



Making difficult choices and balancing health needs

Over the past week The Press has published stories about the lives of people who haven't received surgery, or experienced delays in accessing treatments.

Our population in Canterbury has every right to expect the very best from its health system and every day over 18,000 people who work in the Canterbury Health System do their very best to ensure that people get the right care in the right place by the right person at the right time.

The Canterbury Health System is doing more than ever and achieving some remarkable outcomes. However that is cold comfort for individuals who could be benefiting from treatment and have been told we cannot provide that care for them right now.

Can we meet everyone's needs within the resources that are available? No. But what we can do is to make sure that we are providing the most effective services to as many of our population as possible in an open, transparent and fair way.

In the past year 21,039 people received publicly-funded elective (planned) surgery in Canterbury. That's 565 more people than the Elective Surgery Target. A further 15,500 people received publicly-funded acute (unplanned or emergency) surgery in Christchurch Hospitals.

That's more than 36,500 people who have had operations funded by Canterbury DHB in the past 12 months. These people are now getting on with their lives.

Over the past seven years Canterbury DHB has increased its elective services provision by more than 54%. Canterbury DHB is one of the largest elective services providers in NZ.

Canterbury, and the rest of the country, will always have more patients than our publicly-funded services can cope with at any one time. This has always been the case, and public health systems internationally face a similar challenge. This is despite doing more and more elective surgery each year.

The Canterbury DHB is continuing to balance competing demands including population increases, mental health

pressures as a result of the earthquakes and weighing up whether to do more operations or invest more in primary care. Should we do more hip replacements or provide more cancer treatments?

Canterbury has the largest elderly population in NZ along with the fourth fastest growing population in NZ. Today we are providing services for a population of 543,820 people (11.5% of NZ population) from just north of Kaikoura to just south of Ashburton plus providing health services to some of the rebuild population whose health needs we are responsible for despite them not being counted as part of our population.

We're doing more to ensure that people get the right care in the right place provided by the right person at the right time.

We manage a budget of approximately \$1.6 billion which includes \$1.27 billion (10.86%) of the total population based funding provided to DHBs.

Just to give you some idea of what has been provided by the Canterbury Health System over the past 12 months I have detailed below some of the activity delivered:

- » **117,027 people have been admitted to hospital** (that's more than a fifth of our population being an inpatient over the past 12 months - and almost 1 in every 5 people being admitted to hospital at some time during the past year)
- » **15,500 acute (or unplanned/emergency) operations**
- » **21,039 elective (planned) operations** which is 565 operations greater than the Elective Health Target
- » **22,000 procedures** (including colonoscopies, endoscopic ultrasound, minor ENT operations, gastroscopy, sleep assessments, hyperbaric chamber, urology lithotripsy procedures etc)
- » **94,466 Emergency Department attendances**

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- » **132,644 people seen urgently** at the 24 Hour Surgery, Moorhouse Medical and Riccarton Clinic
- » **290,782 new patient Outpatient attendances** (excluding mental health)
- » **11,994 virtual First Specialist Assessments**
- » **448,503 follow up outpatient visits** (excluding mental health)
- » **3.25 million prescriptions filled** (equating to a total of **6.5 million items!**)
- » Support for **5,922 births** in Canterbury
- » **937 babies** spent time in a **neonatal intensive care unit (NICU)**
- » **3,637 people cared for in aged residential care facilities**
- » **10,593 procedures** delivered in general practice that people previously had to be in hospital to receive. (This includes a range of procedures such as removing minor skin lesions, IUD insertions, sleep assessments, musculoskeletal injections, pipelle biopsies)
- » More than **8,300 people receiving mental health services each month**
- » Working with the Education sector providing **specialist mental health support to 107 schools** in Canterbury
- » Provide 24hr mental health support in conjunction with the Police. Since 2008 this has resulted in **18,000 detainees receiving mental health assessments**. Since the service started there have been no suicides in the Police Watchhouse.

In addition Canterbury DHB provides \$114m of health services for other DHBs (mostly in the South Island). This is for complex care that is unable to be carried out by other DHBs.

All of these services are either fully or partially funded by the DHB. As a District Health Board we partially fund 122 GP practices, 111 Community Pharmacies, Home Based Care providers, 70 non-government organisations (NGOs) as well as funding the DHB provider services (this includes our Specialist Mental Health Services, Public Health and our hospitals).

We continue to ensure those in greatest need and those requiring urgent or emergency treatment receive the care they need. However, ***the trade-off is some people who would benefit from a hospital-based treatment can't receive it right now, as there are people with more urgent needs.*** We do our best to manage these decisions in an open, transparent and fair way.

Wherever possible we try to ensure other community-based alternative care options are offered to patients who are waiting. For example, some people waiting for orthopaedic surgery may benefit from non-surgical treatment such as attending a Musculoskeletal clinic, physiotherapy or a weight loss programme. This helps ensure the most effective use of limited resources.

Programmes such as the Acute Demand Management Programme enabled 33,000 people in Canterbury to be managed either at home or by Primary care rather than being admitted into hospital. This has helped free hospital capacity

for more elective surgery to take place.

HealthOne (which now electronically connects health records across General Practice, Hospitals, Pharmacies and Community Nursing) has helped prevent unnecessary tests being carried out but more importantly, means that all health professionals involved in your care have access to the right information at the right time to ensure you get the right care.

The impact of the earthquakes means many health services continue to be provided from broken and damaged facilities. Clinical teams from across General Practice/Community and hospital settings have done everything possible to ensure that health service delivery continues to be maintained for the Canterbury population through a period of extraordinary circumstances.

Without the changes made in our health system in recent years we would have run out of hospital bed capacity two years ago. This would have been devastating for our community. With over 14,000 damaged hospital rooms, ongoing earthquake repairs and now major hospital rebuilds occurring we are in the position of having to continue to move services regularly. Some teams are working in intolerable conditions.

By 2018 more than 50% of all clinical services would have shifted an average of four times! Teams continue to deal with disruption and risk on a daily basis.

Clinical staff and support teams have turned up day after day to provide extraordinary care all day, every day. At times we have made mistakes that have caused harm but as a system we are open and transparent about this, and about the need to further improve services.

Canterbury has been able to demonstrate the effects of the integrated approach it has taken to the provision of health services. The Canterbury Health System has not missed a beat since the earthquakes, when services here should have imploded.

It didn't because of the remarkable people who work in the Canterbury Health System. They choose to make sure their community would not miss out on the health services they so desperately needed and continue to need. This commitment to their population has come at a huge cost to thousands who work in the Canterbury Health System – but this is the commitment they made to their population.

Is health demand unrelenting and challenging?

Yes.

Do we need to continue to improve how we provide health services?

Yes.

Canterbury has a remarkable health system with over 18,000 people focused every day on trying to provide the best possible care within the funding that we have.

Can we continue to improve on how and what we are doing?

Yes.

The day we say 'no' is the day you really should be worried about your health system.

Staff Wellbeing Survey Update

This week is your last chance to go in the draw to win a FitBit HR wristband and a Hanmer Springs Pamper package

- » Gail Houston, Ainslee Hanson and Meghan Heaphy have won FitBits so far. Will you be next?
- » Do the [survey](#) this week to go in the draw!

Can't get to a computer to do the survey? We can help! For staff who may have difficulty accessing a computer or require assistance to complete the survey:

- » The People and Capability team is visiting specific work areas with iPads for you to do the survey on. Please contact your manager to arrange a visit to your work area.

Need some help?

If any of these apply to you:

- » Unsure of the division you work in?
- » Struggling to find the time to do the survey?
- » Can't get to a computer?

Or if there are other obstacles preventing you from doing the survey, please talk to your manager.

Thanks to all of you who have completed the survey so far – what you've told us will directly inform the development of a comprehensive Staff Wellbeing Strategy.

[Staff Wellbeing Survey](#)

Have a great week,



David Meates
CEO Canterbury District Health Board



Above: FitBit HR wristband winner Ainslee Hansen with staff wellbeing coordinator Lee Tuki.



Above: Gail Houston holds aloft her brand new FitBit HR wristband. Gail, New Entry to Specialty Practice (NESP) coordinator, is on leave for the next four weeks and has set herself the goal of walking 10,000 steps everyday. Good luck!



Above: Meghan Heaphy who works in Quality with her FitBit HR wristband.



We've signed up with Vodafone

It's official. We've recently signed a contract with Vodafone to provide Canterbury DHB's cell phones and landline services. Once the rollout is complete we will have a modern, secure phone system.

This change will, over time, affect every staff member. It's early days and we're still working on our implementation plan.

There will be three phases:

- 1 Cellphones - switching people's mobile phones from Spark to Vodafone will be done in a phased way, and the target date for completion is the end of 2016. (For most of you it will simply mean a new SIM card – your number won't change.) Some people may need a new phone as part of the change of providers, to ensure they have the best experience on the Vodafone network.
- 2 Landlines – Switching our Direct Dial In (DDI) calling to Vodafone. This is a system change, and will have no noticeable impact on staff. No phone numbers or phones will need to change during this process. This is expected to be completed by the end of 2016.
- 3 Going digital – this is a more involved process as everyone will eventually get a new phone, extension and DDI number. The time-frame for this is for all CDHB landlines to be transferred to Vodafone by April 2018. Going digital will mean Canterbury DHB staff can make free landline calls – both locally and nationally. This will use digital technology called VOIP – Voice Over Internet Protocol. This change will result in a modern phone platform with more features and ways to receive your calls on different devices.

As part of our agreement, Vodafone has carried out an audit of all 51 of our Canterbury DHB sites. To help improve coverage and signal strength they will be installing a new Cell Tower at Burwood, new repeaters at Christchurch Hospital and mini-repeaters at Rangiora, Ashburton, Durham Street, Waikari, Hillmorton, Oxford, Lincoln, Ellesmere and Kaikoura.

During the implementation a process will be put in place to work with individuals who need to be contacted at home, who don't currently have strong Vodafone coverage.

When you do get a new landline number, your old number will automatically forward callers to the new number for a few months until you've had a chance to let everyone know your new contact details. If you're getting business cards or anything else printed that contains phone numbers, it's best to just include your mobile number. 0800 numbers will not need to change.

There will be more on this important project over the coming weeks as an implementation team is appointed. We'll also be looking for a name for the project, so get your thinking caps on and be in to win a Samsung Galaxy J2 phone. Watch this space for details in future CEO Updates.

Canterbury Grand Round

Friday, 12 August 2016 – 12.15pm to 1.15pm with lunch from 11.45am

Venue: Rolleston Lecture Theatre

Speaker one: Jennifer Randle, Christchurch Medical Students Association (CMSA)

"Inaugural CMSA Thank You Programme Presentation"

(First 10 minutes only) Christchurch Medical Students Association (CMSA) want to highlight the staff who go out of their way to give medical students positive learning experiences throughout the hospital in clinics, theatres, as part of teams as well as on the wards by passing on the students' own words of thanks.

Speaker two: Tony Smith, Medical Director, St John

"A Practical Guide on what to do at the Scene of a Road Crash for Clinical Staff"

A potentially life-saving and stress reducing talk for ALL clinical staff. Should you stop, hands on or hands off, ambulance or

helicopter? What equipment should you carry in your car?

Chair: Richard Seigne

Please note that there will not be a grand round on Friday 19 August, next one will be held Friday 26 August 2016.

Video Conference set up in:

- » Burwood Meeting Room 2.3b ~ Level 2 Administration area
- » Wakanui Room, Ashburton
- » Administration Building, Hillmorton
- » The Princess Margaret Hospital (Please note the level three F block VC is no longer available and the level 1 F block VC has moved to the Riley Lounge.)
- » Pegasus, 160 Bealey Ave, Room 2

All staff and students welcome

Talks will be available within two weeks on the [intranet](#).

Convenor: Dr R L Spearing, ruth.spearing@cdhb.health.nz

Facilities Fast Facts

Fast Facts – Burwood

From Monday 22 August all Orange Line buses (travelling in both directions) and 135 buses travelling toward New Brighton will now travel inside Burwood Hospital carpark to a new bus stop being set up inside.

135 buses travelling to the terminus on Alpine View Rd will only stop inside the carpark if a customer requests it to the driver.

See the map to the right.



Fast Facts - Christchurch

The steelwork for the western tower of the Acute Services building, already up in the treetops, has now reached the sixth floor. Further concrete pours for the floors of the building are ongoing.



Blue car park demolition

Demolition of the blue car park opposite the hospital is well underway.

The bus stop on the south side of Tuam Street, next to the demolition site, has now reopened, and bus routes are back to normal. Although demolition work has moved away from the edge of the street, the site is still an active and hazardous area – please follow all signs and directions of the site supervisors when walking or driving past the site.

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Outpatients

The Outpatients project's intranet area now has a [webcam](#).



With the site now cleared, the next step is a “ground scrape” of the top 50 cm of the soil, because the land is of historic interest. St Andrews Church, opened on the site in 1857 and relocated to Rangī Ruru School in 1987, was one of the first churches to be built in Christchurch. An archaeologist will oversee the work.

Visible in the picture, a covered walkway is being constructed out of yellow containers along the site's Antigua Street boundary. This part of Antigua Street will be made one way for southbound traffic.

Staff and hospital visitors are asked to please take care when using the pedestrian crossings or cycling around this area, and follow all signs and diversions.



Staff influenza vaccinations – last chance!

Additional clinic scheduled:

- » Tuesday 9 August, 9am to 11am at the Great Escape Café Annex
- » Wednesday 17 August, 13:30 – 15:00 at the Endo room (off ward 26), Christchurch Hospital
- » Wednesday 24 August, 12:30 -14:00 at Ward GG meeting room, Burwood Hospital
- » Wednesday 31 August, 13:30 -15:00 at the Endo room (off ward 26), Christchurch Hospital

(Influenza vaccine and general vaccinations)



Bouquets

Sexual Health Clinic

Mr ... rang today and wanted to say how impressed he was with the service at the Sexual Health Clinic. He had to take his father-in-law ... there and received prompt and caring attention from Dr Edward Coughlan and everyone else they came in contact with at every meeting. He cannot fault the service and would like to pass his heartfelt thanks on to the whole team there.

Interpreting Service

I wanted to thank you for arranging Sanya Rowe to accompany me to a visit yesterday and to let you know that she was excellent. She was great with the family and her signing skills were excellent.

Oncology and Plastic Surgery, Christchurch Hospital

I would like to praise very highly the care that was given to my Dad ... over a number of years as he battled with Cancer. The staff in oncology and in plastic surgery have been friendly, efficient and always addressed my Dad with respect. Long may this level of service continue in our hospital. Dad died recently however he always spoke with praise of all the well qualified and dedicated folk. I wish you all well.

Christchurch Hospital

We have been very appreciative of the care our elderly friend has received. Thank you.

Ward 24 (Neurology), Christchurch Hospital

Great nursing staff, very kind people.

Emergency Department, Christchurch Hospital

I bought my wife into the Emergency Department two nights ago. She has terminal cancer, had picked up the

flu that had turned to a lung infection. Emergency Department was slammed, the place was packed. My wife lay on the floor up the back as that's all she had strength for. Somehow through it all you guys fast-tracked us and treated her with such dignity and care. I can't tell you how much I appreciate all the staff. You're amazing! Thank you.

Ward 12, Christchurch Hospital

Great service all round while my Mum was here in hospital. Exceptional service from the Ward Clerk. Nothing was too much bother. She was cheerful, helpful and did everything she promised and more. Please make sure her supervisor receives this.

Ward B1, Christchurch Hospital

To the team of doctors and nurses of B1, thank you. You are an awesome crew. Your care of my mum over the last five weeks has been wonderful.

Rangiora Birthing Unit

This place rocks, thank you so much to all the staff. Everyone is amazing and so helpful. Money well spent putting this place together. Happy mum makes for a happy baby. Once again thank you so much.

Children's Acute Assessment Unit

Thank you very much. It is very amazing service and care. My child said several times "it is like at home". So, it was very good and kind. Thank you very much for finding what the problem was finally.

Gynaecology Ward

Really personal and sensitive care for my wife from a wide range of staff, as she experienced a miscarriage. It felt as though she was treated first as a person, then as a patient. She really appreciated the way the medical staff demonstrated empathy while carrying out their many

practical tasks. Thank you.

Gynaecology Ward

Excellent staff, very caring and thorough! Specialist Jane Fielder was very good, explained everything very well, listened and gave us options and answers. Overall a pleasant experience during a very stressful event.

Maternity Ward - Christchurch Women's Hospital

Our daughter in law and son had a wee baby girl recently. Their care from all the people who guided and cared for them was great. Both lots of grandparents were here for the whole six days. We were welcomed and felt 'involved' by all the caregivers. I personally welcomed the opportunity to stay overnight with 'mum' one night - staff were more than accommodating.

Maternity Ward - Christchurch Women's Hospital

A massive thank you to all midwives on level 5, especially Wendy. You went out of your way and were a massive help! Being offered accommodation for Paul at Ronald MacDonald House was great, and very unexpected. It made our stay in CHCH a whole lot easier. Also thank you to Jill Mckie - your understanding, patience & keeping us in the loop was great.

Ward 21

Thank you to the lovely nurses in Ward 21. Wow you are amazing and looked after my wee boy so well along with the parents.

Children Outpatients

Amazing team especially the nurses. Fantastic with the children, easily able to gain their trust and confidence. My son enjoys his visits due to the warm nature of the team. Well done and many thanks.

All corporate services previously located at The Princess Margaret Hospital have now moved to 32 Oxford Terrace, just along from Christchurch Hospital

This includes finance teams, quality, nursing, all corporate office staff, the Planning and Funding, Decision Support and People and Capability teams. All phone numbers and extensions remain the same. If you are meeting with anyone in the new corporate office, please report to reception on level one as there is a new visitor check-in system.

There are a number of services that will continue to operate at The Princess Margaret Hospital (TPMH) for some time, while alternative sites are explored. The majority of the ground floor of TPMH main building will remain open. Seager on the ground floor of the Heathcote Building will remain open and floors above will continue to house Child and Adolescent Family services and Older Persons Health and Rehabilitation community teams.

Services remaining at TPMH include:

In the 'C Block' – to the left of the main entrance in the single-level building

- » Mothers and babies unit
- » Child and youth mental health inpatient services
- » The Eating disorders service

Heathcote Building

- » Adult long-term mental health will remain in their current home 'Seager' on the ground floor of the Heathcote Building.
- » Older persons' community teams will remain in the Heathcote Building
- » The SI PICs team will re-locate to the ground floor of the Heathcote Building,

Main TPMH Building

- » The kitchen and on-site café has reduced opening hours. The new opening hours are 7:30am – 3:00pm Monday to Friday. The café is closed on weekends and public holidays
- » The transport office is now in the main corridor next to the ambulance bay
- » The equipment store is in the Riley Building
- » Security, orderlies and maintenance are on-site
- » A pharmacist is on site Mon-Fri, but will be at Hillmorton one half day each week – note: there is no dispensing on site.

Riley Building


- » The Community Stroke Rehabilitation Team
- » Access is restricted, and only from the main doors near entrance 4
- » Sometime soon, Addington Fire Brigade will park up an appliance and have four firefighters based in the Riley Building, Monday – Friday during the day.

IN PAIN?

Make your GP team your first call 24/7

Even after hours a nurse is available to give free health advice. Phone your usual General Practice number 24/7.

#carearoundtheclock



Canterbury
District Health Board
24 Hours Health & Support

Nominations close at midday this Friday for DHB members

Nominations for the seven elected members on our Board close at midday this Friday.

It's important that our Board reflects the diversity of our community, so please encourage anyone you know who may be thinking about standing.

District Health Boards have a critical role in the NZ health system and it's important that community-minded people from a wide range of backgrounds consider standing for election.

Boards have the challenge of governing multi-million dollar businesses and they need people with strong skills who are collaborative leaders and have an understanding of their communities, particularly those with high needs.

The refreshed New Zealand Health Strategy released in April gives the health sector one direction for the next 10 years.

Its themes – one team; people powered; smart system; closer to home; value and high performance – will guide the way our DHBs work. There will be a lot of change as the whole sector works harder at prevention and early intervention and being more responsive to consumers and communities.

Boards comprise seven elected members and up to four members appointed by the Minister of Health

What qualities and skills do Board members need?

The personal qualities demanded of Board members are honesty, integrity, high ethical standards and diligence. The Board as a whole is required to perform its functions efficiently and effectively, and in a manner consistent with the spirit of service to the public. It must operate in a financially responsible manner, prudently managing its assets and liabilities to ensure the DHBs long-term financial viability as a successful going concern.

For this, Board members need the skills to:

- » Provide positive leadership to the DHB (eg, understanding the role of governance, thinking strategically).
- » Bring insightful contributions to the Board table (eg, understanding performance measures, being a “critical friend” to management).
- » Understand how the business of the DHB works (eg, ensuring the DHB responsibly meets its service and financial obligations).
- » Engage with colleagues, communities and the wider health sector (eg, understanding the DHB's relationships, working constructively with fellow Board members).
- » People with different backgrounds, skills, expertise and qualifications are welcomed and, in fact, desired since they can ensure more informed decision-making.
- » Boards work best when members have informed views on many aspects of the DHB's work, rather than a narrow focus on one or two issues.

Information for prospective candidates is available on the [Canterbury DHB website](#) or the [Ministry of Health website](#).

Key Dates are:

- » 12 August 2016 - Nominations close (at 12 noon).
- » 16–21 September 2016 - Voting documents are issued
- » 8 October 2016 - Election Day – the end of the voting period
- » 5 December 2016 - Newly elected board members take office

Vision & Hearing Testers receive their qualification

After months of hard work and dedication, two people from the Vision and Hearing Screening Service and one from the Public Health Nursing team have received their Vision and Hearing qualification - NZQA National Certificate in Community Support Services (Vision and Hearing Screening) (Level 3).

Charge Nurse Manager, Vicky Brewer presented the three newly qualified Vision & Hearing Testers with a bouquet of flowers and their certificates at a Vision & Hearing team meeting with heartfelt congratulations on qualifying. The Vision & Hearing Screening Service is based at the Burwood Hospital site and provides vision and hearing tests to children aged four as part of the B4School Check.



(Left to right): Claire Thompson, Kate Parfitt and Rosalie Tuhuru.

Child Protection Alert System

Canterbury DHB's Child Protection Alert System (CPAS) has been reviewed by the Paediatric Society of New Zealand and has met their requirements. In the letter of confirmation they said:

"It was a pleasure meeting with your team on 6 July 2016 to complete the Canterbury District Health Board's (CDHB) biennial review of the Child Protection Alert System (CPAS). This review is an important quality improvement process for the CPAS.

It was with great pleasure that we advise that CDHB has met the requirements, conditional that the recommendation made in regard to the CPAS meeting process is implemented effective from the date of the review. The commitment by the team was evident in the review, as was their willingness to accept the recommendation made. We want to congratulate the DHB for their implementation of the CPAS and their effective IT systems that support the management of CPAS. We thank you again for the time and energy that this review required and thank the District Health Board for their ongoing commitment to the system."

Bravery awards bring an element of closure

Claustrophobia wasn't able to stop a Christchurch Hospital emergency consultant from crawling through a tunnel in the collapsed CTV building to treat a group of trapped English language students.



Above: Dr David Richards

Five and a half years on, the tragic events of the February 22, 2011 earthquake are still etched forever in Dr David Richards' mind.

"I try not to think about it too much."

While he's "immensely proud" to have received the award, it's also brought back plenty of memories about the horrific

moments he spent trying to preserve the lives of several "very frightened" students.

Dr Richards says it had been a fairly typical Tuesday up until 12.51pm when the magnitude 6.1 earthquake shook the life out of the city.

"I was in my office here in the Emergency Department when the quake hit."

At the time he was also the Canterbury Medical Advisor for St John and he says it quickly became apparent this was a big deal as patients started arriving.

"After a couple of hours of talking with St John it was felt that it might be useful for people to go out and see what was happening," Dr Richards says.

"I basically grabbed a basic amount of medical gear and headed to Latimer Square, where a triage tent had already been set up by St John."

A decision was made to try and reach a group of five trapped students in the CTV building. It took hours and at times Dr Richards says he remembers feeling really guilty because he was meant to be at a shift in ED.

"I kept thinking, I'm letting down people back in ED because I had no idea what was going on back there."

Despite his concerns, he stayed at the CTV site administering medication and whatever care he could, all the while aftershocks continued to relentlessly shake the ground.

"The Fire Service was amazing. They had created a reasonably safe space (for me to crawl into) and would pull me out as soon as things started to get a little too much.

"I'm actually a little bit claustrophobic. But I strongly felt the whole time that those people needed my assistance. My duty was to go and help those patients."

Dr Richards says he'll never forget the one who didn't make it.

"I don't think there was anything I could have done differently

that would have helped her survive. The hardest part was that she was talking to us the whole time.

"But she had severe crush injuries and when we finally got her out, she must have had a massive release of potassium, which put her into cardiac arrest.

"They were all so frightened."

Another young woman, Dr Richards says was trapped by her ankle.

"I spent a lot of time talking to her about amputating her foot and we were all ready to go but just as we came close, the thought of it must have given her a surge of adrenalin and somehow, with the help of the Fire Service, she managed to get her foot out.

"I really don't know how they did it."

The bravery award brings an element of closure for Dr Richards.

"But you never forget.

"When you live in Christchurch you can't help but remember the earthquake every day because there's still evidence of it all around you."

Kaikoura GP Chris Henry was meant to be at a PHO (Primary Health Organisation) meeting around the time the earthquake struck but found himself working alongside Dr Richards and others in Latimer Square and at the CTV building.

"We (Dr Richards and I) had worked together before in ED because somewhere in my midlife crisis I decided to go back and train as an ED registrar, so the likes of David (Richards) were my mentors, so to speak, but I had never imagined we'd end up doing this together."

It was an extremely distressing situation for everyone seeing this pancaked building knowing people were trapped alive.

Like Dr Richards, Dr Henry crawled through on his belly, commando style to reach those still alive.

"It became increasingly smoky as the hours went by and the fire in parts of the building intensified. And the dust. The dust after every aftershock would be stirred up. It was not an easy environment."

The students were trapped quite deep in a slightly opened up area, which was being held up by a collapsed concrete beam.

"They were all sort of jumbled together. It was very scary for them."

Dr Henry says the language barrier made it much more terrifying and added to the general confusion.

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“We couldn’t even really say ‘don’t worry, we’re here to help,’” he says.

The whole process was “painstakingly slow” as it was impossible to do anything quickly.

“I am really pleased to have been there in many ways. Everyone did everything they possibly could have in really difficult circumstances.

“It was a testament of the human spirit and the comradery.”

Dr Henry is also very pleased he and his colleagues have been acknowledged for their efforts, even if it’s five years’ on.

“It has been a long time. But it’s never too late to say something.”

Dr Henry says the memories of the event are still very fresh. He says it is somewhat ironic that the awards have been announced the same week the Police announce that engineers are digging up the foundations of the CTV building as part of the investigations into the collapse of the building.

“Those questions are still very alive.”



Above: Dr Chris Henry

Sleep Clinic can sleep easier about seeing patients

A dedicated team effort has paid off for the Sleep Clinic who’ve reduced its waiting list for first specialist assessments from 300 to under 20 in just 12 months. Robin Rutter-Baumann, Canterbury DHB Christchurch Respiratory Service Manager, says the clinic had an excessive wait list for patients needing a specialist appointment following being fitted with a Continuous Positive Airway Pressure (CPAP) machine.

“All referred patients receive a prompt technical assessment and are discussed at multi-disciplinary team before commencing CPAP treatment and then they’re meant to come back for an appointment with the specialist to ensure everything is working as it should be,” Robin says.

“We’ve gone from around 800 people in the community being on CPAP machines to 4500 over eight years and with a growing number of referrals, the wait list started to spiral out of control. At one point last year we had 300 patients waiting for specialist review.”

The Respiratory Service team decided something needed to be done to get the numbers under control and ensure people were being provided with the help they needed.

“Increasing the flow patients through specialist clinics, using both Clinical Nurse Specialists and Consultant Physicians, and diligently ensuring that each clinic is fully booked means we are in a good position to ensure that patients who need to see a specialist are able to do so in a timely manner,” Robin says.

“The work done maybe wasn’t rocket science but the sustained effort it takes to do things consistently right can be under-appreciated. We are proud of the fact that we did not have to tighten referral criteria and turn patients away.”

Spinal cord injury registry established



NZ Spinal Cord Injury Registry
In Partnership With The Rick Hansen Institute

A national register has been set up to collect data on patients admitted to the Burwood Spinal Unit (BSU) and Auckland Spinal Rehabilitation Unit (ASRU) following a spinal cord injury or impairment.

The information will help service providers and funders plan health care services that improve healthcare and long term outcomes for spinal patients.

The national registry will lead to better services and better care and support for people living with a spinal cord impairment, says Health Minister, Jonathan Coleman.

“It will collect and record a wide range of information about people throughout their lifetime, from the moment they’re affected by a spinal cord impairment.”

The need for a register has been recognised for over 40 years but until now there has been no national register of data on SCIs in New Zealand. Any information is scattered between various organisations.

A two year pilot study to test the potential benefits of capturing and reporting SCI data was held at Burwood Spinal Unit. Following this it was decided to adopt the Rick Hansen Spinal Cord Injury Registry (RHSCIR) as the national spinal cord injury (SCI) registry for New Zealand.

The registry was officially launched at Middlemore Hospital on 1 August attended by the Minister of ACC, Nikki Kaye and by two members of the Rick Hansen Institute, Chief Executive, Bill Barrable, and Associate Director, Clinical Research Operations, Daniel Rogers.

The Rick Hansen Institute is an internationally recognised Canadian-based not-for-profit organisation committed to improving treatment for people with spinal cord injuries. It leads a collaboration of researchers, health care professionals and service providers across Canada and internationally, and facilitates one of the largest interdisciplinary spinal cord injury research programmes in the world.

The RHSCIR, which has been customised to meet New Zealand’s needs, will collect and record people’s information throughout their lifetime after being first admitted to Christchurch or Auckland’s specialist spinal services. It will play a role in understanding national trends and where to place preventative measures.

It will answer questions about who and how New Zealanders are sustaining spinal cord impairment, the incidence of complications, what level of function people with SCI are achieving and what effect timing of surgery has on outcomes.

Burwood Spinal Unit Service Manager, Liz Oliver, said the launch of the registry was an exciting moment, which had required a lot of time and effort to achieve.

Rick Hansen Institute Chief Executive, Bill Barrable, said New Zealand has already influenced the nature of the registry by including non traumatic spinal cord impairments which was “a very good idea, and something we have wanted to include for some time. There’s a special spirit here and we are so excited about working with you.”

New Zealand Spinal Trust Chairman and CDHB ISG Business Analyst, Andrew Hall, said many people would be surprised that although New Zealand has had a National Health Index for over 30 years, until now it didn’t have a national database of information on spinal cord injuries.

It is very satisfying to be a part of establishing the registry, he said.



From left, Rick Hansen Institute Chief Executive, Bill Barrable; Burwood Spinal Unit Service Manager, Liz Oliver; Pilot Coordinator, Tracey Croot; Knowledge Translation Specialist, BAIL Dr Jo Nunnerley; Research Fellow, University of Otago Dr Jennifer Dunn; Clinical Nurse Specialist, Maria van den Heuvel; Rick Hansen Institute Associate Director, Clinical Research Operations, Daniel Rogers, and Spinal Trust Chairman and ISG Business Analyst, Andrew Hall.

Recruitment

Nurse Educator – Medical, Surgical and Community

Education Provides Opportunity – do you want to be part of this? Join our Nurse Educator Team and bring your clinical expertise and education.

As the Nurse Educator you will work together with the Senior Nursing Team at Grey Base Hospital, developing a strong education focus with a research base, incorporating the principles of lean thinking and standardisation of work practices. You will demonstrate your ability to contribute to the professional development of nursing throughout the organisation within the Medical and Surgical teams and Community, including working alongside our New Graduate Nurses.

Your excellent interpersonal skills and your ability to adjust to a variety of adult learning styles will be imperative to this role. You will be self-directed with excellent time management and organisation skills, and be familiar with change management principles and process. Your accessible and supportive nature will find you acting as a resource or both new and existing staff and be an asset to our team.

If you have extensive clinical experience, hold a post graduate qualification, a certificate in adult teaching and learning, we would love to hear from you.

If you wish to discuss the position in more detail please contact Julie Lucas, Nurse Manager, on 03 768 0499 ext 2690.

To find out more information, please contact Steph Keene, Recruitment Specialist – Nursing, Phone: (03) 337 7961 or email stephanie.keene@cdhb.health.nz

Registered Nurses - Emergency

Greymouth is the ideal base to explore the beautiful region of the West Coast with many outdoor adventures at your fingertips.

Grey Hospital is a base hospital for the West Coast region and our six bedded Emergency Department sees an average of 35-40 presentations per day.

We are seeking Registered Nurses who would enjoy working as part of our team in this challenging and exciting area of nursing. You will be a confident practitioner with exceptional patient assessment skills, and the ability to work autonomously and effectively as part of our multidisciplinary team.

Motivated, adaptable with excellent interpersonal skills are key to your success in these roles.

Experience working in an Emergency Department in New Zealand is essential and due to the nature of our department TNCC and triage experience would be advantageous.

Come and join us in this challenging and exciting environment and you'll find yourself in a role and community where you'll want to stay.

Apply online, or for further information please contact, Steph Keene, Recruitment Specialist Nursing, phone: 03 337 7961 or email stephanie.keene@cdhb.health.nz

**WHAT IS YOUR NEXT
LEARNING JOURNEY?**

investing
in your
Development

CDHB Education Fair – Coming Soon!

Have you been thinking about your development?

We have some good news for you, the annual Education Fair is happening in the last week of August! There will be opportunities to explore varied learning options, meet with representatives from the Universities, discuss HWNZ funding and explore choices for postgraduate nursing education.

Keep an eye out - Information about the virtual fair and dates for our face-to-face information sessions for post-graduate nursing will be advertised next week.

“Learning is a journey, not a destination” “E kore e mutu to ako”.

Staff Wellbeing Survey Update



This week is your last chance to go in the draw to win a FitBit HR wristband and a Hanmer Springs Pamper package

- » Gail Houston, Ainslee Hanson and Meghan Heaphy have won FitBits so far. Will you be next?
- » Do the [survey](#) this week to go in the draw!

Can't get to a computer to do the survey? We can help! For staff who may have difficulty accessing a computer or require assistance to complete the survey:

- » The People and Capability team are visiting specific work areas with iPads for you to do the survey on. Please contact your manager to arrange a visit to your work area.

Need some help?

If any of these apply to you:

- » Unsure of the division you work in?
- » Struggling to find the time to do the survey?
- » Can't get to a computer?

Or if there are other obstacles preventing you from doing the survey, please talk to your manager.

Thanks to all of you who have completed the survey so far – what you've told us will directly inform the development of a comprehensive Staff Wellbeing Strategy.

[Take the survey now.](#)

Lee Tuki
Staff Wellbeing
Canterbury and West Coast District Health Boards
DDI: 03 378 6855 ext 82855
Cell: 027 689 0285

Five ways to wellbeing



NZNO 10TH NATIONAL GERONTOLOGY SECTION CONFERENCE
 Rydges Latimer, Christchurch **31 Oct & 01 Nov 2016**



The NZNO 10th National Gerontology Section Conference will be held for the first time in Christchurch this year!

The theme for this conference reflects on the past, the present and future ... Recognising achievements, overcoming challenges and implementing innovative new ideas to promote gerontology nursing successfully into the future with skill and compassion. The ageing population faces increasing clinical complexities and the conference programme contains a great mix of presentations inspiring delegates to meet the challenges with confidence.

Keynote speakers include

- » Dr Michal Boyd – Gerontology Nurse Practitioner and a Senior Lecturer with the School of Nursing and the Department of Geriatric Medicine at the University of Auckland
- » Catherine Cook – Senior Lecturer in the School of Nursing at Massey University
- » Trina Cox – Social Worker – Age Concern Canterbury

[Further information and registration](#) or email joanne@conferenceteam.co.nz

One minute with... **Dr Maggie Meeks, Neonatal Paediatrician**

What does your job involve?

I am fortunate to have roles with both Canterbury DHB and the University of Otago, with a lot of variety. My main role for CDHB is as a Neonatal Paediatrician working in the Neonatal Intensive Care Unit (NICU), which is the job I applied for when I emigrated from the UK in 2008. We care for a large number of babies, some of whom are extremely sick or preterm, and there is no better feeling than working as a close knit interdisciplinary team. I have also developed experience in education and training, particularly clinical simulation, and this role has expanded within CDHB to complement some of my roles for the University of Otago.

Why did you choose to work in this field?

Apparently when I was seven years old I told my parents that I wanted to be a Paediatrician. I have no idea where I learnt that word as neither of my parents are doctors and I had not been sick!

What do you like about it?

I like working with colleagues and families to optimise the care of the sick or very preterm baby and then seeing the long term outcome materialise in outpatients. I enjoy the collaborative nature of neonatology and our NICU is particularly keen to embrace evidence-based change that has the potential to improve care. This includes valuing the importance of education and training within a service and supporting the personal resource necessary to do this well.

What are the challenging bits?

Working in any area of healthcare as a frontline clinician exposes you to aspects of life that are hard. In our area that includes doing our best to support the families who have a seriously sick baby or one that does not survive. We feel a minute fraction of the pain of the parents, but we feel it none the less. Many of our families also have limited financial, social or psychological resources and it is frustrating that we cannot do more to provide a more solid framework of support over the first few years of their newborn infant's life to try and help those who can get out of a cycle of abuse or poverty.

Who do you admire in a professional capacity at work and why?

Graeme Webb who works as the Quality Co-ordinator in Child Health. There is absolutely no doubt that Graeme's mission is to improve care for all children but his outstanding strength is his ability to do it with a true spirit of collaboration with those of us who are still working clinically. As clinicians doing our best, some of us sometimes feel undervalued when we are continually told we should do better. Graeme continues to respect the multiple challenges of working clinically and works with us to value our clinical perspective to make those necessary changes.

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?

In the area of neonatology we are very aware of our responsibility for outcomes as this is likely to affect the child and family for the rest of their lives. The newborn baby is more fragile than many realise and almost everything we do has a risk or possible consequence. Our integrity, I hope, is most clearly seen in our involvement with the families, to include them in the decision making processes and value their input. I find the care and respect value one that stimulates a lot of reflection for me as throughout healthcare we aim for this with our patients and families but I am not convinced that we always do the same with colleagues. There are many reasons for this and I think we have to invest time and money into developing optimal communication related behaviours – it is not enough to talk the talk.

The last book I read was...

Most of the books I currently read are in the area of human behaviour and patient safety because of my role as convener of the Quality and Safety module for the University of Otago. However, the last book I read was Nigel Latta's non 'PC' book on parenting teenage boys. I have a 10 year old and I bought the book when he was four but I have needed to read it again!

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

If I could transport myself within seconds with an ability to transport myself back just as quickly it would be visiting my family in the UK.

My ultimate Sunday would involve...

Early morning communion at church followed by a leisurely breakfast of pancakes and coffee, horse riding with friends, drumming with my son and then watching Nanny McPhee on television with my husband and son. I am a simple soul.

One food I really dislike is...

Sushi and sprouts.

My favourite music is...

Anything with good rhythm and drums.



Above: Dr Maggie Meeks

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

In brief

Hot Tips August 2016

"Hot Tips" is brought to you by the Child Health nurse educator team-

[Inside this issue:](#)

- » September: a fundraiser with Countdown Kids and the Maia Foundation to cheer you into Spring
- » Ketogenic diets as a treatment for epilepsy
- » Celebrating teamwork
- » Fantastic family violence screening results

Calling nurses who trained around 1979

A group of nurses who trained around September 1979 at Christchurch Hospital are getting together mid-August.

If you are interested contact Linda Smith (nee Robertson), Specialist Mental Health Service Consumer Advisor on 0272786950.

Do you enjoy eating GOLD kiwifruit?

Plant & Food Research require volunteers for a clinical study looking at the effects of SunGold kiwifruit on gut health and feelings of well being. This is a 16 week study which involves eating GOLD kiwifruit and Metamucil® along with your normal diet.

Volunteers need to be:

- » Suffering from Constipation (fewer than 3 bowel motions per week) or Irritable bowel syndrome which is associated with constipation.
- » Aged 18 to 65 years old
- » Have a BMI (Body Mass Index) of 19 to 35 kg/m²
- » Have no evidence of chronic disease or no previous gastrointestinal surgery
- » Have no known allergy to kiwifruit

You will be required to visit 40 Stewart Street, Central Christchurch for periods of up to 30 minutes on 7 occasions. Clinics will run in the mornings between 7.00am and 12.00pm.

You will be reimbursed \$320 in vouchers for your participation in this study

To find out more about the study contact: Sarah Eady on (03) 325 9671 or 027 476 6137

Email: sarah.eady@plantandfood.co.nz

Department of Psychological Medicine, University of Otago, Christchurch & Specialist Mental Health Service, Canterbury DHB Clinical Meeting

Tuesday 9 August 2016, 12:30 pm – 1:30 pm

Venue: Beaven Lecture Theatre, 7th Floor, School of Medicine Building

Title: Early life experiences and young people's mental health: a gardener's perspective

Abstract: This talk explores some recent learnings in how life experiences can influence and shape young people's development and mental health. It also highlights some of the proposed mechanisms by which this takes place and some of its policy and practice implications.

Presenter: Dr Harith Swadi, Consultant Child Psychiatrist and Clinical Director of the Child, Adolescent and Family Mental Health Service

Special notes:

- » These meetings will be held on a weekly basis (except

during school holidays)

- » A light lunch will be served at the School of Medicine venue from 12 noon.
- » Psychiatrists can claim CME for attending these meetings.
- » The sessions will be broadcast to the following sites:
 - » For PMH attendees the venue is the Child, Adolescent & Family Inpatient Unit, Ground Floor. Access is from the main reception at PMH.
 - » For Hillmorton attendees the venue is the Lincoln Lounge, Admin Building, Hillmorton Hospital
 - » For Burwood Hospital the venue is the Spinal Unit.
 - » The dial in address is: Psych Med Grand Round.
 - » If you have difficulties dialling in please call 0800 835 363 to be connected.

In brief



Now is the time to contact us about what you want to exhibit at the Artist Doctors' Concert

"Stop looking at my earring and get painting!"

When: 17 September 2016
Exhibition 6:15pm
Concert 7:30pm
Where: The Aurora Center, Burnside High School
Price: \$30 for Adults, \$15 for students and performers

Contact:
Ros McCarthy or David Jardine
Ros.Mccarthy@cdhb.health.nz
David.Jardine@cdhb.health.nz



SEXUAL HEALTH SEMINAR

THURSDAY 18 AUGUST 2016
FROM 1.00PM - 4.30PM
Community and Public Health
310 Manchester Street, Christchurch

1.00pm - 2.00pm	<p>WELCOME Time to catch up with work we are currently involved in, to share information and new resources, and projects planned for this year.</p>
2.00pm - 3.00pm	<p>CERVICAL AND BREAST SCREENING PRESENTER: HARATA FRANKS Harata Franks is the Recruitment and Retention Screening Promoter for ScreenSouth Ltd. She will be presenting information about these two screening programmes available in Aotearoa, the importance of screening, and what gets in the way of women participating in the programmes.</p>
3.00 - 3.30pm	<p>AFTERNOON TEA</p>
3.30 - 4.30pm	<p>"IN THE PICTURE" – SUPPORTING YOUNG PEOPLE IN AN ERA OF EXPLICIT SEXUAL IMAGERY; A SECONDARY SCHOOL RESOURCE PRESENTER: DIANE SHANNON "The ways young people understand and experience gender and sex are influenced by the sexual imagery they – or their partners or peers – see online. This has serious implications for their capacity to negotiate free and full consent, for mutual respect between partners, and for gender equality."</p> <p>Diane Shannon, Sexual Health Promoter at Community and Public Health, will present this new resource followed by questions and discussion.</p>
4.30pm	<p>CLOSING</p>

There is no cost for these seminars and afternoon tea will be provided.
Please let me know if you will be attending.

Diane Shannon, Health Promoter
Community and Public Health
(a division of Canterbury District Health Board)

P 03 378 6755
E diane.shannon@cdhb.health.nz

Do you have prediabetes?

Do you enjoy gold kiwifruit?

We are **looking for volunteers** to complete a 13-week clinical study looking into the effects of gold kiwifruit on glycaemic control and gut health. To be eligible you must:

- ✓ Have a diagnosis of prediabetes
 - ✓ Be over 18 years old
 - ✓ Have no previous history of gastrointestinal surgery or known kiwifruit allergy
 - ✓ Add two gold kiwifruit per day (fruit provided) to their normal diet throughout the study
 - ✓ Make four visits to the Don Beaven Medical Research Centre during the 13-week study (each visit approx. 30 min, travel costs reimbursed)
- *other medical factors may apply.



CALL US TODAY
(03) 364 1586



Renée Wilson
m: 021 615 851
wilre965@student.otago.ac.nz

University of Otago, Christchurch

HEALTH RESEARCH OPEN DAY

Explore the laboratories, Simulation Centre and Brain Research Institute

Meet our talented researchers and hear about the latest health research advances

Find out about postgraduate health research and study opportunities

Sunday 18 September | 1pm to 5pm
University of Otago, Christchurch building
2 Riccarton Ave, on Christchurch Hospital campus

otago.ac.nz/chch-openday

