

Keeping our Community Healthy

SPRING 2016

# Well Now

## Canterbury

QUALITY ACCOUNTS FULL EDITION



**INSIDE:**  
Building for our future health  
at Christchurch Hospital

Quality Accounts:  
A snapshot of how we're doing  
**HPV – not just a girl thing**

**New technologies  
to improve health services**

**Canterbury**

District Health Board

Te Poari Hauora o Waitaha

**our** health system

# ON AN Average CANTERBURY DAY

**Cover picture:** Jonty Gray with cricketer Brendon McCullum, ambassador for the Māia Foundation, at Christchurch Hospital's Children's Ward Activity Room in August this year. Māia is currently raising money for enhancements to a larger rooftop helipad and children's facilities at the hospital.

16

babies are born in Canterbury hospitals

250



presentations to ED

502

consultations with our specialist mental health services

684

radiology tests are completed



16

children receive a Before School Check (B4SC)

56

people have elective surgery



323



people are discharged from hospital



3,565

people are supported in aged resident care



1,753

outpatient appointments

16

older people received a comprehensive clinical assessment—using InterRAI



17

8-month-olds are fully vaccinated



123

people receive advice to quit smoking



8

people are given a green prescription referral for increased physical activity



92

women have a cervical smear



166

children have a free dental check



17

people receive brief intervention counselling in primary care



66

people have a cardiovascular disease risk assessment



6,745

laboratory tests are completed



28

different subsidised procedures delivered in general practice rather than in hospital.



# INTRODUCTION FROM CANTERBURY HEALTH SYSTEM LEADERS

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

Our vision is a truly integrated health system that keeps people healthy and well in their own homes by ensuring the right care and support is provided to the right person, at the right time and in the right place. Our vision is dependent on achieving a 'whole of system' approach where everyone in the health system works together to do the right thing for people, their whānau and the system. At Canterbury District Health Board (DHB) we support the New Zealand Health Strategy and the New Zealand Triple Aim of improved quality, safety and experience of care; improved health and equity for all populations; and best value for public health system resources.

We continue to make significant progress in orientating our health system around the needs of people in our community. Our system is better connected to improve continuity of care, minimise waste, reduce the time people spend waiting for treatment and improve the overall outcomes for our population. This Quality Accounts special edition of WellNow demonstrates our commitment to high quality health care, how we progress with continuous quality improvement, and how we monitor quality and safety. It highlights our successes, what we have learned from what we do less well, and our future improvement plans.

We have worked hard to achieve the Ministry of Health Targets. We are at the top of the performance table for immunisation and exceeded the target for improved access to elective surgery, providing surgery to nearly 600 more people than projected. We achieved the Shorter Stays in ED Health Target and are moving closer to achieving better help for smokers to quit and faster cancer treatment targets, making gains in both areas.

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

We have every confidence that our people have the aptitude and drive to build on our successes, and that we will continue to go from strength to strength by supporting a culture of continuous quality improvement and innovation.

**David Meates**  
Chief Executive  
Canterbury DHB

**Diana Gunn**  
Chair  
Canterbury Clinical Board

**Sir John Hansen**  
Chair, Alliance Leadership Team  
Canterbury Clinical Network



David Meates



Diana Gunn



Sir John Hansen

## We want to hear from you

**We publish the Canterbury Health System Quality Accounts annually so your feedback is very important to us. Complete our survey online at [surveymonkey.com/r/QAyoursay](https://surveymonkey.com/r/QAyoursay). This feedback will help us ensure the Quality Accounts provide relevant and useful information on the quality of health services being delivered in Canterbury.**

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

**For the full version of the Quality Accounts, visit [cdhb.health.nz/HealthSnapshot](https://cdhb.health.nz/HealthSnapshot) ■**

## New technology makes big difference in wound healing



Stephen Percival examining a patient.

**Ralph McGuigan was diagnosed with diabetes five years ago but suspects he may have had it for longer than that. Although insulin resistant, he doesn't let it stop him getting on with life and doing the things he wants to do. However, recurring diabetic foot ulcers, caused by nerve and blood vessel complications of the disease, need regular monitoring and Ralph has required surgery on them a number of times.**

Diabetic foot ulcers can take a long time to heal and the slow progress can be discouraging to patients, but a new system now allows the patient to see the progression of their wound over time.

Called Silhouette® and developed by ARANZ Medical, the system is made up of three main parts – a point of care wound camera, smart software for measuring wounds, and a wound information database. Pictures are taken at each dressing change, the image is uploaded to the patient's clinical notes and progress plotted on a graph. The software measures the

area, depth and volume of the wound, so health professionals and patients can track healing to the millimetre.

Now that his podiatrist, Stephen Percival at the Christchurch Diabetes Centre has this technology, Ralph says it's taken a lot of the anxiety out of this aspect of managing his diabetes. "The ulcers are right in the middle of the sole of my foot so normally they're difficult for me to see," Ralph says. "But now Stephen can show me on his computer screen how they are shrinking and changing so I can really see what's going on. It works for me."

Stephen says having detailed visual comparison of a wound between appointments is a big advantage. "Deterioration and progress of wounds can be quite small, literally millimetres in size, so it's impossible to gauge with any accuracy the subtle changes in wound size without a measurable record." The extra patient involvement helps motivate patients to follow their health professional's instructions, especially for chronic wounds, which require patients to attend clinic for many months. The device also records changes in the surrounding skin, such as redness and swelling, which would otherwise have to be written long-hand, he says. Wound changes are recorded without the device touching the skin, so it doesn't pose an infection risk.

The images also allow other healthcare professionals to see the wound's progress. This is helpful in multi-disciplinary clinics when other team members may not have seen the wound before, or haven't seen its progress for months. Uploading the image to a patient's clinical record means another doctor can give a second opinion, and the patient's general practitioner can also view the wound and progress without taking the dressing off.

All of ARANZ Medical's research, development and manufacturing is done in Christchurch, with 98 percent of the products exported to 35 countries – from the largest healthcare providers in the US, to clinical researchers in rural Africa studying the Buruli ulcer, one of the most neglected tropical diseases. ■

# ‘Magic wand’ impresses children

Across Child Health, children experience a number of painful procedures including the placement of intravenous (IV) needles. Children can become fearful of needles and their anxiety can make the procedure difficult. Creams are used to numb the area before a needle is inserted, but the cream takes up to an hour to work and can have side-effects such as rashes or welts.

The Children’s Haematology and Oncology Centre (CHOC) has been trialling a new device, the CoolSense Pain Numbing Applicator, or ‘magic wand’ as it has been nicknamed by the children. The magic wand is a hand-held pain numbing device that works without chemicals to cool and numb the site of the injection. It only takes ten seconds to work before the injection can be given.

CHOC children and families have reported benefits, including more effective numbing of the IV site and reduced waiting times. The results of a survey of parent/child experiences found that the CoolSense device provided a better experience by reducing pain associated with treatment faster. Eighty seven percent of respondents said they would recommend CoolSense to other parents.



CoolSense; making a difference for Nikhita during treatment.

*“The Magic Wand worked really well on me because it numbed the area straight away, which meant I didn’t need to remember to put numbing cream on an hour before. It was also really good when the needle went in because it didn’t hurt as much as before. The magic wand needs some bling - some sparkles or stickers on the handle because it’s called a ‘magic wand’.” – Nikhita*

Using the device as an alternative to numbing cream will potentially result in a cost saving to Canterbury DHB of \$8,780 per 1000+ applications. ■



# Service redesign saving time and sight

Age-related macular degeneration (AMD) is the leading cause of blindness in New Zealand. It typically affects people over the age of 50 years, with half of the population showing some form of AMD by the age of 85 years. AMD affects the central part of the retina, the area that normally provides the quality of vision needed for reading, driving, watching TV, and recognising faces. One form of AMD, which progresses rapidly, will respond to treatment but only if the treatment is started early.

Treatment involves regular injections of the drug Avastin into the eye. Without treatment, half of patients with the treatable form of AMD will suffer severe vision loss in at least one eye within 1-3 years. As many as three in four will eventually suffer severe vision loss or blindness.

The Avastin injection service has been radically redesigned. Previously, all Avastin injections were given in a theatre but now 95 percent are given in an Outpatients Department.

New models of care have enabled the service to increase the number of injections from 1,100 to 4,300 per year, and reduce the unit cost from \$1,500 to \$454.80. Time spent waiting for an injection has been reduced from four hours to 30 minutes, saving an



An Avastin procedure.

estimated 15,000+ hours of patient time each year.

A review of our processes ensures patients are now more involved in their own care. One simple improvement initiative is to ring the patient, discuss their first appointment, and agree a day and time that best suits them. A booking coordinator is made available to book the next injection for each patient before they leave the clinic, giving patients greater certainty about the next step in their treatment.

To ensure the commitment to treatment is met by the department, they regularly review future capacity and demand, enabling them to schedule additional capacity when needed. It is not uncommon for the service to inject 48 patients in a morning clinic either side of a public holiday to make up for lost time.

Through valuing the time of patients, clinicians, and administration staff we have been able to design a service that saves time and resources, while improving the patient experience. ■

## Improving Crisis Resolution

In 2014, the Specialist Mental Health Services in Canterbury were re-configured to improve the way help is provided to people with urgent mental health needs. More recently, a study was conducted of consumers, their family and referrers, to better understand their differing perspectives when somebody has an urgent mental health need.

We found most consumers, family and referrers were satisfied with the treatment provided. Consumers provided useful suggestions about how the service could be improved and what was especially helpful about the service. Consumers also emphasised the importance of staff being warm, empathetic and respectful, not rushed or dismissive, that they listened well, treated people as individuals and were positive and reassuring. The survey findings have been shared with management and staff. ■



## Streamlining urgent care for those who need it

Over the past four years the number of people using Christchurch urgent care facilities has been steadily increasing, against a backdrop of constraints on resources – in terms of suitable physical spaces, staff and funding.

Managing patient flow to reduce waiting times, improve patient safety and allow clinicians to work more effectively has become increasingly important, and during winter is critical to the delivery of urgent care.

The Pegasus Health 24 Hour Surgery, based in Christchurch, provides both urgent care and General Practice services around the clock. To better manage patient flow and improve the patient experience, Pegasus Health has developed a 'queue portal.' This new system enables prioritisation according to

a combination of time of arrival, urgency and target time to be seen. The queue portal tracks where the patient is in the treatment process and also gives an 'at a glance' overview of activity within the facility. A dashboard gives a comprehensive breakdown of wait times, allowing the system to be refined as needed.

Early analysis shows that the number of patients having to wait a long time has reduced, and the improved data is expected to highlight areas where other improvements could be made.

Canterbury DHB too has taken steps to reduce the pressure on its Christchurch Emergency Department (ED) by ensuring people know where to find the right care to meet their needs.

With the exception of potentially life-threatening emergencies when your first call should be 111, the 'Care around the clock' message encourages people to make their GP team your first call, 24/7 – and to make that call before things start to go downhill rapidly. A nurse is available to give free health advice at any time of day or night through phoning the usual general practice number. ■

For those who do need to go to the Emergency Department, we are working to reduce waiting times and there is now better information on what to expect. On busier days we care for more than 300 people, so the first thing you can expect is that it will be busy.

We have installed a dashboard in ED that shows how busy we have been over the past 24 hours, and how many patients are waiting at each level of urgency. It may not shorten the time you have to wait, but at least it helps you understand why. ■



## No more second-hand smoke at Ashburton cafés



Ashburton's Columbus Coffee has gone smokefree.

**If you live in or visit Ashburton you can enjoy your latté with a friend or lunch with the kids or grandchildren without breathing in second-hand smoke now that nearly all cafés in Ashburton are Smokefree.**

Ashtrays on outdoor dining tables have all but disappeared, with eight cafés having decided to eliminate smoking from their outdoor areas. Creating smoke-free outdoor areas can also support those who have quit or are trying to quit. It also makes smoking less visible to children and young people.

Sophie Morrow of Lushingtons Garden, Gift & Café says the café had experienced a few problems with its

outdoor smoking area in the past. "It's quite enclosed and we'd had a couple of complaints. If one person smoked there, everyone could smell it.

"We decided to make the call to go Smokefree and it was the right thing to do. It's really going well," she says.

Nigel of Columbus Coffee in Ashburton, says the café has a beautiful outdoor area and he thought it would be nice not to have smoke billowing around.

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*The move to Smokefree had attracted "one or two gripes" but the feedback was overwhelmingly positive. "The biggest response has been from parents and grandparents noticing that there is no smoke when they are here with their children or grandchildren and they really appreciate the fresh clean area."*

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"Allowing smoking in our outdoor dining area in the past only catered for a tiny percentage of our customers, while potentially spoiling the experience for the rest," he says.

Carly McDowell, Health Promoter at Community & Public Health, a division of the Canterbury District Health Board, says she and Mandy Casey of the Cancer Society approached all the cafés in Ashburton without a liquor licence to ask if they would like to go Smokefree, and all but one agreed.

In Australia and the US many outdoor public places have been smoke-free for many years. As part of a six month trial initiative called FreshAir, from 1 November, 20 cafés and restaurants in Christchurch will make their outdoor dining areas smoke-free through summer to 1 June 2017.

The moves in Ashburton and Christchurch could well be the shape of things to come. We have just 10 years to achieve the government's goal of a Smokefree New Zealand, set for 2025. Smokefree cafés are another significant step towards this goal, set a great example for others and give people the choice of dining outdoors, without secondhand smoke. ■



## Nurse Maude the eyes and ears of general practice

Nurse Maude wants to be able to do more to keep people well in their own homes. A new trial project, run in partnership with general practice teams, is showing positive results. Support workers are trained to conduct routine symptom assessments for people with chronic obstructive pulmonary disease and chronic heart failure. These assessments allow clients to be reviewed without attending their general practice, and any health deterioration is fed back to their practice team allowing early identification and management of care.

Supporting clients to manage their symptoms and receive the care they need in the community prevents the distress and disruption that a hospital admission can cause. The initial trial resulted in a significant increase in practice nurse and general practice consultation with these clients compared to the previous six months, and a 26 percent decrease in hospital admissions. On the strength of these promising results, Nurse Maude are working to extend the trial to a larger population. ■

## Kiriata Māmā/ Mothers TV



Kelly Dorgan, Lead Maternity Care Liaison New Zealand Midwives, Natalie King, Acting Service Manager of Women's Health Service, Samantha Burke, CDHB Director of Midwives, and Bronwyn Torrance CDHB Midwifery Co-ordinator stand beneath a TV showing the new logo of Kiriata Māmā.

**Kiriata Māmā provides 24 health-related parent-focused programmes, accessible to the 6,000 women who give birth in Canterbury each year. The programmes screen continuously on a dedicated channel through 55 televisions in Christchurch Women's Hospital. In Primary Birthing Units it is available via a flash drive, enabling parents to select programmes.**

The programmes address Ministry of Health priority topics such as breastfeeding, living smokefree, family violence, and safe sleeping. There are also videos on how to respond to baby's emotional and social needs, pelvic floor exercises, healthy eating information and what it's like to be a father.

"We are enabling parents to be better informed and more confident," says Natalie King, Acting Service Manager of the Women's Health Service, "helping them to make choices that promote the health and wellbeing of themselves and their baby." ■

# Beating heart-failure



Michelle Hammond & Fiona Davison, Acute Demand Liaison Nurses.

**Improving how we help people with heart failure to manage their condition and reducing the need for them to be admitted to hospital remains a key focus for the Canterbury Health System.**

The Canterbury Heart Failure Initiative was launched to change the way our health system cares for people with heart failure. Heart failure currently affects about 1-2 percent of our population but is set to rise to 3 percent in the next 30 years.

Heart failure is the leading cause of hospitalisation for the over 65s and has a high readmission rate. For Māori and Pacific people, the rates are significantly higher, with the disease typically starting 10-15 years earlier than in those of European descent. A big part of avoiding a hospital admission is improving transition of care between primary

and secondary care and improving a person's self-management.

We have standardised pathways of care for those with heart failure and are supporting them on discharge with the Acute Demand Team. Acute Demand visits the person in their home for five to seven days after discharge and follows up at seven, 14 and 28 days by phone.

Despite heart failure becoming more common, the number of hospital admissions has dropped from 3,877 in 2013 to 3,714 in 2015 and the Canterbury Heart Failure initiative has freed up 163 bed days since it began. ■

## Shoulder Initiative increases community based care

Canterbury has more, older people than any other DHB and our ageing population is placing an ever-increasing demand on orthopaedic services. Faced with the number of referrals exceeding orthopaedic specialists' capacity to provide first specialist assessments, we needed to explore new ways of providing access to appropriate care.

Options, including corticosteroid injections, interventional radiology and physiotherapy have been introduced to treat patients who were referred back to their GP.

The treatment pathway has also been improved. Physios provide an initial assessment and treatment, with follow-up at two weeks, six weeks, four months and 8-12 months. Thirty four percent of people go on to have further investigations, such as imaging, or a diagnostic injection. Thirty eight percent of people continue with conservative management such as corticosteroid injections and physio. For 15 percent of people, surgery is the best option, while 8 percent of people need no further treatment.

These changes have allowed more people to be treated in their community in primary care so that an increased number of orthopaedic referrals can now be accepted - 83 percent compared with 54 percent before the Shoulder Initiative was introduced. ■

# HPV – not just a girl thing

In July this year PHARMAC announced some exciting changes to the HPV (human papillomavirus) vaccination programme. From 1 January 2017 the vaccine will be available to girls, boys and adults up to the age of 26 years.

Canterbury Medical Officer of Health, Dr Ramon Pink, says in the past HPV vaccine has only been available to girls, so it's fantastic news we are now able to offer it to boys, girls and young people.

"Like girls, boys will be protected against certain HPV related cancers and genital warts."

The HPV vaccine itself will also change to cover more strains of the virus and in fewer doses (two vaccinations instead of three) for children aged 14 years and under. Those aged between 15 and 26 years inclusive will still need three doses.

The HPV vaccine protects against some of the strains of human

papillomavirus responsible for cervical and other cancers, including mouth, throat and genital, as well as genital warts. Protection is long-lasting.

HPV is a very common virus, with four in five people becoming infected at some time during their lifetime.

- Girls and boys will be offered the HPV vaccine at their 11 year old vaccinations at their General Practice.



- They will be given another opportunity in Year 8 to be vaccinated at school.
- Older children and young adults up to the age of 26 can be vaccinated through their general practice.
- Females who have started the programme will be able to complete their remaining doses at school or at their General Practice.

## Got some questions?

For more information about the vaccine, talk to your doctor, practice nurse or health clinic, visit [www.health.govt.nz/hpv](http://www.health.govt.nz/hpv) or phone 0800 IMMUNE (0800 466 863). ■

# Canterbury wellbeing continues to improve

Life for many in Canterbury is improving, but the impacts of the quakes are still being felt as the region's recovery heads into its seventh year, according to the latest Canterbury Wellbeing Survey.

Overall, fewer respondents reported being negatively impacted by the stressors caused by the earthquakes.

The positive impact of seeing signs of progress towards a more livable city, and being able to access new and repaired recreational, cultural and leisure time facilities are a key influence on people's improved outlook. New spaces like the Margaret Mahy Playground are proving incredibly popular, and providing a real wellbeing boost. Making progress towards a more liveable city is having a positive impact for many.

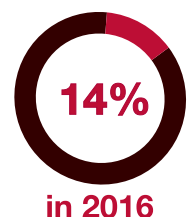
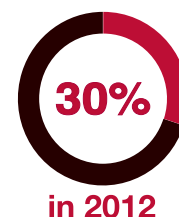
Although the majority of indicators suggest an improvement in wellbeing, a number of Cantabrians are still

struggling with earthquake-related stressors - six years on, some Cantabrians still face significant hurdles to their recovery. There is for example an increasing demand on Canterbury's mental health services. There has been a 21 percent increase in the number of 18-64 year old clients accessing mental health services from the 12 months prior to the February earthquake to the most recent 12 months of data (to March 2016).



Fewer people said living in a **damaged environment** was having a strong **negative wellbeing** impact

International research tells us that the emotional effects of a disaster can last for up to ten years. The focus of the recovery is now on identifying those at risk of being left behind and ensuring they get the support they need. Those who are finding it hard and need support can ring the Canterbury Support Line on 0800 777 846. ■





# PREVENTING HARM

## New Zealand mosquitoes don't carry deadly diseases – let's keep it that way

Canterbury DHB's Health Protection Officers (HPOs) are working hard to keep potentially harmful mosquito-borne diseases out of New Zealand, through regular surveillance of mosquito populations in Canterbury and South Canterbury and by responding to notifications of mosquitoes at New Zealand's borders.

Health Protection Officer Bruce Waddleton says that if exotic mosquitoes enter the country through our international airport or seaports and if they breed and spread, they could potentially infect people with a serious disease such as Dengue fever, malaria or the Zika virus.

"The results could have serious consequences for the health of New Zealanders and major cost implications for our health system," Bruce says.

An important part of Bruce's job is to monitor traps at Lyttelton Port and Christchurch International Airport, and to identify and eliminate potential breeding habitats. The larvae and adult mosquitoes Bruce finds are sent to a New Zealand Biosecurity laboratory in Wellington for identification.

The Biosecurity Act backs up our HPOs dealing with exotic mosquitoes. Authorised officers can require landowners to cooperate in the elimination of unwanted organisms or potential habitat.

In February 2016 the World Health Organization (WHO) declared a Public Health Emergency in response to evidence that pregnant women who become infected with Zika virus can transmit the disease to their unborn babies, with potentially serious health consequences.

The mosquito (*Aedes* sp.) that is able to spread Zika virus is not normally found in New Zealand, but is found in the Pacific Islands. – a list of countries



Health Protection Officer Bruce Waddleton checking a mosquito trap.

which have or have had Zika virus circulating can be found here:

[library.health.nt.gov.au/zika](http://library.health.nt.gov.au/zika)

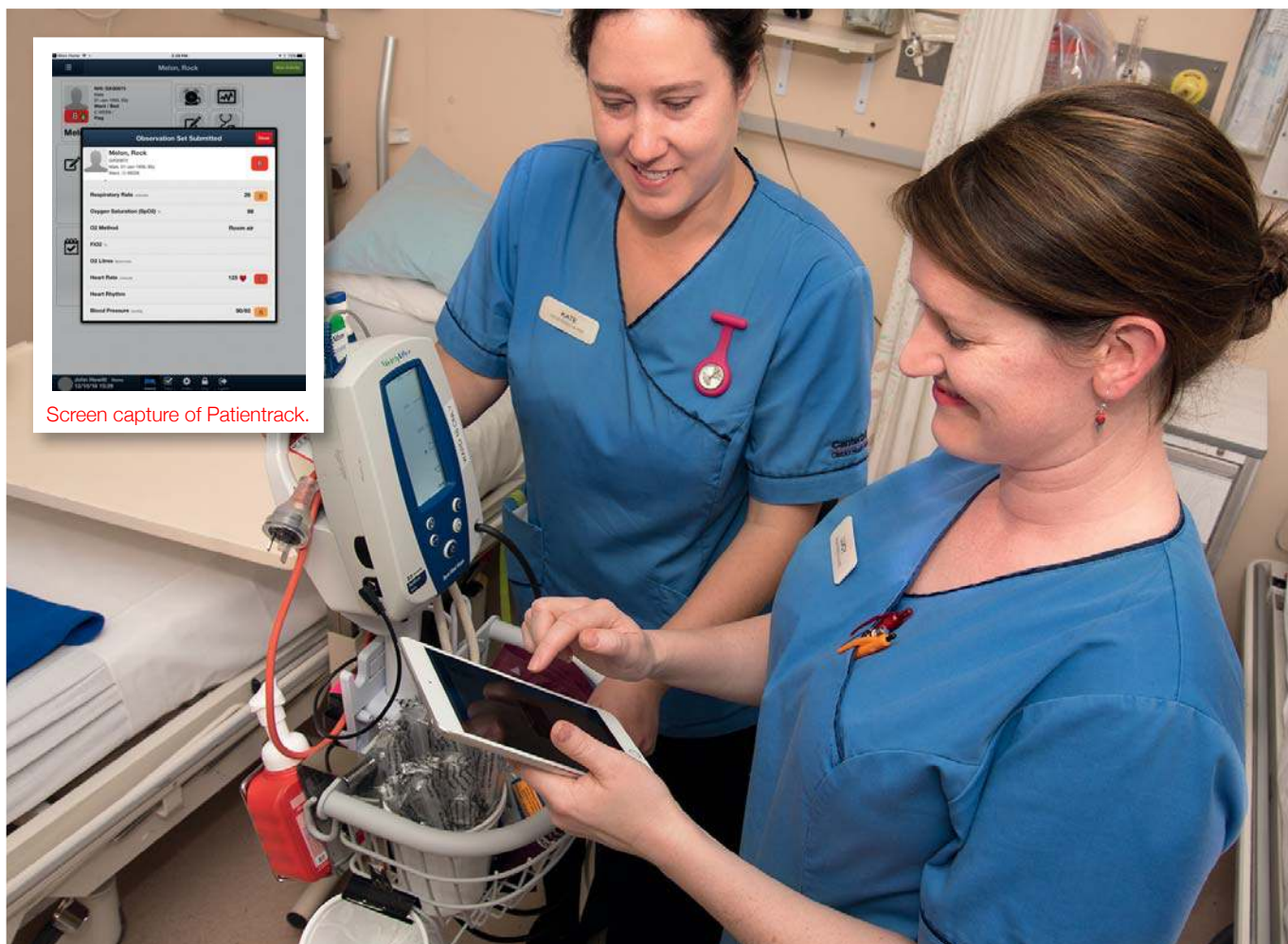
Bruce says that for New Zealanders who don't travel overseas, our home-grown mosquitoes can still be a nuisance worth keeping under control.

"Mosquitoes thrive in warmer months, especially after heavy rain, so people should be extra vigilant then. Everyone can do their bit to reduce mosquito numbers and minimise the risk of exotic, disease-carrying species getting a foothold and spreading disease, by regularly emptying water out of buckets, pot plants, and play equipment around the home – especially during spring and summer," Bruce says. ■

### The New Zealand Ministry of Health has a number of recommendations for travellers:

- All travellers to Zika-affected areas should take precautions to avoid mosquito bites
- Women who are pregnant or could become pregnant should avoid travelling to those areas
- The Zika virus is also sexually transmitted. Men who have travelled to an affected country should ensure they use a condom when having sex, for six months after their return.

# Introducing clinical early warning systems



Screen capture of Patienttrack.

Nurses using Patienttrack.

**In February 2016 we launched a new eObservation system called “Patienttrack”. Patienttrack is a mobile digital solution for use on hospital wards. It has been proven to improve patient safety, quality and efficiency of care. The system is used to record and view vital signs, which aids the early detection of and response to patients who are getting sicker, or deteriorating. Patienttrack is now in place across all the acute adult wards at the Christchurch campus.**

Currently the system allows entry of clinical information to the digital health record and can be viewed by clinicians on tablets, laptops or computers through DHB networks.

Wards have seen immediate benefits, with 100 percent of vital sign observations being recorded, compared to 67 percent before implementation. Documentation and correct calculation of Early Warning

Scores (EWS) have also improved from 64 percent and 80 percent respectively, to 100 percent. An EWS gets higher as vital sign observations such as heart rate, blood pressure, temperature etc. get further from normal. This score then determines how urgently a review by a nurse or doctor is needed and also who carries out that review. A very high score always requires an urgent review by a Registrar who will discuss this with

their Consultant and sometimes with Intensive Care Doctors.

The next part of the rollout of Patienttrack will be to send automatic alerts directly to the patient's clinical team, and escalate to others if there is a problem. This process ensures the right person is contacted promptly to ensure a deteriorating patient is identified and a treatment plan is put in place early. ■



# Sleep apnoea patients seen sooner



In 2008, increasing demand on Tertiary Sleep Services at Christchurch Hospital resulted in the creation of a Primary Care sleep apnoea assessment pathway (Sleep-Pathway). In the 8 years since then there has been a 360 percent increase in new patient referrals via the Sleep-Pathway. This rapid expansion created an element of risk and treatment delays.

A critical review of the Sleep-Pathway was undertaken to improve the quality of clinical information gathering, reduce patient processing time and decrease the cost of healthcare delivery.

The solution was an online Sleep Health Application used to manage Sleep-Pathway patients. It went live in 2015, replacing a paper-based process.

Since rollout, the online application has significantly reduced the time from referral to clinical decision from 48 to 34 days. Cutting processing time from 15 days to just three days has led to cost savings of \$30,000 per annum. Sleep Assessors have also reported improved time efficiency, better clinical information gathering, and preferential use of the Sleep Health Application. ■

## Canterbury suicide prevention

In Canterbury we are rolling out a new clinical programme, CaSPI, which aims to prevent suicide in people under the care of the Adult General Services. It is a “Zero Suicide” initiative and draws on the experience and support of an international group of mental health services, dedicated to the same goal.

CaSPI provides several tools for clinicians working with new patients, primarily thorough Crisis Resolution, including a suicide risk screening tool and standardised responses to suicide risk such as

medical review, crisis planning and resource material for people and their supports. Data for years before and after the programme will be reviewed to evaluate its success. ■



## Mentoring nurses to reduce acute hospital admissions

Ultimate Care Bishop Selwyn provides a range of residential care options for older people. Some time ago they recognised the need to upskill their staff in providing more specialised care to ensure infections were identified early. Early identification of infections prevents delays in appropriate management and treatment.

Ultimate Care Bishop Selwyn took action to increase the knowledge and skills of their nursing staff. They did this through enrolling Registered Nurses (RNs) in Postgraduate Health Assessment papers, subscribing to an online education programme, caregiver education to assist in identifying the early signs of health decline, and how to document and report them promptly and accurately. ■

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**FAST FACT** – Ultimate Care Bishop Selwyn aimed to reduce acute hospital admissions by 25 percent. By the end of 2015 they had actually reduced acute hospital admissions by an impressive 60 percent.



## Making pain more bearable for Christchurch man

Steve Gibbins spends most days in a lot of pain. The Christchurch father-of-two has chronic pancreatitis, Factor 8 deficiency and chronic pain syndrome. While he tries to live a normal life, sometimes his pain is so bad that he needs pain killers that he can only get as an inpatient at Christchurch hospital. "For a long time it was sheer misery," Steve recalls.

While he's in and out of hospital when his pain gets really bad, a few years ago it wasn't just the pain that was getting him down.

The now retired computer engineer also had to go through a lengthy process every time he needed hospital treatment.

"I had to see my GP and they would call an ambulance. That was \$65 for the doctor, a wait for the ambo and there was no fast tracking and no direct admission to hospital. It was pointless and a waste of everyone's time."

Thanks to an Acute Plan developed with his specialist in the hospital,

Steve can now get help for his chronic pain faster and easier. An Acute Plan records the actions a person with complex health conditions and their health professionals recommend when they are really unwell.

In Canterbury, Acute Plans are shared electronically with any health professional supporting that person, including their GP team, specialist, nurse or pharmacist. The plans can be edited and updated by any of these health professionals. Shared care plans like these help health professionals work together more effectively for the benefit of their patients.



Steve Gibbins

*Regardless of who takes Steve's phone call and meets him in the hospital ward, they know to fast-track Steve, which treatment is recommended and what they should do when he is ready to go back home. "If the doctor or nurse can't find the information they need, I can tell them exactly where it is," Steve says. "The details relevant to them should miraculously appear."*



Collaborative Care Liaison Rebecca Muir talking with Steve about his Acute Plan.

Steve has his own copy of the plan and his wife and two children are all well versed in the actions they should take if Steve can't take them himself. Steve's plan can be edited each time there is a change in his treatment. Since it was developed, Steve says he's spent less time in ED waiting and the process for direct admission has improved significantly. Steve sums it up quite simply: "As a result, I suffer less."

In the period from 1 July 2015 to 30 June 2016, 383 new Acute Plans have been created – a 47 percent increase from the previous year. ■



# Transalpine Health Disability Action Plan launched

The Canterbury and West Coast's Health Disability Action Plan was launched in July 2016. The Plan was developed in the year leading up to the launch, in consultation with groups that support and advocate for people with disabilities.

That consultation helped define the priority actions that our health systems will concentrate on first, and other goals that need to be achieved over the next decade.

David Meates, CEO of both health boards, said it was the start of an exciting journey.

"We are committed to improving the health and wellbeing of people with disabilities, and the launch of our new Plan is a major step in the right direction. Ultimately, the aim of the Disability Strategy Action Plan is to empower people to be able to make decisions about their own health and wellbeing."

Paralympian Ben Lucas was the Chef de Mission for the 2016 Rio Paralympics and is a member of the Canterbury District Health Board's Disability Support Advisory Committee. In his advisory role, he was asked to

provide input on the Burwood Hospital environment during its planning stage.

"It is fantastic that the Canterbury Health System is giving people with disabilities a way for their accessibility message to be heard through the Plan," Mr Lucas says.

"Significant numbers of people identify as having a disability – 1.1 million New Zealanders, or 24 percent of the population, and rising. Implementing what is quite an extensive Disability Action Plan is going to mean that the people of Canterbury with a disability are going to be taken into account in everything our health system plans for in the future."

You can read the full strategy here: [www.cdhb.health.nz/About-CDHB/corporate-publications](http://www.cdhb.health.nz/About-CDHB/corporate-publications) ■



Minister for Disability Issues, Hon Nicky Wagner with members of Star Jam who performed at the launch party.

## Immunisation: Mission accomplished

A collaboration between Pegasus Health and the Christchurch City Mission has seen some of Christchurch's most vulnerable people receive flu vaccinations this year. The Mission's Community Mental Health Nurse, Eloise Clayton, started offering flu vaccinations to clients in May 2016 and, by the end of June, had vaccinated about 70 people, as well as City Mission staff.

"In previous years a volunteer doctor and nurse would come to the City Mission to vaccinate staff and clients. But only clients who were able to come in that day, or who were here for another reason, were able to be vaccinated," Eloise says.

"Many of our clients have a higher risk of the flu because of homelessness, smoking, drinking

and using drugs. I thought if I could do the vaccinations, then they could be done at any time."

Pegasus offered 50 vaccinations and the City Mission provided another 200. Pegasus also loaned the City Mission a vaccine fridge and emergency kit, and assisted Eloise with training and certification. The

feedback from the initiative has been positive.

"Many clients have been in hospital with pneumonia and most have never had a flu vaccination. People have said that they are pretty stoked and feel cared about," says Eloise. ■





The Partnership Community Workers team.

## Partnership Community Workers get a boost

**Partnership Community Workers (PCWs) form a diverse network based in community organisations and high schools. The PCWs' role is to respond to the health needs of people who are low income, Māori, Pacific Islanders, refugees and migrants. They work with general practice teams and their local communities to focus on identifying and managing the barriers that a person/family/whānau may have in accessing health care.**

In January 2016, New Zealand Red Cross funded Pegasus Health to employ two new Partnership Community Workers in greater Christchurch. One works with people who are not enrolled with a General Practice and have been going to hospital or the 24 Hour Surgery to see a doctor. The other responds to those affected by domestic violence, homelessness and any other issues that create barriers to accessing health care. Red Cross also provided funding to extend the hours of an existing PCW, based at Te Ora Hou, to enable the PCW to work with vulnerable youth in alternative education and two Māori immersion schools.

Melissa McCreanor, Pegasus Health's Community Liaison Access Manager, says the PCWs aim to empower people to take responsibility for managing their own health.

"We have an exciting opportunity to target those with unmet health needs who aren't linked with primary health," Melissa says.

Vouchers, only available through PCWs, subsidise the cost of health care, prescriptions and public transport. They are for people who have earthquake-related physical or mental health issues due to the added stress of living in a post-quake environment.

Prescription vouchers cover the cost of prescription medication, and the healthcare vouchers can be used for enrolment, visiting General Practice or accessing the 24-Hour Surgery. Metro Bus vouchers help people to get to their appointments.

Pegasus Health is working with Very Low Cost Access (VLCA) medical practices to provide the healthcare vouchers. One of the six VLCA practices in Christchurch trialed the vouchers in February 2016. During the trial a PCW assisted six people to enrol with a medical practice and transferred another to a VLCA practice. Most recipients did not have a regular GP team. ■



# A new model of care to complement Kaikoura Health Te Hā o Te Ora



Kaikoura Health Te Hā o Te Ora – opened in 2016.

**Kaikoura residents and visitors are already benefitting from a new model for health service delivery, created to complement the new health facility, Kaikoura Health Te Hā o Te Ora.**

The new model was developed in close consultation with the health workforce and the Kaikoura community to address Kaikoura's unique challenges and opportunities, including health workforce shortages and an ageing population.

Kaikoura Service Level alliance Chair, Dr Andrea Judd says that the new model will give the people of Kaikoura access to better and more timely healthcare.

"The new model aligns with the Canterbury Health System patient-centred approach, taking into account the unique differences of our community. This will help sustain Kaikoura's health services into the future."

The model includes the progressive introduction of a number of new health services in Kaikoura including:

- Palliative, advance care planning and end of life nursing care
- Programmes to support people returning from hospital following surgery
- Day care programme in the community for patients with Alzheimer's, dementia, or who are home alone and require additional support
- Health Promotion activities
- Nurse led clinics, including fracture, pre-operative assessment, wound care and other services

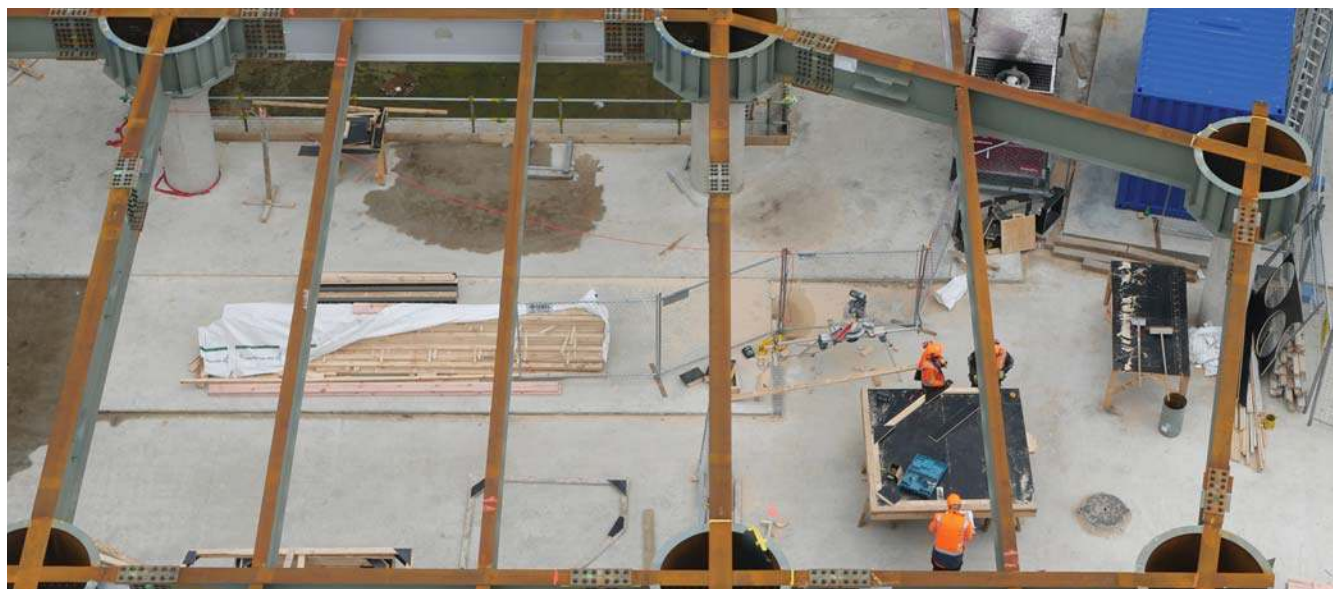
- Holistic and integrated support services.

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*"In the new model, community-based primary care and inpatient services will be better able to work together and we'll be better able to utilise technology. This is great news for our rural community as it can cut down the need for travel to access distant health services."*

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Development of the Model of Care was guided by the Kaikoura Service Level Alliance, a group under the Canterbury Clinical Network that includes local health providers, members of the Kaikoura community, runanga representatives and Canterbury DHB. ■



The photo above shows the steel framing for part of the Acute Services Building's ground floor with the workers standing on the Lower Ground Floor. The round steel sections sit on top of the base isolators.

## Building for our future

**Canterbury DHB is nearly halfway through an unprecedented building programme, both for new developments and our earthquake repairs, as our CEO David Meates explains.**

"I am proud to be leading the Canterbury DHB through these complex and demanding projects and would like to acknowledge the huge contributions of everyone involved in the redevelopment work. It is a tremendously exciting journey and we can all be very pleased with the result.

"The new Burwood Hospital facilities are patient and family/whānau-centred, support teaching and learning, are clinically effective and most importantly, are aligned with the transformation of Canterbury's Health System to deliver the right care, at the right time, in the right place, by the right person. The facilities have been well-received by staff, patients and visitors alike.

"Our attention now moves to the Acute Services Building, Christchurch Outpatients and The Health Research

Education Facility buildings (HREF) in the Health Precinct. With work also starting soon on the Metro Sports Facility, it's going to be very busy around the 'hospital corner'. There is no doubt that for the next two years there will continue to be challenges with parking. Thank you to everyone who is helping relieve the pressure by finding alternative ways to come to the hospital either by biking, bussing or having a family member or friend drop you off.

"The Park & Ride shuttle in Deans Ave continues to be popular for our patients and visitors.

"We know it's going to be tough, but the good news is that by the end of 2018 we will have a state-of-the-art Outpatients facility and shortly after that opens we will have shifted into the new Acute Services Building." ■

### Strength in numbers

Land remediation work continues near the Avon River opposite the Boat Shed cafe. A total of 416 piles were needed to strengthen the land in this location. This includes 40 that will be used to support a new oxygen tank for the Acute Services building.

The piles were installed using a technique called Continuous Flight Auger piling. The auger (drill) removes soil while concrete is simultaneously pumped in, leaving behind a concrete pile about 6m deep. The piles are laid out in a grid pattern to provide additional strength and overlap to form a continuous wall.



# Acute Services Building on track

Work continues at pace on the Acute Services Building (ASB). Out on the concrete slab, CPB Contractors are rapidly assembling the steel framing for the building.

So far some 2,900 tonnes of steel is in place. The western tower is up to Level 6 and the eastern tower is at Level 3. There is more than 3,000 tonnes of steel still to bring to the site.

The building is fitted with 129 base-isolators that sit between the building's foundation and the ground floor concrete slab. ■



This wide angle shot of the ASB shows the west tower (on the left) with the steel framing up to Level 6, the central core that stays at 3 storeys and the framing on the east tower with preparations underway for the first of several concrete pours that will form the floors of the tower.



It's impossible to miss spring in Christchurch, thanks to an abundance of daffodils. Patients will get a great view of the park from their windows in the ASB.

## It's Big Betty and Baby McCrane doing the heavy lifting

The winners of our Name the Cranes competition were Flynn Matthews (11), who picked the name Big Betty, for the whopping 78m flat top tower crane, and Cadie Sumpter (4) who decided Baby McCrane suited the smaller 62m high

crane on the ASB site. All the Colour the Crane entries can be seen on the website at [cdhb.health.nz/itsallhappening](http://cdhb.health.nz/itsallhappening). Thank you to everyone who took part in the competition. ■

## Heading to Hospital?

Plan your trip. Traffic flows and parking around Christchurch Hospital will be challenging for a couple of years yet. There is NO parking on site, except for a limited number of designated mobility parking spaces.

The best way to get to the hospital would be to have a family member or friend drop you off in the Drop off/Pick up zone outside the main entrance. If you need to drive to an appointment or visit someone, parking is available in the Deans Ave carpark for \$5. The parking ticket machine takes coins or credit/debit cards only. There is a 50c fee if you pay by credit card. There is a free shuttle from the Deans Ave car park to the Hospital that runs every 20 minutes from 7:15am to 8:30pm. Other alternatives include cycling, if you are able, or the Metro buses that stop at Tuam St right outside the Hospital. See [metroinfo.co.nz](http://metroinfo.co.nz) for information on different routes. ■



**FAST FACT** – there will be more than 2,500 rooms in the new Acute Services Building





## Christchurch Outpatients underway

Site preparation work is well underway on the St Andrew's Triangle – future home of the new Christchurch Outpatients. Contractors are busy with the installation of 43 piles that should be all in the ground before Christmas, with the site ready for start of main construction in January.

While construction gets underway, teams are nearing the end of the Detailed Design phase. Much of the design process has piggy-backed on the work being done for the Acute Services Building. Many rooms across both buildings have standard layouts, such as consult rooms, procedure rooms and beverage bays.

When the Christchurch Outpatients opens, it will house the following services; Diabetes and Endocrinology; Ophthalmology; Hospital Dental Service; Allied Health; Blood collection service; Haematology; Vascular; Neurosurgical, as well as services currently being offered in the Hagley Outpatients building. These include Medical (rheumatology and immunology, infectious diseases, general

medicine, respiratory, dermatology, gastroenterology, nephrology and cardiology, genetics, and lipids) and Surgical (urology, cardiothoracic, and general surgery surgical preadmission).

Dr Rob Ojala, Canterbury DHB clinical lead for facilities redevelopment, says the emphasis for the new outpatients' facility is to support integrated specialist community care. ■

*"This will help patients gain access to the specialist care they need outside of the more traditional hospital-based care environment"*

Dr Ojala

## Outpatients lookout



Keep an eye on the progress of the Christchurch Outpatients in real time with the webcam at [cdhb.health.nz/itsallhappening](http://cdhb.health.nz/itsallhappening) ■

## History uncovered

An archaeologist was on hand to oversee a ground scrape of the top 50cm of the soil on St Andrews Triangle. Although nothing was found, it was an important part of the process because of the site's historical importance. The corner was the location of the city's first Presbyterian Church that opened in 1857 and first school, the Boys' Academy, that opened in 1858. The church was relocated to Rangi Ruru Girls' School in 1987. ■



PHOTO: CHRISTCHURCH CITY LIBRARIES

A photo of the old Hospital corner showing the Boys' Academy in the foreground and St Andrew's Church in the background.

## Stay safe

The Tuam and Antigua St corner will be busy with construction work for the next 18 months. Take care if you are walking or cycling in this area.

There is a container walkway for pedestrians and a new cycle lane for cyclists heading north. Please take note of the signage and comply with any instructions. ■

# Community celebrates official opening of new Burwood Hospital facilities

There was cake, a choir and ceremonial plaque as part of a celebration in August to launch a new future for Older Persons' Health and Rehabilitation at Burwood Hospital.

Prime Minister John Key was on hand to unveil the plaque and declare the facilities officially open to the delight of a large group of Canterbury DHB staff and patients, as well as all the architects, contractors and health planners involved in the project.

Construction started in 2013 after the project was fast-tracked following the Christchurch earthquakes. Progress was swift with up to 500 tradesmen and contractors on site a day at one stage. Patients moved in mid-June into the new wards, including 88 elderly patients who transferred from The Princess Margaret Hospital.

David Meates, Canterbury DHB CEO, says the new facilities are an enormous boost to Burwood Hospital's existing capacity in specialist older persons' health care and rehabilitation. ■

*"The design teams adopted the key principles of 'long life, loose fit' that allow spaces to be used for different functions as clinical practice and patient needs change over time. As a result, this facility will meet the needs of our community, especially our ageing population, for many years to come."* David Meates, CDHB CEO



Prime Minister John Key watches as Burwood Hospital volunteer Michael Turner (right) assisted by Ward Clerk Linda Archbold and Older Persons' Health patient Geoff Dacombe cut a ceremonial cake to celebrate the official opening of the new Burwood Hospital facilities for Older Persons' Health and Rehabilitation.

## Burwood's #1 mailman

One person who epitomises the sense of family that Burwood Hospital is renowned for is Michael Turner. Michael was born with cerebral palsy and first came to Burwood Hospital about 12 years ago after a fall.

He spent nearly a month in the Orthopaedic Rehabilitation Unit (ORU) and became a firm favourite with the staff with his ready smile and helpful ways. Michael became such a familiar face that one day someone gave him the job of delivering mail, and he's still doing it. ORU Charge Nurse Manager Caroline McCullough even organised a bright red t-shirt for him that says Burwood #1 Mailman.



Burwood's #1 Mailman, Michael Turner, chats to New Zealand Prime Minister John Key.

Michael volunteers four days a week at Burwood, delivering mail, visiting patients, even just helping people do jigsaw puzzles. He is an ambassador for the hospital on trips away, and most recently was an active participant in the consumer groups that had input into the design of our new facilities. ■

## Singing birds

Three spectacular bird-like carvings created by local Māori artists Riki Manuel and Fayne Robinson bring the illusion of sound to one of the three interior courtyards at Burwood Hospital.

"They are Nga manu tioriori, the singing birds," says Riki. "Their beaks are open and reach to the sky. They fill the space with sound just like birds do in the morning." ■



## A new look for Ashburton

The \$8.7 million makeover of Ashburton Hospital is almost complete. The redevelopment includes an extension to the Acute Assessment Unit (AAU), a new theatre, and a new procedure room. There is also a nurses' station and new reception desk.

The project has also included the demolition of seismically unsafe buildings, earthquake-strengthening and the refurbishment of the ward blocks. ■

# HOW WE MEASURE UP

## Quality and Safety Markers

Quality and Safety Markers are used to track progress and improve healthcare and reduce patient harm in three areas; falls, hand hygiene, and surgical site infections. The markers measure healthcare processes that should be undertaken routinely. The thresholds have been set by the Health Quality and Safety Commission. The Commission has created an interactive dashboard to display national results for the Quality Safety markers and Patient Experience Survey data. <http://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/quality-and-safety-markers/dashboards>

### Area 1: Falls

Patient falls that result in harm are the most frequently reported adverse event in hospitals. Broken hips and head injuries are the most serious injuries caused by falls. Of those people over 65 who suffer a hip fracture, the majority will require help with daily living or long-term care (Osteoporosis New Zealand. 2012. Bone Care 2020. Wellington: Osteoporosis New Zealand).

#### Threshold

The Canterbury DHB's threshold for assessment of all adult patients on admission for falls risk factors, including development of an associated care plan, is 100 percent.

The national threshold is that 90 percent of older patients (aged 75+ and 55+ for Maori and Pacific peoples) are given a falls assessment.

#### Are we doing the right things?

At Canterbury DHB hospitals in April-June 2016, 100 percent of older patients were assessed for the risk of falling, and 98 percent of older patients who were identified as at risk of falling received an individualised care plan that addressed those risk factors.

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

#### In the community and rest homes:

Over the past year, the Canterbury Community Falls Prevention Programme provided care to over 1900 older people. Following an initial home visit from a physiotherapist or registered nurse, a home falls assessment and hazard check is completed, and a personal falls prevention programme is tailored to improve strength and balance and reduce the risk of falls.

A recent evaluation found that from February 2012 to February 2016 there have been 1,533 fewer people over 75 years presenting to the Christchurch Hospital Emergency Department due to a fall, compared with expected volumes based on pre-intervention trends. The evaluation also found that there have been 455 fewer than expected admissions for hip fractures, 191 fewer deaths after hip fracture than predicted, and 800 fewer bed days occupied in hospital per year due to a fall in the community.

#### In our hospitals:

Twenty-nine patients had a fall resulting in serious harm while an inpatient in our hospitals between 1 July 2015 and 30 June 2016. We focus on identifying risk factors and tailoring falls prevention strategies to meet the needs of individual patients while they are in hospital and for when they return home. Routine activities include:

- mobility plans for all patients
- monitoring and reporting on falls measures
- Releasing Time to Care activity such as hourly patient checks and bedside handover,
- the annual Falls Awareness Campaign, and
- reviewing policies.

During the past financial year, a new standardised process for the care of patients following a fall was finalised and implemented across our hospitals. A revised 'Reducing Your Risk of Falls While in Hospital' patient and family information pamphlet has been released. It now includes visual cues, which come in the form of a colour-coded bracelet or tag on equipment such as a walking aid. These cues indicate to family and staff at a glance the level of assistance a patient requires in moving about.



The implementation of the electronic incident management system has also allowed us to collect data to identify trends and focus on future improvements.

In 2016-17 we are reviewing the use of non-slip socks and a study of how to support patients bringing their own walking aids to hospital. It is important to encourage patients to do this so they have ready access to familiar equipment when they need to move about. ■

## Area 2: Hand Hygiene

Good hand hygiene is recognised worldwide as the most effective strategy to prevent the spread of infection. The Health Quality Commission recommends that staff wash their hands with liquid soap or use alcohol-based hand rub.

### Threshold

The hand hygiene threshold is 80 percent compliance with clinical best practice.

### Are we doing the right things?

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

We have continued to steadily increase our compliance with good hand hygiene practice from 62 percent in the July-Sept 2015 quarter, to 79 percent in April-June 2016.

New resources have been developed and distributed, and ongoing audits monitor compliance. Areas that are not meeting the 80 percent threshold must define the problem and develop local action plans to improve.

A new "It's Ok to Ask Me" campaign began on the World Health

Organization's Hand Hygiene Day, Thursday 5 May 2016, and ran for the rest of that month. It reinforced that clean hands are a vital part of keeping our patients safe, and empowered patients to ask their carer if their hands are clean as a helpful reminder. We developed a new patient information leaflet – "What you can expect", encouraged clinical staff to wear "It's ok to ask me to clean my hands" badges, and we placed fliers on patient food trays.

The Clown Doctors helped us inject a little humour into a very serious topic. Patient stories are also available for use in education sessions. The "It's Ok to Ask Me" campaign also provided video resources to help improve our practices. See <http://www.cdhb.health.nz/News/Media-Releases/Pages/Good-hand-hygiene-no-laughing-matter.aspx> ■

## Area 3: Surgical Site Infections

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

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

### Threshold

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

- 100 percent of primary hip and knee replacement patients will receive the appropriate antibiotics 0-60 minutes before incision
- 100 percent of primary hip and knee replacement patients will have appropriate skin antisepsis in surgery using alcohol/chlorhexidine or alcohol/povidone iodine
- 95 percent of hip and knee replacement patients will receive 1.5g or more cefazolin or 1.5g or more cefuroxime as a prophylactic antibiotic before surgery.

### Are we doing the right things?

During the audit period from January to March 2016, across Canterbury DHB antibiotics were given less than 60 minutes before "knife to skin" 99 percent of the time in primary procedures. The appropriate skin antisepsis preparation was used 100 percent of the time. The right antibiotic was given in the right dose 96 percent of the time.

### Reporting adverse events

Canterbury DHB is committed to ensuring no patient will be harmed as a result of the care they receive. Though our workforce is competent and caring, adverse events do occur. An adverse event is where patient care results in harm. All adverse events are investigated. This enables us to find out what went wrong, learn from mistakes, and put in place measures to prevent harm occurring again.

The Health Quality and Safety Commission produces a report each year detailing the serious adverse events which occurred in all DHBs (available at [www.hqsc.govt.nz](http://www.hqsc.govt.nz)) and locally we publish our own report.

In 2014-15 Canterbury DHB had 58 events and in 2015-16 we had 43. ■



## National Patient Experience Survey

Another initiative introduced by the Health Quality and Safety Commission and mandated by the Ministry of Health is the National Patient Experience Survey. The survey canvasses adults who recently spent time as inpatients in our hospitals. At Canterbury DHB we survey 400 patients every two weeks via email or text. The results enable us to find out about your hospital experience, what you think about the care you receive, what we are doing well and where we can improve.

The survey covers four areas for patients: the level of communication you experienced, whether staff involved you in decisions about your care (partnership), the coordination of your care within hospital, and how well

your physical and emotional needs were met. Each area asks you to rate your overall care out of 0 to 10 from very poor to very good. Our results are similar to the national averages.

A summary of the feedback we receive is published in reports available on our website: <http://cdhb.health.nz/What-We-Do/Quality-Patient-Safety/Pages/Patient-Experience-Surveys.aspx> ■

Domains	Oct-Dec 2015	July-Sept 2015	Jan-March 2016	April-June 2016
Communication	8.5	8.2	8.4	8.4
Partnership	8.7	8.4	8.5	8.6
Coordination	8.5	8.5	8.5	8.3
Physical and Emotional Needs	8.9	8.7	8.9	8.8

These are weighted quarterly results taking the population structure into consideration as calculated by the Health Quality and Safety Commission.







## Delivering on the National Health Targets

The National Health Targets are a set of national performance measures set by the Minister of Health for all DHBs.

While they capture only a small part of what is necessary and important to our community's health, they provide a focus for collective action and performance improvement.

They also present a summary of performance across the continuum of care, from prevention and early intervention through to improved access to intensive treatment and support. In this sense, achievement of the Health Targets is a reflection of how well every level of the health system is working together to improve the health and wellbeing of our population.

Details of the actions we will take to deliver against the national Health Targets can be found in the Canterbury DHB Annual Plan, available on our website: [www.cdhb.health.nz](http://www.cdhb.health.nz). ■

ARE WE DOING THE RIGHT THINGS?	
 <p>Shorter stays in Emergency Departments</p>	<p><b>Canterbury contribution:</b></p> <p>✓✓✓ Canterbury achieved this target with 95% of patients admitted, discharged, or transferred from our ED within 6 hours, in every quarter of this year.</p> <p><b>2015/16 Government Expectation:</b></p> <p>95% of patients will be admitted, discharged, or transferred from an emergency department within 6 hours.</p>
 <p>Improved access to Elective Surgery</p>	<p><b>Canterbury contribution:</b></p> <p>✓✓✓ 21,039 elective discharges were delivered, Canterbury exceeded the target by 565 discharges.</p> <p><b>2015/16 Government Expectation:</b></p> <p>20,474 elective surgical discharges will be delivered.</p>
 <p>Increased Immunisation</p>	<p><b>Canterbury contribution:</b></p> <p>✓✓✓ 96% of eight-month-olds were fully immunised in the final quarter of the year and we achieved this target for all ethnicities and for every quarter of this year.</p> <p><b>2015/16 Government Expectation:</b></p> <p>95% of eight-month-olds will be fully immunised.</p>
 <p>Shorter waits for Cancer Treatment</p>	<p><b>Canterbury contribution:</b></p> <p>✓ 70% of people met the target in the last quarter of the year. Work is being done to improve the data capture and patient pathways will improve performance in the coming year. The most recent three month result shows 74% of patients have met the target.</p> <p><b>2015/16 Government Expectation:</b></p> <p>85% patients will receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer by July 2016.</p>
 <p>Better help for Smokers to Quit</p>	<p><b>Canterbury contribution:</b></p> <p>✓✓✓ 98% of hospitalised smokers were provided with brief advice and support in the final quarter of the year and we exceeded the target in every quarter of the year.</p> <p>✓ Canterbury improved performance against the target with 88% of smokers seen in primary care provided with brief advice and support to quit, up from 83% at the start of the year.</p> <p><b>2015/16 Government Expectation:</b></p> <p>95% of hospitalised smokers provided with brief advice and support to quit smoking. 90% of smokers seen in primary care are offered help to quit.</p>
 <p>More Heart and Diabetes Checks</p>	<p><b>Canterbury contribution:</b></p> <p>✗ Canterbury maintained its performance against this target with 87% of the eligible population having had their cardiovascular risk assessed in the past five years, but we did not achieve the target. We remain at the bottom of the national table for this health target and further work is needed to meet the target in this area.</p> <p><b>2015/16 Government Expectation:</b></p> <p>90% of the eligible population will have had their CVD risk assessed once every five years.</p>



## People and Capability

The delivery of our vision relies heavily on having the right people with the right skills in the right place. We also need to ensure that our staff are aligned to our common purpose to integrate systems and processes across our health system.

### Wellbeing, resilience and safety

Following the earthquakes, workforce wellbeing and resilience has emerged as one of the biggest challenges for our health system. Results from our staff wellbeing and engagement surveys demonstrate positive levels of engagement with the organisation's goals. But they also show that the post-earthquake stress, increasingly evident across our community, is also affecting our workforce.

An increasing number of staff are known to have a reduced capacity to cope with stressors and increased psychological burdens. Acknowledging the links that these factors have on engagement, productivity and the quality of patient care, a significant long-term commitment is being made to supporting our staff.

Changes to the Health and Safety in Employment Act also came into effect in April 2016, extending the accountability and liability of organisations over workplace safety.

We have responded to these challenges by creating a Wellbeing, Health and Safety Team. They will focus on the development and implementation of a Wellbeing Strategy to support our staff, and will further develop our existing health and safety policies, strategy and resources to support the business. Through these

changes we will better support existing wellbeing initiatives for the organisation.

The Canterbury DHB is committed to being a good employer, and we continue to promote equity, fairness and a safe and healthy workplace, underpinned by a clear set of organisational values, including a code of conduct and a commitment to continuous quality improvement and patient safety.

### Leadership capability

Our leadership capability has already supported successes in patient care and integration that are drawing attention from around the world. Continued development of our staff and their leadership capability is a key strategy to enable the continued transformation of our health system.

We have a strong core development training calendar and invest in a number of innovative programmes that support leadership development. These award winning programmes can be accessed by health professionals across Canterbury including:

- **2020 leaders:** A peer support leadership model.
- **Xcelr8:** A programme that enhances the ability of established leaders to pick up the pace of change, excel in leadership and management, and to do more with what we already have.
- **Particip8:** A programme that empowers emerging leaders and innovators to influence others, and work together to make an effective difference.
- **Elev8:** A programme that introduces staff to our organisation's process for improvement.

- **Collabor8:** A programme that introduces frontline staff to Lean Thinking.

### Expanding our workforce capacity

We continue to strengthen our interactive and targeted recruitment strategies, including use of branding, profiling and Facebook to keep people connected. We also identify available talent through national and regional initiatives, links with the education sector, and support for internships and increased clinical placements in our hospitals.

Canterbury nursing leaders work closely with the Ara Institute and the University of Canterbury, with the Master of Health Science articulation agreement now established, to ensure that undergraduate and postgraduate programmes align to the future workforce need. We continue to offer clinical placement for nursing students undertaking Bachelor of Nursing and Diplomas of Enrolled Nursing, nurses undertaking a Competency Assessment Programme, and students undertaking the UC/Ara two year accelerated pathway. We are also now working closely with University of Otago's preregistration Master of Nursing Science programme to support clinical placements across the system for their nursing students.

We seek to increase the number of Māori in our health workforce by taking the South Island lead for Kia Ora Hauora, a national initiative aimed at increasing the number of Māori working in health fields. Our Disability Action Plan has a commitment to increase the number of disabled people we employ as one of its priority actions.

We are also supporting the development of our rural clinical workforce both in Canterbury and on the West Coast, with recent investment in Rural Learning Centres in Ashburton and Greymouth. The aim is to encourage people to work in rural locations through peer support and mentoring. ■

## What Next?

The Canterbury Health System commits to continuous quality improvement. Over the coming year we will focus on improving patient flow, improving care in the community and improving the environment.

### Improving patient flow

In the 2015-16 year our focus was on the development of two new services for children.

#### **Canterbury Children's Team**

In December 2015 we launched the Canterbury Children's Team, which aims to work with around 1,300 vulnerable children in its first two years. The team will ensure that at-risk children have an individually tailored support plan to address their multiple and complex unmet needs, and we will work with families and agencies to implement it.

Working with the child, a Lead Professional brings together other professionals from health, education, social service and non-government organisations to form a Child Action Team. The Child Action Team gathers comprehensive information, jointly assesses needs, develops a Child's Plan and delivers or brokers the services needed, adapting as required. This is not about adding new services, but making sure a child and their

family are accessing the support they need – whether it is health, housing, education or parenting support. If government agencies, non-government organisations, iwi and the community work together, share information and provide coordinated services we can make a significant difference to the lives of vulnerable children and their families.

As at the end of July 2016 there were 232 children being supported by the Canterbury Children's Team. There is a significant level of commitment and buy-in from across the workforce with 102 people trained to act in the role of Lead Professional from 25 agencies across the wider Canterbury system.

#### **New service for overweight children**

To target childhood obesity the South Island Child Health Service Level Alliance has purchased the Triple P Healthy Lifestyle Group course for use by all five South Island DHBs. The three-month course provides advice on nutrition, physical activity and parenting and is delivered by trained facilitators to groups of ten parents and caregivers at a time. The course will be delivered to approximately 900 parents and caregivers across the South Island over the next three years. Twenty trainers (eight from Canterbury) will be trained by the end of the year. The first parents will be seen in February 2017.

This course, along with a number of other new nutrition programmes, will support children and their families to adopt healthier lifestyles.

In 2016-17 we have some exciting projects happening with the Faster Cancer Treatment Programme, the New Zealand (NZ) Spinal Cord Action Plan, Releasing Time to Care and the Deteriorating Patient Programme.

### **Faster Cancer Treatment Programme**

The Faster Cancer Treatment programme aims to improve the quality and timeliness of services for patients along their cancer pathway by ensuring they have timely access to appointments, appropriate diagnostic tests and treatment. Within the Canterbury DHB a range of projects is focused on improving patient pathways and outcomes. These include projects to reduce the time between a patient's referral with suspected or confirmed cancer and their first treatment.

One project is investigating a new definition of what constitutes a high suspicion of cancer for women referred to the gynaecology department. The new definition has been developed as part of the national tumour standards in gynaecology. It aims to ensure that women with a suspected gynaecological cancer are identified as early as possible whilst minimising the possibility of 'false positives' and 'false negatives'. The results to date have been very encouraging and the new definition is being audited in the Canterbury DHB before being introduced throughout New Zealand.

#### **NZ Spinal Cord Action Plan**

The NZ Spinal Cord Action Plan is a joint national initiative between the Ministry of Health and ACC that has identified eight key objectives with a series of actions to be developed and implemented between 2014 and 2019. The purpose of the initiative is to ensure national consistency in access and delivery of spinal services across NZ. It covers all ages and those people who have acquired a Spinal Cord Impairment (SCI) through traumatic and non-traumatic causes.



A range of stakeholders, including consumers and service providers, developed the plan, which covers the continuum from point of injury/impairment through rehabilitation to the ongoing lifelong community interface.

To date the plan has developed a national model in which two adult spinal units have been identified, Canterbury DHB and Counties Manakau DHB. A destination policy has been implemented to admit patients with an acute injury to one of these two units as soon as clinically appropriate for specialist spinal care. This may be direct from point of injury or via a local trauma centre. Early access to specialist spinal care improves patient outcomes and reduces secondary complications.

Over the next year we aim to collect data on spinal cord impairment across New Zealand for the New Zealand Spinal Cord Injury Register (NZSCIR) housed at the Canterbury and Counties Manakau DHBs. The data will be used for benchmarking, research purposes and to inform the

development of future services. We also want to develop and implement initiatives and protocols that result in providing nationally consistent rehabilitation services and consistency around collecting and measuring the patient experience.

These initiatives will result in improved services, access and care for patients who have spinal cord injuries.

### **Releasing Time to Care**

The Releasing Time to Care (RT2C) programme is best described as a ward-based quality assurance and improvement initiative to help ward teams redesign and streamline the way they work – releasing more time to care for their patients. Nurses and their broader team colleagues often spend valuable time away from the patient looking for items, searching for information about patients, and dealing with numerous interruptions. RT2C helps care teams to change the way they work by identifying where they spend time on activities that do not add value for patients, so they can increase the time they spend on direct patient care.

Christchurch Hospital, Burwood Hospital, Ashburton Hospital, Christchurch Women's Hospital and the Rural Maternity Units are participating in the programme in a staged approach. By June 2017 we expect 90 percent of wards will have intentional rounding (hourly checks of patients to assess pain, positioning, etc), ward board rounds to determine the stage in the care journey and what needs to be done next, the use of bedside boards (these boards have been standardised, incorporate important patient information and safe mobility plans, can be 'seen at a glance' and are updated regularly) and conduct bedside handovers to include the patient in the care discussion.

### **Deteriorating Patient Programme**

Ensuring patients who show early signs that they may be deteriorating receive appropriate and timely care is a key quality and safety challenge. The Health Quality and Safety Commission has introduced a Deteriorating Patient Programme to ensure that all patients receive early detection and response to early signs of deterioration regardless of what hospital they are in, their location within the hospital, or the time of day. This programme has three major areas of work – standardising the way staff recognise and react when a patient begins to deteriorate, having a formal system to enable families to raise an alert if they think their loved one is deteriorating and staff don't appear to be responding, and making patient care goal-setting collaborative and visible.

At the Canterbury DHB we have begun implementing our new eObservation system called Patientrack (see story on page 13). Patientrack is used to document and view vital signs, which ensures the early detection of deteriorating patients to inform a timely response. Patientrack is in place across all the



acute adult wards at the Christchurch campus and will be introduced in the rest of the DHB by the end of 2017. This system requires staff to routinely enter a full set of vital signs, from which the system automatically calculates an early warning score (EWS). An EWS score gets higher as vital sign observations get further from normal. The EWS score determines whether a review of the patient and their care is needed urgently. Patienttrack can also automatically alert a patient's clinical team when the EWS score meets a set warning level – this feature will be activated next year. Patienttrack ensures that the right people are contacted promptly to ensure a deteriorating patient is identified promptly and a treatment plan is put in place early.

### **Pressure Injury Prevention**

Pressure injuries are a major cause of preventable harm for patients using health care services (including hospital, aged residential care and home care). These injuries usually develop over 'bony' parts of the body due to sustained pressure, or pressure combined with shear and/or friction. A pressure injury often lengthens a patient's stay in hospital. The Health Quality and Safety Commission, ACC and the Ministry of Health are working together to standardise prevention of patients developing pressure injuries, staff detection of pressure injuries, and appropriate care of pressure injuries. The Canterbury DHB has been focused on reducing hospital-acquired pressure injuries for some time, and will incorporate the Health Quality and Safety Commission guidance into our practice.

In Canterbury, if a patient develops a serious pressure injury while staying in hospital, a formal investigation is completed and the injury is reported as a serious adverse event

to the Health Quality and Safety Commission. We have set up a project group to review the current state of pressure injury management to identify any required improvements, and a district-wide group is in place to ensure that our practices are consistent across the Canterbury Health System and that improvement efforts and learning are shared.

### **Delivering care closer to home**

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

In the 2015-16 year our focus areas included Rural Health, Children and Youth, and Older People.

### **Rural Health**

In 2015-16 our goal was to work with Canterbury rural communities to support them to develop suitable models for their local health systems, ensuring appropriate access to health services in rural areas.

The Rural Sustainability Project is helping rural communities lead the review and development of their health services to ensure rural residents have access to the most appropriate and sustainable health services. The Kaikoura community led the way in the past year with the development of their new Model of Care. Their model sets out how its services will be delivered, complemented by the new health facility which was opened in Kaikoura this year. The new model means residents and visitors to Kaikoura have access to health care appropriate for their unique community.

Similar work has also started this year in Ashburton, the Hurunui, Oxford and Akaroa. Locally-led groups in these areas have begun working on developing their own models of care. The project is expected to begin supporting other rural communities



as well throughout the next year, including the Selwyn, Rakaia and Methven communities.

### **Children and Youth**

In 2015-16 we aimed to improve maternal and child health by enhancing the resilience of a wide range of new mothers. By July 2016 we wanted 30 percent of first-time pregnant Māori, Pacific and teenaged women in Canterbury to access and complete a funded pregnancy and parenting education programme.

In early 2016, Well Child health services provider Plunket was engaged to deliver pregnancy and parenting education programmes. Of the 338 parents who completed the programmes between February and June 2016, 223 were NZ European, 15 Māori, 2 Pacific people, 44 Asian and 54 were from other ethnicities. Almost all (330) of the education programmes delivered within these four months were for first-time parents. The majority of participants reported that the course was 'Excellent/Very Satisfactory'.

### **Older People**

In 2015-16 we aimed to develop 20 restorative care plans for older adults with complex health problems across care settings by July 2016. Restorative care plans aim to maximise independence by focusing on the individual patient's needs and personal goals and providing ongoing assessment of progress.

We are pleased to report that more than 20 restorative care plans have been developed to support older adults to live well in their community and stay in their own homes for longer. These plans are visible to health professionals across the system. In addition, Canterbury's health professionals are now able to



work together more easily, thanks to improvements to the accessibility and usability of electronic care plan templates over the past year. Shared care planning significantly improves patient outcomes by recording and sharing the actions that the patient and their health professionals recommend when they are really unwell or towards the end of life.

In 2016-17 we have initiatives planned for community services, pharmacy services and stopping smoking.

### **Home Support and District Nursing Service**

In Canterbury, community service providers have worked together to provide health services that help people to live safely within their own homes and communities. This successful way of working has contributed to a reduction in aged residential care admissions and shorter hospital stays for older Cantabrians, ultimately helping people to stay in their own homes for longer. Next year, we aim to agree on a redesigned model for Canterbury's community services that makes sure we are best satisfying the needs of Cantabrians.

To begin the process, we wanted to hear from those providing or affected by Canterbury's community services about what they feel are the emerging areas of concern and opportunities for improvement. Last year, many people had their say in a stakeholder workshop about how these community services could look in the future, including community service providers, consumers and consumer advocacy organisations, pharmacy, primary and secondary care nursing services, mental health providers, paramedics, allied health, Māori health providers, general practice and non-government organisations. This process informed the redesign process, which will move into the implementation phase in the coming year.

### **Pharmacy Services**

In Canterbury, we see the pharmacist as an important component of people's healthcare teams and we have already shown how pharmacists can contribute to keeping people healthy in their own homes and out of hospital. This year we aim to investigate ways in which Canterbury community pharmacies can extend

the services they provide and work even more effectively with other health providers. This work aims to empower people, especially those living with long-term conditions, mental health conditions, the frail elderly, their carers, and vulnerable children and their families - to manage their own health with the help of healthcare providers in the community, like pharmacy and general practices. It aligns with the National Pharmacy Action Plan released in June 2016 which sets out a plan for how the country can work to use pharmacists' skills most effectively in the care of people. We aim to have agreed on a new model and a plan for implementing the changes by the end of the year. Some of our markers of success in this plan will include:

- People improve their health outcomes because pharmacists, as part of the wider health care team, are providing a broader range of high-quality health promotion and preventive services that meet local health needs.
- Cantabrians are supported to use medicines safely, effectively and consistently.



- Canterbury health professionals are using each other's complementary skills and working collaboratively to improve health outcomes.

### **Smoking**

This year Canterbury will launch Stop Smoking Canterbury. This initiative is in line with the Ministry of Health's vision for smoking cessation and will be an important part of an integrated and cohesive tobacco control system, delivering a quality smoking cessation service. The vision is a person-centred and easily accessible service that supports Cantabrians to become Smokefree.

The new service builds on expertise of the three previous specialist services and will be a collaboration between many organisations, including Māori health service providers, the Canterbury West Coast Branch of the NZ College of Midwives, CanBreathe, Quitline, Mental Health providers, primary health organisations, Canterbury DHB and the Canterbury Community Pharmacy Group.

Stop Smoking Canterbury will be open to everyone, while focusing on priority populations where smoking is more common, initially Māori, Pacific people, and pregnant women. The new service will link to primary care and deliver intensive smoking cessation services for those requiring a higher level of support, and will align with the services already provided by Quitline, Canbreathe and Canterbury Primary Health Organisations to ensure a more coordinated, whole-of-system response to stopping smoking.

### **Improving our environment**

Our goal is healthy physical and social environments that support people to stay well.

In 2015-16 our focus areas included Sustainability, Joint Work Plans with Councils and the Christchurch Resilience Strategy development. In 2016-17 we have an added focus on the psychosocial recovery of Canterbury.

### **Sustainability**

Sustainability remains a key consideration for Canterbury DHB. The Carbon Emission Measurement and Reduction Scheme continues as a focus, and we will also take part in a South Island-wide stocktake of DHB sustainability projects and opportunities. Staff who moved from Princess Margaret Hospital to Oxford Terrace or Burwood were assisted to access bus transport to their new workplaces. Work has continued to reduce the environmental impact of people commuting to Hillmorton Hospital, and a business case has been prepared for implementing that pilot across other Canterbury DHB sites and other organisations in Christchurch.

### **Joint work plans with Councils**

The joint work plans between Canterbury DHB, Environment Canterbury (ECan) and Christchurch City Council (CCC) continue to support a wide range of collaborative work.

- Through the Joint Work Plan, Canterbury DHB has worked closely with ECan to update the location of community water supply bores. ECan has subsequently used this information to establish Source Protection Zones (SPZs) for the bores. SPZs will provide some protection to community water supplies as resource consents will be required for any at-risk activities (new or existing) within the designated zone.
- Policy submissions work has been added to the Joint Work Plan with Environment Canterbury, leading



to collaborative submission work on consultations on the Resource Management Reforms and Fresh Water Reforms.

- Community and Public Health is supporting the CCC in the development and implementation of healthy food and beverage policies across their facilities and this work has been added to the Joint Work Plan with CCC.
- A Joint Work Plan Portal web application has been implemented to increase the transparency of data and the ease of reporting and monitoring for Joint Work Plan initiatives. A number of milestones in the portal now involve all three agencies where there are shared responsibilities. Examples include recreational water, contaminated land and transport.
- The Joint Work Portal platform has been identified as a potential model for monitoring the achievements of the Greater Christchurch Urban Development Strategy.



## Resilient Cities

The Resilient Greater Christchurch Plan is now complete.

The four focus areas of the Plan are:

1. **Connect:** we are connected communities living in adaptable places
2. **Participate:** we are a community that participates in shaping our future
3. **Prosper:** we are prosperous by sustaining the vitality of the environment, fostering innovation and attracting people
4. **Understand:** we understand risks to be better prepared for future challenges



The actions under “Connect” in particular relate to health in its broadest sense as they are identified as a) connecting people b) creating adaptable places and c) improving the choice and d) affordability of housing.

Ongoing activities are being implemented alongside (and linked where possible to) the Urban

Development Strategy for Greater Christchurch. The two strategies are pursuing similar outcomes and involve many of the same organisations so it is very positive to see the close alignment being recognised with one management and governance group which includes Canterbury DHB as a partner. Canterbury DHB's involvement has resulted in a greater focus on wellbeing as a key feature of urban development and indicates Greater Christchurch's strong joined-up way of working.

<http://greaterchristchurch.org.nz/assets/Documents/greaterchristchurch/Resilient/Resilient-Greater-Christchurch-Plan.pdf>

### **Psychosocial recovery**

Canterbury DHB has taken a lead in articulating the concept of

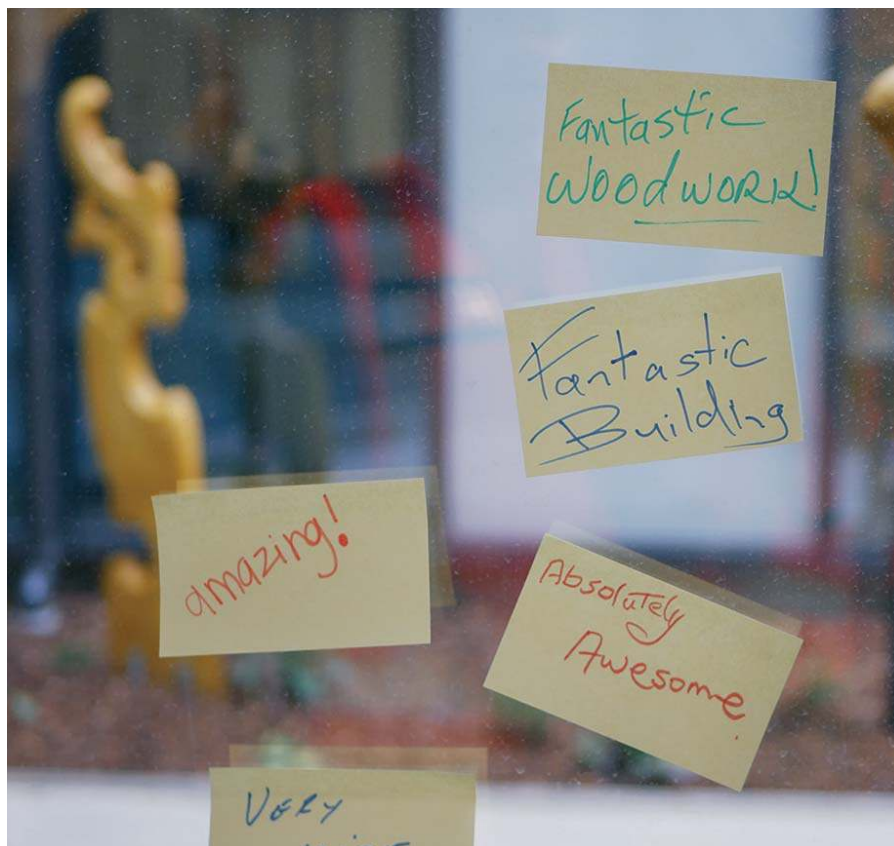
psychosocial recovery following the 2010-11 earthquakes. In 2015-16 we managed a seamless transition of responsibility for leading and monitoring psychosocial recovery in Greater Christchurch from the Canterbury Earthquake Recovery Authority. On 1 March 2016 the Canterbury DHB inherited the responsibility of the Canterbury Wellbeing Index and Wellbeing Survey. The Canterbury Wellbeing Index consists of a range of indicators structured around health, knowledge and skills, economic wellbeing, social connectedness, civil participation, housing, safety and people. It tracks the progress of the social recovery, using these indicators to provide information on the impacts of the earthquakes on wellbeing and to identify emerging social trends and issues. It helps organisations to make



decisions about the most efficient way to target funds and resources and provides accurate and robust information to the community.

The Wellbeing Survey is an opportunity for residents of greater Christchurch to say how they're going and what they think about the earthquake recovery. It's conducted every six months with the participation of a random selection of around 2,500 greater Christchurch residents. The feedback given by residents helps identify what's causing people stress, impacts on their quality of life and social connectedness, barriers they're facing and opportunities they've encountered, what satisfies them about the recovery and any positive impacts they're experiencing as a result of the earthquakes. The index and survey processes have both gone well, with a high response rate for the April 2016 survey and a high response rate for agencies asked to supply data for the index. Canterbury DHB has introduced a stronger public health perspective, including a greater emphasis on equity and outcomes for Māori. The index and survey were published in September 2016, and will in future move away from an earthquake focus towards a community wellbeing focus.

<http://www.cph.co.nz/your-health/wellbeing-survey/> ■





# Heading to Christchurch Hospital?

## Plan your trip

There is no parking on site at Christchurch Hospital except for mobility parking permit holders.

Plan your trip and allow extra time to get to your appointment.

## Park & Ride to Hospital

Our Park & Ride has carried more than 380,000 people since October 2014 – that's the equivalent of 1 in every 12 people in New Zealand.

For more on our Park & Ride, see page 20.



## Bus to Hospital

Check [metroinfo.co.nz](http://metroinfo.co.nz) for details of bus routes that stop outside Christchurch Hospital.

## Drop-off at Hospital

Have someone drop you off outside the main entrance to Christchurch Hospital in the designated drop-off zone.



## In an Emergency?

If it's life-threatening, call 111. If you are bringing someone to hospital in an emergency, drive up to one of the main entrances and ask a security guard for help with parking.

For more information: [cdhb.health.nz/parking](http://cdhb.health.nz/parking)



We welcome feedback to [communications@cdhb.health.nz](mailto:communications@cdhb.health.nz) or write to Communications Team, Canterbury District Health Board, PO Box 1600, Christchurch 8140 [www.cdhb.health.nz](http://www.cdhb.health.nz)

## AFTER HOURS CARE

### Call your General Practice first

For health advice after hours call your own General Practice team. Your call will be answered 24/7.

### The 24 Hour Surgery, Cnr Bealey Ave & Colombo St – Open every day

Tel: (64) 3 365 7777

[www.24hoursurgery.co.nz](http://www.24hoursurgery.co.nz)

- Urgent accident & medical care
- Specialist-led fracture service (X-Ray & plaster service on site)
- Five bed observation unit with attached whānau room
- Free treatment and care for enrolled under 13s after hours
- Sports injuries
- Urgent pharmacy – open until 11:00pm daily.

### Moorhouse Medical, 3 Pilgrim Place – Open 8am – 8pm every day

Tel: (64) 3 365 7900

[www.moorhousemedical.co.nz](http://www.moorhousemedical.co.nz)

- Free ACC wound care for everyone (no surcharge)
- X-Rays and fracture clinic on site
- Free treatment and care for enrolled under 13s after hours
- Minor surgery – sexual health – traveller's health – immigration medicals
- Pharmacy open till 8:00pm daily.

### Riccarton Clinic, 6 Yaldhurst Rd – Open 8am – 8pm every day

Tel: (64) 3 343 3661

[www.riccartonclinic.co.nz](http://www.riccartonclinic.co.nz)

- Resuscitation room, plaster room, minor operations room, treatment and triage rooms along with GP consulting rooms
- Specialist travel doctor and nurses
- Free treatment and care for enrolled under 13s after hours
- X-Ray, physio, optometry, podiatry also on site.

### Emergency mental health services – 24 hours, every day

Freephone: 0800 920 092

In an emergency, call 111



# UNDER THE WEATHER?

**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



[cdhb.health.nz/carearoundtheclock](https://cdhb.health.nz/carearoundtheclock)

**Canterbury**  
District Health Board  
Te Pori Hauora o Waitaha