



Canterbury showcased at Quality Improvement & Innovation Awards

Last Monday I had the pleasure of attending the 2015 Canterbury DHB Quality Improvement and Innovation Awards and I'm so impressed with the quality, effort and work that's gone into all the projects, it's absolutely outstanding.

The awards were introduced in 2003 to recognise, reward and publicly acknowledge the excellent quality improvements and innovations taking place within the Canterbury Health System and each year they truly reflect our consistent drive to make the health system better.

Since the awards began around 200 entries have showcased the remarkable difference they are making to the Canterbury Health System.

The awards were presented at the Canterbury Health System Quality Improvement and Innovation Awards ceremony last Monday, November 2. It's important to celebrate and acknowledge our successes and this was a fantastic, positive event, and a credit to everyone working in our health system.

The MC, Dr Don Mackie, Chief Medical Officer, Ministry of Health, commented on the high calibre of the entries, demonstration of a quality improvement mindset and demonstration of real improvements for patients/consumers.

There were four categories with 14 quality project submissions and 17 posters. This year for the first time we have included a poster award category in the Quality Improvement and Innovation Award, giving the opportunity to recognise and celebrate a broad range of improvements.

Congratulations to all the finalists, runners up and winners. It was fantastic to see the Adult General Community and Inpatient Services take out the Supreme Award. Specialist Mental Health Services were also successful in winning three

category awards and the prestigious Consumer Council Award.

Mental Health General Manager, Toni Gutschlag says success with these awards is an acknowledgement of the hard work and achievements of the whole team, not just with big change processes but with the many hundreds of small changes that are required to achieve these really big impact, sustainable results.

Without any further ado, here's the roll of honour listing all the winners and runner-ups.



Supreme winner:

Integrated Service Delivery for a Major Mental Health Service (see photo above).

Improved Health and Equity for all populations
Award Winner – Mother's Milk

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Runner-up – Canterbury Fruit and Vegetable Co-operative

Improved Quality Safety and Experience of Care

Award Winner – Improving Patient Care and Patient and Staff Safety in a Secure Intellectual Disability Unit: The Assessment Treatment and Rehabilitation Unit Model of Care Project

Runner-up – Rationalising Treatment for Anxiety Disorders: Introducing a Transdiagnostic Group Approach

Best Value for Public Health System Resources

Award Winner – Integrated Service Delivery for a Major Mental Health Service.

Runner-up – Can the One Minute Sit-to-Stand Replace the Six Minute Walk Test in the Community Pulmonary Rehab Programme (see below).



Consumer Council Award

Improving Patient Care and Patient and Staff Safety in a Secure Intellectual Disability Unit: The Assessment Treatment and Rehabilitation Unit Model of Care Project

Highly Commended Award

The Hauora Village at Te Matatini (see photo below)



Poster Awards

Poster Award Winner

Introducing E- Handovers within the Christchurch Campus

Joint Runner-up

Development of an Electronic Reporting System: Integration of Audiological Results

Paediatric Outpatient Cystic Fibrosis Clinic- The Way Forward with Quality Prescribing



Dr Mackie, MC for the event

People's Choice Award Winner

Allied Health Promotion and Education in Stroke Management

Well done to everyone involved – it was such a positive event. Thanks to everyone who entered as I know putting an entry into the awards involves a lot of effort, and this is on top of your busy day job – so thank you for taking the time to enter, and congratulations again to all the winners.

The projects and initiatives highlighted in these awards demonstrate our commitment to continuous quality improvement and show how teams are constantly working to make it better for our community and the people using our health services.

We'll be highlighting the winners and runner-ups in future issues of the CEO update. Further information on the project and posters can be found on the intranet.

Have a great week,
David Meates

David Meates
CEO Canterbury District Health Board

Canterbury Grand Round

Due to Show Day the next Grand Round will take place on Friday 20 November.

Facilities Fast Facts

Burwood

Work on the new healthcare facilities at Burwood Hospital is reaching a peak, with up to 500 contractors now on site every day.

Each Thursday, a mass toolbox talk is run to brief all workers on any current site issues, health and safety, and upcoming work plans. As the attached photo shows, it's no longer a quick chat around a toolbox. With around 500 contractors on the job each day, it's more of a town square gathering.



Also this week, the Minister of Health Dr Jonathan Coleman visited Burwood to view progress on the new facilities.



Photo on left: Inspecting the plans on site, from left to right: Bryan Spinks, Project Director; Hon Jonathan Coleman, Minister of Health; Murray Cleverley, CDHB Board Chair; David Meates, CDHB CEO; Chai Chuah, National Health Board director general.

Christchurch

A pour to end all pours: On Friday night/Saturday morning (November 6 to November 7) Fletcher Construction undertook the last and the largest in a series of nine concrete pours to build the foundation slab for the new Acute Services building. Starting at 1 am on Saturday 7 November, subcontractors Firth Concrete took about 12 hours to pour around 2,300m³ of concrete through four pumps – some 360 truckloads in total. A well-deserved breakfast for the workers, with a celebratory cake, was attended by CEO David Meates and Board deputy chair Steve Wakefield.



Changes to the Park & Ride service

The CDHB's popular Park & Ride service, running between the Metro/Brewery car park and Christchurch Hospital, has carried more than 200,000 passengers in the year since it was set up in late October 2014.

From 1 December 2015, the Park & Ride car park will move from the Metro/Brewery site. It will relocate to Deans Avenue, on land formerly occupied by the Sale Yards.

The Park & Ride car park is being moved because the Metro/Brewery site is earmarked to be redeveloped by CERA, which owns that site.



Canterbury Clinical Network welcomes acting Programme Director

The Canterbury Clinical Network (CCN) has welcomed Jane Cartwright to the role of Acting CCN Programme Director.

Jane is widely known and respected across the Canterbury Health System and will be returning to health following a role at the Christchurch City Council. Kim Sinclair-Morris warmly welcomed Jane back to the CCN team as she takes some time away to bring a new baby girl into her family.

"I am delighted to announce that Jane Cartwright will be taking on the CCN Programme Director position to cover my parental leave in a 0.5 FTE capacity," Kim said.

Jane's hours of work will initially be Monday afternoon, Tuesday morning, all day Thursday and Friday afternoon. She can be reached by emailing jane.cartwright@ccn.health.nz. CCN Programme Manager, Ruth Robson will also pick up and progress a number of service development priorities across CCN.

Read more about Jane on page 24 or find out more about the Canterbury Clinical Network at www.ccn.health.nz.

Important notice – bed audit at Christchurch Hospital and Christchurch Women's Hospital Thursday 19 November

As part of the CDHB bed replacement programme we will be conducting a bed audit in Christchurch Hospital and Christchurch Women's Hospital between 1.00 pm and 3.00pm on Thursday 19 November.

The aim of the audit is confirm how many beds we have and their age so that we can prioritise the bed replacement program. Inspection of each bed should take less than one minute and it is anticipated that many areas will be able to complete the collection process by 1.30pm. An important part of the process will be to confirm the Maximo number for each bed so that we can update the CDHB register of beds and follow up on beds that may need review by the Maintenance and Engineering team.

Further information will be available via your Charge Nurse Managers. For technical help please contact Frank Connor, Project Facilitator.

New Ashburton Health Services Manager

It is with pleasure that I announce the appointment of Bernice (Berni) Marra to the above position.

The Ashburton Health Services Manager will be pivotal in engaging with the community and wider health system, to plan for, develop and deliver, an integrated Ashburton health service strategy. This position will also provide operational leadership of Ashburton Hospital in partnership with the Clinical Leaders.

Berni comes to Canterbury having spent the last 10 years working in the lower North Island having worked in general management and leadership positions. The majority of this experience has been working in primary health organisations the most recent being Compass Health Trust. The last couple of years Berni has been working with the three District Health Boards of Capital Coast, Hutt Valley and Wairapara on their integration and service design work programmes.



Bernice Marra

Berni will commence in the Ashburton Health Services Manager's role on Monday, 23rd November and will be based at Ashburton Hospital. We look forward to welcoming Berni into the Canterbury Health System.

Jan McClelland, Director of Nursing, Ashburton Hospital



Bouquets

Birthing Unit - Lincoln

I loved my stay here - was so incredibly well looked after - food was generous, more than I could finish and beautifully fresh and tasty. The midwives went above and beyond. Baby always seemed relaxed and happy.

Birthing Unit - Lincoln

Thank you for a wonderful post birth stay. Midwives are all wonderful - helpful, supportive and very friendly when needed. Sarah, Senita and Michelle especially fantastic. Jean is cool too! Kay is wonderful and proactive. Food is AMAZING and is just what you need post birth and when breast feeding. Lincoln is fabulous, relaxing place to be with everything you need and more while adapting to mothering. So grateful for the service. Thank you! People and the place make this such a special experience.

Birthing Unit - Lincoln

Fantastic to be able to come here to recover after a long delivery / C section. The midwives were amazing and offered a lot of support including options and alternatives. I feel that going home today we are much more confident with looking after our little one. The extra time for specialist care and support makes Lincoln Maternity a fantastic service. Thank you Sarah, Mary, Senita and Lisa.

Children's Haematology Oncology Centre (CHOC), Christchurch Hospital

Love Lynette's smiling face greeting us at the door.

Adult Community Service Teams – ACTS, CREST, CSRS, PSE, NE and SW:

A recent consumer group, consumer telephone survey and customer forum wanted to praise the dedication and care of the staff in these teams. They reported that opportunities and the help they received were 'good' and that staff had kind attitudes to care. They felt teams had a high awareness of the client's needs and supported collaboration between CDHB and external service providers.

They reported feeling grateful for services outside of the hospital setting and that these services were reassuring for their families. They felt glad to know that in the CDHB well-trained health professionals were present as well as resources and equipment to help them keep individuals maintaining their health and well-being in the community. The customers felt that inviting them to forums was helping to increase existing trust between the CDHB and other community services.

Children's Acute Assessment Unit (CAAU) and Activity Room, Christchurch Hospital

Our daughter has been in and out of Christchurch Hospital since the middle of June. The activity room has been a great place for her to go and forget about what's happening to her. With her current stay and surgery, Rebecca came and gave us some time out and played with her, this was a great chance for us to regroup. Rachel and Rebecca have been

nothing but a huge support for us and our daughter. They went well beyond the call of duty. Thank you so much

Birthing Suite, CAAU, Ward 22 and Paediatric Outpatients

I just wanted to send my appreciation for the care we received during and after the birth of my son. The staff I encountered at Christchurch Women's were amazing. After an incredibly difficult birth - both my husband and I were amazed with my care. Staff were both professional and caring in an incredibly helpful manner. Our questions were answered and additional help was sought when we required it - for both our son and myself. Unfortunately we were required to take our son (at five days old) to CAAU the day after we were discharged from Christchurch Women's.

Yet again the staff were amazing - not only with our son, trying to figure out what was wrong, but also making sure my husband was aware of what was happening and that I was being looked after and getting enough rest. Our son was then admitted to Ward 22 and while being here was not an experience I would like to go through again, the staff again were outstanding. I know that generally people are quick to complain so I wanted to take the time to let you know that both my husband and I were incredibly impressed with the professional, caring nature of all the staff we encountered. We now visit paediatric outpatients every fortnight and the staff continue to impress us.

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Children's Acute Assessment Unit (CAAU)

Such lovely kind helpful people. Pip is awesome, she took fantastic care of us and Emile the surgeon was also great. They all have such a lovely manner. Very grateful to receive such excellent care. Thank you.

CAAU

Such a wonderful service provided for my seven month old god-daughter starting from ED to CAAU. Thank you so much.

Colposcopy and Hysteroscopy

Paula in the Colposcopy Clinic put me at ease when changing my appointment. As this was my 4th time back here, she went out of her way to ensure I got a morning appointment and made me feel calm about the whole process. She is personable and has a fantastic phone manner and does an outstanding job. Thanks Paula.

Radiation Therapy Department, Christchurch Hospital

I have just completed a seven week radiation prostate course, I cannot speak more highly of the service I received from the treatment Three Team. They were without exception always courteous, pleasant and professional, making the whole experience so much easier.

Ward 12, Christchurch Hospital

Staff are fantastic, friendly and reassuring second time I have been in Ward 12 within last two months. Nothing is too much of a problem for them. Great work all.

Also ED staff upon my arrival have been great. All are a credit to their profession.

Oncology Department (Enzarad Study), Christchurch Hospital

Excellent service provided for two months, from all staff involved. A special thanks to all the nurses – Treatment 1 & 3 who are polite, friendly and professional.

Eye Clinic, Christchurch Hospital

Thank you for prompt attention to my needed surgery, also the way staff made me feel at ease during the procedure.

Eye Outpatients, Christchurch Hospital

I would like to complement one of my favourite nurses, Ester, I just want to say thank you because of her bubbly and loving, kind nature. She is a great nurse and is always happy to see you. I would like her to know that she brightens my day when I have to come in, so thank you Ester.

Eye Outpatients and Diabetes Screening Clinic, Christchurch

Excellent service, on time and efficient. Explained process with written information and explanation of test procedure included by RN. Efficient and polite service especially receptionist and RN, warm and friendly.

Audiology, Christchurch Hospital

Sarah the audiologist was very good with my 5 year old girl. Great job thank you. Also explained everything clearly to her.

Emergency Department, Christchurch Hospital

We wish to thank the nurse in the ED reception area on Monday 26 October for her immediate response to our family member situation.

Many special thanks to Nurse Vicki on duty in ED before admission, for her amazing care. Thanks also to the team under Dr S Soule (Richard McNeill and S Lee) for their approachable manner.

What would Christchurch be like without all these people in our Public Hospital System, even the security men at the drop off, so helpful.

Day Surgery Unit & Gynaecology Assessment Unit, Christchurch Women's Hospital

My daughter has been recently treated at Christchurch Women's Hospital's Gynaecology Assessment Unit and Day Surgery Unit, which resulted in an overnight stay. My daughter is a nervous patient with a great dislike of hospitals even as a visitor let alone as a patient. I was amazed at how considerate and accommodating hospital staff were in all their dealings and necessary procedures with her. They went out of their way to minimise trauma and without exception this included all the nursing staff, doctors and

anaesthetist. Their kind words, reassuring manner and caring attitude went a long way towards making the experience as easy as possible for her. I would like to extend the thanks of both my daughter and her family to the Gynaecology Assessment Unit and Day Surgery Unit.

Gynaecology Ward, Christchurch Women's Hospital

Everyone was lovely and very caring. :-)) Made my stay here comfortable and pain free. Special thank you to Pamela who was such a sweetheart and made some very awkward experiences very normal and comfortable, was like having a big sister in here with me which was lovely, and always put a smile on my face. Thank you everyone!!!

Gynaecology Ward, Christchurch Women's Hospital

I would like to say that all staff here have been absolutely fantastic from the start to finish. The two staff at CPIT training here, Pamela Robinson and Evelyn McDougall, are going to excel in their nursing profession. They were very friendly and explained everything they were doing. Once again I would like to thank you for all the care and support during my time in hospital.

Ward 1a, The Princess Margaret Hospital

To the wonderful staff of Ward 1a who cared for our most loving and wonderful wife, mother, Taua and great Taua (grandmother). Thank you so much, it meant the world that you all loved her so much.

Medical Illustration, Christchurch Hospital

This is a massive thanks to our boss Bob. He is always supportive, has a great sense of humour and does a really good job of managing our team – girls of Medical Illustration.



Our newest baby has its newest baby – The first of many births at the Rangiora Heath Hub

A good news story to brighten anyone's day: The first of many beautiful babies to come has been born at the new Rangiora Health Hub's primary maternity unit just days after an Open Day welcomed local people to a sneak preview of the new facilities.

Baby Mason was born to Klaartje Torfs and Scott Newble on Friday 30 October, supported by Lead Maternity Carer Catherine Rietveld of Your Choice Midwives. Mason was a water birth and 'christened' one of the birthing pools at the Rangiora primary maternity unit's two state-of-the-art birthing rooms.

LMC Catherine says that for healthy mums, a primary maternity care unit is the perfect place to give birth and for postnatal care. "For this lovely family for example, we were able to provide a calm and purpose built environment that was best for baby, mum and family."

Baby Mason's birth reinforces a long-standing connection with Rangiora health facilities and with North Canterbury - his Dad, Scott, and his Grandad were both born in the old Rangiora Hospital just 30 metres away. In yet another 'it's a small World' twist, it turns out that Catherine, the family's LMC had also been Scott's drama teacher when he was just six! Klaartje and Scott met 12 years ago in Victoria, Australia while Scott was on his OE. The family returned to Rangiora to settle down just five months ago.

The family looked incredibly fresh after a disturbed Saturday night/Sunday morning. Like many new-borns, Mason sleeps beautifully during the day but has so far kept his parents on their toes at night. However, in Scott's case like much of New Zealand, some of that 'disturbed night' was self-inflicted and getting up at 5am had nothing to do with Mason.



Proud Mum Klaartje holds baby Mason while Ruby says "hello"

Dad Scott said he was looking forward to some quiet family time that evening, "maybe a quiet barbecue at home for just the family and a chance to enjoy our recently expanded family." The couple say they are so appreciative to Catherine and Rangiora hospital staff for "making the birth of Mason so easy."

David Meates, Canterbury DHB CEO says that in light of everything else that was going on during this important time for this young family, he wanted to thank them for their generosity in agreeing to share their good news.

"It's one of the greatest privileges of working in health that we get to be part of daily miracles, like Mason."



Left: Scott shows his son the old Rangiora Hospital where he was born

Below: One of Rangiora's two new birthing rooms



Above: Staff halfway through the move to the new hospital.

Better and more timely care for the people of Ashburton

Healthcare providers and community leaders are working together to support the sustainability of health services for the people of Ashburton.

Following a workshop held in July to discuss the future of the community's health services, the Ashburton Service Level Alliance (Ashburton SLA) was formed with perspectives from across Ashburton and the wider health system.

The SLA is working towards ensuring the people of Ashburton have access to the most appropriate and sustainable health services, with an overall aim to provide better, more timely care, regardless of who is providing the care.

The Ashburton SLA has met twice, with an immediate focus on developing a work plan for the remainder of this financial year and 2016/17.

Independent Chairperson, Gordon Guthrie said he is heartened by the enthusiasm of the SLA members.

"Communication, integration and enhancement to services for the people of Ashburton will be at the heart of work undertaken by the Ashburton SLA."

Rural Health Project Manager, Craig Watson said the group is eager to build on the good work occurring in Ashburton's health sector.

"There has been a real sense of positivity around the table. I'm confident that the people of Ashburton will benefit from the integrated and patient-focused approach of the Ashburton SLA."



The Ashburton Service Level Alliance Team. Photo courtesy of the Ashburton Guardian

For more information on the Ashburton SLA, visit www.ccn.health.nz/AshburtonSLA

Staff Wellbeing Programme: One for the blokes

One for the Blokes (OFTB) – following three well supported OFTBs workshops earlier in the year we're able to offer one more in 2015

Suitable for men who have experienced, or are experiencing, mental health issues (particularly depression) and/or their partners

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

NEW MoH Eating and Activity Guidelines for NZ Adults

To view the FULL GUIDELINES click [here](#) – to view the SUMMARY OF GUIDELINES click [here](#) – and for more information click [here](#) to visit the MoH website.

Be Active, Take Notice

Over 20 yoga, Zumba, Pilates and Mindfulness sessions running each week across main CDHB sites. Click [here](#) for more information

Free counselling available to all staff

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

Understanding Incontinence

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

Next presentation will be at TPMH

- Wed 25 November

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

See <http://www.continence.org.nz/> for more information on incontinence

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

Andy Hearn
Staff Wellbeing Coordinator
Canterbury and West Coast DHB
Phone: 03 337 7394 | Ext: 66394 |
Mobile: 027 218 4924
andy.hearn@cdhb.health.nz

investing
in you

Nutrition tools for older people

Cooking for one is a skill required by many in their later years. It can take a certain amount of adjusting to, especially if you've previously catered for a large family.

Making sure what you eat is nutritious, in addition to how much you eat is very important for your health. Sandra Hart has discovered two tools that help her with her cooking and nutrition needs.

Senior Chef is a free eight week cooking class for people over 65 years of age who are cooking for one or two people. It combines nutrition education, a hands-on cooking class followed by a shared meal with the food cooked that day. Sessions are kept small in size with no more than 12 people on each course. Courses are held regularly in Christchurch and offered several times per year in the wider Canterbury region including Lincoln, Oxford, Kaiapoi, Rangiora, Waikari, Amberley.

More information available at <http://www.seniorchef.co.nz/>. Sandra completed a Senior Chef course in August and would "absolutely recommend it."

"I am especially aware of food that once opened or unsealed, such as large yoghurt pottles or fresh orange juice, should be used in 2-4 days' time. I buy smaller sizes now. Being made aware of the ingredients list on packets has been very important also, especially the sodium and sugar amounts", says Sandra who has followed up her course with a session on Nutri-eSCREEN, an online eating habits survey for older people.

Nutri-eScreen is a self-assessment tool that helps you find out what you are doing well and how to improve. It was developed by the Healthy Eating Healthy Ageing project dietitians at The Princess Margaret Hospital in conjunction with Dietitians of Canada for older people (65+ years) living in the community.

After answering 14 questions about eating habits, you receive individualised feedback and are directed to useful resources such as nutrition articles and local community services. In 2010 in Christchurch, 31% of older people surveyed were at high risk of poor nutrition.*

Sandra, who has always been interested in health used Nutri-eSCREEN and found that she needed to eat more protein. She

says the finding fits in with feeling tired.

"I've got a pretty busy life, I'm an active gardener at my own place and for friends and family. I like to walk my dog and get out and about.

"Once I completed the Nutri-eSCREEN survey, I found my 'weak spots'. I was not eating enough protein, and was provided with a lot of information to correct that. I now include nuts and seeds with my yoghurt and cereal for breakfast and have tuna, salmon or egg sandwiches for lunch as well as meat with my evening meal.

Nutri-eSCREEN is easy to navigate and comes up with recommendations once you've found areas to improve," says Sandra. "I have become more aware of everything I eat now and believe that good health is the responsibility of each person. You are what you eat - and also what's eating you!"

You can find Nutri-eSCREEN at www.healthinfo.org.nz. In the search bar type 'eSCREEN' then click on 'managing my weight for older adults.' Under the heading "How well are you eating?" click on Nutri-eSCREEN eating habits survey for older New Zealanders.

* S.Watson, K. Zhang, T.J Wilkinson. Nutrition & Dietetics 2010; (67:84-89)



Sandra Hart

Coffee switch will lead to savings

Canterbury DHB's Supply Department is pleased to now offer two product lines of Moccona coffee which are more cost effective (and arguably superior) alternatives to the existing Nescafe products.

If all departments switch their spend from Nescafe to Moccona for these two product lines, annual savings for CDHB would be in the range of \$20,000.00.

New product details are as follows:

Oracle Code	Item Number	Item Description	UOM	Price
185281	86809679	COFFEE MOCCONA 500G TIN	EACH	\$25.00
185282	86556495	COFFEE MOCCONA 1KG TIN	EACH	\$49.84



Fantastic donation from The Warehouse

The Warehouse stores in Christchurch, Rangiora, Ashburton, Timaru and Greymouth along with a huge help from their customers, have raised a fantastic \$27,725 for Child Health Canterbury through an 'Add a Dollar' campaign.

From 6 – 26 July the 12 Warehouse stores ran an add-a-dollar campaign where customers were invited to donate at the checkouts to raise funds that will be used by Child Health Canterbury to purchase 10 portable suction units for Canterbury, Timaru and Greymouth.

As well as caring for children in hospital, Child Health Services support parents to care for children with a variety of conditions in the community and in their homes. For some children there is the need to have medical equipment in the home to enable parents to care for their child safely. This ranges from feeding pumps, intravenous infusion pumps, Bi-Pap machines to assist with sleep and suction units that enable parents, whose child has a significant respiratory related condition, to keep their airway clear of secretions. In Canterbury alone, at any one time, there can be 4-10 children who require portable suction units in the home setting.

Thanks to the generosity of customers the team was delighted to hand over the donation and to formally recognise the outstanding work that the Child Health Services does in the local community.

The Warehouse Regional Manager Derek Cotton said it was a great pleasure to be raising money for such a worthy cause.

"We are thrilled to support Child Health Canterbury and their work to care for children with a variety of conditions in the community and in their homes. We are grateful for the crucial work they do in our community."

Anne Morgan, Service Manager for Child Health for the Canterbury District Health Board said the Child Health Services across the Canterbury and West Coast regions were hugely grateful for the donation.

"As stated earlier, along with South Canterbury DHB and West Coast DHB, we will use this money to purchase portable suction units to use in the community," Anne says. "Any money left over will be put towards the 'Play with a Purpose Packs' given to sick children at the various hospitals".



Recent international disasters like the flooding in the Philippines and Texas, devastating fires in Indonesia, a cyclone in Yemen and a tornado in Adelaide we all know we need to be prepared. The February 2016 People in Disasters Conference will share experiences and learnings of past disasters, both in New Zealand and overseas. It's a perfect opportunity for staff to upskill on disaster management.

You'll find the conference programme [here](#). The [registration](#) cost per delegate is just \$550 until 29 November 2015.



Work memories span more than 30 years

Not many people would have two therapy pets at their retirement party but then Angela Bustin is kind of special.

Angela has been part of the Canterbury District Health Board for 33 years, the last eight years as the volunteer co-ordinator for The Princess Margaret Hospital (TPMH). She retired last Thursday and a roomful of volunteers and CDHB management got together to mark the occasion. Among them, with their owners, were Holly and Tinker, two pet therapy dogs. It was especially fitting that they were there as pet therapy was one of the new types of volunteering role that Angela established during her time as co-ordinator. Another innovation was hand massage for mental health patients.

TPMH Service Manager, Linda Wood, thanked Angela for her years of service to CDHB. Angela's career began as a ward clerk at Christchurch Hospital in 1983. Three special friends who worked with her way back then – Kathleen Sherlock (she was a Nurse Aide), Shirley Sinclair and Yvonne Flitcroft (she was a charge nurse) attended the farewell.

In 2003 Angela took over the role of Volunteer Co-ordinator at Christchurch Hospital, it entailed supervising 150 volunteers and running the volunteer shop on site. In 2007 she made the move back to TPMH as Ward Clerk for 3A and two years later returned to the role of Volunteer Co-ordinator but at TPMH.

Linda said she especially admired Angela for her ability to match volunteers with appropriate tasks and wished her a lovely retirement.

Angela said it was “a very difficult decision” to retire and that she felt “privileged” to have worked with so many wonderful people.

“I can still remember using a manual typewriter, carbon copy paper – which was a pain if you used it the wrong way round, fountain pens, blotting paper and a photocopier with a handle. And if the Hospital Matron came your way you shrank! Such was the respect she commanded,” says Angela.

Angela's passion for the work of volunteers and her great energy and dazzling smile will be missed by all.



From left: Kathleen Sherlock, Shirley Sinclair, Yvonne Flitcroft and Angela Bustin

**Find out more
about our
volunteers on
our [website](#)**



Above: Angela (in blue) receives gifts from TPMH Service Manager Linda Wood



Pet Therapy dogs made a special appearance - Holly (above) and Tinker (right)



Left: Angela joins her guests

World Polio Day – Gift to New Zealand’s Disability Support Hospitals

The Board of Polio NZ Inc. and the membership of its Society represents the many thousands of New Zealanders who contracted polio prior to the impact of immunisation.

The membership often struggles with medical and allied health professionals in relation to the best ways to assist polio sufferers managing the late effects of polio. It is acknowledged that awareness of polio let alone how to add strength, endurance and stability to their neuromuscular and skeletally affected bodies is often not understood.

In an attempt to assist this situation, Polio NZ Inc. offered to gift every District Health Board’s Physiotherapy Department in the country a copy of Polio Australia’s clinical practice resource; ‘The Late Effects of Polio; Managing Muscle and Mobility’. Polio Australia’s web site states;

‘Polio Australia commissioned this clinical practice resource module for health professionals to inform the broader primary care community about good practice in the management of individuals living with polio, the Late Effects of Polio (LEoP) and/or Post-Polio Syndrome (PPS). The module will also be of interest to those working with individuals with other neurological or musculoskeletal issues, and those living with the late effects of disability. This gift was timed to coincide with World Polio Day on 24 October.

The module’s content is drawn from three sources: the contemporary practice wisdom of Australia’s current allied health polio specialists; the expert knowledge of those living with polio and its aftermath; and the evidence-based literature.

<http://www.polioaustralia.org.au/resources/for-health-professionals/>



Presentation to the Physiotherapy Department, Burwood Hospital of the clinical practice resource.

Left to right: Treasurer of Post Polio Alison Walshe, Physiotherapy Library rep Brendon Vercoe, Clinical Manager Physiotherapy Burwood Nicola Rooney, President of Post Polio Ruth Hall.

PaperLite Pathway

When Sir Edmond Hillary decided to climb Mt Everest, the reality of the size of the challenge became more evident as planning got underway, but they kept going and got to the top.

On a far lesser but sufficiently challenging scale, the PaperLite programme team and CDHB is increasingly becoming aware of the challenge we face to become PaperLite.

What do we mean by PaperLite? Due to reasons of affordability and feasibility it is unrealistic to think that by 2018 we will ALL no longer use paper notebooks, remove all posters from walls, and read all lengthy documents online. So some paper will still be used but considerably reduced by the introduction of systems such as the South Island regional Patient Information Care System (PICS), eObservations, eMeds, other systems in the pipeline and some that are currently being considered.

The CDHB PaperLite duo, Neil McKellar and Cliff Swailes who work very closely with the Information Services Group (ISG) have been climbing their own Everest as they get further under the hood and discover the multiple layers of technical, clinical

and administrative complexity that need to be unpicked and rewoven to achieve the objective of CDHB becoming PaperLite, primarily in time for occupation of the new Acute Services and Outpatients buildings.



As Justine White said when she first met the PaperLite Programme Director and Programme Manager, “don’t make the mistake of taking an ugly paper process and simply translate it into an ugly online process”. This is a succinct way of reminding us all that processes need to be reviewed and revised to remove waste before new systems are designed or existing (legacy) ones are redesigned. ISG might be the first non-clinical department to go PaperLite pending completion of their review of requirements, which should make it easier for you and the team at Durham Street to do business.

Over the coming months you will see regular PaperLite progress updates. More information about the programme can be found [here](#).

Nurse Practitioner role opportunity for collaboration and advanced clinical practice

Shirley Harris was still an undergraduate student nurse when she began to consider the role of Nurse Practitioner (NP).

“I was introduced to the role and could see its strategic importance along with its opportunities for professional and personal development and clinical advancement with a goal of improved patient outcomes,” she says.

Years later that interest came to fruition. Shirley became mid-Canterbury's first NP and started work in rural general practice. She has now been an NP in primary health for 19 months.

After graduating as a registered nurse in 2006 Shirley gained broad clinical experience in the six years she worked at Ashburton Hospital. While undertaking a clinical placement for her NP pathway she was offered a job at Allenton Medical Centre in Ashburton and felt this would be an ideal and supportive environment in which to develop an NP role.

Shirley works three days a week at Allenton as an NP offering enhanced primary care for patients. This includes care for minor illness and injury, acute presentations, ACC presentations, children's health, immunisation and well men's and women's checks.

She also does chronic care management, preventative health, aged care, wound management, procedural activities and prescribing. Shirley says she is committed to excellence in clinical practice, research and most importantly compassion towards others.

“I have a real desire to help people make changes to improve their self-management and overall health and wellbeing.”

She feels privileged to be surrounded by colleagues who have supported and enabled her progression to the NP role and who see her as a valuable member of the team.

“I am so lucky to be part of a fantastic team who have a true vision for the future that embraces better ways of working.”

Shirley also volunteers as a paramedic with St John and for the past four years has been with the Centre for Postgraduate Nursing studies (University of Otago, Christchurch) teaching several papers including health assessment/pharmacology and the prerequisite NP papers. She says the journey to NP has been one of commitment, perseverance and hard work.

“However from the outset I have been very well supported and mentored by directors of nursing, clinical staff and colleagues at Ashburton Hospital and Otago University. It is not a journey you can take in isolation and is very much a team effort and I would like to thank everyone who has been part of it.”

Shirley feels the NP role should be developed and progressed to ensure NPs are key providers of health services across many clinical areas including the primary health care setting.

“It's about working safely and effectively as a team, complementing each other's services and skills to maximise the best health outcomes for patients,” she says.



Shirley Harris

Simple heart health test helps reassure Cantabrians with chest pain

A simple exercise test is reassuring hundreds of patients every year in the Canterbury Health System.

The Direct Access General Practice referral for Exercise Tolerance Test (DAETT) is helping to reassure more than 600 Cantabrians a year who present to their doctor with chest pain.

Dr Joan Leighton, Cardiology GP Liaison, says the test involves patients exercising on a treadmill while their heart is monitored to detect signs of possible Ischaemic Heart Disease.

“Chest pain is a fairly common health complaint. Most of the time it can be managed by the patient’s General Practice Team, but what we were finding was a group of patients who fitted in between,” Dr Leighton says.

“These patients don’t quite meet the typical specialist referral criteria for Cardiology, yet their GP still had some uncertainty around the seriousness of their chest pain symptoms.”

In 2011 the option of DAETT was set up as an alternate path for these referrals, triaged by the GP Liaison to ensure this is the best option for the patient. The aim is to provide patients and their GP reassurance without having to formally refer them to Cardiology.

“It’s much less daunting for a patient to be told by their GP they are being sent for an exercise test to see if there is something going on with their heart, than to be referred straight to the specialist,” Dr Leighton says.

“The other benefit is we’re not wasting the patient’s time waiting to see the specialist – they usually receive an exercise test within 12 weeks from first going to see their GP.”

Dr Leighton says this also frees up Cardiologists to see those with higher clinical concern.

“While patients are not physically seen by the consultant at the exercise test, results are reviewed by a Cardiologist in a virtual clinic. They can confirm whether any further investigations are needed.”

David Toombs, from Woolston, says he was impressed with how quick the referral process to do the test was.



David Toombs taking the Exercise Tolerance Test

“I think it’s really good. My doctor was able to organise it quite quickly,” Mr Toombs says. “It was good to get fast access to a specialised test that could determine pretty much straight away whether something more sinister was going on.”

About 10 percent of patients referred to DAETT will require an urgent specialist consultation. These patients are usually seen within four weeks.

Diabetes – Act today to change tomorrow

November is Diabetes Awareness Month and the theme is ‘Act today to change tomorrow’. By 2035, worldwide, almost 600 million people may be living with diabetes. Death from the complications of diabetes is the number one health-related killer of all people.

In Canterbury we have more than 20,700 people with known diabetes and another 20,000 people with pre-diabetes, many of whom do not know it. Approximately 11% have type 1 diabetes and 86% have type 2 diabetes. There is also a significant rise in gestational diabetes.

Through diabetes education and support, the number of people being diagnosed can be minimised and people with diabetes can be supported to better manage their condition and slow down the progression of these complications.

The Diabetes Christchurch Society campaign focuses on healthy eating and exercise as these key factors:

- » Can help prevent the onset of type 2 diabetes
- » Are an important part of the effective management of all types of diabetes

These key factors along with education and understanding of diabetes (which can be quite complex) can help in the fight against diabetes complications including foot amputation and ulcers, heart attack and strokes, kidney dialysis, blindness, and impotence to name a few.

Throughout November the Society wants Cantabrians to be more aware of diabetes, and to take action now.

Check out their diary of events and activities on their website: www.barnabybee.com or Facebook page: www.facebook.com/DiabetesChristchurchInc. See also posters at the end of the update.

DIABETES CHRISTCHURCH INC

Helping to support all people with diabetes by providing information, diabetes medical products, support, advocacy and education. Phone, Email or call In: Ground Floor, 550 Hagley Avenue, Chch.

Open 9.00am-4.00pm.
Monday-Friday. Phone: 378-6266

Email: Info.DiabetesCHCH@cdhb.health.nz



Donation of Cuddle Cot to Birthing Suite



The Emerikus Land Foundation presented the Birthing Suite at Christchurch Women's Hospital with a Cuddle Cot on Wednesday 4 November.

The Foundation originated in Australia and is a non-profit organisation specialising in providing Cuddle Cots to Maternity hospitals. This is the third cot presented in NZ and their 56th presentation in Australasia.

Dealing with the death of a baby is an incredibly difficult time for parents and families. Many bereaved parents wish to spend time with their baby. The Cuddle Cot is used to cool deceased babies allowing their parents and family to spend precious time with their babies to make memories that they can treasure forever. It allows parents to say goodbye in their own time.

Their generosity it is very much appreciated.

From the left pictured is Acting Charge Midwife Birthing Suite Sonya Matthews, Di Leishman PMMRC Coordinator, Kathy Simmons Maori Health Worker and from the Emerikus Land Foundation Raewyn and Sharron.



Multi-resistant bug is a timely reminder for all to ramp up hand-hygiene

Hand hygiene vigilance is being ramped up after three people in Canterbury have tested positive as potential carriers of the rare bacteria Carbapenem-resistant Enterobacteriaceae (CRE).

CRE is a family of bacteria resistant to nearly all antibiotics. None of the patients had an infection, which occurs when the presence of CRE causes illness.

Carbapenems are a group of antibiotics often used to treat complex infections and when other antibiotics have been found to be ineffective.

Dr Nigel Millar, Canterbury DHB Medical Officer of Health, says since these cases serve as a timely reminder that the first line of defence against any bacteria is thorough hand washing.

“Good infection prevention practices are an essential part of health care and perhaps the single most important thing we can do to keep patients and ourselves safer,” he says.

“It is everyone’s responsibility to wash their hands frequently, especially after going to the toilet and before preparing and eating food.”

Dr Millar says there is worldwide concern about the continuing development and spread of antibiotic resistance.

“No new classes of antibiotics have been discovered in the past 20 years and unless that situation changes, we will encounter more bacteria that we can’t treat effectively,” he says.

“It is therefore essential that we control and curtail our use of antibiotics and use them wisely.”

While the multi antibiotic-resistant form of these bacteria is extremely rare, it is likely two of the cases were hospital-acquired. The patients are no longer in hospital.

“Although bugs like these are uncommon, our health system is well prepared,” Dr Millar says.

“We have systems in place to identify these types of organisms and prevent them from spreading such as isolating any patients who test positive for the bacteria. It was through routine clinical care and screening that these CRE colonisations were first identified.”

Once the bacteria are in the human gut, they are there for life. Carriers will not show any symptoms and under normal circumstances, will never know the resistant bacteria are even there.

Here are some of the actions Canterbury DHB has taken to date:

- We are checking contacts of the three patients with confirmed colonisations to understand if there are signs of spread - none has been found at present
- We are following up with all health professionals who were or will be involved in the care of these three patients
- Other DHBs, the Ministry of Health and the Health Quality and Safety Commission have been informed. We are in the process of informing other health care professionals who work with vulnerable people, such as hospitals, Aged Residential Care facilities, community nursing and General Practice.

Although the level of public risk has been assessed as low, more information can be found at www.cdhb.health.nz.



An update from the CDHB Opioid Collaborative Project Team

As part of the Health, Quality and Safety Commissions (HQSC) collaborative Open for Better Care Programme, each DHB has been working on scheduled themes to help provide better focus on how we can improve patient safety.

Under the medication safety theme the focus is on reducing harm from opioids. The Canterbury DHB team have chosen to focus on reducing the incidence of uncontrolled pain, using a pain score of $>3/5$ as our criteria. The Acute Pain Team has developed a set of dosing guidelines aimed at supporting staff decision-making processes when prescribing opioids for patients presenting to the surgical department with acute pain.

Mary Young, Medication Safety Pharmacist, says the guidelines are to help ensure staff know what is best practice and can consistently apply it, but do not replace clinical judgement as all patients are different. "We have scheduled a staged release for the guidelines, rolling them out gradually through the different clinical areas."

"We have condensed some of the key information down so that it is suitable for staff who prescribe or administer medication to wear in laminated card form on their lanyard for easy reference. Over time as staff become more familiar with the dosing guide, we should see an overall improvement in pain control." These guidelines are available on the electronic version of the Blue Book under Pain Management/Severe acute pain.



Danielle Spencer, Clinical Nurse Specialist and Prem Kumar from HQSC talk to patient

The photo was taken in mid-September during a visit from the HQSC team who wanted to see first hand how we are doing. It shows an interaction with a patient as part of a PDSA (Plan-Do-Study-Act) process while refining patient information for the 'Welcome to the Ward' pamphlet. Prem Kumar from HQSC (pictured) provided useful feedback that influenced the final wording used on the pamphlet.

Other work underway by the Opioid Collaborative Team includes:

- supporting nursing learning about pain control and the different pharmacological options available
- reviewing documentation around pain scores
- developing a way of providing the patient with information to help their expectations around pain, nausea and constipation when admitted to surgical department.

Representatives of each DHB team meeting in Auckland during October to share successes and challenges.



Last chance to get a reward for spare security swipe tags

It's the last week to go in the draw to win a morning tea shout for your team (up to 10 people). Anyone who hands in an unused security tag goes into the draw. One draw has been made each week since 19 October.



We've had cards come in from all over the CDHB – referral centre, cardiology, gastro, Medirest, Hillmorton, TPMH, dental.... We've even got back a couple from staff who have moved on from CDHB but still read the CEO Update!

- So have look in desk drawers and shelves to see if there are any unused security tags.
- Write your name, team, location and phone number on a piece of paper and attach it to the security card.
- If you work at Christchurch Campus, take the card down to the ID Badge Office.
- If you work at a CDHB site elsewhere, call them on x 81164, give them the five digit security card number (so they can deactivate it) on the card and then pop the card and paper into the internal mail addressed to the ID Badge Office at Christchurch Hospital.
- The draw for the third morning tea was made last Friday – congratulations to Allison Partridge from AMAU at Christchurch Hospital. A morning tea is heading your way!

Get your spare cards in now! Any questions contact Vicky.heward@cdhb.health.nz. Details also on the staff internet.

Right: The Services Support Team at TPMH was the first team to win a morning tea shout.



University of Otago *Research Radar* Christchurch

Parkinson's disease patients in Canterbury are benefiting from a research project to find brain changes that predict the onset of dementia.

Until about a decade ago, tremor and other motor impairments were considered the biggest burden of Parkinson's disease. In recent years, however, many scientists and clinicians recognise cognitive difficulties such as dementia can be more debilitating.

Most patients with Parkinson's disease experience cognitive impairments, but they can take anywhere between two and 20 years to develop. The silver bullet would be predicting which patients are at highest risk of developing dementia or similar cognitive problems in the near future so they can be targeted for treatment.

For the past seven years, Professor Tim Anderson and Dr Tracy Melzer of the University of Otago, Christchurch, along with other team members, have collected hundreds of brain scans from patients with Parkinson's disease. They are studying these scans and giving patients extensive cognitive tests, with the aim of identifying neurological changes that indicate the onset of dementia.



From left: Dr Tracy Melzer and Professor Tim Anderson

Professor Anderson is a Canterbury District Health Board neurologist and Clinical Director of the New Zealand Brain Research Institute. He says the research is proving to be a win/win situation for researchers, patients and the health board.

"We couldn't do clinical research without patients agreeing to take part. These patients benefit because they get high-technology MRI scans and intensive cognitive testing they would otherwise not have access to. The health system benefits because much of the patient's scanning and testing is research funded. One big win so far has been where scans have picked up important but unsuspected conditions such as strokes or brain cysts that have allowed for early intervention to prevent further complications."

Professor Anderson says while drugs exist that do a 'relatively good job' of controlling Parkinson's disease motor issues, nothing really treats cognitive problems.

Patients identified as at highest risk of imminent development of cognitive impairments could be included in trials of new drug therapies to slow the onset of dementia, he says.

Professor Anderson says the research could also benefit those without Parkinson's disease if it identified key changes in the brain which ultimately lead to dementia or cognitive problems.



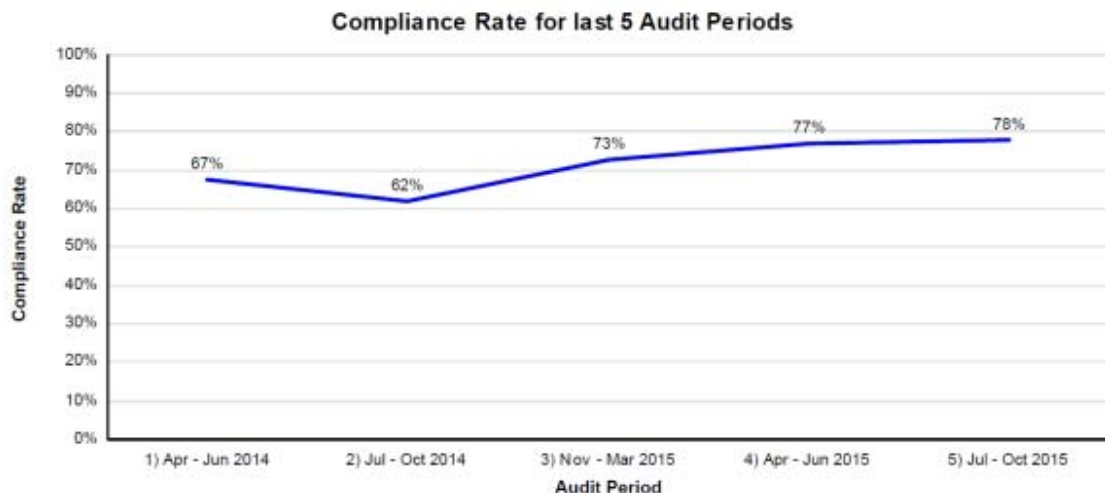
working with

Canterbury
District Health Board
Te Pōari Hauora o Waitaha

The National Hand Hygiene Audit Period finished at 31 October 2015

The CDHB result came in at 78%, just short of the 80% target but a further 1.2% increase from the last audit period and an impressive 16% increase from the audit period finishing in October 2014. A total of 2809 moments were audited, 2191 moments of those were correct.

A big thank you to all involved, and the teamwork required to make this happen.



The wards involved in this audit period were:

CWH, CHOC, NICU, Gynaecology & Ward 20 Med/Surg: ICU, Acute Dialysis, BMTU, Ward 20 & Ward 26 TPMH: Ward 1B & 2B Burwood: Spinal Unit & Surgical Orthopaedic Unit Ashburton & Rural Health: Acute Admitting Unit & Ward 1.

A special mention must go to those wards that achieved 80% or higher compliance, with some significant percentage increases, these were: A & RH: Ward 1 (83%), Burwood: Spinal Unit (82% - increase of 11%), Med/Surg: Acute Dialysis (88% - increase of 3%), Ward 20 (82% - increase of 8%), ICU (80% - increase of 6%), CWH: CHOC (91% - increase of 13%), NICU (85%). With CHOC topping the charts with a very impressive 91% being a 13% improvement.

Burwood Spinal Unit and Acute Dialysis achieved impressive increases from previous audit results. An audit of availability of Alcohol Based Rub in 184 bed spaces was undertaken in OPH, ABHR was available 90.6% in the patient's bed space.

Compliance with Hand Hygiene is best for moment 4, after touching a patient (however a drop of 4% has been demonstrated in this audit period), and additionally before a procedure, moment 2. A significant improvement of 5% has been achieved for moment 5 - after touching a patient surroundings which continues to have the lowest compliance.

	Moments	April - June	July - Oct 15
1	Before Touching A Patient	76%	77%
2	Before Procedure	74%	84%
3	After a Procedure or Body Fluid Exposure Risk	77%	84%
4	After Touching a Patient	86%	82%
5	After Touching A Patient's Surroundings	62%	67%

Other interesting facts are:

- When healthcare workers correctly performed hand hygiene the proportion of Moments where alcohol based hand rub was used increased from last audit from 81.7% to 83%, and the proportion of Moments where soap and water was used has reduced from 18.3% to 17%
- Of all Moments where glove use is recorded, Healthcare Workers FAILED to perform hand hygiene 18.9% of the time which is an improvement by 5.6%.
- Health Care Workers who achieved over 80% compliance were Invasive Technician 90% and Nurse/Midwife 82%.

Other areas and clinical areas with invasive procedures have local audits conducted which are not part of this national audit report.

HealthOne new user interface (UI) to be patient-centric

HealthOne is launching a brand new patient centric design to help support better, safer clinical decisions. This will be especially important as more primary, community and private health providers contribute data to the Shared Patient Record.

HealthOne has been re-designed to provide clinicians with a record that is focused around the patient, for example by listing their medications, diagnoses and services encountered - rather than according to the source of the data like the current General Practice, Community Pharmacy and Community Care views as the old version shows.

The new look design has arisen from extensive feedback spanning several months from a range of different HealthOne users; from General Practice and ED clinicians to Community Nursing and Pharmacy. All groups wanted information to be presented in a more patient-focused way.

The new UI has been developed in collaboration with these users and together with input from multiple advisory and stakeholder groups - including consumers in preparation for the launch of a future Canterbury Patient Portal.

The new design supports future development as the data available within HealthOne grows to include new information. This will include data from multiple health providers including private hospitals, emergency services, community and homecare services, as well as Community Pharmacy and General Practice across all South Island Districts.

The new look HealthOne will be launched from Wednesday 11 November. Check out the HCS help pages for any questions that you may have or to send us feedback use the onscreen link provided when you are logged in to HCS.

The HealthOne Team

HealthOne

Christchurch Campus is celebrating the CDHB values by having a Random Act of Kindness Week 9-12 November

What will YOU do?

Give blood *Clean the keyboard or phone* *Clean up the rubbish around the campus* **SAY THANK YOU TO THE CLEANER** *Spend time with the newest team member* *Compliment someone to their boss* **Compliment the boss** **MAKE TWO LUNCHES AND GIVE ONE AWAY** *Sign up to be an organ donor* *Leave someone a handwritten appreciation message* **Compliment a colleague** *Update the magazines in your waiting room/workplace* *Create an inspirational message jar* *Offer to do the task no one else wants to do* *Do the dishes in the tearoom* **Buy someone a coffee** **Bake a batch of biscuits for your team** **GRAB SOMEONE AND GO FOR A WALK TOGETHER** *Knit for NICU* *Lend a book to someone* *Photocopy the Sudoku so everyone can do it* **GIVE SOMETHING TO A GOOD CAUSE** *Leave a small gift to the person who makes your coffee* **Be a courteous driver** **Offer books to start a workplace library** *Buy/bring in flowers* **Gift a ward umbrella** **Shout a colleague a CDHB wellness session** *Ride your bike to work* *Give away an entertainment book voucher* *Do that good deed you have been putting off* *Simply smile and say "hello"* *For more ideas check out Project Realign on the [intranet](#)...*

Kindness
Pass It On.



REALIGN
CONNECTING
CHRISTCHURCH
CAMPUS

Have you considered becoming a blood donor? We need your help!



3,000 donations are needed each and every week.



5 Kiwis need blood or blood products every hour.



One donation can save up to 3 lives.

Like Hugh, who needed transfusions soon after he was born to keep him alive.

Come and help us save lives at CHCH Hospital

Annex Lounge off Great Escape Café

Thursday 12th November 10am – 3pm

Appointments online @ www.nzblood.co.nz or

Call us to make an appointment and don't forget your ID

0800 GIVE BLOOD

0800 448 325
www.nzblood.co.nz

NZBLOOD
In Partnership With CDHB



Our special 20th anniversary programme is now open for registration

We invite you to take a look at the very exciting programme of short courses (1-3 days) on offer at our 2016 Public Health Summer School. From Rheumatic Fever to Injury Prevention to Hauora Māori to Screening, there are courses for everyone as we celebrate the 20th anniversary. This includes 13 new courses plus 20 of our most popular core courses.

The quality and affordability of this event makes it a great opportunity to:

- » be inspired by the latest thinking on critical health issues
- » improve your skills in research techniques and statistical methods
- » network and interact with others working in related areas.

To see a summary of all courses available, please view our flyer [here](#).

To register or to view more information on each course, please

visit our [Summer School](#) website.

Remember to act quickly to take advantage of 25% early bird discounts. Many courses have limited numbers so don't miss out...register now.

2016 Public Health Summer School

When: 1-19 February 2016

Course length: 1-3 days

Where: University of Otago, Wellington campus in Newtown

Plus, if you are looking for more than a short course, find out more about the postgraduate courses in Public Health being offered at University of Otago's three campuses, Wellington, Christchurch or Dunedin. Just visit

www.otago.ac.nz/publichealth

It's a big job – record your part

The transition for staff from The Princess Margaret Hospital is going to be a big job. As we move from our Cashmere base to fields further away, we'd like to record the move and we'd like your help.

The plan is to produce a book (available online primarily but able to be printed) which will document the current teams working within Older Person's Health & Rehabilitation, Corporate and Mental Health Services at TPMH and record what they do, where they will be moving to, who the key people in the move are and feature photographs of the process including key milestones taken by the teams themselves. A little bit of TPMH and OPH&R history will also be included.

There are a number of ways you can be involved:

1. Put your name forward as a team contact.

This means you would represent your team in a group created to work on this project. You will need to share and take back ideas, oversee the photo project including the book and make suggestions for the final look of the book.

2. Provide text for the book – detail current roles, historical info etc.
3. Take photos for the book

If you would like to be involved please email Vicky.heward@cdhb.health.nz providing details of your current role/ team, location and which of the three tasks above you would like to be involved in.

We'd like to have an initial meeting of interested people before the end of November.





a career with us...

WHAT WILL YOU DO TOMORROW?

Section Head – Microbiology

Permanent/Full Time

An exciting opportunity is available for a suitably qualified and experienced practitioner of medical laboratory science to step into a Section Head role at Canterbury Health Laboratories (CHL). This role will suit a motivated and enthusiastic individual.

Key tasks include:

- Oversight of the microbiology laboratory operations - organisation and administration of a busy section and laboratory duties associated with providing a comprehensive and high quality service to our clients
- Leading the scientific and technical direction of the section.

• Liaison with the Medical Director, Microbiology & Laboratory Manager.

• Staff management, training and development.

• Preparation and monitoring of budgets.

We are looking for someone who is highly customer focused, self-motivated, and able to work co-operatively in a team situation. You will possess the leadership skills to be confident in a senior role and the ability to communicate with a broad range of health professionals. In addition, it is desirable that you have knowledge of current and emerging techniques and have proven experience in operational and personnel management.

You must be registered (or able to gain registration) as a Medical Laboratory Scientist/Medical Laboratory Technician with the Medical Sciences Council New Zealand.

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



NEW GRADUATE MIDWIFERY PROGRAMME

The South Island – exciting, artistic, thriving urban areas surrounded by national parks in a spectacular natural environment supporting a large variety of outdoor activities.

South Island DHB's all support professional development opportunities, embrace evidence based practise to provide safe, high quality midwifery care and celebrate the key role midwives have in partnership with women to promote maternal and infant health and wellbeing.

SOUTHERN DHB

Queen Mary Maternity Centre Dunedin Hospital

One position at 0.7 FTE on a 12 month fixed term contract.

Southland Hospital Invercargill

One position at 0.7 FTE on a 12 month fixed term contract. Please contact Milair Ryalls: milair.ryalls@southerndhb.govt.nz for further information or check out www.southerndhb.govt.nz/careers

CDHB

Christchurch Women's Hospital

0.8FTE positions working in all midwifery areas on a 12 month fixed term contract.

Please contact Nicki McNeill, Nurse Specialist Recruitment: 03 3641569 or email nickim@cdhb.health.nz

For more information please check out www.cdhbcareers.co.nz/

WCDHB

Greymouth Hospital

Two positions at 0.8 FTE on a 12 month fixed term contract.

Please contact Clinical Midwifery Manager, Chris Davey at chris.davey@westcoastdhd.health.nz or check out:

www.westcoasthealthcareers.co.nz
CLOSING DATE: 24/12/2015



One minute with... Jane Cartwright, Acting CCN Programme Director, Canterbury Clinical Network

What does your job involve?

I am honoured to join the Canterbury Clinical Network (CCN) as Kim Sinclair-Morris departs on parental leave. As a member of the Programme Office team at CCN I'll be supporting the alliance as it works to deliver better health outcomes for people. Kim leaves big shoes to fill and we will work to continue the same level of support and direction for CCN while she's away. If I were to sum up the role for those not privy to the alliance, I guess you could say I'm the one with eyes over all of the incredible work going on in our health system to work in partnership to integrate care and provide care closer to home.

I support the Alliance Leadership Team and the various CCN groups in their day-to-day operation as it will take all our efforts to continue to transform the Canterbury Health System.

Why did you choose to work in this field?

I am delighted to take up this role as it's an opportunity to continue to contribute. Right from my days as the tea lady in ward 11 at Christchurch Hospital through various other health roles I have seen the Canterbury Health System as a system. I work to enable people to stay well and manage their health through facilitating health, community and social sectors to work together.

What do you like about it?

I love working with the passionate, talented and interesting people who work in the health system. We're fortunate to be able to see that our work is actually making a difference for people, even if we sometimes have to stop and look backwards to realise how far we've come.

What are the challenging bits?

Transforming a health system is a long-term endeavour that requires perseverance and endurance, so it can be challenging to stay on course for change that we can't immediately see. I think we do a great job in Canterbury with one of the biggest challenges of an integrated system, which is working together for the people while also recognising that we have to meet the needs of the health workforce and businesses.

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

I admire Kim Sinclair-Morris who I've taken the reigns from for a period of time. I think it says something for someone to be such an integral part of the transformation of this health system while also maintaining a healthy happy family life as well. I wish

her all the luck at this special 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?

My focus is always on people. If you focus on people I think it's hard to get the values wrong. As the Maori proverb goes:

He aha te mea nui o te ao

What is the most important thing in the world?

He tangata, he tangata, he tangata

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

The last book I read was...

The Good Doctor, by Lance O'Sullivan.

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

Italy

My ultimate Sunday would involve...

Family, gardening and catching with friends especially while taking in the changing face of the city.

One food I really dislike is...

Oysters. Having been forced to eat three dozen daily for three weeks as part of a nutrition experiment as a student.

My favourite music is...

It has to be whatever my teenage sons are listening to at the moment.



Jane Cartwright

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

One For The Blokes Workshop



Facilitated by Pete Roe & Trish Knight

Including personal accounts from 2 men who successfully manage their mental health

Two hour workshop designed to raise awareness of mental health issues facing men...

What are the key issues

What signs to look out for

What support is available

How can family/friends and colleagues provide support

Location	Date	Time
CHCH Campus Great Escape Lounge	Thurs 19 November	1130-1330

This workshop is restricted to 25 participants. Attendance is free of charge and registrations will be accepted on a first come, first served basis. [Click here](#) to register for a workshop.

For more information contact Andy Hearn andy.hearn@cdhb.health.nz or 027 218 4924

Supported by:



NUTRITIOUS NIBBLES NOVEMBER

<https://give.everydayhero.com/nz/nutritious-nibbles-november>
<https://www.facebook.com/nibblesforhealth>

Over 20,700 people have diabetes in Canterbury. It can be either Type 1 (approximately 11%), Type 2 (approximately 86%), or Gestational and another 20,000 have Pre Diabetes.

Blindness, stroke, heart attack, kidney disease, tooth and gum disease, foot ulcers and amputations are some of the complications of diabetes.

Our campaign focusses on healthy eating as this key factor can help prevent or delay the onset of type 2 diabetes and is an important part of the effective management of all types of diabetes.

This key factor along with education and understanding on diabetes can help in the fight against diabetes and the complications.
For more information go to: www.barnabybee.com



#NNN

Act today to change tomorrow

Eat only nutritious nibbles in the month of November

Help support people living with diabetes in Canterbury and the community

Get healthy for summer and support a great cause

Learn great ideas and recipes. Be in to win some great prizes

JOIN the team at everydayhero or like our Facebook Page, it is never too late to join in. Help us spread awareness, support, fund research and education programs.

DIABETES
CHRISTCHURCH INC
SOCIETY

Ground Floor
550 Hagley Avenue
Christchurch 8011

barnabybee.com

03 378 6266

DISTANCE LEARNING

Systematic Reviews
and Meta-analysis
Distance Course

POSTGRADUATE



PUBH739

Special Topic: Systematic Reviews

5 September – 21 October 2016

This practical and interactive course provides participants with the skills and tools to undertake a systematic review.

- Planning a review
- Defining a review question
- Identifying sources of evidence
- Building a search strategy
- Criteria to select relevant studies
- Critically appraising included studies
- Statistical methods for analysing quantitative data
- Methods of evidence synthesis
- Meta-analysis and meta-regression
- Reporting the findings

CONTACT:

publichealth.uoc@otago.ac.nz
Tel +64 3 364 3602

POSTGRADUATE



CHRISTCHURCH

Centre for Postgraduate Nursing Studies
University of Otago, Christchurch

Become a nurse – build on any degree

otago.ac.nz/nursingscience
(Subject to NZCUAP approval)



UO03512



The Relevance of intellectual property in Clinical research and practice

Monday December 7, 2015

Beaven Lecture Theatre, University of Otago, Christchurch

**1630 – 1800 hours
Refreshments afterwards**

Overview

This workshop is designed for people working within the regional health system, who have an interest in exploring the relevance of intellectual property in clinical research and practice. The workshop is open to all (i.e. both clinical and nonclinical CDHB staff and University staff are encouraged to attend). It will cover considerations related to IP capture for commercialisation leverage through to freedom to operate and potential infringement of third party IP rights – pitfalls and traps to look out for. Garth will draw on practical and theoretical examples derived through his experience in managing the IP portfolio for Otago Innovation Limited – the University of Otago's commercialisation entity.

About Garth Hendry

Garth is a patent attorney with 15 year experience in providing strategic IP advice in the commercialisation of life science technologies. He has particular expertise in protecting diagnostic, therapeutic and medical device technologies and has represented many national and international companies/organisations in achieving registration of IP rights fundamental to commercialisation activity. Garth holds a PhD in biochemistry/biophysics and thoroughly enjoys working with clinicians and researchers who develop new, cutting edge science.

Registration-

- For Further information & to Register for this Workshop please email charlotte.robson@cdhb.health.nz

Christchurch welcomes winning All Blacks

In case you missed all the news coverage - thousands of people lined the streets and crowded Hagley Park last Thursday to catch a glimpse of our Rugby World Cup champion All Blacks.

These photos were taken by one of our communication team members.

Rugby balls thrown at the All Blacks were caught, autographed and thrown back and children and adults alike waved and shouted at their heroes. The utes carrying the All Blacks made their way slowly along Rolleston Ave before entering Hagley Park.

The team and their management were welcomed one by one onto a stage in Hagley Park where Captain Richie McCaw got the loudest cheers and said it was great to be back in Christchurch on a nice sunny day.

