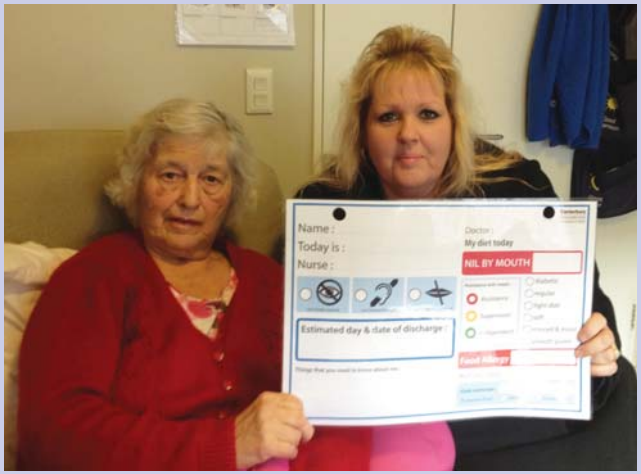


AFTER: *New bedside Patient Boards*

For healthcare workers, the up-to-date information means that shift handovers are quicker and more efficient. Having the estimated date of discharge displayed makes sure the patient's journey from admission to discharge runs smoothly without delays. The Boards save time as healthcare workers have important information easily visible at the bedside. Most importantly, the up-to-date information keeps patients safer. The Boards can be seen at the patient bedside alongside the Safe Mobility Plans (see page 14).

Margo's mum Val was in hospital when the Boards were being trialled. Margo says that as a family "it allowed us all to keep updated on mum's progress through her four month journey of rehabilitation at The Princess Margaret Hospital. Having an estimated date of discharge was important and something to focus on as a goal for Mum. We found the information very useful."

Val said "knowing the name of my nurse was important to me and the estimated day of discharge gave me a goal to work to."



Val and Margo

Safe Mobility Plans and Bedside Patient Status at a Glance Boards are now in use throughout Older Persons Health and Rehabilitation wards at The Princess Margaret and Burwood Hospitals, and on the Medical Wards in Christchurch and Ashburton Hospitals.

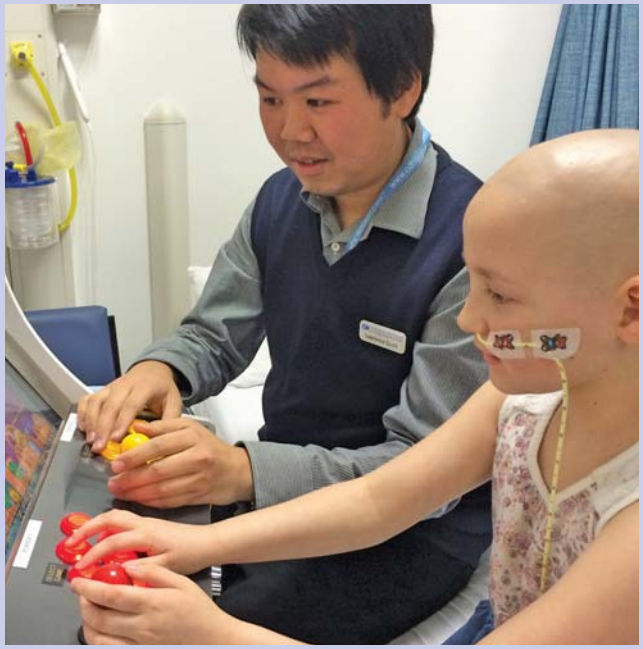
The Canterbury Health System is facing increasing demand for services and rising costs to deliver these services. The DHB is expected to provide the best possible value for every dollar spent in health; we will continue to invest in programmes that help us improve the health of Cantabrians in smarter, more efficient ways.

Medications Returns Project

A review into the average length of stay for patients in hospital has prompted the Pharmacy Team to reduce the quantity of oral medication dispensed for inpatients from seven to four days. This will reduce the quantity of returned dispensed medication. This initiative, which began in September 2014, will save staff time in processing returns and will minimise waste. Its projected potential savings are $50,000- $100,000 in the first year. An evaluation of the savings will take place later in the year.

Improving attendance at the Paediatric Outpatients Department (POPD)

Concerns that patients deemed high risk were not being brought to appointments at the Paediatric Outpatients Department have led to changes. The electronic General Practice referral form was updated in December 2014 to include any attendance concerns, automatically alerting the Clinical Nurse Manager (CNM) to contact the family and offer support prior to the appointment date, and a prompt for all paediatricians to refer to CNM as soon as they have a concern that the family had not attended an appointment. The updates ensure that children who are deemed high risk can be referred for additional support at any time and do not have to wait for two missed appointments for the referral.



Over the past year approximately seven families per month are referred to the CNM for follow-up and the number of missed appointments has decreased amongst these families.

From January 2015 the Department also followed up with families who did not attend appointments. There were four common reasons for the families not attending.

Firstly parents could not get time off work to attend. Most of these families have had significant time off for appointments or while their child is an inpatient and have used all of their sick leave and most of their annual leave to keep appointments. They are often seeing several services who all send out their own appointments with no awareness of other appointments.

Secondly their child had been an inpatient recently so families felt the outpatient appointment was unnecessary, especially if the child seemed “better” now. The other two reasons were language barriers and if the families had not given medication prescribed by the paediatricians to their child because they couldn’t afford the prescriptions.

As well as increasing contact with the families to encourage attendance, the Paediatrics Outpatients Department has strengthened relationships with Pegasus Primary Care Workers, Pacific Trust and the St John Shuttle to help to transport and support these families. Over the past year approximately seven families per month are referred to the CNM for follow-up and the number of missed appointments has decreased amongst these families.

Physiotherapists on the same page

To save time and ensure patients with the most need receive care first, the Physiotherapy Department has developed a way of organising and writing their priority lists for their wards each day to ensure consistency. These changes were implemented in August 2014.

Previously when a physiotherapist needed help with their patients or went on leave it was difficult to understand their notes and which patients needed to be seen first. The new consistency encourages team work, improved timeliness, a fairer distribution of workload and an improved level of service to the patients and wards.

Administration staff improve patient safety

Everyone who uses health and disability services in New Zealand is assigned a National Health Index number (NHI number). Your NHI number holds details including your name (and alternative names such as maiden names), address, date of birth, sex, ethnicity, and any medical warnings or donor information.

This certainty is increasingly important as patients become more mobile and when care occurs in both the community and hospitals settings.

Individuals can be positively and uniquely identified for the purposes of treatment and care, and for maintaining medical records. This ensures healthcare providers can be sure that they are talking about the same person, reducing the chance of making a clinical decision based on wrong information. This certainty is increasingly important as patients become more mobile and when care occurs in both the community and hospitals settings.

In 2011 the Canterbury DHB was not meeting its own expectations regarding the number of new duplicate registrations created each month. The Ministry of Health had identified approximately 19,500 duplicate registrations that needed to be investigated.

Duplicate registrations occur when administration staff cannot find a patient's NHI number and they create another. There may be spelling mistakes with the patient's names, nicknames may have been used, surnames may have changed or addresses may not have matched up.

An education programme began in September 2011 to upskill all administration staff registering new patients to prevent new duplicate registrations form occurring. A Data Integrity Team was established in May 2012 to investigate the duplicate registrations, validating and merging information.

By the end of December 2014 the backlog of duplicate registrations had been resolved and the rate of duplicate registrations per month had reduced from 8.5 percent to 2.5 percent.

Equity

ICEcycles making a difference

A community led, Canterbury DHB programme providing pre-loved bikes to people on low incomes gave away its thousandth bike in October 2014.

ICEcycles (Inner City East Cycles) aims to get people on low incomes biking by fixing up their old bikes for free or giving away restored bikes. The programme, which until now has been based in a warehouse at the back of Community and Public Health, has grown since the earthquakes and recently moved to the new community hub at the old Phillipstown School.

"We're continuing to get a steady stream of bikes donated to the project," says Meg Christie, Canterbury DHB Health Promoter and ICEcyles volunteer. "We currently have about 100 bikes waiting to be fixed and at any one time there's about 20 people waiting to get a bike. Having our own space in the community gives our volunteers the flexibility to do more fix-ups, more often. Where we used to have one workshop a month we can now do fix-ups twice a month or more."

Meg says that having their own space also means that in the future ICEcycles will be able to run education classes to teach bike maintenance.

ICEcycles continues to offer public workshops four or five times a year where people can get their own bikes tuned up.

Early starts made having his own transport a must for Kane Goode

ICEcycle bikes have made a huge difference to one trainee on the Salvation Army's "U Build 4 the Rebuild" Employment Training Programme.

Course graduate Kane Goode started the Salvation Army course in April this year, after being out of the workforce for some time. "If it wasn't for the bike I probably wouldn't have gone to the course. It's been a huge asset for me," says Kane.

Kane, who has lost nearly 90 kilograms in the past 14 months, has committed to cycling around Lake Taupo.

"I live in Redwood and had to get to the Salvation Army in Aranui by 7am every day. Being provided with an ICEcycles bike made it possible for me to get there. It took me over 50 minutes each way but I loved it."

As soon as he graduated Kane got a job installing ultrafast broadband.

Not only is he back in the workforce, but he's adopted a much healthier lifestyle as well. Kane, who has lost nearly 90 kilograms in the past 14 months, has committed to cycling around Lake Taupo with friends next year, and is even volunteering his time to help fix old bikes for ICEcycles.

Our services are targeted to help reduce inequalities in the health and independence of our population. We are increasing our emphasis on vulnerable population groups, particularly children and young people, our older population, those struggling with mental health issues and our Māori and Pacific population.

Smokefree health promotion

Smokefree health promotion is delivered through the Health Promoting Schools Team at Community and Public Health and Aukati KaiPaipa. This programme has been highly successful and a strong relationship has developed between Aukati KaiPaipa and 12 alternative education providers and low decile schools.

From July to December 2014, 30 students from these schools enrolled with Aukati KaiPaipa to stop smoking, and 18 achieved this goal. Five of them have now become youth mentors and provide support and information to their peers.

Canterbury Māori Health Framework

Canterbury Health service providers aspire to achieve equitable health outcomes for Māori and support Māori families to flourish and achieve their maximum health and wellbeing. The purpose of the Canterbury Māori Health Framework is to establish shared outcomes, shared priority areas, shared language and common understanding so that we can better achieve our goal of health equity for Māori – by paddling the waka in the same direction and in unison. The Rangatahi (youth) Nutrition and Physical Activity Programme and the Kia Ora Hauora Work Placement Programme are good examples of the framework in action.

Canterbury Māori Health Framework

Rangatahi Nutrition and Physical Activity Programme

At the end of 2014, He Oranga Pounamu celebrated the 5th anniversary of the Rangatahi Nutrition and Physical Activity Programme. The purpose has been to promote the health and wellbeing of rangatahi Māori and their whānau/communities through improved levels of physical activity and nutrition, and to develop rangatahi as leaders in their communities using kaupapa Māori strengths-based approaches.

At a recent workshop 20 providers were supported to deliver nutrition focused projects to approximately 300 participants who attended. The main objective of the workshop was to build knowledge and skills to support improved nutrition. Following on from this, rangatahi nutrition provider programmes commenced in February 2015 across 14 schools in Christchurch until school mergers occur, when the programme will reduce to eight schools.

Kia ora Hauora Work Placement Programme

Ngā Ratonga Hauora Māori, the Māori Health Service based at Christchurch Hospital, gives the opportunity for Māori high school students within Canterbury to get a backstage pass to careers within the health system.

The students spend a week with the team and are exposed to myriad professions, from Radiology to health promotion, social work, mental health and of course opportunities in Māori Health.

The rangatahi are informed on prerequisites for the different professions, and other topics such as Te Reo and the Treaty. The rangatahi who have attended this training have found it exciting and informative and many have gone on to further health study or work. In the 2014-15 year, 29 high school students attended the Kia Ora Hauora Work Placement Programme, and two thirds are now pursuing a career in healthcare.

New clinic for Pacific Trust Canterbury

Opened in May 2015, the new clinic at 173 Montreal Street will double capacity (5,000) serving a growing Pacific population with an increasing demand for culturally appropriate primary health care and wrap-around services, including Whānau Ora.

Pacific Trust Canterbury (PTC) welcomes all Pasifika fanau and vulnerable families to enrol. Enrolled patients will only pay $17.50 and all children and youth under 18 are free. This is the only service of its type and one that PTC is proud to offer to vulnerable families. PTC is encouraging people in the community to enrol quickly while spaces are available.

Free GP visits for under 13s

The Government's 'zero fees' scheme has been extended to include children up to the age of 13 from 1 July 2015. The zero fees scheme applies to a standard daytime visit to a General Practice or nurse at the child's regular practice (where they are enrolled) or an after-hours visit to a participating clinic. It also applies to injuries covered by ACC. Prescriptions arising from a subsidised visit will also be free at pharmacies within one hour's travel.

The 'zero fees' scheme aims to improve child health outcomes by reducing financial barriers

Minister of Health Hon Jonathan Coleman and an under-13 patient. Photographer: Dianne Ward

to primary health care. In Canterbury we expect increased access to primary care will reduce the risk of parents delaying medical care-leading to fewer acute or hospital admissions for children. It could also lead to increased immunisation rates and better management of conditions such as asthma. More than 400,000 children are expected to benefit from the changes nationally.

Improving end of life care

Have a Conversation that Counts

Discussing what you want to happen when you are dying is not something we often do, but it is one of the most important 'Conversations that Count' in your lifetime. April 16 2015 was the second time a national awareness day was held to encourage people to think about, talk about and plan for their future health and end of life care. This is known as Advance Care Planning. People were encouraged to visit the website conversationsthatcount.org.nz to download and send postcards to their friends and family members to help them to 'start the conversation.'

Just weeks after having two serious operations, 90 year old Cantabrian Joan Rendall is back at home and can talk first-hand about the peace of mind she has experienced as a result of writing her Advance Care Plan or ACP.

"I completed my Advance Care Plan about eight months ago and recently have had two major operations at Christchurch Hospital," explains Joan.

"Each time before we had the surgery I was so impressed. A counsellor came and said 'we have your ACP, and we know you are having serious surgery and we will use it if we have to.' Even the surgeon came out of the theatre and said 'Joan, I want you to know I have read your plan and we will go along with your wishes.' It was good that they all knew about the plan – it really impressed me and it helped me going into surgery knowing that. It meant that I knew that I wouldn't come out as somebody who wasn't any good to anybody. I was just so delighted that the medical people were prepared to go along with what I wanted."

Joan felt compelled to write an Advance Care Plan. "I have two sons and two daughters who are marvellous, and we are very close. We've talked about the fact I don't want them to have the hassle of a mother pottering around who is not being any good to anyone or upsetting anyone. It's important to me - I had a twin sister who endured a long illness before she died and she didn't have a chance to make choices about her end of life care. I've seen it first hand and I'd like some sense of control if I am too unwell to speak for myself. When I heard about the plan last year I knew it was exactly what I was looking for."

"I felt so good once I'd written it, I wish I'd done it 20 years ago! When I was 70 I started to think about dying and the thought of upsetting family and things not going well, and it worried me all the time. If I had it at 70 it would have given me a lot of peace of mind."

The South Island Alliance is also working to support the promotion of Advance Care Planning across the South Island through its Health of Older People Service Level Alliance (HOPSLA).

Dr Jenny Keightley, Canterbury-based General Practitioner and Chair of HOPSLA, says: "We know that talking about death and dying is hard, yet having conversations about end of life care are important. Having an Advance Care Plan helps to guide all caregivers, especially if a person is unable to speak for themselves. The 'Conversations that Count' day reminds us that it's not too early to be having these conversations with people about what is important to them and what they would want for end of life care."

Joan Rendall

End of life care is the provision of supportive and palliative care. It focuses on preparing for an anticipated death and managing the end stage of a life-limiting or life-threatening condition in accordance with the wishes of the person and their family/whānau.

Advance Care Planning

Advance Care Planning is a process of discussion and shared planning for future health care which involves the individual, their family/whānau (if they choose) and their healthcare professionals. It encourages people to develop and express preferences for future care, based on their beliefs and values as well as an understanding of the treatment and care options that might be available to them in the future.

These conversations can be formalised into an Advance Care Plan. Within this, people may choose to make specific requests to consent or to refuse certain treatment(s) which may be offered in the future when they no longer have capacity. This is called an Advance Directive.

Canterbury is the first region in the country able to load and share Advance Care Plans electronically. More than 300 Advance Care Plans were published in the electronic system by July 2015. The majority of Advance Care Plans are being generated in General Practice, with a smaller number being produced in hospital, Aged Residential Care Facilities and by 'other' health care professionals such as the Advance Care Planning Facilitators and the Motor Neurone Disease Coordinator.

Around half the General Practices in Canterbury are now supporting patients to complete Advance Care Plans. Ongoing education sessions, practice visits and phone support is being provided to Canterbury General Practices by the Advance Care Planning Facilitators to increase the number of Advance Care Plans published.

Further information on the Advance Care Planning process can be found on HealthInfo (www.healthinfo.org.nz). The Advance Care Plan page is consistently in the top 20 of the Healthinfo pages viewed per month, indicating increasing public interest.

Nurse Maude building programme

Nurse Maude has started the comprehensive rebuild needed to create a permanent base from which to meet the expanding need for community nursing and care in Canterbury.

Early plans to use newly acquired land on Mansfield Avenue, Merivale, Christchurch to relocate the Hospice are under review, as the Board takes a site-wide approach to development planning. With every current building on site significantly earthquake damaged, it is clear that a staged approach to development is required for a rebuild that includes aged residential care, a base for Canterbury's largest homecare and district nursing provider, a Specialist Community Nursing Clinic as well as an expanded, purpose-built hospice.

The starting point for this new era has been the refurbishment of the historic McDougall House to pristine condition. In August 2015, after four years empty, McDougall House will once again become the head office for Nurse Maude.

The Hospice Community Palliative Care team in particular is looking forward to having the function and education facilities available to support increased primary care, community provider and aged residential care, palliative education and engagement.

Focus on experience of end of life care

A group of palliative care specialists represented the Canterbury DHB at the 2015 End of Life Care Improvement Group Health Roundtable (HRT) meeting in Brisbane. The HRT meetings provide an ideal forum to share innovative ideas and initiatives across health services from New Zealand and Australia, encouraging best practice and creative solutions to current issues.

Advance care planning was discussed, and Canterbury DHB's ongoing efforts in this area were showcased, including a presentation by Dr Kate Grundy on the recent establishment of a South Island Palliative Care Workstream.

A goal was set for the Canterbury Integrated Palliative Care Service to audit all deaths across Nurse Maude Hospice, Christchurch Hospital and possibly a selected Aged Residential Care Facility for a defined period within the 2014-15 year. Results will further define any measures required to improve end of life care within our wider health system.

The aim of improving equity of access to services and ensuring high quality palliative and end of life care for all patients regardless of location or diagnosis.

The team was impressed with a "Last Days of Life Symptom Assessment Observation" chart which could be easily adapted to the New Zealand setting, and would greatly support health professionals, particularly non-specialist staff, in caring for the dying. This chart would be used to measure symptoms and comfort levels, rather than concentrating on vital signs such as temperature and blood pressure, issues that become much less relevant at the end of life.

South Island Palliative Care Workstream

The South Island Palliative Care Workstream was established in August 2014 within the South Island Alliance framework to promote effective communication and collaboration across the five South Island DHBs. Members have been selected from all DHBs and from across specialist as well as non-specialist services. They include representatives from General Practice, Paediatrics, Older Persons Health, St John, and Allied Health. There is both a Māori and a consumer representative on the Workstream. The group meets monthly with the aim of improving equity of access to services and ensuring high quality palliative and end of life care for all patients regardless of location or diagnosis.

A survey to benchmark South Island Hospices and Hospital palliative care services, looking both at areas of innovation and collaboration as well as areas where gaps exist, is currently underway.

It's all happening

Artist's impression of the new Acute Services Building to be built on the Christchurch Hospital site.

Upgrade of Lincoln Maternity Hospital birthing room

Hannah and Aitana

Hannah and her husband Francisco are proud parents of their beautiful baby girl, Aitana, who was born at Lincoln Maternity Hospital on June 15th 2015. Like all parents of a newborn they are having to adjust to a lack of sleep but are happy she is feeding well and is generally settled. Their days and nights are filled with feeding and nappy changes and the delight of getting to know their gorgeous wee daughter.

"We feel extra lucky," says Hannah.

Lincoln Maternity Hospital was the first choice for the couple, who live in Duvauchelle, near Akaraoa, on Banks Peninsula, as it was the nearest to them and had the home-like atmosphere they were looking for. "We liked their whole philosophy of as natural a birth as possible and the support they offer, and it is such a nice hospital. It has a lovely feeling and it is nice and small."

Hannah says she couldn't fault the hospital, "it was amazing." "The birthing room was lovely and super comfy. I used the new birthing couch and the new birthing mats to kneel on, which were very cushiony." She and Francisco both felt welcome and at home at the hospital. "The midwives were great. We felt really looked after and the surroundings were so nice. We would definitely recommend it."

Lincoln Maternity Hospital's birthing room upgrade arose from an objective to actively promote normal vaginal birth (NVB) in a primary birthing unit as a safe option for healthy women who are interested in giving birth this way. Studies have demonstrated the influence of the environment on NVB, including factors such as space, aesthetics, images, furnishings, and colour. International evidence sourced from varied disciplines including midwifery, architecture and design, was reviewed in the decision-making process. Redecorating items were sourced economically, with consideration given to the age of the building, infection prevention and control, and the health and safety of all those using the room.

For the upgrade, a birthing couch and gym-mat were imported from the National Childbirth Trust, in the United Kingdom, for a cost of less than a third of the price of a birthing bed. A mobile washable screen conceals medical equipment

and emergency staff information, and provides privacy from the door.

To make it all happen, local Lead Maternity Carers and core midwives, partners and children held a working bee to paint the walls and woodwork and help achieve the vision. The finishing touches include two enlarged prints by a photographer (and midwife) of the 'Devils Punchbowl' waterfall, near Arthurs Pass, placed above the birthing pool, and a West Coast beach scene above the birthing couch.

Since the arrival of the couch and gym-mat and removal of the hospital bed, midwives have noticed women spontaneously using the couch to gain optimal positioning for NVB, almost without exception.

Large cushions and a beanbag back-rest have since been purchased to help with comfort for breastfeeding.

Facilities development

The earthquakes of 2010-11 damaged hundreds of buildings and thousands of rooms across the region's hospitals. Some 14,000 rooms were damaged, and 630 rest-home and 105 acute inpatient beds were lost. In response, existing redevelopment plans for Christchurch's health facilities were fast-tracked and the necessary funding was approved in March 2013.

With a budget of around $650 million, the redevelopment of Christchurch and Burwood Hospitals is the largest ever health-related building project in New Zealand. The two developments will see bed space increase 20 percent, from 779 to around 900 beds.

In 2014-15 we have watched our new buildings come to life at Burwood Hospital, with significant build progress made. All the time and effort put in by the various staff and consumer groups to inform the architects' plans is now becoming a visible reality. The Burwood project is on track to be completed in 2016.

At Christchurch Hospital, preliminary and developed designs for the new Acute Services building were approved and site preparation work began.

Other highlights this year

The Christchurch Blood centre was opened in November 2014. Located at 15 Lester Lane, Addington, the new centre will process all blood collected in the South Island and provide diagnostic testing and support services to the health sector, as well as skin and bone banking services.

The Christchurch Blood Centre

Elsewhere in Canterbury, the Kaikoura Integrated Family Health Centre and the Rangiora Health Hub have also taken shape above ground, and at Ashburton Hospital a major repair and rebuild programme has begun.

Quake repairs

Earthquake repair work has continued across all Canterbury DHB buildings in 2014-15. Combined with new facilities development, this has made our working environments challenging at times for staff. During the intense schedule of repair works, almost every ward in Christchurch Hospital has had to be relocated, involving 520 bed moves from 18 wards to temporary locations and then back to their original ward after construction. This work has been carried out with no interruption to clinical services.

A bright new space for the Child Haematology and Oncology Centre (CHOC) at Christchurch Hospital was officially opened by the Minister of Health Hon Jonathan Coleman in January 2015. The new CHOC ward has 11 ensuite bedrooms, with pull-down beds for parents, a dedicated outpatient area, a play area with an isolation zone, and an area set aside especially for teenagers to receive their treatment.

An $8.7 million redevelopment of Ashburton Hospital is underway to repair earthquake damage to the secondary level acute medical and surgical facility. The redevelopment includes demolition of seismically unsafe buildings, construction of a new theatre and procedure room, earthquake strengthening and refurbishment of the ward blocks, and an extension to the current Acute Admitting Area.

Burwood Health Campus

Over the past year, the planned new buildings at Burwood have risen out of the ground.

The Back of House building has been completed. The Back of House building contains the kitchens, cleaners' offices, bike stands, staff amenities (showers/toilets), the supply and distribution centre, mail room and courier collection/drop off, clean and dirty loading bays, IT services, and plant rooms to support the rest of the facilities. The first part of the building to be commissioned was the kitchen area, in March 2015.

Staff and consumer groups continue to be involved in the design process as the Burwood project moves through the detailed design phase – the specification of exact room layouts, fixtures and fittings.

The photos to the right show one of the three main ward "fingers" awaiting its roof panelling in December 2014, with the original architect's drawing on the right for comparison.

Back of House Building, Burwood Health Campus, July 2014.

Back of House Building, Burwood Health Campus, May 2015.

The ward blocks on the Burwood Health Campus are rapidly taking shape.

Artist's impression of the ward blocks on Burwood Health Campus

Staff and consumer groups continue to be involved in the design process as the Burwood project moves through the detailed design phase.

Christchurch Hospital

The Christchurch Hospital's Acute Services Building (ASB) site preparation began in September 2014.

When complete, the new facility will have new operating theatres, around 400 beds, including purpose-designed spaces for children, an expanded Intensive Care Unit, a state-of-the-art Radiography Department, a new Emergency Department, and a rooftop helipad.

Site clearance work, which began in October 2014, included the demolition of the old Oral Health building and the removal of all car parking and public access to the rear of the hospital. Many existing services, such as sewers and tanks, also had to be relocated.

Achieving the groundwork for the project required closure of the whole of the rear of the hospital site to staff and public access. Keeping the hospital running smoothly was a huge logistical challenge. Parking on site was restricted to emergency and mobility parking only and the Park & Ride Scheme was established for transporting patients and visitors to the hospital.

On site, staff and patients were kept informed of periods of noise or vibration, and the construction team worked closely with staff, particularly oncology staff and the hospital operations team, to ensure that the project had no effects on our standards of care or on hospital appointment attendance.

Site of the new Acute Services Building October 2014

Site of the new new Acute Services Building May 2015

Artist's impression of the new Acute Services Building to be built on the Christchurch Hospital site.

Park & Ride to Christchurch Hospital

The site works for the Acute Services building at Christchurch Hospital began in October 2014. Due to space constraints, the existing public car park at the rear of the hospital had to close, along with almost all staff parking. Public and staff parking on site was restricted to emergency and mobility parking only. A new public parking solution had to be found.

We established a Park & Ride scheme for patients and visitors to the site, running two shuttle buses between the hospital and the City Council's Metro/Brewery public car park on St Asaph Street, a short distance away. The scheme runs 7 days a week and has been very well used, with peak periods around 10-11am and 2-3pm Monday to Friday.

We also established a shuttle bus scheme for oncology patients, running from the Court Theatre car park in Addington.

By May 2015, the buses had transported well over 100,000 people – equivalent to around 2 percent of the whole population of New Zealand.

The Canterbury DHB won the 2015 Institute of Public Administrators of NZ (IPANZ) Award for Excellence in Public Sector Engagement for the public information campaign about the Park & Ride, under the banner "Heading to Hospital? Plan your trip."

Facilities development across Canterbury

Rangiora Health Hub

The Rangiora Health Hub is due for completion later this year. The Hub will provide a central location for health services in North Canterbury, servicing the Waimakariri and Hurunui districts.

Birthing and post-natal maternity facilities will be among the first available when the Hub opens. Other services include community health providers, non-government organisations (NGOs), specialist outpatient services, mental health services and public health nurses.

Artist's impression of Rangiora Health Hub

Kaikoura Integrated Family Health Centre

2014-15 saw the main body of the construction work largely completed, and it was operational from September 2015. Demolition of the old facility is expected to be completed in November 2015.

The Family Health Centre facilities include primary care, aged care, acute care, maternity care, radiology services and trauma stabilisation. The centre replaces existing hospital facilities that originally opened in 1912.

Artist's impression of the Health Precinct

Artist's impression of Kaikoura Integrated Family Health Centre

Health Precinct

The new Health Precinct will be located adjacent to Christchurch Hospital. As a world-class hub for health education, research and innovation, the Health Precinct will drive activity in the city centre. It will help boost our health workforce, and provide unique opportunities for cutting-edge research and enhance links between health and education.

The precinct will form a new western gateway to the city centre, with easy access to Te Papa Ōtākaro/Avon River Precinct, Metro Sports Facility and Hagley Park, public open spaces and a new public transport super stop.

Looking Ahead

Across all sites, we are beginning to prepare staff for their eventual moves to new facilities, including moving corporate office staff currently located at The Princess Margaret Hospital to a new leased premises on Oxford Terrace, close to Christchurch Hospital.

People and Capability

Our ability to meet the future demand for health services relies on having the right people, with the right skills, working in the right place in our health system.

Like all DHBs, our workforce is ageing and we face shortages and difficulties in recruiting to some professional areas. However, Canterbury has the added challenges of attracting staff in a post-earthquake period with its associated rebuild disruptions and housing shortage and supporting our workforce through a period of extraordinary stress and disruption.

Results from our biennial staff engagement surveys demonstrated positive levels of engagement with the organisation's goals but also showed that the post-earthquake stress that is increasingly evident across our community is also affecting our workforce. As well as dealing with unresolved personal issues resulting from the earthquakes our staff are coping with workplace repairs and disruption including preparation for transitioning into new facilities – all while addressing the increasingly complex health issues experienced by people in their care.

Within the DHB there is increasing acknowledgement that wellbeing is closely linked to engagement, productivity and the quality of patient care. A significant commitment has been made to supporting staff wellbeing. Our Wellbeing Programme took top honours at the 2013 National Workplace Wellbeing Awards (best new programme category). We were also named as a finalist in the NZ Workplace Health and Safety Awards 2015.

In April 2015 the DHB engaged Nigel Latta to present three one-hour sessions on self-care which were attended by 1,500 staff, with another 2,400 logging in to view the live stream. We are currently running another series of wellbeing workshops open to all staff, with the first 10 workshops being fully booked within three weeks of promotion.

Over the next few years we will continue to implement our Wellbeing Programme aligned with our Staff Wellbeing Strategy which focuses on building mental and physical resilience, supporting managers, identifying and supporting those at risk, and improving the management of absenteeism.

CANTERBURY DHB WORKFORCE		
DHB Total Headcount	**Turnover**	**Sick Leave**
9,467	7.9%	3.5%
81% female	8.9% nationally	3.7% nationally
Average Age	**Largest Ethnic Group**	**Diversity**
46 years	NZ European	98 ethnic groups
Largest Workforce	**Oldest Workforce**	**Terms**
Nursing 4,485	Support	48% part time
47% of workforce	Avg. Age 53 years	80% permanent

Expanding our workforce capacity

From a recruitment perspective (and despite the post-earthquake environment) Canterbury is able to attract health professionals to most positions due to our size and reputation. However, there are a few notable exceptions where workforce shortages affect capacity. In response, we have strengthened our interactive and targeted recruitment strategies, including branding, profiling and Facebook, to keep people connected. We also tap into available talent through national and regional initiatives, links with the education sector, support for internships and increased clinical placements in our hospitals.

Canterbury DHB employed over 190 new graduate nurses this year through the national Nursing Entry to Practice programme and the Nursing Entry to Specialist Practice Mental Health and Addictions Programme. We have collaborative partnerships with Christchurch Polytechnic and the University of Canterbury, offering clinical placements for students undertaking Bachelor of Nursing, Diploma of Enrolled Nursing, and Master of Health Sciences qualifications. The Canterbury region also has a number of postgraduate students from other nursing programmes across the country.

We support the development of our rural clinical workforce both in Canterbury and on the West Coast, with recent investments in Rural Learning Centres in Ashburton and Greymouth. The aim is to encourage people to work in rural locations by reducing isolation factors through peer support and mentoring.

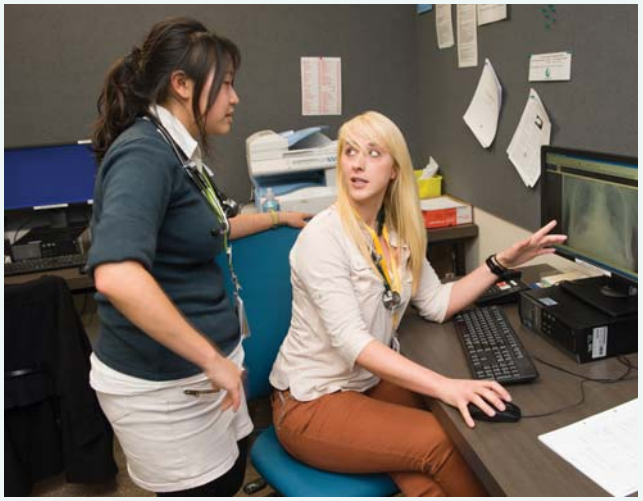
We also support the development of an appropriately skilled Māori health workforce by taking the South Island lead for Kia Ora Hauora, a national initiative aimed at increasing the number of Māori working in health fields (for more information, see page 36).

Enhancing our workforce capability

Developing our existing staff is a key strategy for enhancing the capability of our system. We have recently strengthened our core development training calendar, which can be accessed by health professionals working anywhere in the Canterbury Health System.

A group of 24 participants from across the Canterbury Health System were selected for targeted leadership development under our “20-20 Leaders Programme”. The programme, which began in November 2014, comprises

Developing our existing staff is a key strategy for enhancing the capability of our system.



Canterbury DHB employs almost 9,500 staff

Leadership Forums, and Profile, Coaching and Action Learning Groups designed to embed learning into the workplace. We have also embedded formal performance appraisals into operational management, along with support for career plans and succession planning initiatives such as talent identification to reduce gaps across our organisation.

As new facilities are built across the DHB, new models of care, new work processes and IT systems, and new ways of working are all part of the strategy for workforce transition readiness.

The Professional Development Recognition Programme, the Credentialing Committee for Expanded Practice and the Regional Allied Health Assistant Training Programme are examples of

how the expansion of the scope of existing roles is being managed and new ones established. New advanced gerontology nurse specialist roles also reflect a more connected and capable workforce.

There is an integrated palliative care service between Nurse Maude and Christchurch Hospital. The South Island Palliative Care Regional work stream has also initiated planning and discussion around potentially extending palliative care specialist nurses to support the Aged Residential Care sector across the South Island.

Our participation in the Health Workforce NZ sponsored South Island Workforce Development Hub supports critical role identification and expand workforce capability through sharing of training resources. The focus over the next few years will be on sonographers, training for General Practice Registrars and implementation of the community component for specialised pharmacists in the new Medical Council pre-vocational curriculum.

Pharmacist Simon Murphy from Hillmorton Pharmacy

Investment in primary care education enables General Practitioners, practice nurses and pharmacists to attend peer-led, evidence-based education sessions that promote the use of clinical best practice and integrated pathways and increase the capability of our system.

Canterbury is an active participant in the South Island Workforce Development Hubs' Nurse Practitioner Work Stream, developing an implementation strategy and pathway to increase the number of nurse practitioner roles to better meet future health needs. The South Island Nursing Community of Practice Group was established in December 2014 to ensure a whole of system approach with consistent education and training resources developed to build a South Island Nursing workforce with transferable skills.

In Canterbury, E-Learning will continue to be incorporated in the developmental approach to building capability, and the number of clinical and non-clinical modules available to staff across the South Island will continue to grow.

The South Island Nursing Community of Practice Group was established in December 2014 to ensure a whole of system approach with consistent education and training resources.

How we measure up

Quality and Safety Markers

Quality and Safety Markers are designed to track progress and improve healthcare in four areas: falls, hand hygiene, surgical safety and central line associated bacteraemia. The markers measure healthcare processes that should be undertaken routinely. When these processes are complied with they are known to reduce patient harm. The thresholds have been set by the Health Quality and Safety Commission.

Area 1: Falls

Patient falls that result in harm are the most frequently reported adverse event in hospital. Broken hips and head injuries are the most serious injuries caused by falls. Of those people over 65 who suffer a hip fracture, the majority will require help with daily living or long-term care. Although the fall may not be the cause, sadly nearly 20 percent will die within a year of falling (Osteoporosis New Zealand. 2012. Bone Care 2020. Wellington: Osteoporosis New Zealand).

Threshold

90 percent of older patients (aged 75+ and 55+ for Māori and Pacific peoples) are given a falls assessment.

Are we doing the right things?

At Canterbury DHB hospitals in April-June 2015, 96 percent of older patients were assessed for the risk of falling, and 91 percent of older patients who were identified as at risk of falling received an individualised care plan that addressed those risk factors.

The Canterbury DHB has a 'Whole of System' approach to falls prevention. We are committed to achieving zero harm from falls and are focusing on three key areas¬¬ – falls prevention in the wider community, falls prevention in rest homes, and falls prevention for older people receiving care in our hospitals.

In the community and rest homes:

In the past year, the Canterbury Community Falls Prevention Programme provided care to over 1600 older people. Following an initial home visit from a physiotherapist or registered nurse, a home falls assessment and hazard check is completed, and a personal falls prevention programme is tailored. If necessary, people are referred for supervision by a registered nurse, physiotherapist or qualified instructor, or to programmes aimed at improving strength and balance.

A recent evaluation exploring Canterbury's integrated approach to falls found that from February 2012 to February 2015 there had been 1,083 fewer people presenting to the Christchurch Hospital Emergency Department due to falls, compared with expected volumes based on previous trends for people aged over 75. The evaluation also found that there have been 373 fewer than expected admissions for hip fractures. This has saved around 27 hospital beds each year, a reduction of approximately one ward. Compared with previous trends, there have also been 86 fewer deaths at 180 days discharge after treatment for fractured hips.

Older people are the target of the Community Falls prevention Programme

In our hospitals:

We continue to focus on patient assessment and tailoring falls prevention strategies to meet the needs of individual patients while they are in hospital and for when they return home. The Hospital Falls Prevention Programme Steering Group meets regularly, providing oversight and direction across Canterbury hospitals for initiatives aimed at reducing falls in hospital and routine activities such as the annual Falls Awareness Campaign, reviewing policies, monitoring falls measures and progress on key projects.

In the 2014-15 year, the new falls prevention visual cues (see story page 14) were introduced across the hospitals and the new standardised process for the care of patients following a fall was piloted in a number of areas.

Area 2: Hand hygiene

Good hand hygiene is recognised as the most effective strategy to prevent the spread of infection. The Health Quality Commission promotes staff washing their hands with liquid soap or using alcohol-based hand rub during the five moments of hand hygiene (before patient contact, before a procedure, after a procedure or body fluid exposure risk, after patient contact and after contact with patient surroundings).

Threshold

From April 2015 the good hand hygiene compliance threshold was raised from 70 percent compliance to 80 percent compliance by the Health Quality and Safety Commission.

Are we doing the right things?

We have made significant progress towards the increased threshold by raising the profile of the importance of hand hygiene across the hospitals.

We have increased our compliance with good hand hygiene practice from 62 percent in July-Oct 2014 to 77 percent in April-June 2015.

New resources have been developed and distributed and local audits are taking place as well as the national audit to raise compliance levels. Regular area-specific reports are being circulated and areas that are not meeting the 80 percent threshold must develop action plans to drive improvement.

Area 3: Improving surgical safety

1. Safe Surgery Checklist

The Health Quality and Safety Commission has promoted the use of the Safe Surgery Checklist to improve the quality and safety of care for patients during surgery. This Checklist ensures that the correct surgery is being carried out on the correct patient, and promotes a culture of teamwork and good communication in operating theatres.

Threshold

All three parts of the surgical safety checklist completed in 90 percent of operations.

Are we doing the right things?

Canterbury DHB completed all three parts of the surgical safety checklist 87 percent of the time in the last audit.

2. Surgical site infections

A surgical site infection is an infection of a surgical wound in a patient following surgery. Some infections are minor and only involve the skin, but other more serious ones can involve the tissues under the skin and organs, or implanted material such as joint replacements.

Surgical site infections are one of the most common healthcare-associated infections. They occur in approximately 2-5 percent of patients undergoing inpatient surgery. If a patient develops a surgical site infection this has a huge impact on the patient and their family, and doubles the cost of their healthcare.

The Health Quality and Safety Commission is focused on reducing the likelihood of patients developing a surgical site infection and is currently targeting hip and knee replacement surgeries. They recommend that the correct dose and type of antibiotic is given immediately before surgery with the correct skin preparation to help prevent these infections.

Thresholds

In hip and knee replacements the following thresholds have been set by the Commission:

- 100 percent of primary hip and knee replacement patients will receive the appropriate antibiotics 0-60 minutes before incision
- 100 percent of primary hip and knee replacement patients will have appropriate skin antisepsis in surgery using alcohol/chlorhexidine or alcohol/povidone iodine
- 95 percent of hip and knee replacement patients will receive 2g or more of cefazolin as a prophylactic antibiotic before surgery.

If a patient develops a surgical site infection this has a huge impact on the patient and their family.

Are we doing the right things?

In the audit period from January to March 2015, across the Canterbury DHB antibiotics were given less than 60 minutes before "knife to skin" 99 percent of the time and the appropriate skin preparation occurred 99 percent of the time. The right antibiotic was given in the right dose 97 percent of the time.

Area 4: Central Line Associated Bacteraemia

In the Intensive Care Unit (ICU) about half of patients require a fluid line (also known as a central line) to be inserted into a large vein for resuscitation and giving of multiple drugs. Unfortunately central line insertion can allow bacteria to enter the blood stream. We can reduce the chances of a patient getting an infection by ensuring that staff comply with insertion and maintenance processes.

Threshold

90 percent compliance with procedures for inserting central line catheters.

Are we doing the right things?

The Canterbury DHB Intensive Care Unit (ICU) was compliant with these processes 88 percent of the time, and in the past year (June 2014 to June 2015) reported two central line infections, with the last one in May 2015.

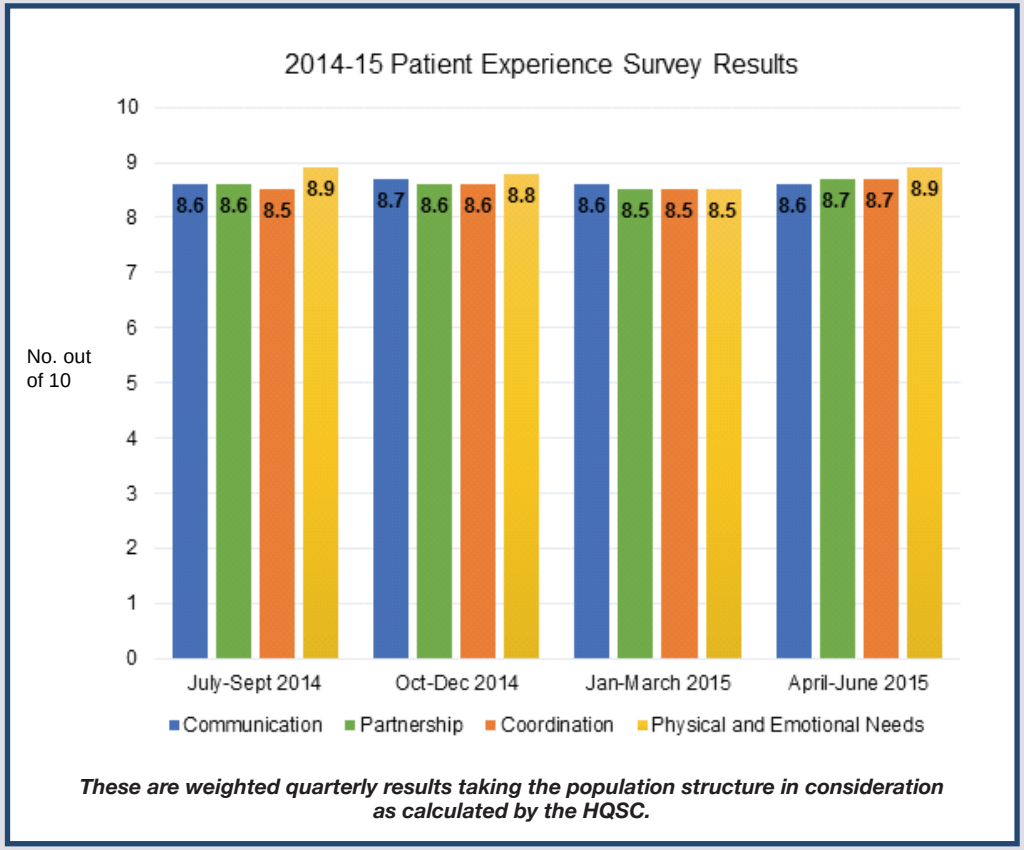
National Patient Experience Survey

Another initiative introduced by the Health Quality and Safety Commission and mandated by the Ministry of Health is the National Patient Experience Survey.

This survey canvasses adults who recently spent time as inpatients in our hospitals, although excludes mental health.

An invitation to be part of the survey is delivered via email or a link in a text message. At Canterbury DHB we survey 400 patients every quarter as well as every two weeks. The results enable us to find out about your hospital experience, what we are doing well and where we can improve.

The survey asks questions on four areas, including an overall score out of ten on the level of communication you experienced (communication), whether staff involved you in decisions about your care (partnership), the coordination of your care within hospital (coordination), and how well your physical and emotional needs were met (physical and emotional needs).



These are weighted quarterly results taking the population structure in consideration as calculated by the HQSC.

Delivering on the National Health Targets

The National Health Targets are a set of national performance measures set by the Minister of Health for all DHBs. While they capture only a small part of what is necessary and important to our community's health, they provide a focus for collective action and performance improvement. They also present a summary of performance across the continuum of care, from prevention and early intervention through to improved access to intensive treatment and support. In this sense, achievement of the Health Targets can be seen as a reflection of how well every level of the health system is working together to improve the health and wellbeing of our population.

Details of the actions we will take to deliver against the Health Targets can be found in the Canterbury DHB Annual Plan, available on our website: www.cdhb.govt.nz

Health Targets can be seen as a reflection of how well every level of the health system is working together.

	TARGET
	***Canterbury contribution:*** ✔ Canterbury achieved this target in 2014/15, with 96% of patients admitted, discharged, or transferred from an emergency department within 6 hours. ***2015/16 Government Expectation:*** 95% of patients will be admitted, discharged, or transferred from an emergency department within 6 hours.
	***Canterbury contribution:*** ✔ 17,714 elective discharges were delivered, exceeding the target by 230 discharges in 2014/15. ***2015/16 Government Expectation:*** 20,474 elective surgical discharges will be delivered in 2015/16.
	***Canterbury contribution:*** ✔ All people ready for treatment wait less than four weeks for radiotherapy or chemotherapy. ***2015/16 Government Expectation:*** 85% of patients referred urgently with high suspicion of cancer receive first cancer treatment within 62 days by July 2016.
	***Canterbury contribution:*** → 94% of eight-month-olds had their primary course of vaccinations on time by July 2014. ***2015/16 Government Expectation:*** 95% of eight-month-olds will have their primary course of immunisations on time.
	***Canterbury contribution:*** ✔ Canterbury achieved this target with 96% of hospitalised smokers given advice to quit. → Canterbury improved performance against the target with 89% of smokers seen in primary care provided with brief advice and support to quit. ***2015/16 Government Expectation:*** 90% of pregnant women who identify as smokers with a DHB employed midwife or Lead Maternity Carer and 95% of hospitalised smokers provided with brief advice and support to quit smoking. 90% of smokers seen in primary care are offered help to quit in the past 15 months.
	***Canterbury contribution:*** → Canterbury improved performance against the target with 82% of the eligible population having had their cardiovascular risk assessed in the last five years. ***2015/16 Government Expectation:*** 90% of the eligible population having had their CVD risk assessed once every five years.

Canterbury Health System Outcomes Framework

The Outcomes Framework was introduced to help people working across the Canterbury Health System to visualise and assess the impact of the work we do across the system.

The Framework also allows us to demonstrate the crossover and interaction between our strategies and the effect of our combined efforts. It focuses on the collective contribution towards achieving system goals and allows 'line of sight' between activity and high-level outcomes.

In light of the changing needs of the Canterbury population, the Outcomes Framework is a living document and will evolve over time to reflect changing strategic emphases.

The Framework in action

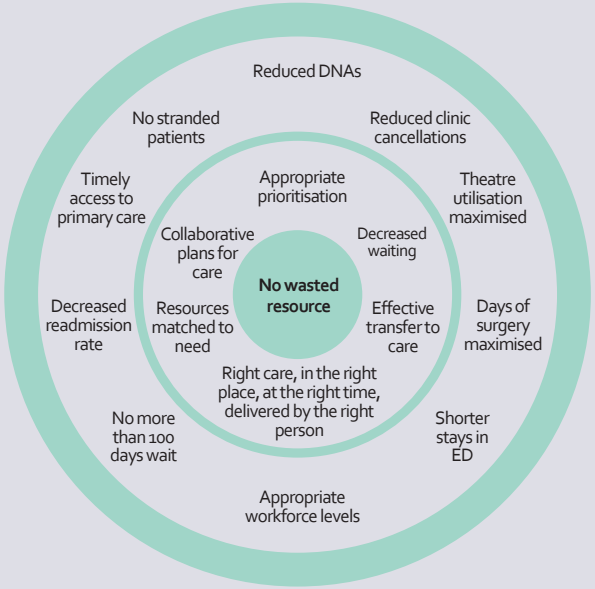
Improving attendance at Colposcopy Clinics

The Colposcopy department has introduced a number of initiatives to improve the attendance of women to their Colposcopy appointment and in particular reduce the number of women who do not attend (DNA) their appointment. As a result of the processes introduced, the DNA rate has been declining and in September 2014 less than five percent of women failed to attend their appointment.

The initiatives implemented included: text and phone reminders to women prior to all appointments, further text and phone reminders to women who have not confirmed their appointments.

Women who did not attend their appointment were contacted by telephone to discuss attendance issues. The feedback obtained by women provided an insight into attendance barriers and a number of recommendations have been made. It is planned to introduce one initiative at a time so that any improvement in attendance rates can be linked.

Recommendations include: providing a free 0800 phone number for women to reschedule appointments and make contact for further information; investigate the feasibility of providing a clinic from 4pm-7pm, improving access for employed women and making it easier to bring



The Outcomes Framework is a living document and will evolve over time.

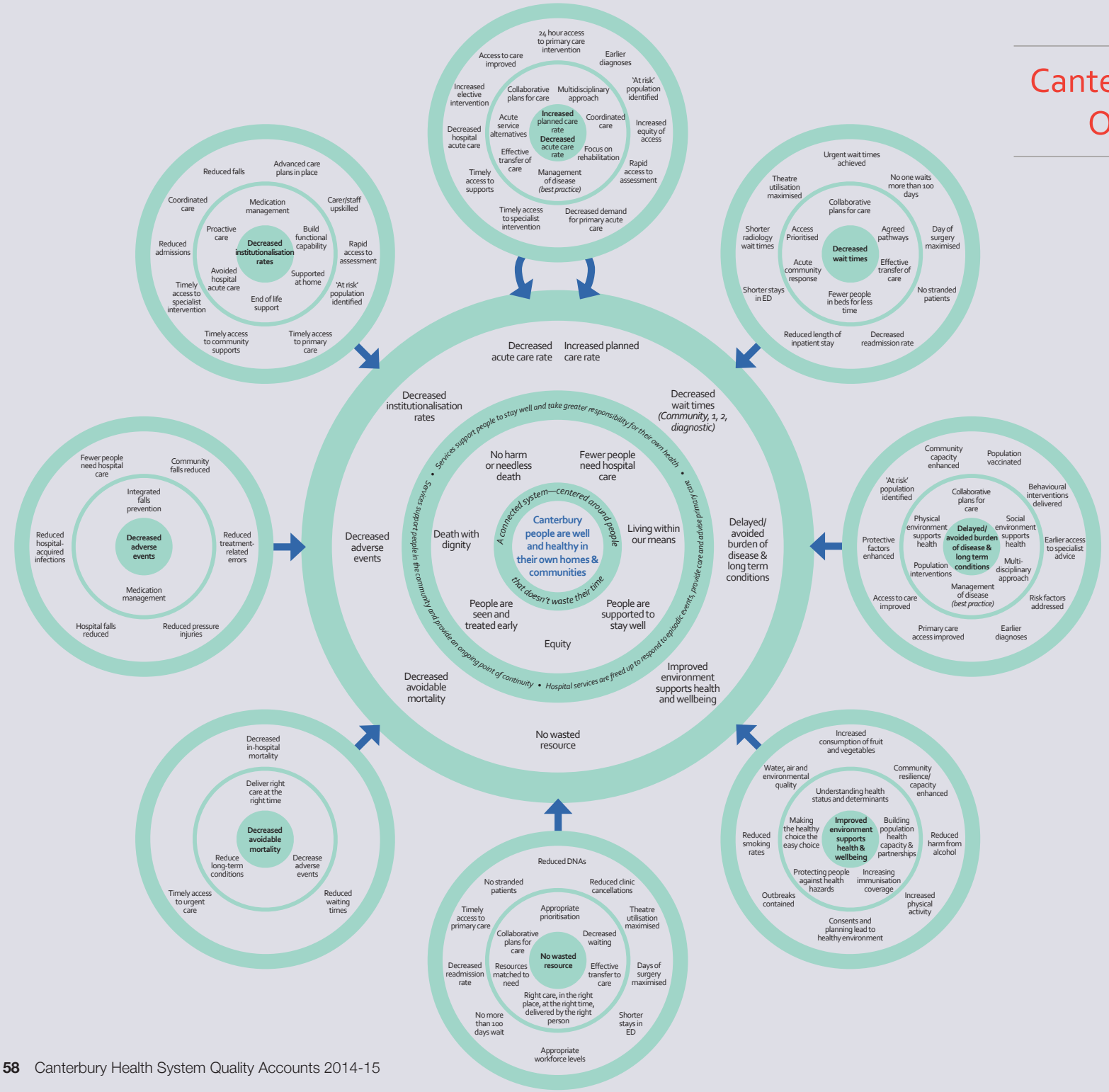
a support person; review what information is provided to women regarding colposcopy; review options for a system where women can choose their own appointment time/date; provide information on Christchurch Hospital parking options with initial appointment letter and include appointment time in reminder text. These recommendations will form the basis for ongoing work in Colposcopy to further improve attendance for all women.

Improving attendance at Colposcopy Clinics, by matching resources to need, helps to reduce the number of women who do not attend appointments and contributes to the system outcome of "No wasted resource". Addressing the physical environment and barriers to attendance, the initiative also supports earlier diagnosis and the system outcome "Delayed/ avoided burden of long-term conditions."

All of which contributes to delivery of our vision: *'A connected system: centred around people: that doesn't waste their time'.*

Canterbury Health System Outcomes Framework

November 2014



What next?

The Canterbury Health System commits to continuous quality improvement. In the coming year we will focus on improving children's health and wellbeing, delivering care closer to home and improving our environment.

Last year we identified five key themes for improving patient flow. Results are already being demonstrated in terms of reduced waiting times, lengths of stay and readmissions. Updates on these themes are in the "Fewer people need hospital care" section.

Improving children's health and wellbeing

Two new major programmes are on the horizon, both of which aim to improve children's health and wellbeing.

Christchurch Children's Team

Children's Teams are part of a wider national plan to support vulnerable children through the implementation of the national Children's Action Plan. The Christchurch Children's Team is made up of a panel of skilled frontline practitioners and professionals from across government agencies, non-government organisations, iwi and the community all working together to make sure vulnerable children are safe from harm, thrive, achieve and belong.

A local Governance Group has been established and a Regional Director appointed for the Christchurch Children's Team.

The initial priorities for the local Governance Group are: to establish effective data sharing mechanisms between health, education and social development ministries; to determine local criteria for eligibility and priorities for access; to communicate more widely with the community about the purpose and availability of the Children's Team; to determine outcome measures to monitor the effectiveness of the programme.

It is anticipated that the Children's Team will be up and running early in 2016.

New treatment service for obese children

To target childhood obesity the South Island Child Health Service Level Alliance has purchased the Triple P Healthy Lifestyle Group course for use by all five South Island DHBs. The three-month course provides advice on nutrition, physical activity and parenting, and is delivered by trained individual facilitators to groups of ten parents and caregivers at a time.

The course will be delivered to approximately 900 parents and caregivers across the South Island over the next three years. To evaluate the effectiveness of the course, in the New Zealand context, children will be followed up for a minimum of two years.

Delivering care closer to home

In Canterbury we're working towards a health system where all parts work together to keep people healthy and well in their own homes and communities. This means that much of the work to look after people is in parts of the system outside of the hospital. Canterbury's health alliance, the Canterbury Clinical Network, is working towards better integrated and coordinated primary, community, secondary and tertiary health services to improve people's journey through the health system.

In the 2014-15 year our focus areas included Polypharmacy, Child and Youth Health and Patient Experience.

Polypharmacy

The more medicines a person is on, the more likely they are to experience adverse side effects. The Polypharmacy initiative aims to prevent avoidable hospital admissions due to drug side effects. A whole system approach to support people with multiple co-morbidities is being developed to balance the need to follow guidelines with the risk of medication side effects.

The first stage of the Medicines Therapy Assessment service started in Canterbury in June 2015. This is a free service including a consultation with an accredited pharmacist where the patient can discuss the medicines they take for their health conditions.

Child and Youth Health

Child and youth health is recognised as an important focus area for Primary Care.

Oral health

The number of pre-school children enrolled with the Community Dental Service has been relatively static over the past three years and stood at 21,880 at the end of 2014 (69 percent of all under-fives). Entry into the Service usually follows referral from Well Child/Tamariki Ora providers following the 9-12 month check. A programme of work is currently underway to have this take place shortly after birth, using existing databases, with the aim of having 95 percent of under-fives enrolled by the end of 2016.

The percentage of five-year-olds with no tooth decay has been relatively static over the last three years with 64, 62 and 63 percent being caries-free for 2012, 2013 and 2014 respectively. There are signs of worsening oral health for those children who do have tooth decay and for those children the average number teeth affected by decay, (either decayed, extracted or already filled) increased from 4.37 in 2012 to 4.56 in 2014.

The oral health of 12-year-olds has improved over the past three years – the percentage caries-free has increased from 57 percent in 2012 to 62 percent in 2014 and the average number of teeth affected by decay has fallen from 1.01 to 0.86.

Mental health

In the past year the primary mental health services have worked hard to maintain access and respond to young people either by providing Brief Intervention Counselling services, or connecting them to a more appropriate service that meets their individual needs. Around 600 individuals aged between 12 and 19 years are seen each year for up to six counselling sessions.

Patient experience

Patients are the real experts on the workings of the health system as a whole. In Canterbury we hold that the worst waste in the system is when the patient's time is wasted. Understanding and responding to patients' experience is crucial to us as a force for improvement.

In the past year we have supported the testing of patient experience survey questions with consumer focus groups and in July 2015 we contributed to a national trial of the survey using five General Practices from Canterbury. The Health Quality and Safety Commission aims to roll out the Primary Care Patient Experience Survey nationwide from September 2015.

In the 2015-16 year we have initiatives planned in the areas of rural health, health of older people and are continuing to focus on Child and Youth Health.

Rural Health

Ensuring appropriate access to health services in rural areas is a key focus for the Canterbury health system. The Rural Sustainability Project is supporting rural communities to review and plan their health services to ensure that rural people in Canterbury have access to the most appropriate and sustainable health services. The project is working towards equity of outcome across Canterbury by developing services and models of care that recognise the unique differences in different rural communities while also aligning with the wider health system. Over the coming 12 months we aim to work with Canterbury rural communities to support them to develop suitable models for their local health systems.

Older People

Another focus is supporting older adults to live well in their community and to stay in their own homes for longer. Canterbury is exploring the sharing of restorative care plans for older adults

with complex health problems across care settings. This involves health professionals and service providers working with each other and with the patient on one single care plan that is shared across services.

This aims to help services to better collaborate to provide older people the right care, at the right time, by the right person. We initially aim to achieve 20 restorative care plans for older adults shared across settings by July 2016. A restorative care plan aims to maximise independence by focusing on the individual patient's needs and personal goals and providing ongoing assessment of progress.

Children and Youth

In Canterbury we are committed to improving the mental and physical health of children and young people through their life course, from before birth to the transition to adulthood. One current focus area is enhancing pregnancy and parenting programmes to meet the needs of new mothers, with a particular emphasis on first-time Māori, Pacific and teen pregnant women.

We would like 30 percent of first-time Māori, Pacific and teen pregnant women in Canterbury to complete a funded pregnancy and parenting education by July 2016. This aims to improve maternal and child health by enhancing the resilience of a wide range of new mothers.

Improving our environment

Our goal is healthy physical and social environments that support people to stay well. We will improve Canterbury environments with the following initiatives:

Sustainability

Canterbury DHB has joined the Carbon Emissions Measurement and Reduction Scheme, and has set targets for reducing our carbon footprint. The Canterbury DHB's top five emission sources are coal, air travel, electricity, medical gases and waste. By 2020 the Canterbury DHB will reduce its absolute emissions by 2.8%. These targets represent a conservative baseline targets and it is hoped there would be potential for further reductions.

Another key area of focus is staff transport. Canterbury DHB has worked with Environment Canterbury and the Christchurch City Council to make it easier for staff to use alternative modes of transport to travel to Hillmorton Hospital. Walking, cycling, and bussing brochures have been created informing staff of the benefits and best travel routes.

A bicycle has been made available to borrow and priority carparks have been allocated for those who are carpooling. In the coming year we will

look at promoting alternative travel modes for staff at Christchurch Hospital.

Joint work plans with Councils

2014 was the year of the Joint Work Plan. These plans aim to connect the work streams of the Canterbury DHB, Environment Canterbury, Christchurch City Council and Ngāi Tahu to ensure more efficient and collaborative work.

The joint work plan between the Canterbury DHB and Environment Canterbury is now well-established. Highlights included:

- Developing with Ngāi Tahu a series of wananga hui on freshwater management issues such as mahinga kai and cyanobacteria. Joint management of freshwater issues is an area of ongoing discussion.
- A Health Impact Assessment by Canterbury DHB and Environment Canterbury on Environment Canterbury's draft Air Plan.

The joint work plan between Christchurch City Council (CCC) and Canterbury DHB was signed off in October 2014. This supported the:

- Joint Housing Workshop between CCC and Canterbury DHB staff on social housing and care for tenants, quality of housing and development of necessary strategic alliances
- Cross-Agency Asbestos Project Team which was established to provide better oversight of asbestos-related issues in the rebuild
- establishment of a Smokefree Strategy group to help reduce the harmful impact of tobacco on our communities.

Resilient Cities

100 Resilient Cities (100RC), pioneered by the Rockefeller Foundation, is dedicated to helping cities around the world become more resilient to the physical, social and economic challenges that are a growing part of the 21st Century. Canterbury DHB is an active partner in the Christchurch Resilient Cities project.

The data-gathering and research period of the Christchurch Resilience Strategy development is now complete, and the report presents the baseline evaluation of assets, shocks and stresses, stakeholder perceptions, current approaches and emerging opportunities that will inform creation of Focus Areas guiding Phase II of Strategy development. The target date for completion of the Resilience Strategy is March 2016.

As part of the 100RC network, Christchurch also has the opportunity to share lessons and best practices with other cities around the globe that are developing Resilience Strategies of their own. We are looking to build relationships with other network cities who have similar threats and opportunities as Christchurch.

Christchurch also has the opportunity to share lessons and best practices with other cities around the globe that are developing Resilience Strategies.


Never ever
give up!
Dream

The right care and support, by the right person, at the right time, in the right place.

Canterbury
District Health Board
Te Poari Hauora ō Waitaha

www.cdhb.health.nz