



Celebrating success at the Canterbury Health System Quality Improvement Showcase

Every day, I come to work excited by the improvements going on in the Canterbury Health System and seeing the commitment staff have to their communities. Sharing and celebrating these successes is important to me.

The Quality Improvement and Innovation Awards were introduced in 2003 to recognise, reward and publicly acknowledge excellence in quality improvements and innovations, showing how changes have been and are being made in response to areas we know we can do better in.

The awards also fit within our strategic vision of putting people at the centre of all we do, and not taking our eye off the ball in constantly trying to make our health system better.

Representatives attended from organisations including the Ministry of Health, the Health Quality & Safety Commission, Canterbury primary health organisations, NZ Police, and the Department of Corrections, illustrating the collaborative, cross-sector nature of healthcare.

The venue itself, the new Manawa building, is also a great example of collaboration, with Canterbury DHB, the Ara Institute of Canterbury and the University of Canterbury coming together to occupy the purpose-built health education and research facility. The awards were the first major event to be held in Manawa.

In terms of award entries, this year saw the highest number to date – 48 improvements displayed in a poster format. Every year, the awards are open to all Canterbury DHB staff and providers from throughout the health system who we fund. Entries came in from various organisations covering

topics ranging from radiology, improving mental health, valuing patients' time by reducing appointment and waiting times, making digital improvements, and more.

All submissions into the four main categories went through a thorough, three-stage assessment process. They were assessed on how well they met specific criteria: identifying the need for improvement and following the PDSA (Plan, Do, Study, Act) process for making improvements.

The People's Choice Award was voted on by staff from across the Canterbury Health System, and the Consumer Council carefully considered all submissions for its award.

Congratulations to all the entrants, who have made a positive difference to the way health care and support is provided to people in our community.

The winners and runners-up of the different categories, with a brief summary of each project, are profiled in the following pages.

Thank you again to everyone who helped make this event a success.

For more information on all of this year's and previous year's entries, go to <http://cdhbintranet/corporate/Quality/SitePages/Quality-Awards.aspx>.

If you would like to view all 48 poster entries, you can [view them here](#).

If you would like to see photos of the event, be sure to visit the [photo gallery](#).

In this issue

- › Regulars... pg 6-8
- › The Big Shout Out... pg 9
- › Work heats up for employees with disabilities at Can Do Catering... pg 10
- › Patient deterioration New Zealand: Current state and future developments... pg 11
- › Mental Health Inquiry report released... pg 12
- › Creating a thousand stories of change through Collabor8... pg 13
- › Lots of fun at no-holds-barred annual boat race... pg 14
- › Novel approach to alleviating disadvantage... pg 15
- › Patients prescribed medications for longer than recommended – at a cost... pg 16
- › One minute with... pg 19
- › Notices... pg 20-22

Supreme Award winner



Focus on eyes: Delivering patient treatment on time (Ophthalmology Service)

This project addressed concerns about national Ophthalmology overdue follow-up times for people diagnosed with eye disease, to reduce waiting lists. Canterbury Eye Service responded by running more than 100 outpatient clinics, including at night, weekends and during last year's Christmas break – reducing an overdue Ophthalmology follow-up waiting list of 3,347 patients down to 719 in one year. These changes, plus the implementation of an in-house optometrist follow-up pathway for glaucoma, have increased the number of patient assessments per clinic session.

Improved Quality Safety and Experience of Care

Winner: Focus on eyes: Delivering patient treatment on time (Ophthalmology Service).

Runner-up: It's radiation therapy but not how you know it: Volumetric Modulated Arc Therapy for breast cancer (Radiation Oncology Service)

The Radiation Oncology Department at Christchurch Hospital treats approximately 240 breast cancer patients a year. The experience of patients receiving radiation therapy could be improved by reducing treatment times. This project aimed to successfully plan and treat a patient who required treatment to the breast, axillary nodes and internal mammary chain nodes with Volumetric Modulated Arc Therapy (VMAT). Through document reviews, education and meeting patients, using VMAT has reduced the daily appointment time by 50 percent, meaning that 12.5 hours of both patient time and treatment machine time is being saved.

Improved Health and Equity for All Populations



Winner: Motivating conversations: Developing a motivational interviewing education module for primary care professionals using a continuous quality improvement approach (Population Health and Access Service Level of Alliance, Canterbury Clinical Network)

This project aimed to achieve increased interpersonal communication skill levels between patients and primary health care providers by designing an education programme, 'Motivating Conversations', that was peer-led, brief, and focused on the practical development of motivational interviewing skills. More than 220 primary health care professionals attended Motivating Conversations between 2017 and mid-2018, and Motivating Conversations has maintained a high level of satisfaction among the participants and use in the workplace.

Runner-up: Sparklers: Helping tamariki live brighter (Community and Public Health)

Aiming to support tamariki to look after their own wellbeing, build positive mental health, and cope with life's challenges, Sparklers was collaboratively developed over two years as a free online wellbeing resource for school years 1–8. Evaluations have shown that the resource has been highly valued by school staff and other professionals, providing a common wellbeing language across students, school staff and other professionals, and normalised talking about and promoting positive mental health and wellbeing for the schools involved in the evaluation.

Best Value for Public Health System Resources



Winner: *The customised variant testing service: A family-specific genetic testing service in New Zealand* (Hospital Support and Laboratories/Canterbury Health Laboratories/Genetics)

This project introduced a local, customised service which allowed genetic testing of families with any known genetic variant at Canterbury Health Laboratories (CHL). The average turnaround time for CHL services is 22 days, as opposed to three to six months for overseas laboratories, with a cost of around \$355, compared with \$270–1600+ for overseas laboratory services – reducing anxiety for parents and their families, as well as saving money.

Runner-up: *Where are my pumps?! Reducing the time spent looking for clinical equipment using WiFi asset tracking and an easy-to-use website* (Clinical Engineering Emergency Department)

The Emergency Department's (ED) supply of infusion pumps often end up scattered around the hospital as their patients are transferred to wards. The aim was to provide a system enabling non-techie users to instantly find their clinical equipment, increasing the number of pumps available in ED, and decreasing the amount of time staff spend looking for them through tagging the pumps with a WiFi device and an easy-to-use website. The average number of pumps in ED increased by 73 percent to 12.

Improved Work-life



Winner: *Excellence in palliative care: A new approach to supporting aged residential care facilities* (Nurse Maude Hospice Service)

The Palliative Aged Residential Care Service was formed with the appointment of seven clinical nurse specialists who worked closely with facilities to identify and fulfil learning needs. In addition to staff education and collaboration, these nurses liaised with general practice and families to create a non-referral based service and a seven-day-a-week support rostered service. As a result, 95 percent of aged residential care facilities were contacted each month and education has been held at 97 percent of facilities. Staff have provided positive feedback on how education has improved confidence and clinical practice. This is supported by audit results showing appropriate referrals for residents with complex needs.

Runner-up: *Streamlining the vascular ward round: A time-out structure* (Ward 10, Vascular Surgery Department)

A time-out model, loosely based off the World Health Organization's Surgical Safety Checklist, was developed to improve workflow, hand hygiene, and communication without increasing administrative time on the vascular ward in daily practice. As a result, there was a significant improvement across a broad variety of measures after the time-out model was introduced, with no negative impact on consultation time.

Consumer Council Award winner



Reducing the Triple Whammy: Small group education to improve patient safety and reduce harm in primary care (Pegasus Health)

The Triple Whammy is a potentially dangerous combination of drugs which can cause acute kidney injury and significant patient harm. Beginning in 2011, education messages alerting clinicians to watch for the Triple Whammy were delivered through relevant rounds of the regular peer-led Small Group programme run by the Pegasus Clinical Quality and Education team, and again in 2013. By the end of 2017, data showed that the number of patients on the Triple Whammy combination had fallen from 3054 in 2010 to 1821, a reduction of around 40 percent.

People's Choice Poster Award winner



Radiology one-stop-shop for MRI general anaesthetic: A comprehensive solution (Radiology Department)

The aim of this project was to have a one-stop-shop for children and families to reduce the number of stakeholders, improve communication and reduce delays and movement of patients around the hospital. Changes were made to streamline pre-admission, patient care during treatment and recovery, valuing both patient and staff time. Patients only visit Radiology and are discharged from recovery having seen all key staff.

No level of violence against staff, patients or visitors is ok

Over the past two weeks there have been a number of serious assaults by patients against staff in our Specialist Mental Health Services, and I want to reiterate that no level of violence is acceptable. We are currently supporting several staff who have been assaulted while at work. It's simply not ok for people to be harmed at work.

I am extremely concerned at this increase in assaults. Thank you to the two groups of nurses I met with last week. As an immediate response we have increased the number of security staff, and we have a range of ideas, from staff, to assess and see what can be implemented.

As aggression and violence affects a range of staff, further forums are planned and all Specialist Mental Health staff will be welcome to attend.

Specialist Mental Health Services cares for people with serious mental health needs and often people come onto the site very unwell. Our staff manage challenging situations on a daily basis and they need to be acknowledged and respected for that.

The Canterbury region has been managing significant increases in the numbers of mental health patients following the earthquakes in 2011 which has also been exacerbated

by rapid population growth. These services continue to be provided in units that are regularly over-crowded and not designed in a way to support modern practice or the numbers of patients we're seeing. Experienced mental health nurses are a finite resource, and the demand for beds in the acute adult inpatient unit frequently exceeds capacity.

In May this year we agreed on a specific work programme with the New Zealand Nurses Organisation (NZNO) comprising a range of initiatives to support a safe and sustainable acute inpatient service. The project has been focused on addressing assaults and threats, and is looking at ways to proactively and systematically prevent, de-escalate and manage aggressive behaviour. The project has led to a strengthening of leadership roles and crisis admission procedures, and taking steps to create a more calming and therapeutic environment.

In response to this recent cluster of serious assaults we have boosted the number of security staff on the Hillmorton campus. In addition to the usual security staff, we now have two security team members working 24/7 in Te Awakura, the acute adult mental health unit. They are working under the direction of senior nurses, and can assist with incidents.

We are also looking at building up a new alternative workforce. This alternative workforce will be employed as Health Care Assistants, who will reflect the patient population in terms of ethnicity and gender. We will support and train them in contemporary mental health practice and they will be part of the clinical team. Work on the scope of these roles is underway. It's envisaged that as these roles are appointed, the need for security staff will decrease.

Worksafe assessment of Specialist Mental Health Services

Last week we met with Worksafe and together we are committed to address safety issues on the Hillmorton site. Both organisations are committed to working together to address safety issues within our mental health service.

Worksafe will carry out an assessment of our current Health and Safety policies, systems, processes and practices. This work will start before Christmas and the process will likely take a couple of months.

The assessment will be designed to cover the following:

- › to ensure we are meeting our obligations under the *Health & Safety at Work Act [2015]*
- › to understand how well we are identifying and managing risks
- › to promote ways of achieving sustained improvements in managing risks to health and safety.

Further staff forums will be held for all Specialist Mental Health staff

We know that violent and aggressive behaviour is a challenge for everyone working in Specialist Mental Health, not just nurses, and we are arranging additional forums to hear your ideas about what we can do to make work safer for everyone. We are now working with all unions, including the NZNO to come up with a range of immediate and longer-term actions.

What can you do to report aggressive or violent behaviour at work?

If you are subjected to violence of any kind at work, there are a number of things you can do, including talking to your supervisor/manager, or another senior staff member or colleague for support and advice. Any staff member can log an incident 24/7 in Safety First, our electronic incident management system, and you have an option to request follow up.

If you don't feel you're being heard, feel free to contact the General Manager of your service, one of the Safety Advisors in the People & Capability/HR team, or you can email me directly. The Wellbeing Health and Safety team supports all Canterbury DHB staff across more than 200 sites with implementation of the organisation's health and safety system, with a focus on the areas of highest risk. The team have a wide range of experience and expertise to support managers to ensure the health and safety of their people.

It's time to be kind

It's time to look after yourself and be kind and supportive to colleagues. If the lead up to Christmas is a difficult time for you, remember you can access free counselling through work via the [Employee Assistance Programme or Workplace Support](#).

If you're concerned about a friend or family member, tell them about text 1737 – it's a free 24/7 counselling and support service. You can text or call 1737 and someone will text you back or provide support over the phone.

Haere ora, haere pai
Go with wellness, go with care



David Meates
CEO Canterbury District Health Board

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

If you're a non-staff member and you want to subscribe to receive this newsletter every week please [subscribe here](#).



Bouquets

Sue Hollobon, Occupational Therapist, Child Development Service

We wish to thank you wholeheartedly for all your efforts and the guidance you provided that has allowed us to have a fit-for-purpose bathroom to suit my son's needs. The smile on his face when he is under the shower is priceless! Our lives are greatly improved. This was my biggest goal to have all the facilities he requires. I am the happiest mum now, I cannot thank you enough. We wish you a very Merry Christmas and Happy New Year. God bless you and your family.

Ward D1, Burwood Hospital

Thank you for all the kind care you gave my mother while on the ward.

Eye department, Christchurch Hospital

I appreciate everything you have done for me more than you will ever believe! I know I am not the easiest patient. This is the first time I have been in the hospital ill since getting my tonsils out when I was eight and it was incredible to see how hard working and genuinely caring everyone was. A significant thanks to Jo-Anne, Delia,

Sam, Yuri and the nurse who started two months ago who has an epic demeanour. Thank you so much.

All the staff in Pre-Operative, Operating Theatre, Recovery Ward, and Ward GG, Burwood Hospital

Dear Staff, just a short note to thank you all for your TLC after my hip replacement. I really appreciated your kindness and patience. I think the worst is over and I am making good progress. Last week I would like to forget but, from now on, it is upwards and onwards. Thank you all again – and I will never forget you.

Emergency Department (ED), Christchurch Hospital

I came into ED last night with a high heart rate and was blown away by the attention I received. I want to mention my nurse Shannon who went above and beyond caring for me.

Bone Shop and Ward 11, Christchurch Hospital

My wife was admitted to your hospital due to a fracture to her left ankle. We would like to express our sincere appreciation to the staff who assisted us in our time of need.

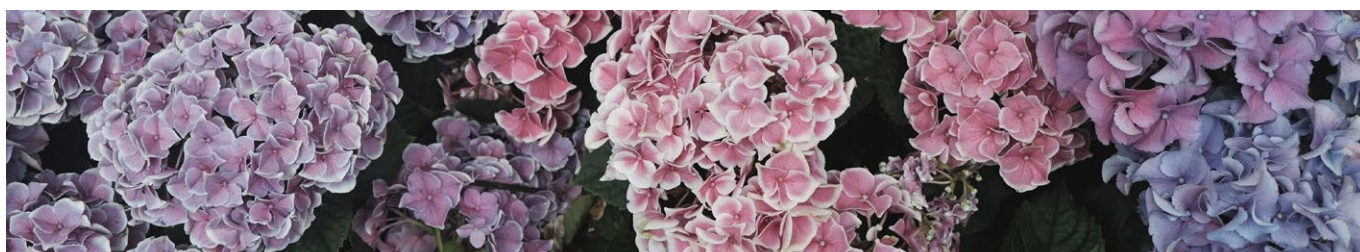
The staff in the Bone Shop on that night were absolutely fantastic, their compassion and caring nature was second to none. The professional nature in which they assisted my wife was magnificent. To the team in Ward 11 the level of professionalism, compassion and empathy was outstanding. My wife and I are truly indebted to all the staff and we wish you all a magnificent, safe Christmas and awesome New Year.

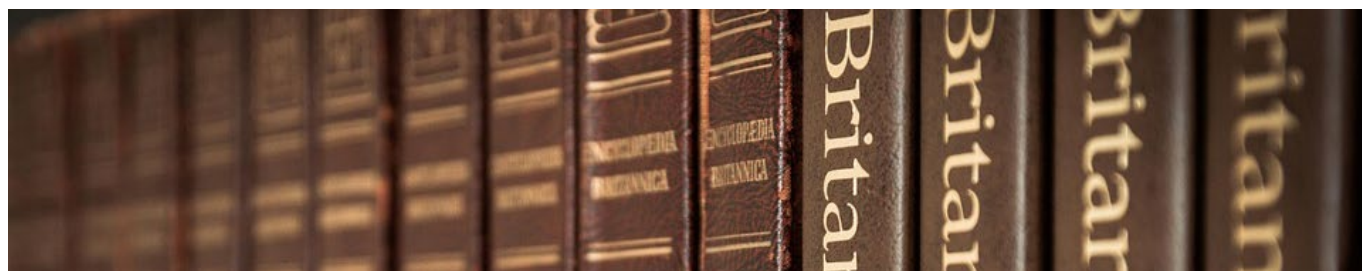
Burwood Hospital

Surgeon Jeremy Simcock and staff were fantastic. Thank you all very much. Despite a long day, you remained caring and professional. So proud and grateful we have folks like you.

Radiology Department, Christchurch Hospital

I recently had radiotherapy treatment at Christchurch Hospital. I would like to compliment the whole staff who were excellent, particularly Dr Iain Ward, Dr Patel and all of the Radiation Therapists. The therapists providing my treatment every day were extremely professional but also friendly and able to put me at ease during a very difficult time. Well done everyone!





The Library

Browse some of the interesting health-related articles doing the rounds.

["Patient safety after implementation of a coproduced family centered communication programme: multicenter before and after intervention study"](#) – A study focusing on structured verbal and written communication, health literacy, family engagement and bidirectional led to a reduction in harmful medical errors. From *British Medical Journal*, published online: 5 December 2018.


["Sensors developed to detect and measure cancer's ability to spread"](#) – In another step forward towards personalised treatment, researchers have found a way to measure the metastatic potential of single cancer cells. While more research is needed, this could ensure some patients may be spared aggressive treatment if their cancer is not predicted to spread. From *Science Daily*, published online: 5 December 2018.

["Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for the treatment of panic disorder, social anxiety disorder and generalised anxiety disorder"](#) – An in-depth look at the clinical practice guidelines for the treatment of panic disorders, social anxiety disorder and generalised anxiety disorder from the Royal Australian & New Zealand College of Psychiatrists is seen here. From *Australian and New Zealand Journal of Psychiatry*, published online: 30 November 2018.

If you want to submit content to **The Library** email communications@cdhb.health.nz.

To learn more about the real-life library for Canterbury DHB:

- › **Visit:** www.otago.ac.nz/christchurch/library
- › **Phone:** +64 3 364 0500
- › **Email:** librarycml.uoc@otago.ac.nz.




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Facilities Fast Facts

Acute Services building

It was exciting to see the progress that is being made in many areas during a quick look around the Acute Services building last week.



Neurology Operating Room on Level One

Christchurch Hospital shuttle

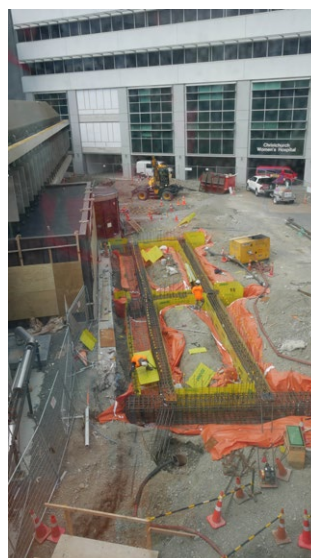
Canterbury DHB's hospital shuttle marked a significant milestone this week. The shuttle service has helped one million people get to and from the Christchurch Hospital campus in the four years that it has been operating.

In its first month of operation in October 2014, the shuttles moved 2,546 people. Now there are more than 5,000 people a week using the shuttles.



Christchurch Hospital's Operations Manager George Schwass celebrates the one millionth passenger transported in the DHB's Hospital Shuttle with driver Peter Parr and one of the shuttle's passengers Penny McCaull. It was impossible to pinpoint the millionth person, so everyone in the shuttle received a cupcake and flower

The Link



This week on the site of the Link – the bridge between Christchurch Women's and the Acute Services building – contractors did the first concrete pour for the foundations. With only 60m³ of concrete, this pour was small compared to the massive 12-hour pour for one of the sections of the Acute Services building. In that pour, 360 truckloads poured around 2,300m³ of concrete.

Diabetes Centre scheduled for demolition before Easter

The Diabetes/Home Dialysis Centre is one of Canterbury DHB's remaining earthquake prone buildings and after considering the long-term risks and likely cost of bringing it up to the required building standards, it is scheduled for demolition early in 2019.

There is a squash court adjacent to the centre that will also need to come down to allow safe access and use of heavy machinery during the demolition of the centre, and to increase the options for the future development of this area of the Health Precinct. The squash club has fewer than 20 members and while the DHB doesn't have a list to contact them directly, we have taken steps to inform them through the club secretary of our intent to demolish the club as part of the overall redevelopment programme.

The Big Shout Out!

Have you done your Big Shout Out yet?

We are one week into the 2018 Big Shout Out and are impressed each day by the efforts made to thank our people across Canterbury and West Coast DHBs.

It's clear so many people and teams in our organisation make an important impact on their colleagues – and it's so uplifting to see them receiving recognition.

If you haven't made a Big Shout Out yet, or would like to make more, it's easy! Simply go to your Max homepage and click on the Big Shout Out images directly below the search bar. You can send a message through Max with text only, or opt to add a photo of your written message, too.

To do this, find the Big Shout Out pack sent to your department, or find our groups of roaming volunteers who will help you send them. The volunteers' locations are advertised in the Canterbury DHB daily staff email, and weekly in the West Coast notices.

If you'd like to see all the Big Shout Outs that have been given, head to the Max homepage, keep an eye on your screensaver, or pop over to the [Care Starts Here Facebook page](#) (it's a closed group, but just request to join).

Any Big Shout Out you make puts you into the weekly draw for prizes donated by about 30 local businesses, including Christmas hams, family passes to local attractions, coffee vouchers, gift hampers, and much more. Click on the link in the Canterbury DHB daily staff email and the West Coast notices.

The Big Shout Out 2018 runs from 4-23 December and is a part of our People Strategy – Care Starts Here.



Work heats up for employees with disabilities at Can Do Catering

Last Monday, on the International Day of Persons with Disabilities, employees at a unique local catering business were gearing up for the busiest week of the year.

Can Do Catering is a social enterprise, employing people with disabilities.

Ron and Tommy have been working at Can Do since it launched in early 2015.

"I actually came up with the name," Ron says. "We can do! We can do anything."

He says it was scary going into the unknown at the beginning, but business came in "leaps and bounds".

"Now we've got 250 clients."

He is saving money for a trip to Australia next year.

"This job's good, we get the same pay as other people."

Tommy is Can Do's all-round helper. He can work alongside most of the other employees doing cold food preparation, and does dishes when they come back from events.

But his main gig is going out on delivery runs with the driver in Can Do's van, where he gets to meet the clients.

"It's a really good job. We enjoy it."

Manager Vicky Harris says she has been amazed by the stories Can Do employees have shared about their work.

"The stories had me in tears, I didn't realise the impact that we had made."

She says work gives people a sense of purpose, and the employees have gained skills as well.

"When we first started, buttering a piece of bread was quite difficult for some employees," Vicky says. "There's quite a few people who can now work independently."

Ron's goal is to cook banoffee pie from start to finish using his own recipe.

Each of the employees has different strengths, Vicky says.

"Mike, who has just started with us, he's an absolute whiz. In actual fact he's sort of put us on the back foot because we've got to have a lot more food prepared for him.

"Wendy, she's our blissball queen. She can go into the kitchen now and make blissballs from whoa to go, so that's a real achievement."



Tommy is Can Do's all-round helper



Khadag focuses on his catering work

Several DHB departments use Can Do's services. Helen Lapin, a seating and wheelchair therapist at the Adult Community Therapy Service, recently contracted Can Do to provide morning teas for a week-long wheelchair and seating course at Burwood Hospital.

"What a surprise we had each day as Can Do Catering delivered the morning teas," Helen says.

"We had scones, savouries, homemade biscuits, hot food, meat platter, and never two days the same.

"As a DHB service working daily with people with disabilities, it was a pleasure to be able to support Can Do Catering and to be working with such a professional team."

Patient deterioration New Zealand: Current state and future developments

Canterbury DHB staff recently attended and presented at an inaugural two-day conference on patient deterioration.

Jointly hosted by the Health Quality & Safety Commission and the Australia New Zealand Intensive Care Society (ANZICS), the conference brought together nursing and medical staff, quality professionals, educators, consumers and leaders in health care from across the country.

The programme covered a range of topics, including the New Zealand Early Warning Score (NZEWS), communication skills for 'difficult conversations', and patient, family and whānau escalation.

The NZEWS assists with the recognition and appropriate response to patients at risk of clinical deterioration as well as clinically deteriorating patients. The score supports skilled clinical assessment, decision making and care.

Quality Coordinator Child Health Graeme Webb shared a [case study](#) highlighting the work Canterbury DHB is doing to co-design patient, family and whānau escalation processes, while Nurse Specialist John Hewitt's presentation, "Torturing large datasets", looked at the journey of using data to inform and improve Canterbury DHB's practice.

The conference was a great opportunity to profile Canterbury DHB as the only DHB to fully implement the NZEWS and an electronic observation system, says Director of Quality and Patient Safety Susan Wood.

"Other DHBs with electronic systems are looking to learn from our expertise and experience in this area."

John says: "Since our implementation of EWS in September 2017 we can look at about a million vital sign sets. Using this data will help us refine our response pathway so we can use our resource appropriately. This means we will be better able to respond to a patient with the right person with the right skills at the right time."



Staff who attended the conference: Front row from left: ICU Specialist Neil Davidson, Unit Nurse Manager Nikki Ford, Nurse Specialist John Hewitt, Consultant Anthony Spencer
Back row from left: ICU Specialist Katherine Townend, Registered Nurse Heather McCurdy, Clinical Team Coordinator Delwyn Rattray, Child Nurse Specialist Tania Fowler. (Absent from photo: Graeme Webb)

John is a member of the clinically-focused Canterbury DHB NZEWS Working Group, made up of clinicians and a business analyst, which has been reviewing the DHB's capacity to respond to NZEWS.

He says the benefits of the conference included being able to meet and talk to others who are working in the same field and grappling with the same issues.

"The biggest and most powerful point of difference I found at this conference, compared with similar ones I have attended in the past, was the inclusion of consumers. Hearing their experiences and viewpoints, both good and bad, really reinforced how essential it is to continually listen to our consumers and include them in our work."

Patients across New Zealand should experience the same outcomes. The conference highlighted the importance of equity of treatment, and also how larger hospitals can learn a lot from smaller ones in the way they overcome obstacles and work with reduced resources, he says.

Mental Health Inquiry report released

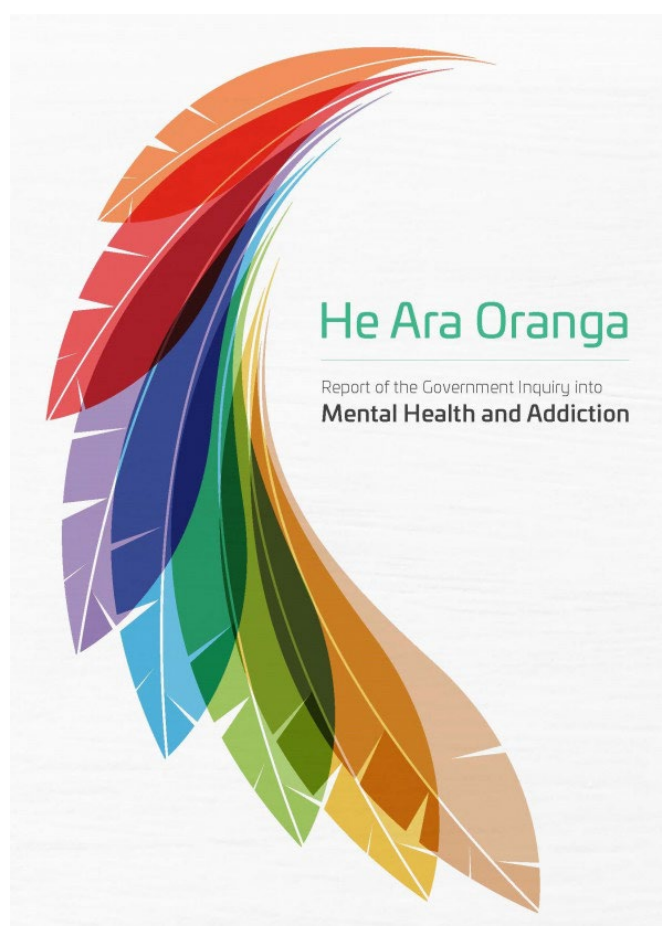
Last week the Ministry of Health released the report from its inquiry into Mental Health and Addiction. *He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction* sets out 40 recommendations to the Government, with the ambitious aim of transforming New Zealand's approach to mental health.

He Ara Oranga means Pathways to Wellness and, in keeping with this theme, the report outlines a vision of mental health and wellbeing for all – where a good level of mental wellbeing is attainable for everyone, outcomes are equitable across the population, and those who experience mental health and addiction problems have the support they need to regain their wellbeing.

The report acknowledges the aspects that are working well in mental health care but outlines a need for change and improvement. The report places people first, recognising that meeting the needs of individuals inevitably supports the greater needs of whole communities.

The findings provide a new opportunity to continue this important discussion and to work together to improve the whole system.

The Government intends to respond to the Inquiry in March next year. To view the report, visit the [Mental Health Inquiry website](#).



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HealthInfo is Canterbury's go-to site for information about your health.



Creating a thousand stories of change through Collabor8

One of the groups from this year's Collabor8 courses recently came together to share their projects with their peers.

Collabor8 has been running since 2009 and provides participants with an introduction to principles and tools of lean thinking, influencing change, culture and leadership, patient safety, personality styles and effective communication.

The participants represented a cross-section from across the organisation and varied roles.

Some staff looked at improving key procedures, such as Registered Nurse Rachel Taylor from Ward 27 General Medicine, whose project focused on speeding up the process for discharging patients. The solution values patients' time and could potentially save more than \$200,000 in staff time and meal costs. Rachel was thrilled with the result.

"Collabor8 has given me an experience that I would never have otherwise had as a Registered Nurse. It really took me out of my comfort zone, which was uncomfortable but I felt good about it. I found people were excited about change, possibility and making a difference," says Rachel. "People provided their expertise and advice, or helped me find the right people to talk to. My line manager backed me 100 percent, which contributed to the success. I'm now confident that this project could be turned into a pilot that other teams might adopt."

Many of the projects focused on making smaller changes that will significantly reduce staff time and/or costs. For example, Nurse Maude Hospice Registered Nurse Paula Laugesen's project developed after noticing she and her colleagues were constantly searching for the right incontinence products for patients. She set about creating her 'Wee Project' – designing and implementing a simple incontinence product form that ensures the correct incontinence items were available in patients' rooms. Such a simple change will potentially save more than \$26,000 in staff time over a year.



Proud Collabor8 participants after presenting their projects

Some projects, such as those by staff from the Maternity Ward at Christchurch Women's and Te Whare Manaaki, focused on sustainability solutions to reduce single-use plastic waste, while others helped departments streamline processes, become Paperlite, or improve the patient experience.

All of the projects had one thing common – they were conceived from issues and frustrations that might be overheard in the kitchen or tearoom.

Chief Medical Officer Sue Nightingale is impressed with the innovation and variety of the projects.

"So many of these projects appear as operational changes but there's a cultural change behind them. It's about doing the right thing, instead of just doing what we've always done."

Director of Service Improvement Brian Dolan said it was particularly encouraging to see so many managers attending to show support for their staff members.

"The Collabor8 course is run with a philosophy of inclusivity, meaning anyone from across the Canterbury health sector can enrol in it and help make our health system even better."

For more information, search for Collabor8 on [healthLearn](https://www.healthlearn.org.nz/).

Lots of fun at no-holds-barred annual boat race

Twenty-one boats of excited paediatric staff in a variety of fancy dress outfits braved the wild and challenging rapids of the Avon River last Friday for the annual Paediatric Boat Race.

The team met at the Play Room and paraded around Christchurch Hospital's Paediatric wards before gathering at the Antigua Boat Sheds, choosing their vessel and making their way to the start line about 150 metres up-river.

As usual the start line was a disorganised melee of splashing, jostling and cheating, says Paediatric Registrar Nicola Carroll.

"The course was interrupted by water balloons and slime thrown by the supporting crowd. The leading pairs got to the finish line and then 'helped' their colleagues by tipping their boats and there was more splashing."

The race was won by Physiotherapists Elsa Gordon and Renee Duchatel. After prize-giving everyone enjoyed a delicious selection of food organised by the University of Otago.

The Boat Race is an annual event that we look forward to year on year, Nicola says.

"It is a great opportunity for staff from a variety of disciplines and different wards to get together and engage in a bit of healthy competition."

This year there was representation from pharmacy, speech language therapy, dietetics, Maori health, physiotherapy, play specialists, paediatric medical and surgical, nursing and trainee interns.

"Next year we would love the Neonatal Unit to provide some teams to challenge us for the legendary cup," Nicola says.

Special thanks to the Antigua Boat Sheds, Medical Illustration and University of Otago.



Boat race winners, Physiotherapists Elsa Gordon and Renee Duchatel



The excited competitors before the race



'Wiener' of best outfit: Ward 22 Nurses Amanda Savage and Chelsea Corbett in their hot dog costumes

Novel approach to alleviating disadvantage

Owning a good quality, well-maintained bike can transform your life.

Cycling is great for physical health and fitness, contributes to mental wellbeing, enables access to recreational places difficult to get to on foot or bus, offers a fast and efficient transport option and generates a sense of freedom and independence.

However, for many people on low incomes, buying a bike can be fraught with difficulties because cheap bikes can be prone to malfunctioning, says Health Promoter at Community and Public Health, Meg Christie.

"To help address this issue Community and Public Health initiated a pilot project whereby people who access Specialist Mental Health Services or Corrections are supported to buy good quality, second-hand bikes."

The 'BuyCycles' project provides the initial finance to buy a bike which suits the client's choice, physical needs and price range. The client then pays off their debt, interest free, at a rate that does not cause financial hardship.

"This supported purchase model is a novel approach towards alleviating a health disadvantage, in this case a transport disadvantage," she says.

Feedback from customers and case managers in the first seven months has been extremely positive.

Over two-thirds say they use their bike every day, are saving money on other types of transport and their mental wellbeing has improved.

"They say the bike has provided them with an enjoyable method to increase their physical activity which has a positive spin-off for their overall health.

"One customer said riding in Bottle Lake Forest or on the Rapaki track helps his mood."

Harley and Caroline on their way to do some shopping

Another does a paper run and appreciates his sturdy bike with rack to carry several kilos of advertising material. He had previously been experiencing back pain from hauling the load.

His partner also bought a bike through the scheme and anticipates using it when she gets a job. In the meantime, the couple can access more places, further afield, more cheaply and get exercise together while they are at it.

Most clients say it is easy to budget \$5 per week and already 13 people have completely paid off their debt. With a sharp look out for quality bargains and the small team of volunteer mechanics fine tuning the purchases for free, the average cost of a bike, helmet and lock has been just over \$100.

A few bikes have been donated and these have been restored and on-sold for a fair price, which has helped offset unforeseen expenses, for example, when two clients had their BuyCycles bikes stolen the project was able to replace them with no extra debt accrued, Meg says.

The project is seeking referrals from organisations working with clients who have accessed Specialist Mental Health Services and/or Corrections who would benefit from owning a good bike. For more information, email [Meg Christie](#).





10 December 2018

Holiday publication dates and deadlines for the CEO Update



The last *CEO Update* for 2018 will be a Christmas special, to be published next **Monday 17 December**, with a deadline of midday this Thursday 13 December.

Please send in your Christmas-themed photos – whether it's decorations, a tree, a festive team outing or activity. Share the love and help us spread some Christmas cheer.

The first issue for 2019 will be published on **Monday 21 January**, with a deadline of midday Thursday 17 January.

Feel free to share some holiday snaps to show how you made the most of some time off work.

Photos and stories should be sent to communications@cdhb.health.nz

We're always after new people to interview as part of our 'One Minute With' series – so feel free to nominate a colleague or yourself.



Patients prescribed medications for longer than recommended – at a cost

Almost half of patients are being prescribed common medications for longer than recommended, putting them at unnecessary risk of harmful side effects, new research shows.

The findings come from a study of 50,000 patients, led by University of Otago, Christchurch, Professor Dee Mangin, who is also a general practitioner and Professor of Family Medicine at McMaster University in Canada.

The 50,000 patients were Canadian but Dee says results are relevant to New Zealanders.

"From guidelines to electronic prescribing systems to our measures of quality, medical systems are geared to starting medications, but not stopping them. For many drugs, use is intended to be medium term rather than a life sentence."

When drugs are taken for longer than required the balance point tips and the risks then outweigh the benefits. Added to that is the fact that taking more drugs than necessary, often called polypharmacy, can result in dangerous interactions between medications or between medications and other conditions, she says.

Professor Mangin and her colleagues analysed the de-identified medical records of 50,000 people prescribed medications for depression, heartburn and acid stomach, osteoporosis and the prevention of loss of bone density.

The researchers found 43 percent of all patients were prescribed these medications for longer than recommended, and a substantial proportion were still taking them.

There are many reasons for what the study found, Dee says.

"Most prescribing systems have no controls to flag the end of an intermediate-term prescription, while routine re-prescribing software features are usual"

These results are therefore not surprising and indicate a need for system-oriented change that encompasses prescribing systems, education and patient-pharmacist-physician communication on appropriate stopping of drug therapy.

Patients on multiple medications should take all their drugs to their general practitioner for a review, at least annually, to talk about whether there are possibilities of lowering the number of medications taken, she says.

Celebrations as Ashburton Hospital staff graduate



Back: IQ Training Advisor Ben Clark and right front Hospitality Services Manager Stephanie Radford with catering staff graduates



Third from left, Hospitality Services Manager Stephanie Radford and Careerforce Workplace Advisor Andy Bunn with Ashburton Hospital cleaning staff graduates



Far left, Hospitality Services Manager Stephanie Radford, rear middle Careerforce Workplace Advisor Andy Bunn and rear right Orderly Educator/Assessor Craig Stewart with orderly graduates

A number of Ashburton Hospital staff were celebrating recently as they graduated with Careerforce qualifications.

WellFood staff achieved the Catering Services Level 3 certificate run by Service IQ, and Ashburton's Housekeeping team were awarded the New Zealand certificate in Cleaning Level 2 through Careerforce.

The Ashburton orderlies achieved the New Zealand Certificate in Health and Wellbeing Level 3 Orderly Services also through Careerforce.

Those attending included Commercial Portfolio Manager Rachel Cadle, Administration Services Manager Philippa Waters and Manager Hospitality Services Stephanie Radford, who acknowledged the effort that all of the staff had put in over the past year.

Careerforce and Service IQ representatives were also present to congratulate the graduates on their achievements.

The teams are wholeheartedly congratulated on their achievements; all of the graduates had to complete between seven and nine months of extra-curricula study, and were continually assessed through this period.

A big thanks to internal assessors, Craig Stewart – Orderlies, Donna Handy – Housekeeping, and Leigh Neville – Food Services, who not only provided guidance and training but also encouraged and engaged with those taking part.

Well done everybody.



Orderly Phil Caine and Melissa Anderson cutting the graduation cake

Don't forget to Slip, Slop, Slap and Wrap

With the approach of Christmas, its barbecues and holidays, and longer summer days it's timely to think about protecting ourselves and our children from sun damage from the harsh New Zealand sun.

A recent survey of 26 early childhood education settings by Canterbury DHB's Community and Public Health division and the Cancer Society showed that teachers are conscientious about helping protect children by providing spare hats and sunscreen.

All had sun protection guidelines (including shade cover, children needing to wear wide-brimmed hats outside, and children getting sunscreen re-applied).

However, feedback from the early childhood teachers suggests that not everyone knows that sunscreen is more effective if applied 20 minutes before going into the sun, that all children need protection, whatever the colour of their skin, and that sunburn can happen even on cloudy days.

Cancer Society Deputy Manager Health Promotion Amanda Dodd says it's important to emphasise the SunSmart message of 'Slip, Slop, Slap and Wrap' for everyone (slip on a shirt or into the shade, slop on sunscreen, slap on a hat, and wrap on sunglasses.)

"Something else that we may all overlook is that it's best to cover up children with clothing that falls below elbows and knees."

Hagley Community Preschool Director Jocelyn Wright says she often talks with families new to New Zealand and they are not always aware of how harsh the sun can be in this country.

For more information on how to be SunSmart visit [here](#) and [here](#).



Fertia Taiulu, Kidsfirst Kindergarten Hoon Hay, shows her sunhat with its uniquely painted symbol

Max is the best way to stay in the loop in the lead-up to Christmas

Head over to Max to find announcements and quick facts on the homepage, along with articles for more in-depth information that you can find by typing 'Christmas 2018' in the search bar.

Working through Christmas? So is Max! Max is still your best point of contact over the Christmas period and will ensure your query gets to the right place.

Are you feeling like you need a Max refresher? Training opportunities will be announced in the New Year so keep an eye out for dates and times.

Mere Kirihimete from the People and Capability team.

One minute with... Sally Powell, Nurse Practitioner, Respiratory and Sleep Services

What does your job involve?

Within the Respiratory Service, being a Nurse Practitioner with Sleep Health is my main focus. My role involves caring for adults with symptoms of sleep deprivation and the flow on effects. I work with complex ventilatory dependent patients, case managing their care, and developing a consultancy role within the Respiratory and Sleep services. My daily practice is from a nursing lens, with diagnosis, treatment, management and prescribing forming an autonomous nursing role. I work regionally within Canterbury, West Coast and South Canterbury regions, as well as holding marae-based sleep clinics here in Christchurch. I work in a small team of specialist colleagues that comprises a physician, nurses and scientist from both primary and tertiary care. My nursing support is via the Cardio Respiratory Integrated Specialist Service (CRISS) team with networking a major component of this team.

Why did you choose to work in this field?

Over many years, I have found my way back into Respiratory. I enjoy the aspect of long-term conditions and transitioned into Sleep Medicine as a role developed. I have discovered a passion for Sleep Health in general. Whilst a majority of my role is around dyssomnia and parasomnia conditions, the importance of Sleep Health in our community is not well understood.

What do you like about it?

I work in an exceptional team, with outstanding mentorship. I also enjoy challenging conditions. Getting to know and listen to the patients is probably the most rewarding part.

What are the challenging bits?

One of the most frustrating is capacity outweighs resource.

Who inspires you?

Easy, children! They see wonder, magic and mystery in the world, and adults tend to forget that these things exist!

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?

Being good to ourselves. How well do you sleep each night?



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

I have been known to enjoy occasional mischief!

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

A quiet spot away from the crowds.

What do you do on a typical Sunday?

Finding wonder, magic and mystery!

One food I really like is...

A decent vegetable soup.

My favourite music is...

I have eclectic taste – as long as it has a good beat – and I prefer it loud!

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

Canterbury Grand Round

Final Grand Round for 2018

Friday 14 December 2018 – 12.15 to 1.15pm with lunch from 11.50am

Venue: Rolleston Lecture Theatre

Speaker 1: Dr Rob Corbett, Paediatric Oncologist
"Cancer: Career, Controversy and Cure"

This talk describes a career in paediatric oncology in New Zealand, spanning almost 24 years – the creation of our service, improvements in survival and lingering disappointments. And a look to the future – disruptive technologies and the prospect for cure.

Speaker 2: Dr Paul Chin, Clinical Pharmacology
"Electronic clinical decision support for medicines"

MedChart has tools that provide opportunities to give clinicians timely guidance: at the point of prescribing/administering medicines. We will review a series of vignettes of how these tools have been used at CDHB, including data on apparent impact.

Chair: Amanda Lyver

It is requested out of politeness to the speaker that people do not leave halfway through the Grand Rounds. This talk will be uploaded to the staff [intranet](#) within approximately two weeks.

Video Conference set up in:

- › Burwood Meeting Room 2.3b
- › Wakanui Room, Ashburton
- › Administration Building, Hillmorton
- › The Princess Margaret Hospital, Riley Lounge
- › Pegasus, Room 1.02

All staff and students welcome.

Next is – 2019

Rolleston Lecture Theatre

Convener: Dr R L Spearing – ruth.spearing@cdhb.health.nz

The latest edition of eCALD news is out now

CALD refers to culturally and linguistically diverse groups who are migrants and refugees from Asian, Middle Eastern, Latin American and African (MELAA) backgrounds.

This news edition includes:

- › eCALD® Research Commentary 26th Edition focuses on problem gambling, drug and alcohol addiction in Asian and other ethnic minority communities
- › "Working with Addiction with CALD Clients" face-to-face course
- › Award winning project helping Colombian refugees to settle into Nelson and to cope with change
- › CCIG Newsletter: "Mental health of Asian LGBTI Population in Auckland"

[Find out more here.](#)





3D Printing in Medicine Summer Course 2019

Open
now for
registrations

For health professionals, bioengineering or health-research students, and allied health industry innovators.

- 3D printing basics
- Additive manufacturing of medical devices
- Biofabrication and bioprinting
- Challenges facing clinical and commercial translation
- Discussion of clinical case studies

Learn from international and national experts, clinicians and MedTech professionals leading 3D printing research as well as clinical - and commercial-translation:

- Visiting Chaffer Fellow, Professor Jason A. Burdick, University of Pennsylvania
 - Professor Peter F. M. Choong, University of Melbourne
 - Professor Simon Fraser, Victoria, University of Wellington
 - Professor Jürgen Groll, University of Würzburg
 - Professor Gary Hooper, University of Otago
 - Mr Paul Morrison, Ossis Ltd
 - Professor Tim Woodfield, University of Otago
- Plus more confirming soon

www.otago.ac.nz/3dprintmedicine

11-14 February 2019

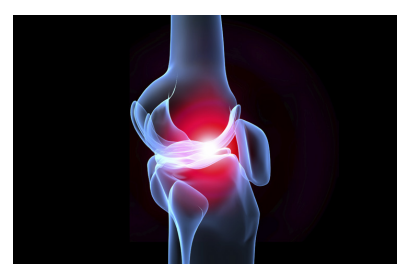
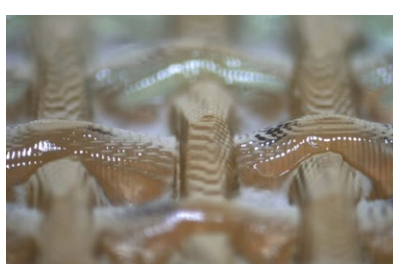
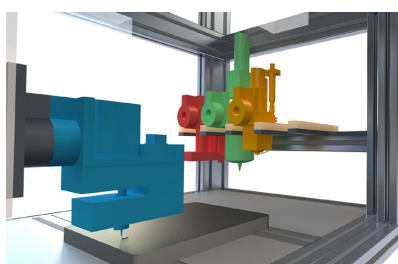
University of Otago, Christchurch
2 Riccarton Avenue,
Christchurch,
New Zealand.

Retaining our
special inaugural
registration fee
structure:

- \$600** gst incl. standard registration
- \$400** gst incl. student registration
Morning/afternoon teas and lunches provided



Register before
December 18th 2018
to avoid late fees



Study@Otago Genomic Health and Medicine



Be amongst the first in New Zealand to study the emerging field of Genomics

Are you interested in the fast moving technology that is genomics, and its application to improving health? Maybe your patients have asked about 23and Me? Or you may have heard about OncotypeDx?

We invite you to consider our new postgraduate paper, **Genomic Health and Medicine**, being offered for the first time in New Zealand from 2019.

Taught by distance-learning by leading academics from the University of Otago, you can do it in your own time, from anywhere in New Zealand. It can be taken as a stand-alone paper or as part of one of our postgraduate Health Science programmes.

This is the first post-grad paper on this topic and is open to anyone wanting to learn more about this fast moving technology and its application to healthcare – including researchers, policy makers, scientists and healthcare providers. It will be practical, equity focussed and relevant to Aotearoa.

Internationally genomics is huge. In the UK – all health professionals can upskill in this area for free. Unfortunately we are not there yet, but genomics is here in Aotearoa. You can even buy home genome testing kits – such as 23 and Me. Your patients may have done it.

So if you want to develop your knowledge and skills in this new technology, take a look at www.otago.ac.nz/study-genomics or email sara.filoche@otago.ac.nz or michelle.thunders@otago.ac.nz