



Thank you

As I prepare to head out the door on Friday for the last time, I want to say thank you and farewell.

It is almost 12 years since I started at Canterbury DHB. I couldn't possibly have known how rewarding, challenging, exciting and enriching the experience would be. It's been an absolute privilege to work alongside you all, and I'm so grateful to have been part of such a talented, passionate and committed health system team here in Canterbury and on the West Coast.

Together we created an integrated health system that was underpinned by three strategic goals centred around people and aimed not to waste their time:

- › People take greater responsibility for their own health – the development of services that support people/whānau to stay well and take increased responsibility for their own health and wellbeing.
- › People stay well in their own homes and communities – the development of primary care and community services to support people/whānau in a community-based setting and provide a point of ongoing continuity, which for most people will be general practice.
- › People receive timely and appropriate complex care – the freeing up of hospital-based specialist resources to be responsive to episodic events and the provision of complex care and support and specialist advice to primary care.

This has enabled us to manage some of New Zealand's largest disasters in a way that has ensured our community has had, and continues to have, access to health services.

We have come a long way over the past 12 years: whether it be models of care and changes to service delivery; the creation of Community HealthPathways (now in 47 health

systems) and Hospital HealthPathways; use of electronic systems ERMS, Cortex, Patient Track, HealthOne/Health Connect South, SIPICS and max.; the acute demand programme that now supports 34,000 people in a community setting instead of a hospital; mental health services (both specialist and non-governmental organisation/primary and community care); ongoing earthquake repairs; the inclusion of the Chathams in our system; the TransAlpine Services with the West Coast and lots of new facilities including Kaikōura, Rangiora, Akaroa, Ashburton, Burwood Hospital, Christchurch Outpatients, Christchurch Hospital Hagley, Mothers and Babies, Eating Disorders and Child and Youth facilities; and on the Coast: Te Nikau Hospital & Health Centre and Buller Health Centre.

We now operate a system in Canterbury that has a single source of data truth and is run with real time data and information that enables active 24/7 patient flow. Every discussion and decision about services is immersed in data and how to 'make it better'.

The focus and orientation of the Canterbury Health system is on 'how to make it happen' as opposed to 'why it can't happen'.

The Canterbury Health System is curious, comfortable with innovation and rapid change (as long as they have been part of designing it) and most importantly every part of the Canterbury Health System 'gives a damn' about community, citizens and patients.

Most of all, I want to thank every one of you for the part that you have played in creating the Canterbury Health System.

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Thank you for your courage, your willingness to make a difference, the remarkable way that you have responded to every possible challenge by making the Canterbury Health System one of the most integrated health systems in the world.

Not once has the Canterbury Health System lost its focus on delivering the best possible care to its community. Despite every challenge that has been thrown its way Canterbury has steadily remained one of the best performing health systems anywhere in the world. This is something that you can all feel rightly proud of. Your effort has been simply extraordinary, time and time again.

Thank you all for being wonderful leaders and serving the people of Canterbury. You have all committed to making a real and tangible difference to our people. I have been privileged to have worked with you all as we collectively faced some incredibly daunting challenges.

The real strength that you have all demonstrated over and over is that we are so much stronger together. Thank you for all the support that you have provided over the years.

I wish you all the very best for the coming challenges and opportunities in the knowledge that our community has a health system in Canterbury committed to doing whatever it takes to "make it better"

Ehara taku toa i te toa takitahi, engari he toa takitini. Success is not the work of one, but the work of many.

As I'm about to leave I thought this whakataukī, 'Haere whakamua, titiro whakamuri' seemed very apt. It encourages us to walk into the future, with our eyes open to the past.

Take a moment to look back and reflect so you can move forward.

Canterbury and West Coast has been through a lot over the past ten years and the Canterbury and West Coast Health Systems have had to respond in extraordinary ways

4 September, 2010	Mag 7.1 earthquake
19 November 2010	Pike River Mining Disaster
22 February 2011	Mag 6.3 earthquake
13 June 2011	Mag 6.4 earthquake
23 December 2011	Mag 6.0 earthquake
2013 and 2014	Several serious floods
14 February 2016	Mag 5.7 earthquake
14 November 2016	Mag 7.8 earthquake
13 February 2017	Port Hills fire
15 March 2019	Terrorist attack on mosques
29 March 2019	New Outpatient facility flooded with 15,000 outpatient appointments cancelled & rescheduled
11 December 2019	Whakaari/White Island
February 2020 onwards	COVID-19

David's farewell tour

I have spent some time over the past few weeks visiting clinical and admin teams to thank them for all of their work, especially throughout this year, which has been particularly trying for our health system.

When I stopped in to see the team at the Child Haematology Oncology Centre (CHOC), I was honoured to be invited to leave my name on Dot the Giraffe (pictured right), a special permanent member of the team. Dot was gifted to CHOC in 2015 as part of the "Stand Tall" project that saw 52 giraffes decorated and displayed around Christchurch as a symbol of hope. Dot is now part of the fabric of CHOC with every child having the opportunity to place their own special coloured spot as a symbolic form of memory making of their time on CHOC.

Staff who have formed part of CHOC Unit are similarly remembered and acknowledged.



My dot was in recognition of my support for the Paediatric Oncology Service in 2010 when it took on patients from the Wellington region and its move to the current purpose-built facility in 2015.

I was so impressed by the team at Canterbury Health Laboratories (CHL) who have been working above and beyond supporting New Zealand's COVID response. Despite the facility constraints they are an awesome team doing superb work.

When in Ashburton, there was time for a cuppa and a chat with Sue Hopkins (pictured right), the coordinator of the DHB's Elizabeth Street Day Care Centre. The Centre is open weekdays and provides a range of services and opportunities for social activities for locals with age-related disabilities.

CHL visit: David with Pathologist Assistant, Anatomical Pathology Ron Laforteza



Why does Canterbury DHB have a deficit?

There have been a large number of requests for clarity about Canterbury DHB's deficit position in response to some poorly informed comments made in recent weeks.

For the sake of clarity, and to remove any ambiguity, I hope that the following summary will help all staff understand why we have a deficit.

The aftermath of the earthquakes and subsequent decisions from central agencies has continued to have a significant impact on our DHB. While our collective focus over this past decade has been on efficient and effective provision of services we have continued to grapple with a number of factors outside our control. These factors that contribute to the DHB deficit can be best summarised as follows:

1. Earthquake-related depreciation costs (>\$35m per annum (pa))
2. Earthquake/insurance-related capital costs (\$23m pa)
3. The decline in Canterbury's funding share (>\$60m pa)
4. Delays in the delivery of Hagley and other facility-related inefficiencies as a result of the earthquakes (>\$60m pa)

The combined total of these four drivers alone is \$178 million per annum, and each year Hagley is delayed we have to pay for another year's worth of outsourced/outplaced surgery.

Capital charges are the funds we pay to the government – much like a tax on our assets. And when we invest in new facilities, we are liable to pay more capital charges.

Depreciation is a way of spreading the cost of replacing big assets, such as buildings or expensive equipment, over the life of that asset. Depreciation rates are based on the value and useful life of an asset. With the repair of damaged buildings post-quakes, we have had to invest significant money to be able to continue to use these facilities. This increases the value of the assets and therefore, the funds we pay the Crown. However, their life has not been extended and this results in a higher depreciation level than would be expected, which impacts our financial results. We pay \$50m more each year in depreciation charges than a similar sized DHB, which directly impacts on the resources we have to allocate to services.

Recent Statistics NZ work verified that Canterbury's population has grown at a higher rate than the New Zealand average (1.35% vs 1.26% annually) and growth has remained steady over the past three financial years. We have approximately 11.5% of the country's population, but our share of population-based funding has declined markedly, particularly since 2014/15 (from 11.11% to 10.73%).

Our share of population-based funding has not matched funding increases of similar sized DHBs who have recently had significant drops in their populations according to recent Statistics NZ estimates.

From 2014/15 to 20/21 our funding per capita of population increased by 18.6%. Over that same time period the average increase across large DHBs was 26.9% and the national average increase for all DHBs was 24.7%. If Canterbury continued to be funded at 2014/15 rates, it would have over \$70m more revenue this year.

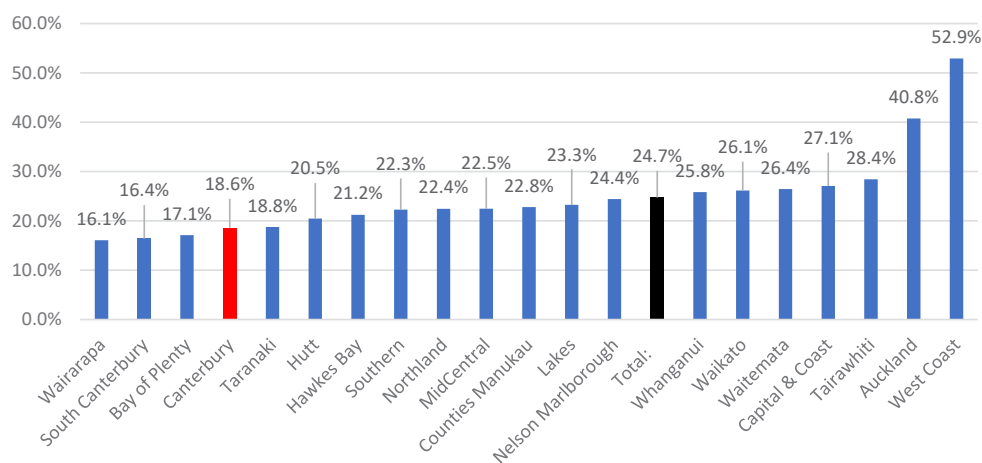
FACT: Every year Hagley has been delayed we have had to pay millions to outsource and outplace surgery in the private sector. Delays to Hagley & other facility-related inefficiencies cost us more than \$60 million each year.

FACT: If Hagley, the Acute Services Building, had been delivered on time in 2018, we would be in a break even position now.

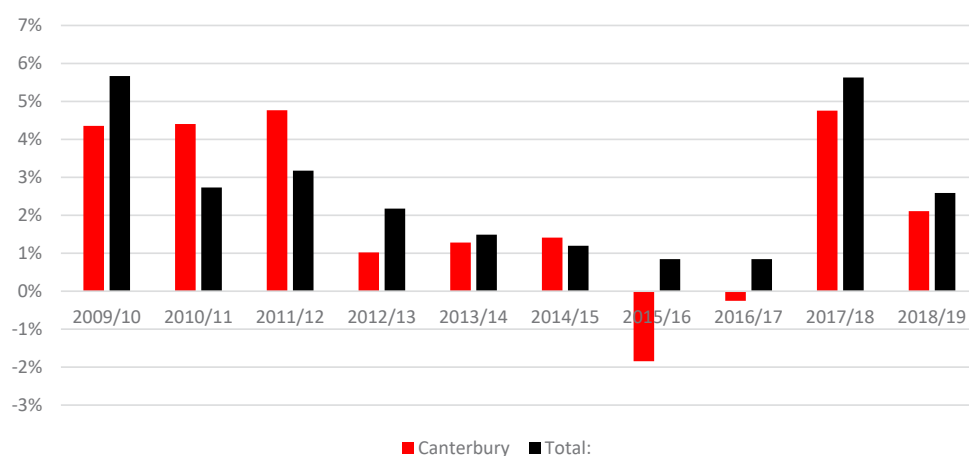
FACT: Canterbury's lower funding share which declined sharply in 2014/15, impacts further than our base funding. It is applied to new funding and PHARMAC uses it for allocating additional funding for pharmaceuticals irrespective of the specific population need. This year alone the gap between our PHARMAC- forecasted pharmaceutical spend and the population-based funding allocation is \$14m.

FACT: Between 2012-2020 Canterbury DHB received \$723,901,000 in equity (funding) from the Ministry of Health. However, during that same period Canterbury DHB paid back \$700,985,000. Therefore, the net additional equity (cash/funding) injection from the Ministry of Health during that period was \$22,916,000.

Increase in per capita funding 2014/15 to 2020/21

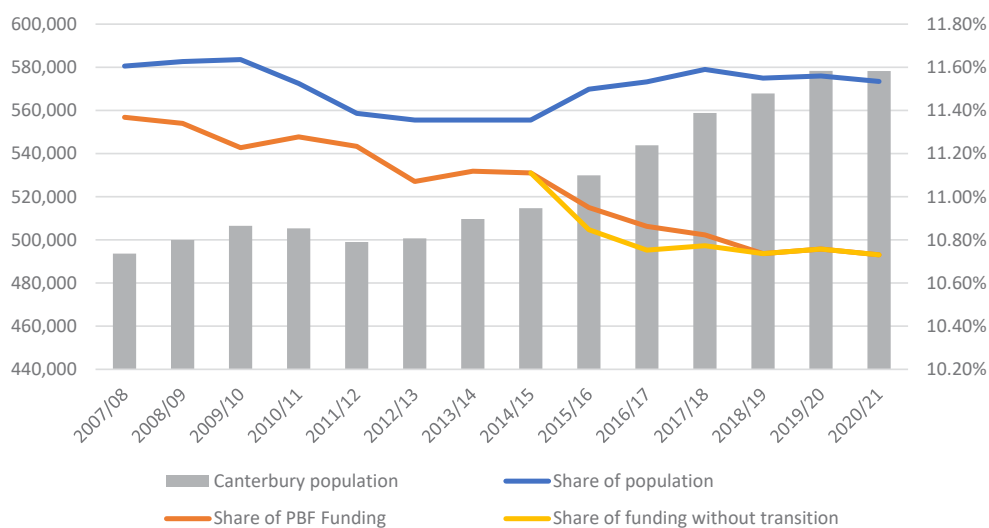


PBFF annual increase on a per capita basis



The above table refers to population-based funding formula increases 2009/10 – 2018/19

Population, share of population and share of funding



How do our financial controls rate?

As stewards of public assets we are proud of our achievements in these areas.

The Treasury oversees a process to determine an organisation's capability and maturity in managing investments and assets. The assessment draws on international best practice and encompasses nine elements to determine a score and rating.

Canterbury's Investor Confidence Rating (ICR) is a three-yearly evidence-based assessment of our performance in managing investments and assets critical to the delivery of services.

Our latest assessment was a B, with the highest score across the DHBs in the tranche undertaken in 2019. We have been one of only a few DHBs that have improved our rating over the two assessments done to date, as each assessment is tougher than the last.

Our internal audit process works to a three-year cycle of reviews where our Board and Quality Audit Risk and Finance Committee determine the areas that they wish to be focused on. These audit reports are then provided back to the Board for their scrutiny.

We have received consistently good ratings on our robust financial controls. Financial controls include things like Delegations and Approval processes and policies, and we are subject to regular audits of these, from both internal and external auditors.

It's worth noting that our deficit situation has absolutely nothing to do with our financial controls.

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FACT: In recent years, four external reviews of our finances have concluded that when compared with other DHBs we are operationally efficient.

Canterbury DHB's Statement of Service Performance, a key accountability document, proves that we have delivered to our population what we were supposed to, and our Statement of Service Performance has consistently received the highest possible rating from Audit NZ, proving that we do what we say we do.

Together we have created a system built on trust.

Change happens at the speed of trust.

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 not a staff member and you want to subscribe to receive this newsletter every week please [subscribe here](#).

**HE TIROHANGA
ANAMATA**

**REIMAGINE
WELLBEING
TOGETHER**



**Mental Health
Awareness Week**

21-27 September
www.mhaw.nz



Bouquets

Deans Ave carpark and Outpatients

I had an appointment today at Outpatients so I parked in the Deans Ave new parking area. I have lots of complimentary feedback – it was easy to find and use the carpark; great staff, very helpful at the site for paying/exiting; the shuttle was free/running/helpful driver/timely; cheap parking fee when compared to the same time on my last visit when I parked on the street for about the same length of time; and it was good to be able to have my blood test at the Outpatients building so I didn't have to go elsewhere and retrieve or return to my car in between. I will be needing to use the Deans Ave carpark again in the future and will happily! Thank you very much.

Nursing team, Ward 24, Christchurch Hospital

Two weeks ago, I came to visit you under circumstances that I didn't know much about. I was very lucky to be in the hands of capable young people. I wish you all a great future. I will remember my stay in Ward 24 for the rest of my life, thank you.

Radiology, Christchurch Hospital

I would like to pass on a huge bouquet to John Crichton and his team in Radiology. I had a steroid injection into my lower back which has worked. For me, this is such a relief and I can't thank John enough for obviously using a steroid that worked. Please pass this on to the team.

Urology Outpatients, Christchurch Hospital

The staff were amazing. From the staff at the desk, through to the registered nurses and Dr Jane MacDonald. Thank you for putting me at rest. Wonderful team.

Adam Gartner, Surgical Assessment Review Team (SARA), Christchurch Hospital

Dr Adam Gartner was excellent, very professional, clear and empathetic. Thank you.

Medical Day Unit, Christchurch Hospital

I have been looked after very well here. The medical staff are great and have big hearts towards patients. Thanks to everyone.

Oncology Department, Christchurch Hospital

I appreciate the way that we never have to wait long. The staff keep to a timetable very well, which is helpful since the rest home where my friend resides books the wheelchair taxi in advance for the return journey.

Ward 18, Christchurch Hospital

Massive thanks to all the staff. From the nurses and cleaners to WellFood services, there is a perfect mix of relaxed friendliness and professionalism. An especially big thanks to Simon, who was always willing to go the extra mile and make my stay really comfortable. A massive shout

out to the WellFood staff for the best hospital food I've ever had – I could eat that Spanish rice every day.

Ward 20, Christchurch Hospital

You have done a great job of taking care of my wife. You are well-staffed, and things happen promptly.

Wards 19 and 20, Christchurch Hospital

I have had such great care during my stay. The nursing staff, doctors, WellFood staff and orderlies are such a great support. All my needs and care were well catered for. I have been nurtured back to a state that I can go home and continue my recovery. Thank you to all the team.

Bone Shop, Christchurch Hospital

Thank you to all the nurses and doctors for looking after my nine-year-old and his broken leg. You are all amazing.

Ward 11, Christchurch Hospital

I would like to thank everyone for making my son's stay in hospital an enjoyable one. From Dr Erasmus and the surgical staff to the nurses in Ward 11, thank you so much. I would like to give praise to Nurse Roy from Ward 11 who was an amazing nurse for my son, also to WellFood staff member Kumi, you are a treasure. Thank you again Christchurch Hospital.

Ward 21, Christchurch Hospital

Please could you pass on my thanks to the following people who looked after me during my recent hospital stay. Hazel, Kong, and Chris in the Bone Shop, Jane the pharmacist, doctors Jess, Nikki, Robyn and Lisa, the orderly who took me to theatre, and Leanne from WellFood who brought food to my room at meal times. Thank you all so much for taking care of me when I broke my arm. Thank you for helping in that painful, difficult time. I and my family are very grateful.

Big Shout Out

**To: Clinical Engineering Biomedical Services
Technicians Geoff Chisholm and Glenn Clarke**

Thank you both for the tremendous job you do for the Community Dental Service. No job seems too big. The dedication and enthusiasm you both bring to your work is very much appreciated.

**From: Community Dental Service management
team**

#carestartshere

TE WĀ
TUKU REO
MĀORI
Monday
14 September
12pm

MĀORI
LANGUAGE
MOMENT

Hikina to Hagley

MIGRATING TO CHRISTCHURCH HOSPITAL HAGLEY

healthLearn is live

The new and improved Hagley Hospital Online Orientation healthLearn package is now live, and ready for you to jump in and have a look around. It's split into five sections and the main Hagley section is the only compulsory one for all staff moving to Hagley to complete. As promised, it's shorter and more interactive. There are a few videos included, and if you click on every single option in the section, it will take just under an hour to complete. However, we anticipate most staff will want to simply check out the sections that apply specifically to them and so the package can be completed in around half that time.

The other sections include detailed training information about ceiling hoists, sanitisers, the Lamson tube system and the heliport. While not all staff will be required to complete these, there will be a number of staff who will need to be familiar with the material contained in these sections to be able to carry out their work in their new spaces.

It's essential that all staff complete the Hagley section before onsite orientation tours. Area managers will advise staff if they must complete other sections in addition to this.

To access the new module, either follow this [link](#) or search for "Hagley" in healthLearn. The module has also been made available for external agencies and suppliers like St John, unions, and Nurse Maude.

The module is best completed on Firefox or Chrome - there have been some issues identified when completing the module in older versions of Explorer. It can also be completed on most mobile devices.


The old module has been archived and so evidence of completion has been retained. Information from the old module will be combined with the additional information that can be found on the [Hikina Prism site](#) to create a master resource for all areas that can be printed and bound as a permanent orientation booklet for new staff.

Orientation preparation

The orientation schedule is now loaded into healthLearn. Areas that are orientating to new spaces will have all times available showing in healthLearn, however staff must be booked through managers or educators. Please note the healthLearn module must be completed before attending an orientation tour.

Wayfinding tours

Wayfinding tours will take place in the two weeks prior to migration. These tours will be available to staff who will not be based in Hagley but need to find their way through the building as part of their normal duties. Staff will be able to book their own time on the tours, but it's important that you don't book more than one time as this will block other users from booking. If the time you wish to attend isn't available, please put yourself on the waiting list and a second session may be allocated.



Orientation to Christchurch Hospital Hagley

[START LEARNING](#) [DETAILS](#)

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To begin this module (which will take you about 10-15 mins) either select 'Start Learning' or scroll down to select a section you'd like to start with.

Electronic ordering of echocardiograms now possible

Our Cardiology, Radiology and ISG teams have been working together on enabling an electronic process for ordering, triaging and signing off echocardiograms (ECGs).

Instead of depending on an unreliable and outdated fax-based system, clinicians can now order an ECG electronically from wherever they are and know the request will be received and actioned according to priority.

For those who like the techie detail, Echocardiology Electronic Referral Workflow links the existing COMRAD and Éclair platforms to Fuji's Synapse Cardiology Image Management System.

The purpose of this collaboration has been to improve workflows and eliminate yet another paper-based system. There are multiple advantages of the new system including:

- › Aligning the process for requesting echocardiograms with radiology orders
- › Electronic requests reach the cardiology team in real time
- › Triageing can be shared by multiple clinicians and from multiple locations
- › Making a request or referral electronically means we no longer depend on ageing technology such as fax machines that are prone to breakdowns, expensive to maintain, are tied to a specific location and due to be retired at the end of this year
- › A more efficient process saves everyone time and frustration, and dramatically reduces the potential for duplication or human error
- › Ordering clinicians can track the progress of their order in Éclair and are required to sign off the examination in Éclair, giving confidence that reports are seen and actioned.

This move has been very positively received by both teams following a localised 'soft launch' in mid-July, initially in the Cardiology department only, then later after a wider launch across Christchurch Hospital on 18 August.

Cardiology Clinical Director John Lainchbury says the move to electronic ordering of echocardiograms is a game-changer for Cardiology.



Back row, from left, Cardiology Day Unit Manager Maria Jackson, Booking Coordinator Christine Burton, COMRAD Application Specialist Hayley Stewart, Medical Secretary/Booking Coordinator Georgina MacAulay, PACS Technical Administrator Edwin Gin and Radiology Project Facilitator Brendan Tracey
Front row, from left, Cardiac Ultrasonographer Danny Armstrong and Acting Cardiology Administration Team Leader Holly Poole

"It increases our visibility of inpatient and outpatient referrals, streamlines triaging and ensures that reports will be viewed by the requesting clinician. The reduction in clinical risk is significant."

Cardiology Service Manager Rob Hallinan says this complex project has required the best of staff from across Canterbury DHB.

"The project team of clinicians, administrators, radiology technical staff, ISG and industry partners have had to juggle a myriad of technical and workflow issues, as well as implement the project against a backdrop of multiple competing priorities and organisational challenges."

The project has been successful because it was a great team effort. Quality facilitator for Radiology Brendan Tracey deserves special recognition due to his project management expertise, meticulous attention to detail and dogged determination, says Rob.

For cardiology, this advance will streamline the management process for 11,000 examinations a year. It is expected to go a long way towards eliminating missed referrals altogether and ensuring completed reports are reviewed by requestors every time.

Shuttle's new location on Deans Ave a hit with passengers

Last week the free Hospital Shuttle moved from Lichfield Street to its new home on Deans Avenue and has been busy shuttling people to and from the Christchurch Hospital campus and Outpatients.

The new location appears to be a hit with passengers, with 703 passengers on Tuesday compared to an average of 540 on a Tuesday last month.

Patients and visitors who use the park and ride service to access the Christchurch Hospital campus reported finding the new location convenient and the shuttle an excellent service. If the first week is anything to go by, it looks like our team of drivers are going to be busier than ever!



The Hospital Shuttle has seen an increase in passengers since it started running from Deans Avenue

Heading to Christchurch Hospital? The Hospital Shuttle has moved

Park at the new Deans Ave Car Park

The free Hospital Shuttle runs seven days a week to Christchurch Hospital and Outpatients

cdhb.health.nz/parking



Big paper savings

The Patient Information Office at Christchurch Hospital has saved about 50,000 sheets of paper since a decision in February 2020 to change their systems to reduce paper usage.

Their efforts are outlined in a Collabor8 project by Patient Information Officer Minal Lamghare.

The Patient Information Office releases medical records to requesters such as lawyers, police, insurance companies, coroners, and to patients themselves, says Minal.

"After confirming consent for release we'd print the notes on paper marked 'confidential' and post/courier to the respective requester. We were using and wasting a lot of paper"

With the help of the Quality team and ISG, the team switched from printing to an online system, using PDFs, scanning of medical notes to a shared folder, and online secure portal Sharefile for sending larger notes.

"We installed a new version of Adobe to each machine and these tools meant we could directly save the notes in PDF format with the confidential watermark, saving a lot of printing."

Radiology used to transfer requested images on to CDs and USBs.

"Now we are using IntelViewer software to get the radiology images so that has saved money on those items, as well as on domestic and international postage," Minal says.

The team still sends hard copy notes to a few patients who do not have access to electronic media or just prefer to have hard copies, however, the vast majority are happy with the change.

"It is a win-win situation for patients and for us."

The team has been happy to learn the new system and enjoyed the challenge of learning something new each day.

"We are proud that we have saved 50,000 sheets of paper, that's almost five trees, and there will be many more in the future. That feels so awesome."

"As well as saving paper we are also saving on printing and postage and have introduced a more efficient working process. In the first eight months of this year, it's reduced costs by \$3,564 compared to last year, an annualised saving of over \$5,300 a year.



Patient Information Officer Minal Lamghare

"This process is now part of our everyday working style and will stay that way and we would love to keep exploring any new ways to minimise the use of paper," she says.

The change was all about team work, with everyone helping each other. Without this, it wouldn't have been possible to achieve this remarkable result. It also recognises that while, over time, we have a growing workload, projects like this enable us to identify and remove needless waste and serve our community even better.

"I am so proud to be part of this organisation and this team who is always willing to help each other. Also, thanks to the Collabor8 Course for giving us such good clarity, vision and learning."

Day one of the next Collabor8 course will be on 4 November 2020 and you can register on [healthLearn](https://healthLearn.org.nz) or contact Collabor8@cdhb.health.nz or contact Director of Service Improvement Brian Dolan on brian.dolan@cdhb.health.nz for more details.

University of Otago
Research Radar
 Christchurch

World-first study on blood hormone could help reduce cardiovascular deaths

A simple blood test could identify seemingly healthy people with a high hidden risk of heart disease, thanks to a world-first discovery by University of Otago, Christchurch researchers.

Researchers from the University's Christchurch Heart Institute studied the blood samples and cardiology scans of 665 healthy young and middle-aged people with no previous heart conditions. They found people with high levels of a hormone in the blood, called C-type Natriuretic Peptide (CNP), were significantly more likely to have stiffening of the arteries, reduced pumping action of the heart, higher fat levels in the blood and liver, and reduced kidney function – all signs of increased risk of heart disease.

The discovery could one day enable doctors to identify those people whose lives could be saved from a future heart attack by interventions such as drugs or lifestyle changes.

The study is the first to describe a link between the blood hormone CNP and inflammation across a range of tissues including arteries and the heart. The results were recently published in the prestigious *Peptides* journal.

Lead researcher Tim Prickett says CNP seems to protect arteries from hardening and blocking. This means it is working hard and present in higher levels in those with potentially poor, and undetected, cardiovascular health.

"We examined two quite different groups of healthy people – one group age 28 years, the other age 50 years – both without history of heart or kidney disease. High levels of CNP in both age groups were found in people who had stiffer arteries, reduced pumping action of the heart, higher fat levels in the blood and liver, and reduced kidney function."

Inflamed and blocked arteries can cause numerous physical problems including scarring and stiffness and damage to organs such as the heart, liver and kidneys.

"We found that CNP in the blood stream reflects an increased production of CNP in these tissues, as part of a protective response to inflammation," he says.

The finding that CNP acts to protect the body is key to helping save lives through early detection of serious conditions such as atherosclerosis, which can lead to heart attack or stroke.

This is one of a number of discoveries by the Christchurch Heart Institute over the past 25 years. The research group has discovered and developed blood tests for heart disease diagnosis and treatment, some of which are used in hospitals and emergency departments in New Zealand and around the globe.



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Expert dialysis nurse retires

Penny Coffey, one of the longest serving nurses in the Dialysis Service, retires on Friday after a 30-year nursing career – 25 of those in Dialysis.

Penny is known for her wealth of knowledge of all things dialysis, says Charge Nurse Manager, Dialysis, Wendy Cuthill.

"Her area of expertise is peritoneal dialysis (PD), and she has trained countless patients to undertake their own dialysis at home. Through her expert teaching and problem solving, Penny has enabled many patients and their family members to learn to manage PD at home, lessening the need for hospital visits and allowing them more quality time doing things they enjoy.

"Penny has been the 'go to' person in the department for any PD-related matter. She knows all the patients past and present, and can remember many patients from years ago, plus their family. Penny has attended dialysis outreach clinics in Timaru and manages to fit in a number of home visits while she is away."

She has also taught PD to many nurses working both in the Dialysis Service and the community, which includes rest homes and regional hospitals.

"Penny has continued to provide support and advice to these nurses, so they can care for our patients in their facility and has also trained a great many of our dialysis nurses. Her professionalism and expertise are things all nurses should aspire to," Wendy says.

Penny was a medical secretary when she began travelling overseas. Whilst in London she decided to change career and trained in Melbourne as a nurse. She returned to Christchurch and worked in the Intensive Care Unit and the Acute Admitting Ward before settling on the Dialysis Service.

In 2014 Penny won a 2014 Via Innovations Award for a PD assist device that helps patients with poor dexterity or vision to safely undertake a peritoneal dialysis bag exchange, helping them to remain independent in their home.



Dialysis Nurse Penny Coffey

It was developed with the expertise of Christchurch Hospital's Medical Physics and Bioengineering department on a 3D printer and has been successfully used on several patients, making a real difference to their independence and quality of life.

The Dialysis Service has been a great place to work and I will miss my colleagues and patients, Penny says.

"I have patients now who have been on dialysis since I started, so you get close to them. It's very rewarding and patients benefit from that continuity of care."

Penny has recently taken up golf with gusto, so will now have plenty of time to get out on the course. She is a keen tramper and scales up mountains with ease. She has always enjoyed travelling and once the borders reopen for travel, Penny will sure to be off on a new adventure.

We wish Penny all the best for her retirement and thank her for her dedicated service to our dialysis patients and staff over the years. She will be missed.

Introducing Stand Up September – What Serious Adverse Events data tells us about reducing harm from falls

Firstly, about Stand Up September: we were a little distracted in April by a global pandemic and so our usual April Falls awareness campaign just didn't take off.

Falls, however, are no less important and we'd like to look at falls from a much more positive preventive perspective – one that takes a stand rather than a tumble.

Though there are still too many, it's especially pleasing to be able to report a sustained reduction in the number of inpatient falls and in the number of injuries caused by those falls since November 2018.

The reasons for this are complex but are largely due to our ability as a health system to learn from experience and reinforce the importance of healthcare decisions driven by good data.

There are two standout strategies that have perhaps contributed most to this reduction. The first is the use of bedside boards as a key tool in making the patient's safe mobility needs clear 'at a glance'. Patients, whānau and staff can see the boards and take a team approach to preventing falls.

The other is an initiative that has been around for some time, and continues to contribute to harm prevention and patient safety: 'visual cues'.

These take advantage of the established traffic light colour-coding that we all understand (red for danger, green for 'go' etc.) to create labels that indicate the patient's degree of independence when moving around. Making sure our patients are keeping active and moving around safely is key to preventing falls.

Wording on the labels – 'keep an eye on me' decided by the Consumer Council, also makes them meaningful to patients and families. Labels are placed on walking aids, for example, which match patient mobility bracelets – green says the patient has a high degree of independence, yellow

Stand up September
Get up often and
move safely



alerts the care team to 'keep an eye on them', red means that for the person to be safe they always need assistance with mobility.

As well as having informed strategies that have helped reduce harm, analysis of Serious Adverse Events also helps us identify areas where we still have work to do.

Patienttrack already provides critical data and an ability to pick up early signs of deterioration and respond more quickly and appropriately, but there are indications in that same data that might signal an increased risk of a fall.

Hypotension, for example, could be an indication of dehydration or of a need to adjust medication that might otherwise cause dizziness or disorientation. Dehydration is common in older people or those who find it difficult or painful to move. If you don't drink, then you don't need to get up to pee – but complications from dehydration such as hypotension, delirium and urinary tract infections can create a risk in themselves and impede patient recovery.

Looking at Patienttrack data and the new interRAI assessment more closely and increasing focus during intentional rounding will also enable us to identify that a patient is delirious, which again influences their ability to mobilise safely.

Having a well targeted care plan in Cortex and writing up an exception-based progress note when something changes – a flag – helps others see how the patient journey is progressing and what they may need to do differently.

Look out for more stories and information during Stand Up September – take a stand and be part of a team that prevents a fall.

Support of many creates barbecue area for spinal patients and their families

A mural featuring native birds and flowers is a colourful part of a newly created communal barbecue area next to the Milner Units by the Burwood Spinal Unit.

The area was developed through the generous support of the Papanui Rotary Club and HRS Construction Ltd and by utilising smaller donations from bequests or family/friends wishing to support patients and family in the Spinal Unit, says Service Manager Liz Oliver.

"It evolved from the Papanui Rotary Club looking for a project to support through their annual raffle. We had seen there was an opportunity to develop an area where families of spinal patients at Burwood could meet and socialise with each other off the ward, so we pitched our idea at their meeting and they were on board."

Nick Lowry, an art director/set designer for film and theatre, painted the mural which features a tui and silver eye (tauhou) birds.

"I use muralism to flex my creativity and create little worlds amongst the community for the viewer to fall into. I focus on use of colour, its richness and our emotional response to form and shape."

The Burwood Spinal Unit takes patients from New Plymouth across to Hastings and everything south so family are often a long way from home and here for long periods, so it is important that they are able to support each other over this time, Liz says.



The barbecue area and mural

"The area has a lovely commercial-grade barbecue and covered sheltered area with outdoor furniture surrounded by low-level planting, which provides some privacy for the accommodation units while also keeping it open and sunny."

"It is close enough to the ward for patients to enjoy time off the ward with their family and friends, and we often see groups enjoying the area in the sunshine."

The area is a great example of people pulling together to make sure the project was completed over about 18 months. An enthusiastic group of staff from the Spinal Unit, New Zealand Spinal Trust and volunteers helped sell raffles, dig and cart soil, and plant and water the gardens to finish the project.

"We are absolutely delighted with the final outcome and it is lovely to see it being used and enjoyed by patients and their family and friends," Liz says.



HELM and the Assessment Framework



The Leadership Koru outlined last week sets out 16 key behaviours. These are grouped into three levels: 'Leading Self'; 'Leading Others'; and 'Leading Health'. You can review the [leadership koru behaviours](#) or view the [leadership koru video](#) here to find out more.

Over the coming weeks the People and Capability (P&C) team will be delving deeper into the support they have available for each of the leadership koru sections. This week, however, they are shining the spotlight on the development tools available to support you on your leadership journey. There are a range of tools and assessments available, which support you to gain insight into your own strengths and development areas. These tools help to measure your development with the Leadership Koru capabilities.

Examples of these assessments include self-assessments, personality questionnaires, 360-degree feedback processes and team assessments. You can read more about how to access and use these tools on our [development tools page](#) on HELM.

Please keep in mind there are considerations to make before determining if a tool is right for you. Use of these tools should be captured in your Success and Development Plan as one of the ways you are looking to grow and develop. Costs are associated with some tools, so it is important to discuss options with your manager first. To request an assessment, please click on the "Request Assessment" link on the Development Tools page, or "Send a Question" on max. P&C will then be in touch with further details and an assessment request form for you to complete.



One minute with... Mary Win, Gardener, Christchurch Hospital

What does your job involve?

Pruning, weeding, raking the masses of leaves in autumn, tidying the site, rubbish collection, and planting plants – my favourite task!

Why did you choose to work in this field?

I love being outside in the fresh air, and I love plants. The physical aspect of the work is better than going to the gym! I was absolutely thrilled to get this job and I love it.

What do you like about it?

Seeing the smile on people's faces when they see the work I've done, and I get huge job satisfaction from making the site look as good as I can – if only I had more time and budget!

Memorable moments such as one dark, early morning when I spotted a bellbird singing its heart out from a kowhai bush I had recently planted and sharing that experience with a gentleman who had just finished his nightshift.

What are the challenging bits

The frustration of people walking on my gardens, and litterbugs!



Who inspires you?

My father. His favourite quotes were "If a job's worth doing, it's worth doing well" and "You can please some of the people some of the time, all of the people some of the time, some of the people all of the time, but you can never please all of the people all of the time".

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?

They are important in all aspects of life. First impressions are vital, and if the site is clean and tidy, and my interactions with visitors put a smile on their face, then I'm playing my part in the Canterbury DHB team.

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

Linked-what?

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

Sitting at Lake Hawea with my fishing rod – you couldn't get anywhere better.

What do you do on a typical Sunday?

Gardening, either at my place or my daughter's, then a good bit of relaxing with a book and a glass of wine.

What's your favourite food?

Fish, particularly sea-run salmon, which is sadly both hard to get and expensive.

And your favourite music?

Music from the 50s to the 70s. The music played on the Magic radio station really appeals to me.

Something *For You*

Something For You is the Canterbury DHB employee benefits programme. The deals offered are from the Canterbury business community to say thank you for all that you do.



Leisure Tours

Book in for either of the two half-day tours visiting four local Waipara Wineries with tastings at each and receive special pricing. See more information under the 'Lifestyle and Entertainment' section. Valid until 30 September 2020.



Holistic Health and Wellness

275 Fifield Terrace, Opawa

Get 25 percent off all
naturopathic consultations.



A1 Auto 4 Services

142 Fitzgerald Ave,
Christchurch Central

Pay \$150 for 18 different services (worth \$1040) which you can redeem over a 12-month period (can be used on multiple cars).



Bailey Nelson

Christchurch Central and Riccarton

Get 10 percent off all prescription eyewear and free comprehensive eye examinations (worth \$60).

We also have plenty of **brand new deals** from local businesses – check them out [here](#)!

Latest Community Health Information Centre newsletter out now

The Community Health Information Centre (CHIC) provides free health resources to any person or organisation in Canterbury, South Canterbury, West Coast and Chatham Islands.

The resources are developed by Community and Public Health staff, and other health agencies.

The [August 2020 edition of CHIC's newsletter](#) is out now and highlights new and revised free resources available from your local CHIC office, as well as recently deleted resources.

This month's featured new and updated resources from the Ministry of Health/Health Promotion Agency about immunisation, including:

› **Protect your child poster (HE122)**

For more information
about CHIC and to order
resources online visit the

[Community and Public Health website.](#)





COVID-19: Challenges and opportunities for the simulation community

Webinar and AGM

Thursday 5 November 2020 (1–5pm)

and

Friday 6 November 2020 (9am – 1pm)

Keynote speaker

Dr Victoria Brazil

Director of Clinical Simulation,
Bond University, Queensland



Expressions of interest to present are now open. Potential topics include:

- The use of simulation in healthcare in response to COVID-19
- The use of simulation in education programmes during COVID-19
- Inter-professional education (IPE) during COVID-19
- The human face of COVID-19
- Opportunities during COVID-19

Template for expressions of interest

- Title
- What were your challenges and/or opportunities?
- What was your response?
- Key learning points
- Future directions

Presentations: 15 minutes with 5 minutes for discussion.

Combined presentations at a regional level are also encouraged.

RSVP by Monday 7 September 2020 to raewyn.lesa@otago.ac.nz