



## A shout out to our Managed Isolation and Quarantine teams

**Last week I visited one of our managed isolation facilities at the Chateau on the Park. It was a great opportunity to hear first-hand about the experience of staff working in a collaborative cross-agency way to keep our communities safe.**

Since the 1 July last year more than 16,254 returning New Zealanders have been looked after in Canterbury.

There have been plenty of challenges and learnings along the way, and most of these have been well documented in both the media and our own reports. One of the most disappointing themes to come from the team is the ongoing stigma faced by our people who are working at the border – what makes it even worse is the fact that much of it is coming from fellow health care workers.

During my visit I heard first-hand about all of the infection prevention and control precautions being taken by the team in terms of a scrupulous and extremely high standard of personal protective equipment (PPE) use by everyone working in our managed isolation facilities.

Let's make sure we are all supportive and kind to this incredibly careful and dedicated team.



The team at the managed isolation facilities at Chateau on the Park

On my visit I enjoyed meeting with the leads of some of our key agencies including members of the New Zealand Defence Force who support planning and coordination of guest movement and security. It was also great to hear from the hotel managers who are an integral part of the multi-agency operation and who spoke very highly of the Health and Wellbeing team's contribution to the smooth running of the operation.

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## Working with government and social care agencies

Last week I met with Superintendent John Price, Canterbury District Commander for Police. He reminded me of the successful partnership we have by working together in the watch house. He highlighted the strength of our integrated working relationship where we have mental health nurses based in the watch house at Christchurch Police Station. Having expert mental health nursing staff on the spot and assessing people as they are brought into the police station provides a better service for consumers and means people can be directed to the treatment and support services they need at an earlier stage.

Since it started in 2009 more than 11,600 people have been screened, with many being screened on multiple occasions. In the year ended 31 March 2021 more than 1000 people were assessed in the watch house.

Another multi-agency meeting that makes a difference for families experiencing family harm is the daily Integrated Safety Response (ISR) meeting that happens seven days a week. Partner agencies include health, Police, Oranga Tamariki, Kainga Ora (formerly known as Housing NZ), Ministry of Education, Ministry of Social Development, Ministry of Justice, Corrections, Specialist Family harm NGO providers and kaupapa Maori service providers.

I am pleased to have had the opportunity to meet some of the leaders from these organisations. Our collective strength is our ability to share ideas and information to support those who need it most.

## COVID-19 vaccination

I want to highlight the amazing work in planning, preparing and administering the COVID-19 vaccination. A small, but growing team is putting in huge hours to get us geared up for community wide vaccination. The current focus is on border workers, their household contacts and front-line healthcare workers. On top of this, our public health team is preparing for the opening of the quarantine free border with Australia.

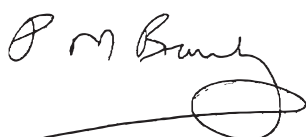
Until we achieve herd immunity with vaccination, it's vitally important to keep up with all the public health measures that have kept us safe so far:

Wash and dry your hands often, stay home if you're sick, cover coughs and sneezes and please make a point to scan scan scan – everywhere you go, everywhere you can.

Scanning is so important at work each day, and whenever you're out in the community.

Finally if you're wandering through Waipapa's entrance foyer tomorrow, and wonder what the large inflatable object is, it's a bowel. To celebrate the launch of the National Bowel Screening programme in Canterbury and to raise awareness, there will be a large inflatable bowel in the foyer of Waipapa tomorrow, Tuesday 13 April, from 11am. Staff will be on hand to answer questions, hopefully from a curious public.

Ngā mihi nui



**Peter Bramley, CEO**  
**Canterbury District Health Board**

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

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

# Survey reveals high approval ratings from hospital patients and those with outpatient appointments

Patients in our hospitals highly rate communication with our staff, how well they are treated and have high levels of trust and confidence in us. These are some of the high level findings from our recent patient surveys.

Ninety-three percent say staff explained the risks and benefits before an operation in a way they could understand, and felt staff treated them with respect and dignity while they were in one of our hospitals. Ninety-two percent say they have trust and confidence in the staff treating them.

Eighty-seven per cent report that their communication and physical and emotional needs were met and co-ordination of care was also rated highly by 85 percent of those who responded to the survey.

These results are contained in the latest Patient Experience Survey.

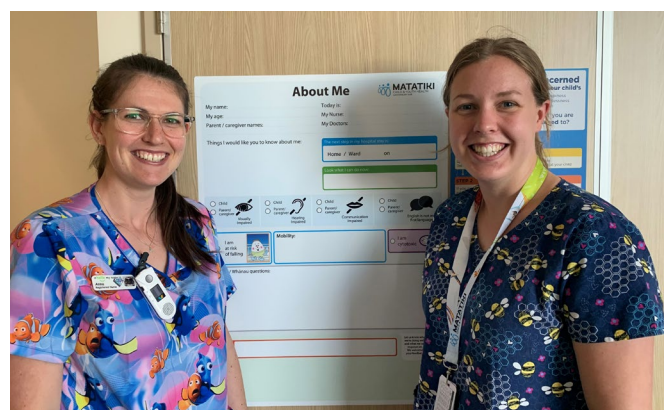
Every fortnight we invite patients who spent at least one night in hospital or who have attended an outpatient clinic to participate in our Patient Experience Survey.

These surveys provide vital information about how we are doing, along with compliments, complaints, and consumer focus groups. Feedback allows us to continually work to improve the experience of patients and people using our services.

Additional questions were added to the inpatient survey in March 2020 to monitor patient experiences of the COVID-19 pandemic and to ask about family/whānau being included in important discussions and staff cleaning their hands when touching or examining.

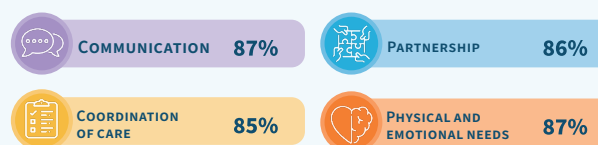
For outpatients, 97 percent say staff treated them with dignity and respect and 96 percent said they were given appropriate privacy when discussing their treatment and felt staff listened to them.

An invitation to participate in the survey is delivered via email or a link in a text message. Taking part is voluntary. The survey asks patients to rate and comment on their experiences in four areas: communication, partnership, co-ordination and physical/emotional needs.



The upgraded bedside boards indicate to patients, whānau, and staff 'at a glance' the essential information and assistance a patient requires to maintain their safety in our hospital environment

## INPATIENT DOMAIN SCORES FOR FEBRUARY 2021



Responses are completely anonymous. Comments are reviewed to ensure staff and patient confidentiality. All staff have access to both inpatient and outpatient's feedback. See more on Prism [here](#).

The Patient Experience Survey includes a section on the hospital bedside boards which have recently been upgraded and repositioned within the bed space to promote staff completion and visibility for the patient.

The bedside boards indicate to patients, whānau and staff 'at a glance' the essential information and assistance a patient requires to maintain their safety in our hospital environment. Patient feedback includes:

*"Great concept. Reminded me to ask for help."*

*"On admission the info was correct, this felt welcoming and helped mum enormously given she had never been in hospital before."*



## COVID-19 staff vaccination programme kicked off today for staff in Tiers 2A & 2B

Due to additional doses of vaccine becoming available today and tomorrow, we have started earlier than planned with drop-in vaccination clinics today for staff working in Tiers 2A & 2B who are not already pre-booked to have their first COVID-19 vaccination.

An extra special thanks to the teams who worked over the weekend to make this happen. I know there are a lot of logistical challenges behind the scenes to ensure these clinics are established and run successfully.

This week we are standing up a number of COVID-19 vaccination centres within our larger facilities, and the plan is to extend out to our smaller and rural centres over the coming weeks. We are also standing up additional clinics in the community as we start to vaccinate general practice teams and frontline community pharmacy staff.

## Building wellbeing at the Border – keeping those in lockdown filled with joy!

If you had asked Benni Hulme a year ago what she would be doing now, caring for guests in a managed isolation facility wouldn't have been on her radar. The former flight attendant was stood down from her role in March. She soon started a new role as a wellbeing advisor for Canterbury DHB working in our managed isolation and quarantine facilities. Read her story [here](#).



Benni Hulme (on right) with the 'birthday' mask with one of her colleagues working in our managed isolation facilities

# Scan. Scan. Scan.

Everywhere you go, everywhere you can.

All staff should scan in daily using the **COVID-19 Tracer App**.

Unite  
against  
COVID-19





## Bouquets

### **Te Whare Manaaki team, Specialist Mental Health Services (SMHS)**

The parents of a consumer pass on their thanks and appreciation. They say they have always been treated with respect and compassion and have nothing but positive things to say about the staff at Te Whare Manaaki.

### **Infectious Disease (ID) nurses/Home Intravenous (IV) nursing team**

I wish to acknowledge the excellent care I received from the ID nurses and Home IV nursing team. They ensured a seamless process, communicated well, and ensured I went home safe and prepared.

### **Seager Clinic team, SMHS**

The sister of a consumer says thank you to the Seager team for the care provided for the last two years. She appreciates the support provided to the consumer during his stay at Seager and is very pleased with the successful outcome of his transition to community.

### **Day of Surgery Admission, Christchurch Hospital**

Thank you all for your outstanding care. A special thanks to Gina, my pre-op nurse for her kindness, grace and sense of humour.

### **Heather, Acute Ward reception, Christchurch Hospital**

I would like to let you know the customer service/care I received from Heather at your front counter in the Acute Ward at Christchurch Hospital today has been outstanding. Her genuine smile and her personality certainly help when one is in this area of the hospital.

### **Burwood Hospital**

Wonderful pianist – soul uplifting.

### **Kat McNamara, Interventional Radiology, Christchurch Hospital**

I'd like to compliment Interventional Radiology Registered Nurse Kat McNamara who took a lot of care of me when I needed a portacath inserted last week. Kat was very good at easing my anxiety, so I'd like to pass on my sincere thanks to her!

### **Ward 14, Christchurch Hospital**

Excellent service, lovely crew, I would like to give a thumbs up. Thank you for the time I spent in Ward 14. I was well treated, they made me feel like someone. Awesome.

### **Ward 23, Christchurch Hospital**

Ward staff were wonderfully patient and kind with my father. Couldn't praise them more on their compassion, empathy and quality of care. Thank you. Great team.

### **Dental Department, Christchurch Hospital**

I saw the young dentist, and he was very kind and patient. I have zero pain tolerance. He took care so that the treatment wasn't painful. I wish him and the team all the best. There is no doubt he will go a long way with all his professionalism.

### **Orthopaedic Outpatients, Burwood Hospital**

I am just so impressed with the patience, care and thoroughness of Anne-Marie who did my assessment for a hip operation. She was so helpful and efficient in all she did. Thank you! All the other staff have also been most helpful and kind.

## New guidelines a first for New Zealand

Staff are feeling proud after the successful development of important new guidelines for managing harm caused to patients by non-cytotoxic intravenous (IV) drugs and fluids.

The management guidelines are the first of their kind in New Zealand and provide a benchmark for the country's hospitals. Non-cytotoxic drugs and fluids are ones that don't cause cell damage or cell death, unlike cytotoxic drugs (chemotherapy) that kill cancer cells.

The evidence based 'Extravasation management of non-cytotoxic medication in adults' is an exciting development as previous guidelines, including those available internationally, have been based primarily on anecdotal evidence, says Clinical Nurse Consultant Vascular Access Elizabeth Culverwell.

"A review carried out in 2019 found that there was significant harm to our patients from IV non-cytotoxic medication extravasation injuries and that limited management guidance was a major contributor."

Extravasation is the leaking or infiltration of a corrosive drug or solution into the surrounding tissues under the skin when an IV cannula is in the vein. This can cause blistering of the skin, pain and burning along the vein pathway, redness and swelling, and even tissue, muscle, tendon and bone damage. In extreme cases it can require surgery.

When any of these signs occur, immediate action is needed to limit further injury.

Oncology and Radiology have specific evidence-based guidelines pertinent to their services and any injuries are managed appropriately, Elizabeth says.

"However, there was no pathway for the management of non-cytotoxic medications."

Pharmacists Lye Jinn Ng, Caroline Innes, Brittney Young and Elizabeth, worked together to address this concern.

"It took a long year and a half of constant work for the clinical pharmacists to review the limited and conflicting literature to help update Canterbury DHB's management guidelines."

The updated management now includes:

- › the updated Canterbury DHB Peripheral IV Cannulation Resource Book.



From left, Nurse Consultant Vascular Access Elizabeth Culverwell, Radiation Therapist Courtney O'Connor (the first Canterbury DHB staff member to complete the new course), Oncology and Haematology Pharmacist, Caroline Innes, Rotational Pharmacist Brittney Young and Paediatric and Neonatal Pharmacist Lye Jinn Ng

- › the new 'Extravasation Management' course available on HealthLearn
- › the 'Management of Extravasation and Infiltration of non-cytotoxic IV medications in adults' flowchart available on PRISM [here](#)
- › Staging Tool available on Prism [here](#)
- › extravasation kits.

Extravasation kits were created by Elizabeth to provide the necessary tools and information to quickly manage an injury, reducing severity of harm to the patient. The kits are located in resource wards across the Christchurch Hospital campus.

Radiation Therapist Courtney O'Connor is the first Canterbury DHB staff member to complete the new course. She says it was informative and the content flowed well, making it easy to follow.

The educational package is designed to increase awareness of injury and to reduce risk of harm to patients, Elizabeth says. All staff who administer IV therapy are required to complete it, and so far, 97 have done so successfully.

The development of the evidence-based pathway provides a benchmark for all New Zealand hospitals. The online education course developed by Lye Jinn, Caroline and Brittney is already being utilised by Canterbury DHB and other providers and their abstract on this topic has been accepted for presentation at a national IV conference next year.

"We would like to acknowledge the Pharmacy Department for their support in our mission and the

resource wards for their input with education and management of the kits."

The team also thank Nurse Educator/Nursing Educational Technologist Neil Hellewell for collaborating and designing the HealthLearn online Extravasation course.





## ACCELERATING OUR FUTURE

Hapaitia te ara tika pūmau ai te rangatiratanga mo ngā uri whakatipu

# Getting best use out of our hyperbaric medicine unit

Two hours a day for eight weeks, patients sit in a room in Christchurch Hospital the size of a hospital elevator with four others, reading their book or doing their sudoku, oxygen mask on, 14 metres 'deep.' The pressurised room they are in is the Christchurch hyperbaric chamber – Te Whare Hau o Te Ha Ora.

This is the world of hyperbaric oxygen therapy and the team that offers it is making sure the community gets the most of this investment and cost of treatment is minimised wherever possible.

Canterbury is one of only two units in the country with a hyperbaric medicine unit, alongside Waitemata DHB, with a decompression chamber to provide emergency treatment for divers for decompression sickness, also known as the bends, and people with arterial gas embolisms and carbon monoxide poisoning. It is funded by the Ministry of Health for this purpose and Clinical Director Greg van der Hulst says around 20 patients a year present to Christchurch needing treatment for these conditions.

However, there's also a large body of evidence to support the benefits of this therapy for patients experiencing side effects following successful radiation treatment for cancer, such as radiation cystitis or colitis, and for certain types of non-healing wounds. Hyperbaric oxygen therapy delivers very high doses of oxygen to radiation damaged tissue which stimulates healing that does not otherwise occur.

The unit has gradually offered hyperbaric oxygen therapy more widely as staffing resources have allowed and its use is promoted via HealthPathways for those specific conditions where good evidence of benefits exist.

Accident Compensation Corporation (ACC) funding has not always been approved for radiation-induced treatment injuries. Collaboration between Canterbury DHB's Patient Information team and ACC to understand what qualifies under this category, what information ACC needs, and work on streamlining the process by the unit's Charge Nurse Manager Lorraine Angus has resulted in applications to ACC for funding for radiation treatment injuries now being regularly accepted.



The Christchurch hyperbaric medicine unit is one of only two units in the country

Having an injury covered by ACC means that Canterbury DHB receives funding to offset the cost of treatment and benefits the patient, as they can receive additional and ongoing support directly to help manage the impact of that injury. ACC funding to Canterbury DHB averages around \$25,000 per hyperbaric treatment course and Service Manager David Brandts-Giesen says identifying opportunities like this are important as every department looks at how they can contribute to the Accelerating our Future financial sustainability programme.

"This is something Greg and the team have been working on over the last couple of years. It's the right thing for patients but it's also the right thing for us to make sure we're minimising the cost of treatments where we can without compromising quality of our patient care."

Both Lorraine and Greg are happy to talk to other areas within Canterbury DHB about how they have navigated the treatment injury funding pathway and improved their processes if people want to get in touch.

Please share your ideas for doing the right thing for our sustainability or tell your story of how you're already made an impact so we can celebrate your efforts and inspire others by emailing [AoF@cdhb.health.nz](mailto:AoF@cdhb.health.nz).

# Celebration of Oxford Hospital – 101 years of care

It's stood steadily, with the elegance and grace of a bygone age through a world war and the Depression and been a place of healing treasured by the local community, past and present staff and patients.

They gathered recently to celebrate 101 years since the opening of Oxford Hospital in March 1920, the centennial was cancelled due to the COVID-19 lockdown.

It is a lovely rural hospital and has been vital in caring for many local and Oxford area residents over the last 101 years, says Registered Nurse Alison Stewart.

"Many locals have either been born or had their children here when the hospital used to provide maternity services. Its existence is an acknowledgement of the contribution that small communities make."

Today the hospital provides long-term care, transitional care, respite care and palliative care, a reflection of how Canterbury DHB is supporting rural and ageing populations, she says.

The hospital has so much history, says Friends of Oxford Hospital President Linda Huria.

"Oxford Hospital construction began in 1919 on a five-acre plot of land on which 2000 trees were planted."

In the 1920s there was no electricity and a lot of time was taken up keeping the open fires and a big double-sided coal range fuelled.

"The laundry had four coppers, some of which, if not all, had to be boiled every day. Lighting was small table lamps and large hanging kerosene lamps."

The ground was very stony, and the gardener had two old horses and a plough to work the land. Unemployed people spent many days carting stones and rocks away.

"The hospital had a large vegetable garden and surplus produce was packed up and carted by horse and cart to be put on the bus to Christchurch Hospital," she says.

It has been well supported, firstly by the Hospital Lady Visitors Association (which became the Friends of Oxford Hospital), selling eggs to fundraise and knitting and sewing nappies for the babies, she says.

"We have a deep connection to this hospital and have fundraised for items such new drapes and sun blinds, bedding and televisions."



Long-term patient Melva Monk, aged 97, cuts Oxford Hospital's 101-year birthday cake



Oxford Hospital in the early days

They also provide birthday cakes, Christmas celebrations and outings for long stay residents and whatever is needed to make the patients and their immediate family more comfortable.

Linda, who worked at Oxford Hospital for 35 years, in the laundry, as a cook and a healthcare assistant says it was a fabulous place to work and staff stayed for decades.

"We were like a family."

Friends of Oxford hospital donated a garden bench in commemoration of the 100-year milestone and to reflect on the cultural commitment and values that were the foundation of a century of caring for the community, she says.



# One minute with...

## Philomena Petaia, Pacific Island Diabetes Clinical Nurse Specialist

### What does your job involve?

My job with the Diabetes Service is specific to the Pasifika community. I work closely with Pasifika people living with diabetes to support them with the management of their diabetes, which includes advice on insulin use, regular checks of their bloods, specific dietary advice and many other things.

### Why did you choose to work in this field?

I had envisioned that the first five to 10 years of my nursing career would be working in the hospital and an acute clinical setting, learning and gaining different experiences and skills. However, being brown, loud and proud, the call to my Pasifika community saw me fulfilling a senior nursing role just three years into my newly begun nursing career. I say this field chose me because I did try to stay and work in the acute clinical place but just could not avoid the demand and need for better health outcomes for our Pasifika communities.

### What do you like about it?

I like the challenges of being pushed outside my comfort zone. I really like the professional obligation to extend and upskill with further education and study. Growing and developing in Pasifika health, I have discovered my true passion in representing, serving and advocating for my people in the health sector.

### What are the challenging bits?

The biggest challenge for me is being a lone warrior in an area that needs

a multidisciplinary team approach to improve diabetes statistics amongst our Pasifika people here in Christchurch. I am thankful for my mentors in the community, and in Canterbury DHB, who have helped me develop into this role and I really see the potential of growing a Pasifika diabetes team that will tackle the barriers and challenges our people face in the health system both on a consumer and health professional level.

### Who inspires you?

My beautiful grandmother, who passed in August 2020, just months into me starting this role. My grandmother Saesaegalaufa'iatumua Fagamalama Petaia, was a senior registered nurse in Samoa. She worked in different areas of the Samoan health system, from the women's hospital, to the mental health department, theatre and general medicine. Her stories were full of compassion, love, strength, and overall bravery. Clients and their families who were under her care, still approach us and share the love my grandmother has shown to their aiga (family).

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

Hawai'i – was meant to go last year but COVID-19 had other plans.

### What's your favourite food?

Sapasui (chop suey) and potato salad.

### And your favourite music?

I am a lover of all music but definitely default to R'n'B – 'Queen B' music.



Philomena Elaine Moana Petaia also works as a Pasifika Community Mobile Nurse for Tangata Atumotu

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

These values are central to our Pasifika traditions and beliefs. To have these as the Canterbury DHB values means that I am able to cater to our Pasifika peoples with our values at heart and to be comfortable in providing a service that is inclusive of Pasifika cultures and traditions. It also is a means of accountability, in the sense that when we are responsible for outcomes we are accountable for the care and services our Pasifika peoples should be receiving and working to improve this.

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

I enjoy playing rugby and am about to commence my second season with the Linwood Bulls women's team as a prop.

### What do you do on a typical Sunday?

Usually church in the morning, a tea from Teasme Teas with my siblings, debriefs with my siblings or work colleagues and then recovery at the pool with the rugby girls.

If you would like to take part in the column or would like to nominate someone please contact [Naomi.Gilling@cdhb.health.nz](mailto:Naomi.Gilling@cdhb.health.nz).

## Something For You

Something *For You* is the Canterbury DHB employee benefits programme. The deals offered are from the Canterbury business community to say thank you for all that you do.



### ASB

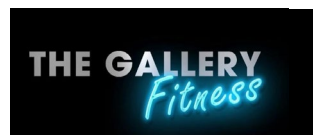
ASB offers special rates and services to all Canterbury DHB employees, see more information about the Work Extras schemes under the 'Finance and Legal' section.



### Table Of Munchies

189 Papanui Road, Merivale

Get 20 percent off your food order.



### The Gallery Fitness

190 Montreal Street, Christchurch Central

Sign up and get 30 percent off standard rates, all with no joining fee and a 30 minute session included (can be a workout, custom workout plan, or body composition analysis).



### Kinder Care

Addington, Avonhead, Bishopdale, Burwood, Fendalton, Riccarton, Spreydon, Wigram & more

Get 15 percent off your weekly fee when you enrol your baby, toddler or pre-schooler at any centre.

We also have plenty of other great deals from local businesses, check them out [here](#)!



CCN's latest newsletter includes summaries about:

- › Canterbury DHB CEO Peter Bramley's early impressions of the health system
- › An update on the Rural Health Workstream
- › CCN Alliance Group membership changes.

Read more [here](#).



Noho ora pai ana I te korokeke  
Living well with Dementia

## Community Education Seminar 21<sup>st</sup> April 2021 Evening Seminar

### Wandering & Dementia

***Wandering refers to a variety of behaviours that may result in a person living with dementia becoming lost.***

Sharyn Creighton, Registered Occupational Therapist from Older Persons Mental Health service, will talk about this behaviour to help us better understand it, as well as provide some strategies and different ways of thinking about it.

Additionally, Linda Rutland from WanderSearch Canterbury will provide information on the Wanda Trak tracking system used by the NZ Police and Volunteers to search for people who regularly 'wander' from their place of residence.

***Please register to ensure a place!  
PH 379 2590 or 0800 444776***

<b>Date</b>	Wednesday 21 <sup>st</sup> April 2021
<b>Time</b>	7.00 – 8.30 pm
<b>Venue</b>	Dementia Canterbury Seminar Room 3/ 49 Sir William Pickering Drive, Burnside

**Address:** 3/49 Sir William Pickering Drive, Burnside, Christchurch **Postal Address:** PO Box 20567, Christchurch 8543  
**Ph:** 03 379 2590 or 0800 444 776 **Email:** admin@dementiacanterbury.org.nz **Website:** www.dementiacanterbury.org.nz



## Matisse RSV Vaccine in Pregnancy Study



**You'll give them love in lots of ways.  
Could protection from RSV be one of them?**

RSV is known to cause common illnesses of the airways.

It is the most common cause of bronchiolitis (inflammation of the small airways)  
and pneumonia (infection of the lungs) in children under 12 months.

### Eligible women will be:

- Due between 17<sup>th</sup> May and 17<sup>th</sup> September 2021
- Aged between 18 - 49 years
- Healthy and expecting a single healthy baby
- Vaccination occurs between 24 and 36 weeks.

Women participating in the study will receive reimbursement for time and travel.

Study visits will be at the Christchurch Clinical Trials Centre and at home.

Taking referrals now.

Contact Research Midwife: Di Leishman

Email: [di.leishman@otago.ac.nz](mailto:di.leishman@otago.ac.nz) Phone 3644631

More information available on URL: [rsvvaccinestudy.com](http://rsvvaccinestudy.com)

