



## People are our focus

He aha te mea nui o te ao?

What is the most important thing?

He tāngata, he tāngata, he tāngata.

It is the people, it is the people, it is the people.

This Māori proverb features in one of the signs in our Design Lab. It's a fundamental principle that underpins everything we do. From designing new facilities, systems, processes and models of care, to the technology we use - people and patients are our focus.

Buildings and IT systems are enablers but ultimately it is people who lead and make changes to improve the quality of care and services people receive.

Our trust in and relationships with colleagues are two elements that can make all of our jobs easier and hopefully more satisfying. Trust along with a shared vision in a connected health system that aims not to waste people's time. A shared sense of purpose is vital to our ongoing ability to improve the quality and way we provide care.

With around 9,500 staff employed directly by the DHB and another 9,000 people working in the community providing health care, there are a lot of people to connect with, which is why it's so important we have patient-focused information systems that 'talk' to each other across our health system - with many systems now shared South Island-wide.

Whatever your role in our health system, you're invited to visit the Design Lab in Middleton and see technology in action and join our typical patient 'Agnes' on her journey through our health system from her first visit to her general practice team to her return home. You can see how technology is used to inform decision-making, save time, improve the quality of care, allowing Agnes to be involved in her care and importantly, save her time.

### Innovation on show at the Design Lab

The display will be at the Design Lab for some time, however, a chance to chat with experts from HealthInfo, HealthOne, Health Connect South, HealthPathways, ERMS (our Electronic Request Management System), the Canterbury

Patient Portal, the South Island Patient Information Care System and MedChart will only be available as part of a guided tour on Thursday and Friday, 22 and 23 October only. We are also hoping to be able to demonstrate Cortex, our newly launched application for iPads that enables clinicians on ward rounds to make shareable notes and book tests while at the bedside. If you don't know what these systems do, or want to know more - this is perhaps your best opportunity!

Each of the innovations will run a five minute demo or presentation, where possible in the same sequence as a patient might experience and benefit from them, and be on hand to answer questions.

The interactive display takes an eye-catching multimedia approach to telling a complex story in an engaging way. It's all about Agnes, our 80-something hypothetical patient, and her journey through our health system. Along the way innovative, technical systems make a difference to the care she receives by providing clinicians and other staff with better information and clever tools to help them manage her care and keep her safe.

David Meates  
CEO Canterbury District Health Board



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## Book a time for your visit to the Design Lab

To ensure an even flow of people through the displays we've split each day into a number of sessions which you can book online at the link below. Each session has a maximum of 12 places. Just use the dropdown menu to choose which session time you want to attend. There is no way to enter the names of the individuals attending (there's no need). The system does, however, make those 'tickets' unavailable to everyone else so we don't get double bookings. There is no actual 'ticket', but each person who registers as they book will get a confirmation email. "Registration" is easy, it only asks for your name and the number of tickets you want, the email box should auto-populate. You will need to use the password Innovation2015 and that's only because there are limited places. Note you can only book for ten people at a time (if you want to book for 12 people you will have to re-register for the other two).

Entry is free - [click here](#).

Password - Innovation2015

## Monday's Facilities Fast Facts

### Burwood

This week at Burwood, CEO David Meates and Chair of the Board Murray Cleverley took the opportunity to inspect an almost complete nurses' station in the new Ward Block 1 of Burwood Hospital. Murray (on the left in the photo) and the other Board members especially want to acknowledge and thank everyone involved, from the planning and design through to the construction and fit out.



### Christchurch

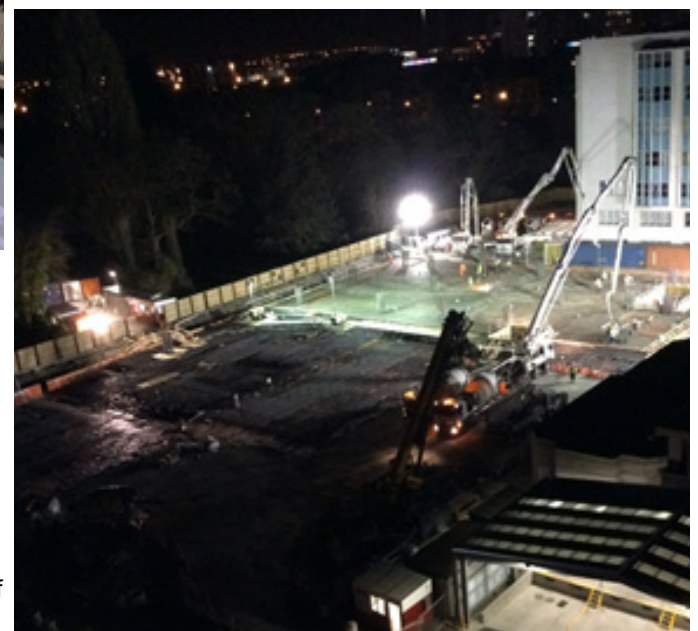


#### Concrete pour number six

Concrete pour number six for the foundation of the Acute Services building was completed this weekend. Some 2057 cubic metres of concrete, were put in the ground close to the Riverside building. The photos show the area of the pour, at the western end of Riverside. There are two more pours in the schedule. The foundation slab will be largely completed by early-mid November.

#### Signage roadshow

The display of the new style of signage for the CDHB can now be seen outside the Department of Nursing, Lower Ground Floor, Christchurch Hospital.



#### Admin / Departmental spaces

Planning has begun for future administrative and departmental spaces across the Christchurch Hospital campus. These spaces are those where patients are not physically present, such as desk space and meeting rooms. They are used by a wide variety of staff for a wide variety of tasks, and therefore a wide variety of space types may be needed. A group is now being formed to lead the project and to establish a process for user engagement – to gather views from any staff member who wants to have input. SMO Tom Cawood is meeting with some of the key SMO leaders over the next two weeks, to work out how they can best support the process.





## Bouquets

### Emergency Department, Christchurch Hospital

I wanted to compliment the fantastic team who looked after me in the ED department. The doctors (Laura and Ewan) and nurse (Jo) were quick, efficient and kept me informed. Please make sure their professionalism and kindness is recognised.

### Wards 15, 16, SARA, Christchurch Hospital

I would just like to say thank you and what an absolutely fantastic and professional team you have here. My care has been exceptional during my stay and at times I have sadly been difficult a lot but you handled my fear and treated me with respect at all times and I can't compliment you all enough. Thank you so very much from the bottom of my heart.

### Orthopaedic Department, Christchurch Hospital

Today is our third visit in a week with our son. The service we have received has been amazing. The staff have been so accommodating, patient, and informative and offered great support. Nothing has been an issue and on each of our visits we have felt really looked after. Thank you.

### Oncology Day Ward, Christchurch Hospital

Katrina was wonderful today. Friendly, professional, positive, happy, a lovely nurse.

### Respiratory Unit, Christchurch Hospital

This morning I had an appointment at the above unit, and have to say

as soon I was 'dropped off' at the Main Entrance, I received the most courteous and helpful service from all concerned; volunteer receptionists and security personnel. This was repeated as soon as I was in the hospital by staff who (while busy people), went out of their way to show me to the Respiratory laboratory and then to Hagley Outpatients. You have some terrific and supportive staff at your hospital.

Please pass on my sincere appreciation to everybody who helped a "lost country soul" navigate his way around Christchurch Hospital. Also, pass on my sincere apologies to the pleasant young Welsh lady at the laboratory reception who very quickly told me she was not disappointed at the rugby result during the week end (I thought she was English - another senior moment?). Finally, my heartfelt thanks to Dr Chris Drennan and his staff for a most enjoyable visit - especially when Dr Chris gave me the "green light" and does not wish to see me again!

### Thyroid Outpatients, Christchurch Hospital

Sharon on reception was great at her job when I had a problem with getting a prescription. She went out of her way to help and get in contact with others. I am very appreciative.

### Orthopaedic Surgery, Burwood Hospital

I wish to give a compliment regarding the recent experience my son had at both Burwood Hospital and originally Christchurch Hospital. Our thanks go to Mr Cockfield and his team as ...

went through a "journey" to remove a tumour from his finger.

Mr Cockfield explained everything well to us and made the experience easier for ... who found this a big thing at 18 never having had to deal with this sort of thing before. I work in a customer service administration role and it is always nice to have people take the time to pass on compliments. Many thanks.

### Emergency Department, Christchurch Hospital

All medical and nursing staff, radiology were excellent in their care in all ways. Orderly, Holly was considerate and caring, as were the volunteer hospital ladies. Thank you all.

### Ward 19, Christchurch Hospital

Great team, they listen and they have a great sense of humour, not to mention that they put up with a lot. So I would just like to say a big thank you for being one of the best stays that I have had in a hospital.

### Physiotherapy, Christchurch Hospital

I am still a patient and really appreciate the work this department has done to correct my elbow injury. My therapist has been a godsend, and I am very impressed by the improvement I have seen in the flexibility I am now obtaining. I am not finished yet, and I really appreciate the friendliness and empathy of Lee. I am not young, so yes this injury is taking longer. My sincere thanks to these amazing staff members.

» Article continues on page 4

» Article continued from page 3

### Wards 20 and 15, Christchurch Hospital

I would like to thank all staff, from nurse aides, cleaners, nurses, doctors, admin and management, for all the wonderful support that I have had over the course of my two stays. First time for five days and second for eight days. As an employer I can see that the support that I got must start at the top, so thank you to the Board of CDHB also.

Once again, thank you all and if you can, please pass on my many thanks to all staff.

### Emergency Department, Christchurch Hospital

Coming in on a Saturday when it's 1am, I totally get the feeling of wanting to be in bed. So these ladies taking the night shift and looking after the drunks and the idiots are amazing. Jayne (I think that was her name) was brilliant.... you deserve a compliment and a thank you.

### Oncology, Christchurch Hospital

I hereby wish to compliment the oncology staff for the excellent bedside manner, their professionalism and intelligence in helping my wife and I over the past eight weeks. We/I felt safe,

respected, acknowledged and valued. We/ I appreciate each staff member for their efforts.

### Christchurch Hospital

The best hospital I have been in.... helpful in every way.... Very caring. I thank you.

### Ward 18, Christchurch Hospital

"A Sparkling Angel on Ward 18"

I call her Sparkle. Right from the second she welcomed me to Ward 18 I knew she was exceptional. Care and compassion oozed from her and I felt safe. She didn't just say hi and that was it, she came to check on me several times to see if I needed anything. I only had to whisper what I needed and it happened.

The sides of her eyes sparkled with gold glitter and a gold sparkly clasp adorned her beautiful hair. Her eyes were kind and laughter and fun were at the ready but only if it was appropriate for the patient. She seemed to be able to read what each person needed and she made it happen. A soft mattress appeared for a woman suffering with chronic pain, chilled water was brought to another patient, a soft word to a man in pain, offering assistance when no-one else had come. Each patient

experienced her sparkles of kindness that she so freely sprinkled to all on Ward 18. Not one person was missed even the most difficult patients. Sparkle was not there to judge she was there to sprinkle sparkles of kindness and offer what she could to patients. Sparkles' days of work are Wednesday to Sunday, her hours 3pm to 11pm.

I wonder how many birthday parties, barbecues, Christmas functions and other fun events Sparkle has willingly put aside to meet her work obligations and choosing to make a positive difference in people's lives on Ward 18. A nurse aide by the name of Judy is this person I call Sparkle. She does not have the academic qualifications but in my books she is the most qualified to care for and help every patient on Ward 18 to feel better. Care and compassion oozes from her and how she does what she does for everyone that comes across her path is nothing short of exceptional. I feel so privileged to have encountered Sparkle who brought joy to everyone. Thank you Sparkle for being you, thank you for your selfless spirit and your kindness you showed to me and to all on Ward 18.

## Canterbury Grand Round

Friday 16 October 2015 – 12.15 to 1.15pm, with lunch from 11.45am.

Venue: Rolleston Lecture Theatre

Speaker: Nick Kennedy, Senior Registrar, Rheumatology

Title: "Septic arthritis at CDHB"

Review of 248 cases of septic arthritis at Canterbury district health board over the 5 year period 2009-2013 with discussion on the epidemiology, clinical features and microbiology. Comparisons made between those with and without an underlying rheumatic disorder.

Speaker: Colin Chong, Radiologist

Title: Interventional musculoskeletal MSK radiology in Haematology and Oncology - a role for cementoplasty and ablation.

Chair: Iain Ward

Video Conference set up in:

- » Burwood Meeting Room
- » Meeting Room, Level 1 TPMH
- » Wakanui Room, Ashburton
- » Administration Building, Hillmorton

All staff and students welcome

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

Next Clinical Meeting is Friday 23 October 2015

Convenor: Dr RL Spearing,  
[ruth.spearing@cdhb.health.nz](mailto:ruth.spearing@cdhb.health.nz)

# People's assumptions “biggest barrier”

**Gaye Austin has overcome many challenges to become the first Deaf registered midwife in New Zealand.**

“As far as I know, I am the first Deaf registered midwife in New Zealand but the Midwifery and Nursing Councils can't confirm that because no records are actually kept,” says the Christchurch Women's Hospital (CWH) midwife.

CDHB and Midwifery Council reviews have stated no limitations on Gaye's practice and she meets the required level of practice expected of all midwives.

“They are incredibly supportive of me as a midwife, and the skills and experience I bring,” Gaye says.

Gaye received a cochlear implant in 2012 and she has a programmed pager that alerts her to patient bells in the CWH unit. A digital stethoscope that attaches to the external processor of her cochlear implant allows her to do audio heart/lung and blood pressure tests.

Among all the challenges she has faced over the years the biggest has been overcoming assumptions people make about what she can and can't do, Gaye says.

Gaye, works in disability advocacy with Deaf Aotearoa, (she is on the executive board) and is vice president on Workbridge's council and says it's important that people in our communities see people with disabilities working and being accepted.

Gaye was 12 when she was diagnosed with hearing loss due to a hereditary condition.

“My hearing disability resulted in learning being more challenging but with good lip reading and perseverance I got through school.”

In her last year of secondary school Gaye went on a 12 month Rotary student exchange to Colorado. The experience boosted her confidence and Gaye decided to apply for nursing and qualified as a registered nurse.

By the time Gaye was in her mid-20s she had become profoundly Deaf. Unable to find a job in the area she wanted in New Zealand she moved to Western Australia where she worked for six months in a rural hospital.

Gaye returned to Invercargill and worked at Southland Hospital and decided to do a postgraduate diploma in midwifery. At the end of her training she received the Sir Roy McKenzie Award, which recognises Deaf achievers.

Next came a stint working in primary care midwifery for CDHB at Burwood Hospital. She then worked for two years in the Neonatal Intensive Care Unit before moving to her current role at CWH, where she has been for the last 15 years.



Above: Gaye Austin



# Celebration for Issues to Resources team

In September we heralded the near completion of Issues to Resources, a directory of Canterbury based services, listed alongside specific issues like 'Anxiety support for children' and 'Bullying via social media or texting'.

The directory has been created by the Canterbury DHB School Based Mental Health Team and celebrations were held last week with an official launch. The occasion was marked with karakia and chocolate cake.

Sandra Heemi, CDHB Clinical Nurse Manager, CAF Day programmes and teams, said going in to schools and listening to them was a very moving experience.

“Staff were trying to support everyone but no-one was giving them any support. There were lots of stories of personal stress and trauma. The biggest challenge people were having was trying to navigate across the different support services that were available,” says Sandra.

Michelle Cole says the resource is a good way to acknowledge the relationships with the schools that have developed.

"We've been able to give them something useful that will make their lives easier," says Michelle.

The directory is available online on the [CDHB website](#).



From left: Suzy Ruddenklau, Lynlee Snell, Cheryl Duffy, Jo Mason-Sievers, Tania Gilpin, Michelle Cole, Jane MacGregor, Carmen Murphy and Sandra Heemi (Clinical Nurse Manager).

# Get ready for ShakeOut

With three days to go until New Zealand ShakeOut, more than 1.2 million New Zealanders have signed up to take part in the national earthquake drill at 9.15am, this Thursday 15 October.

Canterbury DHB has joined in and is encouraging staff to show the rest of the country that we take preparedness seriously by participating in the drill being coordinated by the Ministry of Civil Defence & Emergency Management and local authorities around New Zealand.

During the drill New Zealanders will Drop, Cover and Hold to practise the right actions to take during an earthquake.

The communications team is keen to receive photos or videos of your team practising the Drop, Cover and Hold moves. Send them to:

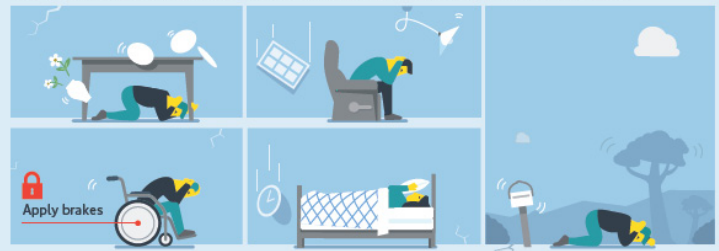
[communications@cdhb.health.nz](mailto:communications@cdhb.health.nz)

To find out more about the NZ ShakeOut, who is already signed up and how to participate visit

[www.shakeout.govt.nz](http://www.shakeout.govt.nz)

## Get prepared for an emergency

During an earthquake drop, cover and hold. Protect your head.



### Home emergency supplies



Food and water for your family, including pets, for at least 3 days

### If you need to leave home, you may need to take these items with you



Food and water



Torch, radio and spare batteries



Warm, waterproof clothing and comfortable shoes



Personal items and documents



Medications, prescriptions and a first aid kit



### Know your neighbours



For more information go to [getprepared.org.nz](http://getprepared.org.nz) or contact your local council.

GET READY GET THIN!

Reproduced with kind permission of Wellington City Council.

## 100 years on: Remembering the nurses on the Marquette

On 19 October 1915 the Marquette sailed from Alexandria bound for Salonika. The Marquette had been converted to a troop transport at the beginning of the First World War and saw service mainly in the Mediterranean. On board were 36 nurses of the NZ Army Nursing Service and staff from the NZ Medical Corps as well as munitions, some 500 troops and their equipment, 741 souls in all.

**HERITAGE Week**  
CHRISTCHURCH  
9-26 OCTOBER 2015

**Remembering the Marquette nurses**

Come to our interactive display about the sinking of the Marquette in 1915  
**Saturday 24 October 2015, 10.30 am – 3 pm**

St Michael's Church School Hall, 249 Durham Street, Christchurch ★ **Free**

HERITAGEWEEK.CO.NZ

Event organised by the Friends of the Nurses' Memorial Chapel.

In 1915 the NZ Army Nursing Service suffered a great disaster. A torpedo struck the transport ship SS Marquette, leading to the death of 10 nurses and to feats of bravery and tenacity by the 26 surviving nurses.



At 9am on 23 October 1915 the Marquette was hit by a torpedo from a German submarine and sank within minutes. By the end of the day 167 people were dead - 31 of them New Zealanders, ten of whom were nurses. They were: Marion S Brown, Isabel Clark, Catherine A Fox, Mary Gorman, Nona M Hildyard, Helena K Isdell, Mabel E Jamieson, Mary H Rae, Lorna A Rattray and Margaret Rogers.

They hold a place on the Roll of Honour of the New Zealand Army Nursing Service. Christchurch Hospital Nurses' Memorial Chapel remembers those nurses, and others, who lost their lives while carrying out wartime medical duties.

Over Labour weekend, there will be a number of events to commemorate the Marquette Disaster. You can find out more by visiting this [web page](#).

There will be a piece on a commemorative tour of Gallipoli to mark the 100th anniversary in a later CEO Update.



# Disaster planning – a primary health experience



**Dr Phil Schroeder is a General Practitioner at Rolleston Central Health and Coordinator of the Canterbury Primary Response Group (CPRG).**

Phil Schroeder is one of the [guest speakers](#) for the [People in Disasters Conference](#) being held in Christchurch 24 – 26 February next year – five years after the devastating February 22nd 2011 earthquake. On that day Dr Schroeder and the CPRG were called to lead the primary health response and he will speak on what they did, and how they did it.

Phil's personal earthquake story follows. On the day, he remembers a sense of frustration at trying to get home and checking first if his family were ok. Since then the Canterbury Primary Response Group's lesson capture has led to a comprehensive set of plans that would be implemented in the event of a future emergency and to help coordinate a whole of health response, should it be required.

Come along to the conference and find out more about the primary health response, the role played by the CPRG and how you could prepare for such an event.

## A very sobering thought

On the Thursday before the earthquake we had been given the go ahead to proceed with emergency planning for the whole of Canterbury. Work on this had begun after the September earthquake. The planning involved putting roles in place rather than specific people who may or may not be able to be at the place where the emergency took place.

Unfortunately this had not been achieved and I perhaps had most of the knowledge needed and I was in Rotorua at the time of the event. My first problem

was trying to get back to Christchurch. I had to convince the Police I was genuinely needed as part of the response and I couldn't talk to people in Christchurch although some texts got through. It would have been helpful to have some form of identification specifically for emergencies. I left Rotorua driving to Hamilton before travelling by taxi at 10pm to Auckland to catch the first flight out again to Christchurch.

I arrived on Wednesday morning and went straight to the Pegasus Health Building in Bealey Avenue. We had planned that in an emergency the building would be the hub of our (Pegasus) emergency set up but on arrival I saw it was out of action. Instead the response was operating from the 24 Hour Surgery in Bealey Avenue – without cell phones, power, water or sewerage. I wanted to know what was happening out there in terms of practices and pharmacies – who was open who was not?

Of those that were open, what resources did they need to remain open? Of those that were not open, what did they need to change their status to open? We had to accept that there would be no cavalry coming over the hill in the next 24 hours anyway. That was a very sobering thought. We had 33% of general practices operating on the first day. By Friday we were up to around 80% but a lot of those were compromised. We began using a traffic light system to show individual status – green, amber or red depending on severity of building damage or service availability.

On Friday we were able to get back into the Pegasus Building and as services improved we had water and sewerage. We set up a Coordinated Incident Management System (CIMS) structure to best help those general practices and pharmacies still operating to remain equipped to continue at the coalface. Thereafter different groups were assigned to different parts of

the response eg logistics, plans, intelligence, personnel etc.

This later turned into projects.

- 1 Eastern Suburbs/ Sumner – getting out there with support and care packages, supporting practices and pharmacies. Providing a door to door service for clients utilising volunteers including nurses from the North Island. Our eastern practices and pharmacies were under major duress both personally and with their businesses. It was a heroic effort for many of them to get up and running. We also got the message out to people living in these areas that their GP/ Pharmacy is operating, don't put off your medical care. We knew this would be an ongoing project.
- 2 Gastroenteritis project – teaming up with Community and Public Health to see what would happen if there was a major gastroenteritis outbreak in the city. How would we manage it? What would we do if general practice and Christchurch Hospital were overwhelmed?
- 3 Vaccinations – to see if we needed to change eligibility for free flu vaccinations – what are the increased threats in this new environment?
- 4 Pharmacy relocations – helping pharmacies who may need to relocate.

If you need more convincing check out Dr Schroeder on vimeo:

<https://vimeo.com/141121778>





## Combining rugby, cultural diversity and fun

What would be the biggest event on the New Zealand Sporting Calendar? The Rugby World Cup I hear you say. Thus what greater event than to have a Rugby World Cup Cultural Day.

The West, Adult General Services, Specialist Mental Health team recently held a small function aligning RWC and Cultural diversity with a bit of fun and team building.

Each of the West sector team members chose from secret ballot one of the twenty nations – then the fun began.

Each team member had the challenge of dressing in theme from their chosen nation and to provide the team with a food dish from that nation. Staff were extremely creative. We had some amazing outfits at our fashion parade and some yummy food dishes including French pastries, waffles and maple syrup, shrimp marinated in maple syrup, apple pie, Samoan pineapple cake and traditional coconut dishes to name just a few.

## Go the All Blacks!

We thought this was a great way to celebrate cultural diversity and a wonderful sporting event. A great time was had by all and by the way, first prize equal went to America and Canada for the best dressed.



Above: From left is Andrew McDougal, Grace Saruwaka, Viv MacMartin, Louise Mullan, Moudy Sedze and Karen Harrington.



Above: The winners - USA, Viv MacMartin and Canada, Karen Harrington.



Above: From left Leah Bell, Dr Katharine Shaw, Casey Harvey, Peter Gaffikin.

## Some Safety 1st Reminders: Serious Adverse Events - SAC 1 and 2 Incidents

There have been occasions recently where serious SAC 1 or 2 incidents have not been addressed for some time following the incident. It is essential that serious incidents that may have resulted in death or injury, are notified immediately to the Shift Manager, before the Safety 1st form is completed, so the necessary notifications and actions can be commenced.

Once a Safety 1st form is submitted, and although the File Manager should open this within three days, it may in fact be a week or more before this occurs and valuable time is lost in the investigation of the incident. Please help ensure your colleagues are aware of this process by discussing with your line manager or at a team meeting. Remember, Safety 1st is a recording, not a reporting mechanism.

### Identification of Side & Site

Please ensure when logging an incident report that the exact location of the injury, including the side (eg Right or Left) is clearly identified.

### Documentation, Equipment and Electronic Information System

This now defaults to NO in all forms. Please only use these fields if it is a cause or contributing factor to the incident.



## Te Whare Mauri Ora Planter Box Project



Photos: Fulton Hogan driver Danny Rossouw and Forensic Service Pukenga Atawhai Mike Manahi.

The Forensic Service, Te Whare Mauri Ora Planter Box Project has sprung into action with some help from Fulton Hogan Canterbury. They supplied and delivered topsoil and growing mix for the planter boxes to be constructed for Specialist Mental Health Service Adult Inpatient Group units.

Te Whare Mauri Ora (Forensic Rehabilitation unit) patients and staff assembled four raised planter boxes, constructed from macrocarpa. The boxes were placed in each of the Adult Inpatient Group units and filled with the topsoil supplied by Fulton Hogan.

Te Whare Mauri Ora Charge Nurse Manager, Tony Keatley, says the project is to give clients an opportunity to garden.

"I'd like to acknowledge Fulton Hogan's Jason Fischer for his support and Forensic Service Health Care Assistant Neil Jones for his work on the project."

Service Manager, Cate Kearney says it was very good of Fulton Hogan to donate soil and their time. She also thanked Te Whare Mauri Ora staff, who initiated the project.



## Staff Wellbeing Programme Have you played the Wellbeing Game?

### Wellbeing Game

If you've attended one of the Staff Wellbeing Workshops you'll know all about the 'Five ways to wellbeing'. Playing the Wellbeing Game is a great way to focus on the 'Five Ways'... and to actively manage your wellbeing. It can be played individually or with colleagues, friends and family.

[Click here](#) to find out more and start playing...

### Understanding Incontinence

Due to the success of the presentation at CHCH Campus in July we have arranged for the presentation to be delivered at other main hospital sites.

Next presentation will be at Ashburton on Wednesday 28 October.

[Click here](#) for more information and [click here](#) to register

See [www.continence.org.nz](http://www.continence.org.nz) for more information on incontinence.



### FREE Retirement/financial planning advice

and information about house buying/home loans/mortgage restructure

Next clinics at TPMH

» Tuesday 20 October– Retirement/Financial planning

» Wednesday 21 October– House buying/Mortgage structure

See an Authorised Financial Advisor or Home Loan Expert free of charge at main hospital sites. [Click here](#) for more information.

### Free counselling available to all staff

Free and confidential counselling is available to all staff – for work or personal issues. [Click here](#) for more information.

For more information on all wellbeing initiatives visit the [Staff Wellbeing Programme intranet page](#).

Andy Hearn, Staff Wellbeing Coordinator, Canterbury & West Coast DHB | Ph: 03 337 7394 | Ext: 66394 | Mobile: 027 218 4924 | [andy.hearn@cdhb.health.nz](mailto:andy.hearn@cdhb.health.nz)



## “Visual chaos to clean screen” - email tidy up project for Collabor8

My project was stimulated by the very cluttered appearance of the given Outlook screen, says Clinical Co-ordinator, David Brian.

“The challenge was how to remove or minimise the other parts so that I could concentrate on the, for me, important stuff.”

By utilising some of the aspects of Outlook, such as ‘conversations’, arranging folders in alphabetical order, ‘auto hiding’ the ‘ribbon’ (most of which I had no idea how to use, or even want to) I could customise the screen to the way that best suited my needs.

Other things made the screen show more of what I used most, David says.

“The parts that I use most are the ‘Inbox’ panel and the ‘Preview’ panel. That’s it.

“Minimising the folders panel, for instance, creates a lot more screen room. I do not usually need to open an email as I can read the whole thing in the preview panel.”

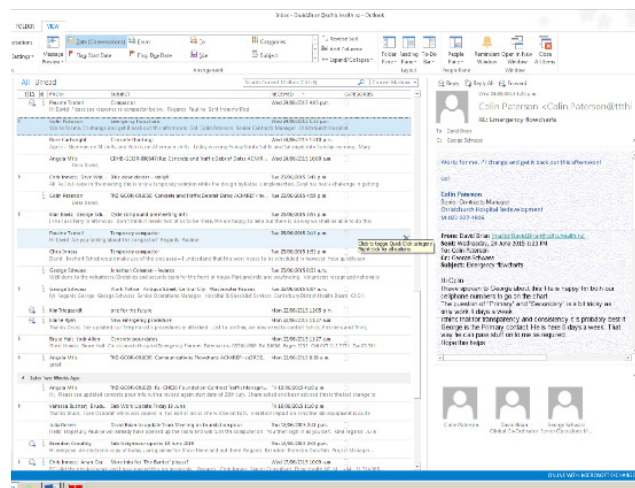
The main lesson he learnt from this exercise is that Outlook is a box full of tools.

“Most of which will remain a mystery to the majority and are, in my opinion, just distractions.”

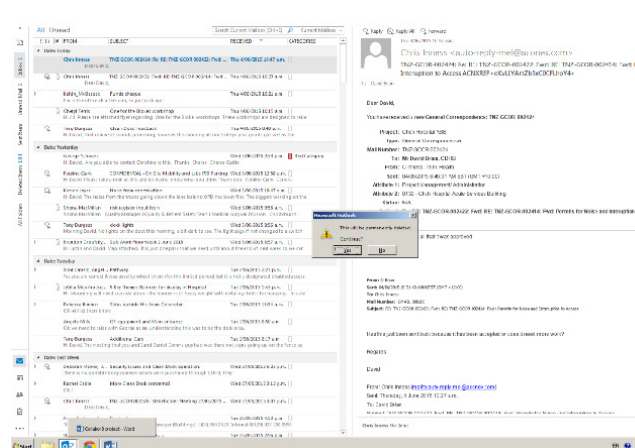
Spending a little time customising the screen to suit your individual needs saves valuable time that could be better utilised.

I am sure that there are still some tricks that could improve my email ‘performance’. The message would be “go ahead change a few things”. Having done the change though give it a couple of weeks before deciding if it is right for you or not, David says.

### Before



### After



## Your hospital cricket team needs you

The Christchurch Hospital Cricket team is looking for enthusiastic players to join the team for the new season. We play at Presidents grade in the Christchurch Metro League and are part of Sydenham Cricket Club. Matches are usually played on a Saturday afternoon. We are looking for experienced players as the grade we play at has become fairly competitive now.

Anyone interested in joining us please contact Aidan Hegarty on ext 89770 or (preferred) e-mail [aidan.hegarty@cdhb.health.nz](mailto:aidan.hegarty@cdhb.health.nz) for further details. The club also has a new website up and running at [www.sydenhamcricket.co.nz](http://www.sydenhamcricket.co.nz)



# CHOOSE a career with us...

## Seating and Wheelchair Therapist (Adult Community Therapy Service)

Based at Burwood Hospital, the Adult Community Therapy Service (ACTS) delivers allied health services to adults in our community. We are looking for an experienced Seating and Wheelchair Therapist who is passionate about providing client centred complex wheelchair and seating solutions within an inter-disciplinary allied health team.

You will be an experienced and registered Physiotherapist OR Occupational Therapist. Enable NZ Level 1 Wheeled Mobility and Postural Management (WMPM1) accreditation is essential. Level 2 WMPM2 and custom Fabrication (CCF) accreditation is desirable.

You will have experience working with adults with complex needs including a variety of neurological conditions. Your excellent skills working within teams and maintaining relationships with service providers in the community will be put to good use. You will bring excellent assessment, technical and problem solving skills as well as an understanding of the 24hour postural needs for this client group.

Enquiries should be directed to Heather Ewing, Recruitment Specialist on 03 337 7920, email [heather.ewing@cdhb.health.nz](mailto:heather.ewing@cdhb.health.nz).

## Dermatologist

Christchurch Hospital is a modern facility situated on the banks of the Avon River in central Christchurch. Significant and exciting developments are occurring in the city post-earthquake and the surrounding area has easy access to outdoor pursuits such as skiing, mountain biking, rafting, tramping and sailing.

We are currently in a position to advertise for a part-time, permanent Dermatologist.

You will be working with three other Dermatology Consultants, one Medical Officer and a Clinical Nurse Specialist who provide specialist services predominantly in an outpatient setting. There will also be some inpatient consultation services that you will need to provide.

Please apply online or to discuss this role in more detail contact Liz Hill, Recruitment Specialist on 03 378 6677 or email [liz.hill@cdhb.health.nz](mailto:liz.hill@cdhb.health.nz)

## Activities Coordinator - Kaikoura

The Kaikoura Integrated Family Health Centre is a wonderful new facility which has just recently opened and showcases a bright and modern environment in which to work.

As an Activities Coordinator, your role is to provide stimulating and varied leisure activities for the residents coordinating and delivering an activity programme aimed at maintaining the best possible physical, mental and social functioning for each resident. This is an incredibly satisfying role where you will thrive on the challenge of balancing the routine with the celebration of significant dates such as birthdays, community events and more.

We are looking for a flexible person with a mature outlook and enthusiastic approach, you will need strong organisational skills and the ability to communicate effectively to people from all walks of life. Previous experience in aged residential care and qualifications in Diversional therapy would be highly desirable. A clean, full NZ Driver License is essential.

Contact Kathryn Clark, Recruitment Specialist – Nursing 03 3377923 or email [kathryn.clark@cdhb.health.nz](mailto:kathryn.clark@cdhb.health.nz)

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## One minute with... **Sandy Neale,** **Pre-dialysis Educator**

### What does your job involve?

Patients are referred to me by our Nephrology team when it is recognised they are going to require dialysis in the relatively near future (usually within two years' time). I also see people who arrive at our service in an acute way. My role is to inform people of their dialysis options and what the process involves.

This is quite a major decision for our patients and their families in their renal failure journey. Renal failure and dialysis impacts not only the patient but also their family greatly. I liaise with the rest of our team and make referrals to other members of the team when necessary. I often have continued contact with our patients supporting them through to dialysis commencement.

### Why did you choose this field of work?

Among other things I had previously worked both in the Genito Urinary Operating Theatre and the Nephrology ward. It seemed a natural progression to move to dialysis. Many people start working in Nephrology (particularly dialysis) and get hooked. I started 24 years ago working as a clinical technician here, teaching patients how to use their dialysis machines.

I left for a short period and returned to my current role. The relationship we form with our patients in dialysis is quite different to many other departments. We have ongoing contact with them sometimes for a very long time. Some of our patients I have known for the entire 24 year period I have worked in this field.

### What do you like about it?

As above. We get to know people very well...and them us. What I find truly humbling is how giving clear information in a way that is understandable makes such a huge difference in people's lives. When patients (and their families/whānau/supporters) come to see me, they are usually very anxious, fearful and distressed.

After I have spent a couple of hours with them, they go away feeling less so and often with a smile on their face. Information is empowering and hope (not false hope) is so vital to our wellbeing. I do see playing this part in our patient's dialysis journey as a privilege.

### What are the challenging bits?

As I have mentioned above, we form relationships with our patients and we are all effected when they die. It is always difficult watching the demise of someone you know quite well as well as supporting their loved ones whom have also formed bonds with us. The other thing that is challenging is denial. A very healthy coping mechanism for most of us but less helpful when it is the only way someone is managing the idea of renal failure and dialysis. This makes it difficult to ensure people get what they need.

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

I really enjoy working with a team of people equally as passionate about patient care and support as I am. We are very fortunate to have such compassionate respectful and 'human' professionals in our relatively small but effective team.

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

I think the CDHB values are an integral part of my role. I personally don't see them just as 'CDHB' values, I see them as values of a functional society and ones I try to live by. If I aim to be able to have our patients actively engage with our service then I need to act respectfully, with integrity and be responsible for doing the best I can in my role to enable our patients to develop a relationship of trust.

They are often with our service for a very long time and I am very aware of the imbalance of power our patients feel. If we can empower them in their treatment then that can encourage personal responsibility and a greater sense of wellbeing.



Sandy Neale

### The last book I read was...

Eat Pray Love, by Elizabeth Gilbert.

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

Touring around the USA for a few weeks...Oh wait I am doing that now! Yay for me.

### My ultimate Sunday would involve...

Starting the day with a walk up Rapaki track. I live relatively close by and in a relatively short time it feels like I am miles away from the city. It is such a busy track and I love the smiles and "Good morning" greetings from the friendly people also out enjoying it. It's such a great way to start the day. Spending some time in the garden at home is always therapeutic and some time with family and friends for a catch up, fun and laughter is vital for a great day!

### One food I really dislike is...

Celery. Have tried to like it but...no.

### My favourite music is...

I enjoy a variety of music but I do love jazz and blues particularly. I played alto saxophone in a big band for a while a few years ago. I'm looking forward to heading to the blues/jazz capital New Orleans while on holiday.

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

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## Emergency Department Open Day

Take a peek behind the scenes at the  
Christchurch Hospital Emergency Department

On Tuesday 13 October the Emergency Department will be holding its 5th Annual Open Day. At last year's day many people from different professional groups came to have a look at what we do, with some nurses working alongside an ED nurse for a few hours.

If you join in the CDHB and would like to know more about the Emergency Department, we welcome you to join us and we will show you what we do. You can take a short tour or work alongside one of our staff for a few hours.

Short tours will run at 0900, 1100 and 1300 – all you need to do is show your CDHB ID to the reception desk and ask for the Associate Clinical Nurse Manager.

If you would like to work alongside a staff member please contact Carol le Beau (Clerical staff) or Anne Esson (Nursing).

We look forward to seeing you then.

The ED Team

For more information: [Anne.esson@cdhb.health.nz](mailto:Anne.esson@cdhb.health.nz) or [Carol.lebeau@cdhb.health.nz](mailto:Carol.lebeau@cdhb.health.nz)



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Repertory is a non-professional community theatre organisation