



Canterbury DHB prepared for this week's strike by members of the Resident Doctors' Association

Members of the New Zealand Resident Doctors' Association (RDA) will go on strike from 7am tomorrow, Tuesday 18 October until 7am on Thursday 20 October.

I do want to take this opportunity to thank you all for the efforts of the last fortnight as contingency arrangements have been developed to ensure that we are able to safely sustain as many services as we can while acknowledging RMOs' legal right to take industrial action. I recognise that this has been, and will be, a challenging time and I appreciate the professionalism and commitment of all those who have been engaged in this process. SMOS, nursing, allied health, a number of registrars and house officers, and operational leaders - the work that you and your teams have undertaken continues to see us put patients at the very heart of everything we do.

Taking a closer look at our Frail Older Person's Pathway - One of our 5+1 priorities

It's a team response supporting an older person's health journey

Improving patient flow is vital for our patients, our staff and our health system and that is why the Frail Older Person's Pathway is one of our 5+1 Priorities. The aim is to get frail older people back home, faster and safely, minimising any negative impacts a hospital admission might have on their health and wellbeing.

We want our healthcare system to serve our patients quickly and efficiently as they move through stages of care.

Working across our health system the Frail Older Person's Pathway is promoting a team response that supports the older person to achieve what is important to them. The ultimate goal is a seamless pathway with no delays to ensure the best possible clinical outcomes for frail older people.

In the past year our whole health system has responded with some remarkable achievements in this area.

Currently the Frail Older Person's Pathway consists of eight initiatives working across the all areas. The initiatives all have identified measures to track progress and identify new opportunities for improvement.

Flow pathways are in place for medicine, surgery and Older Persons Health and Rehabilitation (OPH&R).

As our community continues to age (Canterbury has the largest oldest population in of any of the DHBs in NZ), even small increases in the number of elderly people admitted into hospital can have a big impact. A focus on the number of elderly who spend longer than 10 days in Christchurch Hospital receiving acute services can help us work out if we are successful in our Frail Older Persons Pathway goals.

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And we can say that we are making real progress. As a result of the various initiatives within the hospital and the well-developed community service, CREST (Community Rehabilitation Enablement Support Teams), those staying more than 10 days across both medical and surgical services is reducing.

During the recent winter months, General Medicine responded to the particularly high admission rates (predominantly frail elderly patients), with an adjustment to its model of care.

Just to give you a sense of some of the many other initiatives underway:

- » General Medicine has piloted and sustained a Restorative Care model on one of its wards to better manage patients who are in hospital for prolonged periods and to actively manage the potential adverse effects of hospitalisation.
- » The Christchurch Campus has introduced an electronic Journey Board (FlowView) on some wards and in the Acute Medical Assessment Unit which facilitates the Care Team plans for each patient including establishing expected day of discharge (EDD) and Clinical Criteria for Discharge. (CCD). This has proved successful making visible the patients' hospital journey and plans are in place to implement FlowView across the entire Christchurch Campus.
- » (OPH&R) introduced the Assertive Board Round process which has resulted in patients having an EDD set with input from the interdisciplinary team within 48 hours of their admission. By being able to make daily decisions regarding the patient's needs, the interdisciplinary teams are more responsive resulting in appropriate patient discharges. The success of the assertive board rounds has also resulted in more concise weekly interdisciplinary meetings which provide opportunity for greater in-depth discussion and problem solving of our more complex patients.
- » A new Medical Registrar role has been established for the surgical wards, to support the management of elderly surgical inpatients from a medical perspective. Surgical house officers, registrars, nursing staff and allied health teams have all reported improvement in their medical knowledge and patient care planning since the role commenced.

By working together differently, we are making a positive difference for some of the most vulnerable members of our community. Thanks to everyone working to make it better.



David Meates
CEO Canterbury District Health Board



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Facilities Fast Facts

Fast Facts - Christchurch

The Acute Services building's façade panelling is now being installed, and the first glazing panels are due to arrive on site soon.



The contractors have been working 7 days a week, with low-noise activities after 2 pm on Saturdays and Sundays. Weekend work on site is expected to continue.



Work to alter the vehicle approach to the Emergency Department to allow better traffic circulation and emergency drop-off is nearly complete. The former car parking area has been pared back to allow work to begin on a platform to install a new medical oxygen tank.

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Fast Facts - Outpatients

Piling work is continuing on the Outpatients site. The photo shows the piling rig in the centre. Our Outpatients building is not being built on stilts – the white pillars in the photo are the temporary metal outer casings used in the piling technique, not the piles themselves. They are being stored upright until needed, and will be taken off site when the piles are finished.

HREF update:

Workers are getting into their stride on the Health Research Education Facility (HREF) site. This week, sheet piles have been driven in around the perimeter of the site, ahead of excavation work beginning.



Canterbury Grand Round

Friday 21 October 2016 – 12.15pm to 1.15pm with lunch from 11.45am

Venue: Rolleston Lecture Theatre

Speaker one: Nigel Loughton, CD, Odyssey House Trust, Steve Jones, Team Leader, Christchurch Central Service, Dr Alfred Dell'Ario, Consultant Psychiatrist, SMHS

“Christchurch Collaborative AOD coordination service – peer, clinical, NGO and Specialist service collaboration partnership”

Christchurch Central Service – AOD coordination is the first link to all AOD services in Christchurch and the surrounding areas. It is an Odyssey House lead collaborative of local AOD service which aims to enhance engagement and increase the range of AOD approaches to promote recovery. It utilizes clinical and peer support to ensure client needs are addressed. What's new and what's coming.

Speaker two: Dr Dominic Fleischer, Specialist Emergency Physician and Melissa Evans, Trauma Nurse Coordinator

“Our Traumatic Experience”

Does Christchurch Hospital see much trauma? How do we compare to the established Trauma services of Auckland and Hamilton? Where to next with trauma care for our patients?

Chair: Richard Seigne

Video Conference set up in:

- » Burwood Meeting Rooms 2.3a and 2.3b
- » Wakanui Room, Ashburton
- » Administration Building, Hillmorton
- » The Princess Margaret Hospital, Riley Lounge
- » Pegasus, 160 Bealey Ave, Not available this week

All staff and students welcome

These talks will be uploaded to the [intranet](#) within approximately two weeks.

Next Grand Round is Friday 28 October 2016.

Convener: Dr R L Spearing

Email: ruth.spearing@cdhb.health.nz



Bouquets

Christchurch Hospital, Day Surgery Unit

I just wanted to pass on thanks to the wonderful staff at the Day Surgery Unit, especially Sara Kircher, my student nurse. The whole team is a credit to the hospital. Special thanks to Hamish and his team of anaesthetists and all the theatre crew, and the wonderful team in recovery. Without these wonderful, caring people hospital would be a silent nightmare for many.

Interventional Radiology

To Martin and Andrew, Interventional Radiologists. Thank you for coordinating a man's biopsy at WCDHB. Thank you for making this happen in your busy schedule.

Main reception, Christchurch Hospital

Guy at reception so polite, he's great.

Ward 20 and Plastics Outpatients

Thank you for the wonderful care shown to me when I needed a burn injury seen to. The team at Plastics were awesome,

as were the nurses on ward 20. Hannah, the trainee nurse who held my hand during the quick surgery. And also all my outpatient visits afterwards. Thank you, you all do an amazing job.

Radiology

I was a daily patient of Christchurch Radiology and I want to acknowledge the compassionate, friendly, and thoroughly professional treatment I was given the whole five weeks I was there. The experience was pleasant and much of that was a credit to the staff. Well done. Thank you.

Day of Surgery Admission

All hospital staff were welcoming and happy to answer any questions. Concerns were treated with compassion, empathy, as relevant. This is for the patient as well as the family members. We greatly appreciate all that has been done. Thank you.

Ward 10

A huge thank you to the staff in ward 10 for their kind, caring and professional

manner in caring for a family member. You do an awesome job day after day. Much appreciated.

Intensive Care Unit, Maree Richards

Nurse Maree Richards does an amazing job! She is so dedicated and committed. A big asset to any hospital. Look after her please!

Ward 10

I have to say that my experience at Christchurch Hospital has been amazing. The standard of care and friendliness has been flawless. The staff have a great deal to be proud of.

Surgical Assessment and Review Area

Staff are awesome!

Christchurch Hospital

Magna has been a fantastic nurse.

Surgical Progressive Care Unit

I was blown away how well and awesome the night nurses were and how understanding of the situation with my baby and also just the general help.

REMEMBER breaking the chain of infection is the responsibility of EVERY health care worker

So how will YOU break the chain of infection?



TeleHealth opening up new options for Māori diabetes patients

Technology is empowering Māori diabetes patients to manage their condition and giving them new options in their healthcare.

The Diabetes Centre at Christchurch Hospital is using latest technology in TeleHealth, Telemedicine and TeleMonitoring, including video consults, smartphones, Ipads and home computers.

Called Kite Roa, which means to see from a distance, the programme has seen two Kaumātua use the cameras on their cellphones to link with the Diabetes Centre in Christchurch and one keeping his Christchurch appointment while on holiday in Auckland.

"Age has definitely not been a barrier," says Māori Diabetes Clinical Nurse Specialist, Debbie Rawiri.

Another 72 year old patient who has had Type 1 diabetes for 28 years was taught how to download his blood glucose meter so that Debbie can view his results during his TeleHealth appointment.

"He commented that for the very first time in all these years he felt in control of his diabetes."

A pilot programme was initiated to engage and work collaboratively with whānau utilising TeleHealth and Telemonitoring. The team were aware of the complexities and barriers in accessing care and consulted with kaumātua and consumers of the Diabetes Service.

"Our priority was that a Māori voice was central to the programme. We achieved that by listening to the views and values of the community including cultural considerations."

An initial response of some was that it wouldn't work "because our whānau like to do things kanohi ki te kanohi (face to face)." However the Diabetes Service decided to give it a try and responses had since been overwhelmingly positive.

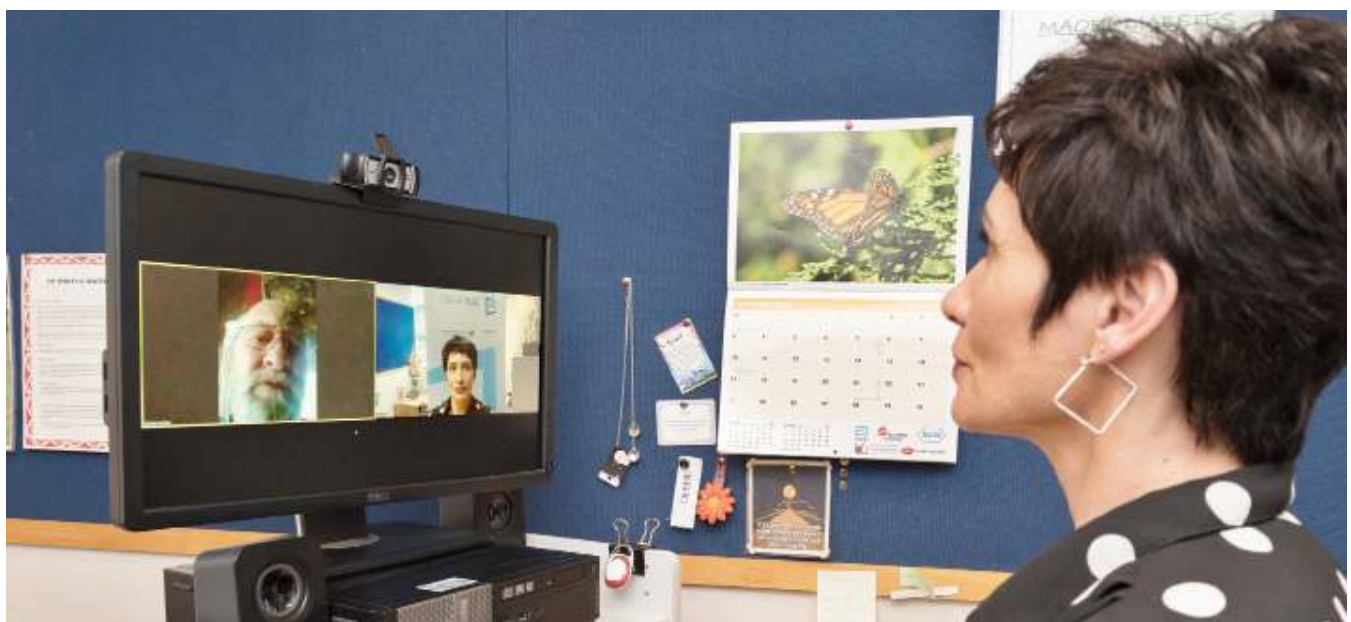
As technology advances it is important that whanau are given the same extended access opportunities, and as early as possible, says Debbie who has been in the role of Māori Diabetes CNS since 2001.

"Face to face appointments will always be available for whanau, but TeleHealth now presents another complementary option to the existing model of care."

TeleHealth has enabled the service to further build partnerships with its patients and ensure their choices reflect how they may access their care.

"Either attending the Diabetes Outpatient Service or on occasions from the comfort of their own homes."

Our engagement with TeleHealth enables our Māori patients the opportunity to invest more readily in their own care and take ownership and control, says Debbie, who is a representative on the National Telehealth Leadership Forum to offer a Māori view on Telehealth matters for the Christchurch Diabetes Centre.



Above: Maori Diabetes Nurse Specialist, Debbie Rawiri, in a video conference with a patient, 72 year old Teoti Jardine, who is at home.

Baby's life “transformed” by newborn hearing screening

Jaime had absolutely no idea that her precious baby girl, Kimerah was deaf.

“I had a great pregnancy, wonderful labour and a beautiful baby girl,” she said.

When Kimerah failed the initial newborn hearing screen Jaime thought it was because the newborn hearing screener had used a different machine to the one used for her three older children.

“They came back to do the second test a day later, and it too failed, and I thought the lady who was doing it may not be used to the new equipment.”

When Kimerah was six weeks old a newborn hearing screener visited to carry out a third hearing screen which again failed. She referred Kimerah to Christchurch Hospital for an auditory brainstem response (ABR) test, which gives information about the inner ear (cochlea) and brain pathways for hearing.

“Life continued on as normal and there was no indication that anything was different about Kimerah to any of my other children,” Jaime says.

At nine weeks old Kimerah had the ABR test which showed she has profound hearing loss.

“Immediately I felt like all ties with the baby in my arms had been cut,” Jaime says.

“She hadn’t ever heard my voice while in my womb, and she hadn’t heard me or anything in fact, since being born nine weeks earlier. I felt completely helpless. Like a failure. How could I not know? How could I not notice anything?”

“I was a mother of a deaf child and I was really struggling to come to terms with it.

It didn’t change how much I loved my baby, nor did it change how devoted I was to her. But I was numb. I cried, so often. I still do.”

Within three days a deaf adviser contacted Jaime “and it was from there that the support from everyone involved just totally overwhelmed me and exceeded any expectation,” Jaime says.

Since then Kimerah has had bilateral cochlear Implants and now has a vocabulary of about 15-20 words at just 16 months of age and only six months since her surgery.

“I truly couldn’t fault the team we had while Kimerah was given hearing aids to try, appointments with audiologists adjusting her hearing aids, or making bigger moulds, appointments with doctors, surgeons, hospital visits, MRI scans, meeting with people from Van Asch Deaf Education Centre’s Early Intervention Centre which we are now a part of, and then the daunting operation for Kimerah.”

Jaime says the experience has opened her eyes to a brand new world that she can now totally embrace.



Above: Kimerah

“I’ve had to make some huge life decisions, and it has changed our journey somewhat, but we are back on track.

“The people we have met along the way and professionals who have been in charge of Kimerah’s journey have been completely amazing and I have great respect for them all and the jobs they do for children like mine.”

Newborn hearing screening has transformed her daughter’s life.

“Her everyday life, and her education as she gets older is just going to be great because we have been able to put things in place for her as early as we did.”

CDHB Universal Newborn Hearing Screening and Early Intervention Programme Co-ordinator, Angela Deken, says more than half of the babies diagnosed with hearing loss have had no risk factors.

“What we do can have a huge impact. It gives us a great sense of satisfaction that even though having a baby who has hearing loss is not what most families expect, we know their lives will be better with this early diagnosis so that choices can be made and development is not impacted upon giving a future full of opportunities.”

Burwood's pinwheel scone legend retires

About 50 food services staff at Burwood Hospital celebrated a cherished colleague's long standing service last week.

Ann Gay retired on Friday after 44 years and eight months' service. Ann came to New Zealand from Tonga in 1970 and started work in the hospital kitchen as a kitchen hand in 1972.

Her managers saw potential and sent Ann on a Quantity Cooking Course at the polytechnic. Since those early days Ann says she's "never looked back".

Famous for her pinwheel scones, Ann says she's shared her recipe and tricks to making them with other staff but they're just "not the same" as her own.

Ann also gained fame in the local news for her green fingers, after growing a pineapple in the hospital gardens.

She says she's loved working at Burwood. "Everyone becomes family."

But it's time to retire and she's looking forward to putting herself first.

High on the agenda is a trip to Tonga for Christmas, walking her 2km a day walks, and spending time in her garden.

Hellen Donnithorne, Ann's former manager, says that Ann would always come to work with a smile on her face and a spring in her step.

"In those early days the kitchen could produce up to 500 meals a day. Ann was a loyal member of staff who trained many new staff," Hellen says.

"She was always patient focused, ensuring meals were nutritious."



Above: Ann Gay



Above: Ann with her famous scones.

Virology Service for Respiratory Virus Diagnosis, including Influenza and RSV - Winter 2016 weekend testing now finished

Influenza activity has declined in Canterbury over the past few weeks. The number of patients with influenza-like-illness (ILI) or suspected influenza attending the CDHB Emergency Department is now at a low level.

Respiratory Virus Detection Strategy:

Influenza Season weekend testing has now finished.

Routine Testing:

- » Batched once daily, Monday to Friday.
- » Turnaround time <24 hrs
- » Samples received by 10:00am will be reported the same day Monday to Friday

Urgent virology services: by consultation with the Microbiologist on call.

Contacts: Microbiologist on Call (Through Hospital operator)

DR Anja Werno MD PhD FRCPA
Medical Director Microbiology, Canterbury Health Laboratories



Are you thinking more, and clicking less?

In the sincere hope that you know what Think, don't click is about by now, we are pleased to have ready a screensaver (which most of you will see shortly) and an email signature – which is optional.

The email signature looks like this and is intended as a visual reminder to curb that itchy mouse finger and think twice before clicking on a link.



Examples continue to pile up of attempts to sell us things we don't want and links received to what could potentially be ransomware, a virus, or a phishing attempt. Spam filters are catching more than a dozen mass marketing emails sent to my specific work email each day, only a month or so ago it was just 2-3 daily.

Here is a summary of the main types of attack:

Ransomware: This is usually a link that triggers a download. Your files will then be encrypted so that you have to pay for software that releases them.

Virus: This is a malicious file that will corrupt your files or generally interfere with the working of computers and electronic information systems. A Trojan is a type of virus specifically designed to hack into a computer or information system, ie gain access to your information and files

Phishing: This is usually financially motivated and asks for information or personal details that allows someone to access accounts – including bank accounts. Some of the cleverer phishing attempts do have a link to a bogus site that may even look like your bank's. Banks don't ask for security information by email.

And some tips on simple precautions you should take:

- 1 Never accept a memory stick from someone you don't trust, and if you find one lying around DON'T PLUG IT IN! Don't save sensitive information to a memory stick, they're too easy to lose.
- 2 Be wary of large attachments, especially where you weren't expecting anything from the sender
- 3 Check email addresses and don't respond to anything that looks unusual or was unexpected
- 4 Hover over links (pass the cursor over them) and look at the address that displays – surprisingly often the link itself looks suspect. If in doubt, don't click!
- 5 Report anything suspicious to ISG.
- 6 Finally, be suspicious of free stuff – if an offer seems too good to be true, it probably is!

Report anything suspicious to the [Information Services Group](#).

Ext 80999 / External - 364 0999 / Email - Service.Desk@cdhb.health.nz



eCALD® 13th News Edition - October 2016

We bring to you a summary report of the sixth International Asian and Ethnic Minority Health Conference held early last month. We encourage you to check out what is featured in the latest issue of the Asian Health Review, the CALD Child Health and Disability Newsletter, as well as the Cross Cultural Interest Group Newsletter. Additionally, there are brochures about Blood Transfusion in multiple languages and also information of upcoming Chinese and Indian Families support group meetings in October. [Read the full newsletter](#).

Mental Health Awareness Week celebrated

The Specialist Mental Health Services joined with the community and celebrated Mental Health Awareness Week in a number of ways last week. Two highlights for SMHS staff and consumers were the photographic competition, in the Avon Café on the Hillmorton site, and the NGO Expo held in the Fergusson Building on Wednesday afternoon.

Fifty seven photos illustrating the theme for this year's MHAW, "Connect with nature for mental health and wellbeing" hang in the Avon Café. Taken by staff and consumers, subjects for the photos range from detailed close-ups of monarch butterflies feeding, to the grandeur of Fiordland experienced from a canoe, a family of stones delicately balanced on a twig and the grandeur of the open sky marked by a vapour trail. All the photos illustrate the beauty of the natural world around us, and call for an emotional response from us in return.

The People's Choice vote for best photo in the competition, was # 42, "Entranced", taken by Rob Green. The Judges' Choice, chosen by Mr Ron Andrew of the Christchurch Beautifying Assn and Barbara Wilson of SMHS, was #35, Untitled, by Michael McQuillan. Congratulations to the winners, who each receive a \$50 voucher and a Certificate.

The photos will remain on display in the cafe for the next fortnight.

On Wednesday afternoon more than 30 NGOs gathered in Training Rooms in the Fergusson Building to display their services to staff and consumers. Both rooms were buzzing with noise and people for the four hours of the expo, with about 130 SMHS staff plus groups of consumers from Seager, Tupuna and Te Awakura passing through to learn more about what is available in the community for people with mental

illness and their family - whānau. The Family and Consumer Advisors who organised the events noted that staff from each of the services, and ranging from consultants and senior managers to student nurses, attended.

SMHS staff and those from the NGOs all commented very favourably on the Expo, and considered it a great success. As one staff member noted, she would not have the time to go around so many different organisations individually, but to have them come to her workplace at the same time was a fantastic opportunity to learn about them. Many of the NGO commented that this was the best Expo yet, as so many staff attended, allowing them to raise their profile with staff and to network with and learn about each other. Without exception, they were all eager to be involved in future expos for SMHS staff.

In the Christchurch community other activities included three picnics on Monday, one organised by Awareness, and a number of walks in the Botanic Gardens and venues in the Waimakariri district.

MHAW ended yesterday, but the opportunity remains for each of us to get out into nature, and practice the 5 Ways to Wellbeing - Take notice, be active, keep learning, give, and connect - for our mental health and wellbeing.



Above: The Judges' Choice, chosen by Mr Ron Andrew of the Christchurch Beautifying Assn and Barbara Wilson of SMHS.



Above: Mr and Mrs Andrew from Christchurch Beautifying Association judging the MHAW Photography Competition.



Left and Right: NGO expo.

Get Ready Week

October 10-16 was Get Ready Week, this year's theme was Prepared Kids. We know that when kids are involved in preparing for emergencies and learning about natural hazards, they encourage their families to be more prepared and play a more active role in responding to and recovering from emergencies.

Get Ready Week is held every year to mark the International Day for Natural Disaster Reduction (13 October). It's a chance for all of us to make sure we are prepared for emergencies.

Thanks for your entries. The answers to last week's Get Ready questions are in red below.

How to turn Story B into Story A.

We never bothered with a plan, it was always something on the 'To do' list. *Do it – spend a little bit of time when you get home tonight to create your 'Household Emergency Plan'*

When the earthquake hit I ran out of the room and got hit on the head by one of the heavy ceiling tiles as it fell. *That is what 'Drop Cover Hold' is for – to stop you getting hit on the head by falling objects.*

Once the shaking stopped the boss ordered everyone to evacuate the building and meet out in the car park. While recovering our breath and calming down I tried to phone home, but the system was overloaded and the call never got through. *Try texting instead, or use social media, maybe by all linking with an out of town contact everyone knows about*

I jumped into the car and started for home. The traffic up Fitzgerald Ave was stationary. After two hours travelling 1 km I found out why – the road had collapsed and I had to find another way. *Listening to the radio in the car, or a solar or battery powered radio may have given you vital information.*

It took me another two hours to get home, and that after abandoning the car because the road was so badly flooded. I eventually got home, hungry, thirsty, and cold and wet through, only to find that there was no one there. *Change clothing – wash contaminated skin (wet-wipes)*

Everyone had left – After two more worrying hours not knowing what was happening they eventually arrived home, on foot. They had gone back in to town to try and find my son, who, as it turned out had been 10 minutes' walk away from me at work. *Plan a meeting point in your Household Emergency Plan.*

Our next door neighbour turned up all distraught as she didn't know where her daughter (who had been at school) had gone. *Know the school/day care's emergency plans, giving them the names of three people who could pick up the kids if you can't get there.*

With no power we had to eat cold baked beans straight out of the tin. *Could have heated them up on a BBQ or camping stove, but better to first use food from the fridge then freezer for the first couple of days, saving the tinned food that might*

not need cooking for later. Get together with neighbours to share BBQs – which I had to open with a hammer and rusty knife because the electric tin-opener didn't work, Have a tin opener in the emergency kit washing it down with warm beer. Drinking alcohol isn't the best option at a time like this – better to have bottled water stored – empty juice and fizzy drink bottles are good for that – but not plastic milk bottles. Have some water purification tablets handy in case they are needed.

Fumbling around in the dark wasn't much fun either – the torch on my cell phone quickly drained the battery. *Torch in your emergency kit, or somewhere everyone can find them in the dark.* That made it especially hard trying to dig a hole in the garden to go to the toilet in.

Because we were eating off dirty plates *Have some spare water for washing dishes – or use disposable plates* we all got quite sick over the next couple of days and that didn't help ease the situation at all. *Follow basic hand hygiene – use plenty of sanitiser, or have spare bottled water for cooking and cleaning as well.*

One of the aftershocks was so bad we decided to evacuate, and turned up at the Civil Defence Welfare Centre dressed in just our night clothing. *Have a 'Grab bag with some basic toiletries, spare glasses, torch, snack food, change of clothing (inc two pairs of underwear), good walking shoes, copies of important documents, and any medication you need (rotate stock regularly).*

One of the other evacuees came up and told me he was my neighbour, but I'd never spoken with him before. *Get to know your neighbours, you may be able to offer help or ask for help from them in an emergency. Sharing a BBQ helps save gas rather than everyone lighting a BBQ*



World Osteoporosis Day – Love your Bones

This month, Osteoporosis New Zealand (ONZ) is supporting the International Osteoporosis Foundation's (IOF) World Osteoporosis Day (WOD) Awareness Campaign.

Under its theme of Love Your Bones: Protect Your Future, WOD 2016 calls upon people to take early action to protect their bone and muscle health, and for health authorities and physicians to protect their communities' bone health.

This year's campaign focuses on opportunities to protect your future. People who are at high risk of suffering fragility fractures include:

- » People who have experienced a fragility fracture since their 50th birthday
- » People taking certain types of medicines to control other medical conditions
- » People who are living with certain diseases

World Osteoporosis Day takes place every year on October 20, launching a year-long campaign dedicated to raising global awareness of the prevention, diagnosis and treatment of osteoporosis and metabolic bone disease.

It involves campaigns by national osteoporosis patient societies from around the world with activities in over 90 countries.

Read more about the campaign at www.osteoporosis.org.nz and implementing its recommendations in your practice.



Staff Wellbeing Programme

Only four Wellbeing Workshops left for 2016/Walking Groups/Simple stretches at your desk

Wellbeing Workshops – Only four left for 2016

Don't miss out, register now to secure your place in one of the following workshops.

- 1 Character Strengths Based Workshops (27 October and 1 November). Available to managers / Supervisors. [Click here](#) for more information and [click here](#) to register. Participant comment ...*"I had heard this was a good workshop but I had no idea it was going to carry such powerful messages. The ability to work together and share and have a good laugh as well as be serious about the hard stuff."*
- 2 Staff Wellbeing Workshops (27 October and 1 November). This is the same workshop offered in 2014 / 2015. [Click here](#) for more information and [click here](#) to register, available to all staff. Participant comment ... *"The group conversations. We had a safe space to talk about mental health issues and we worked through some very relevant scenarios. Importance of mental health and emotional contagion - really made me think!"*

Walking Groups

Do you enjoy walking but would like to walk with others to help boost motivation, share goals, or meet new people? Starting a walking group is a fun, affordable way of being regularly active with your friends, work colleagues or like-minded people. If this is you, [click here](#) for some simple tips to get started. More information on the [Staff Wellbeing Intranet page](#) under Walking Groups.

Simple Stretches to do at your desk – (takes approximately 4 minutes)

Do these stretches every hours or so throughout the day or whenever you feel stiff. Print off and keep handy. Be sure to get up and walk around the office whenever you think of it. Couple of easy tips that may contribute to your wellbeing.

For the PDF [click here](#).

One minute with...

Gayle Lauder, Youth Health Nurse Specialist, (Tiaki Whanau, Child & Family Safety Service, Christchurch Hospital) and Lead Professional with the Canterbury Children's team

What does your job involve?

Most of my job is spent as a lead professional with the Children's Team which has now been operating for nine months in Christchurch. The Children's team is part of the nationally driven Children's Action Plan which focuses on children and young people (and their whānau) who are experiencing significant vulnerability that risks their current and future wellbeing over multiple aspects within their lives. Lead professionals are drawn from across all sectors including health, education, police and NGOs which increases the wealth of knowledge and connection across our communities for the child/youth.

As a lead professional we seek to identify the social, emotional, and physical issues that may be contributing to the child/youth's situation within the family context. Through advocacy and networks we draw together agencies and services to develop one child/youth-centred, collective plan and then work to coordinate that plan until supports are strong enough to continue without this additional input.

Why did you choose to work in this field?

Working with and empowering adolescents who experience adversity is a long term passion and career choice for me. The reason I became a lead professional was that this project provided the opportunity to be part of a movement of change which recognises:

- » children/youth are taonga and our future
- » working together collectively across sectors and the community contributes to sustainable change and increases safety.

What do you like about it?

For me, it is about the relationships that I make with the families. It is witnessing the changes that these families are making through risking doing things differently. This is in part because we as service providers are operating differently from what has gone before.

What are the challenging bits?

There are lots of challenges when working in a time of change, where the path is not always clear! In particular finding creative solutions when there are no additional resources available in an already stretched system.

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

I admire the team that I work in at the Child and Family Safety Service because they are strong advocates for children/youth and their whānau, standing up against issues of poverty, abuse and neglect. They witness the impact of these things every day

in their work, sometimes it is very tragic, yet they still remain warm, caring and always ready for a laugh.

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

These values are integral to all aspects of my role and make for the human side of this large organisation visible to our clients, patients and colleagues. They are what start and end our relationships and empowers me as a Youth Health Nurse.

The last book I read was...

'When Breath Becomes Air', by Paul Kalanithi, a writer and neurosurgeon who tells the story of himself facing his own death alongside that of his patients. A powerful read of being on both sides of health care.

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

Sitting in the sun, in my recently planted garden once it has reached full maturity and lushness.

My ultimate Sunday would involve...

Coffee, a walk on the beach with the dogs, more coffee.

One food I really dislike is...

Dare I say it but it is fast food and takeaways!

My favourite music at present is...

Ed Sheeran and his album X (the deluxe edition)



Above: Gayle Lauder

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

Recruitment

Social Work or Occupational Therapy New Entry to Specialist Practice (NESP)

An exciting opportunity exists for new graduates in Social Work or Occupational Therapy to enter the Specialist Mental Health Service (SMHS) via the Allied Health New Entry to Specialist Practice (NESP) programme within the Canterbury District Health Board.

The NESP programme will include:

- » Provision of a preceptor/work place mentor, and a thorough orientation and training package.
- » Regular clinical supervision, tutorials, and workshops with other NESP trainees.
- » Completion of the Postgraduate Certificate in Health Science (Allied Mental Health and Addictions). Please refer to www.tepou.co.nz/training/skills-matter/2017-programmes for more information. This course will most likely be block taught by AUT in Christchurch, and fees are covered.

Applicants must be:

- » A recent (or imminent) SW or OT graduate with no previous SMHS experience (applicants may have had student placements in SMHS)
- » If the applicant is expecting to graduate in 2016 they must be able to provide confirmation from their Training Agency that they are on target to meet graduate requirements.
- » Registered OR provisionally registered by the relevant regulatory body.
- » Committed to learning, and developing mental health professional practice.
- » A New Zealand resident, with a full drivers licence.

Your application must include:

- » A copy of your CV, including the names and contact details of two referees.
- » A one page covering letter stating "Why you want to develop a career in Mental Health and what particular qualities and experiences you would bring into SMHS"

Applications close on Tuesday 25 October 2016.

We expect shortlisted candidates will be available for interview the week of 7-10 November 2016.

You will be expected to bring a copy of the transcripts for your professional qualification to interview.

Successful appointees will be expected to start in the service in late January 2017. The AUT university programme will commence early in March 2017 but dates for this and dates for enrolment on the 2017 University course (usually mid-January) have not yet been finalised. They will be posted on the AUT website as soon as the university has confirmed these.

Enquiries should be directed to Heather Ewing, Recruitment Specialist, email heather.ewing@cdhb.health.nz.

Applications are only accepted online so please click the "Apply Now" button below to send us your CV and covering letter today!

Location: Christchurch

Closing Date: Tuesday, 25 October 2016

Apply Now



Sexual Health Physician

Here at the Canterbury District Health Board our Christchurch Sexual Health Service prides itself on being client focused. We are culturally appropriate and always strive for an excellent standard of care.

We are currently looking for physicians who may be interested in casual shifts to cover leave or sabbaticals. You may be a general physician or general practitioner that is interested in sexual health and reproductive medicine.

Motivation, excellent interpersonal skills, and the ability to build successful relationships within the service is a vital part of this role. You will enjoy working as part of our specialist multidisciplinary team that includes our very highly professional nursing team and health advisors.

Our team is very interested in research so if this is something that appeals to you we will be able to support you with this.

For further information please contact Liz Hill at liz.hill@cdhb.health.nz or call (03) 337 7954.

Location: Christchurch

Closing Date: Tuesday, 25 October 2016

Apply Now



In brief

The NZNO Cancer Nurses College Conference is coming to Christchurch in May 2017!

Our conference theme 'Cancer Nursing Under Construction' is a reflection of what is happening in Christchurch after the 2010-2011 Canterbury earthquakes. Canterbury is focused on improvisation, rejuvenation and innovation to rebuild the environment and improve the wellbeing of Cantabrians. Cancer Nursing within New Zealand is developing its own identity and evolving as a specialty. As cancer nurses we are influenced by improvisation, rejuvenation and innovation in research, clinical practice and developing technologies to provide high standards of care to people living with cancer.

The 'Cancer Nursing Under Construction' conference offers a variety of sessions with the aim of providing you, as a health professional involved in care of people living with cancer, tools to fill your cancer care toolbox. Delegates will be enriched with novice to expert classes, plenaries and concurrent speakers through education, research, technology, community and wellness topics. The conference will enable delegates to explore their cancer knowledge, strengthen clinical skills and resources for the future development of cancer care in New Zealand.

Visit our [website](#) for full conference information, including a preliminary programme.

Call for abstracts

This biennial event for cancer nurses is an opportunity to showcase the passionate work undertaken by nurses working with people with cancer. We invite you to submit abstracts for oral presentation or posters on the following themes: education, technology, research, wellness and community care/hospital in the home.

The closing date for submissions is Friday 3 February 2017.

For full details please visit the [website](#).

Registration is open!

Be sure to get in quick to secure early bird rates and nearby accommodation.

Visit the [website](#) for more information and to register.

Cancer Nursing NZ
Under Construct  **on**
 11-13 May 2017 Christchurch

DISTANCE LEARNING

University of Otago, Christchurch

**Musculoskeletal Medicine
Pain and Pain Management**

Our qualifications are of interest to a wide range of health professionals, topics include:

- Introduction to Pain and Pain Management
- Neurobiology of Pain
- Musculoskeletal Tissues and Disorders
- Regional Disorders – Spine and Limbs
- Recreational and Sports Injuries
- Biomedical Pain Management

Applications for study in 2017 now being accepted.

 Our programmes are endorsed by the International Association for the Study of Pain

otago.ac.nz/msm-pain-management
msmandpainstudies.uoc@otago.ac.nz

POSTGRADUATE

 UNIVERSITY OF OTAGO
 Te Whare Wānanga o Ōtago
 NEW ZEALAND



CHRISTCHURCH PUBLIC LECTURE

2016 Carl Smith MEDAL LECTURE

PROFESSOR
RICHARD GEARRY

Department of Medicine | University of Otago, Christchurch
2016 Winner of the Rowheath Trust Award and Carl Smith Medal



Diet, digestion and disease – learning more about the effect of food on gut health

Monday 31 October at 7:00pm
Rolleston Lecture Theatre
2 Riccarton Avenue
University of Otago, Christchurch
Christchurch Hospital Campus



THE ROWHEATH TRUST AWARD AND CARL SMITH MEDAL IS AN INITIATIVE OF THE ADVANCEMENT CAMPAIGN

University of Otago, Christchurch

POSTGRADUATE



Postgraduate Studies in Public Health

Build on any undergraduate degree

- Postgraduate Certificate in Public Health
- Postgraduate Diploma in Public Health
- Master of Public Health
- Postgraduate Diploma in Health Management
- Master of Health Sciences

Study full-time or part-time | Tailor to your area of interest | Enhance your career options



FOR FURTHER INFORMATION, PLEASE CONTACT:

Programmes Manager
Department of Population Health
University of Otago, Christchurch
P O Box 4345, Christchurch 8140, NZ
Telephone: 64 3 364 3602
Email: publichealth.uoc@otago.ac.nz

Nurses undertaking a HWNZ funded Postgraduate Diploma in Nursing may be eligible to take some Public Health papers as part of that qualification, consult your programme advisor.

otago.ac.nz/publichealth



SEX UAL HEALTH

SEXUAL HEALTH SEMINAR

THURSDAY 3 NOVEMBER 2016
FROM 1.00PM – 4.30PM

Community and Public Health
310 Manchester Street, Christchurch

1.00pm - 2.00pm

WELCOME

Time to catch up with work we are currently involved in, to share information and new resources, and projects planned for this year.

2.00pm - 3.00pm

GARDASIL 9 HPV VACCINE

PRESENTER: GLENYS STEVENSON, CANTERBURY IMMUNISATION

Gardasil 9 will be introduced in New Zealand from 1 January 2017, replacing the current Gardasil vaccine. It will be funded for both males and females up to age 26 years. Glenys will give an overview of HPV disease, introduce the new schedule and eligibility, and update on the new vaccine and how it differs from the existing one.

3.00 - 3.30pm

AFTERNOON TEA

3.30 - 4.30pm

SEXUAL HEALTH UPDATE

PRESENTER: DR EDWARD COUGHLAN, CLINICAL DIRECTOR,
CHRISTCHURCH SEXUAL HEALTH CENTRE

Edward regularly attends national and international sexual health conferences and will give us an update on current issues in sexual health, including the introduction to New Zealand of PreP medication to prevent HIV infection. This is planned to be rolled out in 2017. It is used for people who are at high risk of becoming infected with HIV.

4.30pm

CLOSING

There is no cost for these seminars and afternoon tea will be provided.

Please let me know if you will be attending.

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

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