



Making an entrance at Christchurch Hospital, a big day out in the Beehive & busting myths

Making an entrance at Christchurch Hospital

Thanks to the team who pulled out all the stops to install a new temporary 'container tunnel' at the main entrance to Christchurch Hospital. It's not pretty, but it is practical and means that people can, once again, safely enter the hospital via the main entrance. Last Friday a pane of safety glass fell from the overhead canopy.

We made the decision to close the entrance for safety reasons. We don't know why the glass fell and are seeking further expert advice. We will need to make a decision on whether the glass panels need to be removed and replaced with a different material or reinforced to ensure the glass stays in place.

On top of the challenging quake repairs and tricky logistics of building the new Acute Services Building on the site of one of NZ's busiest tertiary hospitals, this latest issue is just another challenge for our teams to overcome. Thanks to operations manager, George Schwass, the maintenance and engineering team, security, Fletcher Construction and our ever-ready band of volunteers for the work they continue to do to help people coming into Christchurch Hospital.

The container entrance is for pedestrians only. Public can use

the entrance at Christchurch Women's or the new temporary drop off area outside the School of Medicine when dropping friends or family off to hospital. The shuttles are now dropping off and picking patients up at Hagley Outpatients and the temporary container entrance.



Above: Pedestrian path through bike compound.



Above: Container entrance to Christchurch Hospital.



Above and right: Our helpful volunteers are at the pick up / drop off area to assist.

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Canterbury & West Coast DHBs to appear before the Health Select Committee at Parliament tomorrow

The Health Select Committee will be reviewing each DHB's performance during the past financial year (1 July 2014 – 30 June 2015). They will also be asking questions about our current situation when representatives from each DHB appear before the committee tomorrow in Wellington.

The cross-party committee has nine [members](#) and an important part of their role is to review the performance of government-funded health organisations.

Both DHBs have already submitted written answers to over 95 detailed questions about our performance, operations and how we have invested public funds to better the health and wellbeing of our community.

I would like to thank everyone involved in compiling answers to these questions – particularly Judith in corporate administration who deserves a special mention as she had the unenviable task of collating and making sense of all of the information submitted.

Heard it on the grapevine?

This week a number of rumours about facilities have come to my attention, and I thought it was worth setting the record straight. If you want a rumour busted, ask your manager for clarification or email itsallhappening@cdhb.health.nz.

Is the Acute Services building site quiet because they have built the columns in the wrong place and will have to start all over again?

No – the new contractors have needed to do a “dilapidation survey” – an extensive photographic recording of the site. This is standard practice when one contractor hands over a site to another. Site sheds are currently being constructed offsite, and steel beams are being manufactured overseas. Site works will soon begin again in earnest.

Has the Acute Services building been built too close to the river, so it will flood?

The new building is actually further from the river than the Riverside building. Of course, the whole of Christchurch City is prone to floods, because it is built on the floodplain of several rivers. In 1868, the Waimakariri River flooded the city centre as far as Victoria Square. The water table is also quite shallow across the city, and natural springs and wells are found everywhere. The design and engineering of the Acute Services building has taken these issues into consideration. Flood mitigation measures include a protective embankment to be created between the building and the river, and the lower ground floor has been planned to include only non-essential services.

Are the new buildings at Burwood sinking?

No - the new buildings are not sinking. They have been engineered to cope with the ground conditions at the site, including a large raft foundation underlaid by a system of reinforced layers of hard fill that mitigate against liquefaction in the event of earthquakes.

So there you have it - things are happening behind the scenes for the ASB, you won't need water wings and a flutter board to get to work in the new Acute Services Building, and the pace has stepped up at Burwood now that our move in dates are set. I can reassure you - all our new buildings are on the level.

Bike To Work Day - Wednesday 10 February

Unfortunately I'm not in town on Wednesday, but for those of you who are, this is the day to dust off your old ten speed, check your brakes, wipe the cobwebs off your helmet, and get ready for Go by Bike Day.

Cycling is good for your body and mind. Not only does it make you fitter, healthier and more productive, it helps the environment too.

To encourage people to cycle on Go By Bike Day the Christchurch City Council, Canterbury DHB, CPIT and Meridian Energy are setting up cycle celebration stations along our city's most popular cycle routes between 7am-9am. People who stop at the stations will be able to get a free bike check-up, have a breakfast snack, make a smoothie on a blender bike, win helmets and other cycling merchandise, ride an electric bike, and much more.

The stations will be set up at Antigua Boatsheds bridge, Hagley Park (close to Matai Street), outside Community and Public Health on Manchester Street, at CPIT Aoraki on the corner of Madras and St Asaph streets, and at Meridian Energy at 104 Moorhouse Avenue.



Above: Canterbury DHB Health Promoter Meg Christie making a smoothie with some help from a keen cyclist on the blender bike.

Take care

David

David Meates
CEO Canterbury District Health Board

Facilities Fast Facts

Burwood

Countdown: it's just 15 weeks to go until our moves get underway!

This Friday 12 February, Dan Coward, GM of Older Persons' Health, will present two staff forums to update staff on the latest news about the moves to Burwood. There's one at Burwood Hospital in the Chapel at 9.30am, and a second session in the TPMH Chapel at 2.30pm on the same day. All staff are welcome to attend.

This week's photo, taken on 4 February, shows great progress made in ward finger 1 as it nears completion. This is a ward reception area.



Christchurch

The photo for Christchurch shows the Minister of Health, Hon Dr Jonathan Coleman, talking to the media about the future new outpatients' building at the St Andrew's Triangle site, on Monday 1 February. In the background are Dr Rob Ojala, CEO David Meates and chairman of the CDHB Murray Cleverley.



Christchurch Outpatients building update

User Group meetings for the year start next week. The following week the design team will be in attendance to begin the first of three rounds of meetings for the Developed Design phase. This will be the opportunity for the User Group to focus on ensuring the layout and content of each room in the building is correct. The FF&E team (Furniture, Fittings & Equipment) will also be attending some of the design meetings to ensure they understand which items are suitable for transfer and which items will need to be purchased new for the building.



Bouquets

Oncology, Christchurch Hospital

Wonderful service. New Zealanders are very lucky/ fortunate in the health service. No one should complain. Thank you.

Medical Day Unit and Haematology Day Ward, Christchurch Hospital

You should be very proud and grateful to have such wonderful staff... - look after them. What an amazing group of hardworking staff – professional, friendly, caring, informative, outstanding, happy, and thoughtful. The list could go on with nothing but positive comments. To Helen and Jo, cheers for your one on one. A big thank you to you all.

Midwife and Chaplaincy, Christchurch Women's Hospital

The midwife team is doing an awesome job! Just wanted to say that. Also, great work Chaplaincy team making the hospital seem Christmassy. Appreciate the work they do and thank you CDHB for providing them.

Intensive Care Unit, Christchurch Hospital

Thank you to the amazing nurses in ICU who looked after my mother ... on 15 and 16 December 2015. Especially Jan, Leah and Felicity. They were very supportive, cheerful and welcoming and made her time there, and our visits as comfortable and enjoyable as possible. You ladies are angels.

Plastics Outpatients, Christchurch Hospital

Thank you for great service.

Eye Clinic, Christchurch Hospital

In September I was referred to the Christchurch Eye Clinic at very short notice with a retinal tear. It was my first visit to the Eye Clinic and I was completely blown away by the

amazing treatment I received from the moment I arrived at Reception. Without exception the staff I met were welcoming, reassuring and patient with my many questions, in spite of the fact that the clinic was clearly a very busy place.

In particular I wish to acknowledge the attention and care given me by Dr Dickson Wong whose meticulousness and determination to provide the best possible outcome was totally commendable and very much appreciated. Thank you so much Dr Wong.

I would also like to acknowledge the care and skill of Dr Lewis Lam when I returned to the clinic the following day for the completion of treatment. I thank the staff concerned most sincerely, and I apologise that it has taken me so long to return this form.

Eye Clinic, Christchurch Hospital

Delighted with the expertise, care and attention from all staff. Well done.

Ward 27, Christchurch Hospital

Wonderful, thoughtful and kind help from nurses and staff of Ward 27 during the final days of Dad's life. Special thanks to nurse Jess who was with us on this last journey for every day. Thank you.

Christchurch Hospital

I really appreciate the way that the ambulance came really quick. I like how they were caring. I also like that the staff were really considerate and kind. Thank you for taking care of me.

Emergency Department, Christchurch Hospital

Last night we took my father into the Emergency Department with a localised infection on his knee. We just wanted to write to compliment the nurse we had, Vicki White. She

was absolutely fabulous. Extremely personable and helpful. We had already seen a doctor to assess my father and Vicki was sent to put him on an antibiotic IV. We mentioned to her that we questioned why the doctor had chosen not to lance the area, as that had been done previously in the same circumstance. The doctor we originally had had finished for the night, so Vicki asked the new doctor to come have a look for a second opinion.

It was a rather busy night and waiting for the second opinion meant having to wait a bit longer as the doctor was busy, however Vicki was fabulous about checking everything was alright, and reassuring us that we were on the doctor's list. Once the doctor checked my father she agreed with us and Vicki was able to undertake the lancing of the area. She was exceptionally good with my father during the painful procedure. We found Vicki to be the best nurse we have had dealings with. Friendly and reassuring, she kept us informed throughout the whole evening. We also appreciated her honesty throughout. She didn't try to give estimated times or the likes, she told us the situations honestly. Such a fabulous nurse that made a five hour trip to the hospital bearable.

Acute Medical Assessment Unit (AMAU), Christchurch Hospital

My hospital experience was a good one. I was cared for and found the doctors and nurses were very caring. I was listened to when telling my symptoms. Thank you.

AMAU, Christchurch Hospital

As always a great place to be in and get looked after. Thanks to all staff.

» Article continues on page 5

» Article continued from page 4

Ward 28, Christchurch Hospital

What super staff at this hospital!

Park and Ride Shuttle, Christchurch Hospital

Great having shuttle service from old sale yards. Lovely staff.

Emergency Department, Christchurch Hospital

Terrific service from ambulance and all medical staff. Thanks so much.

Emergency Department, Christchurch Hospital

I attended ED on 27 December. I would like to compliment Dr Harriet Harper and her professionalism and empathetic manner. Very impressed.

Plastic Surgery, Burwood and Christchurch Hospitals

All departments couldn't be more professional, careful and caring. A tribute to the public hospital system.

Hand Therapy, Christchurch Hospital

I would like to express my appreciation of the excellent treatment I have had. Also to express my admiration for Nurse Linda's dedication to returning my hand to near as possible normal function. Also thank you to the other staff I have come in contact with.

Ward 15, Gastro, Christchurch Hospital

I cannot begin to say how amazing all the staff have been on Ward 15 with my Mum who was diagnosed with pancreatic cancer, the care and attention of all the doctors – Richard Geary, Dr Lim and James Fulforth

has been amazing.

Two nurses in particular, Chris (male) and Anabelle, who looked after Mum have been incredible. In a terrible situation they have been honest and caring and always prepared to go the extra mile, a credit to all involved.

Bone Marrow Transplant Unit (BMTU), Christchurch Hospital

My sister.... has been a patient in this ward and has had excellent care from all staff involved. Also communication with myself has been excellent.

Ophthalmology

Just a note of appreciation ...to your department where I have been a patient over recent weeks.

From GP referral to reception, nursing, registrars x2 and yesterday Dr Antony Bedggood, I was treated with pleasantness, courtesy and professionalism throughout by all, always in very busy clinics. My sincere appreciation to all.

Ward 23, Christchurch Hospital

I would like to thank you for the general, good care received on Ward 23 and by the hospital in general. My husband.... is not easy to care for and I have been impressed by the professionalism and competence displayed during his recent stay. A special mention for Registered Nurse Jibin, he is truly wonderful.

Ear, Nose and Throat Outpatients, Christchurch Hospital

On 14 January I saw Dr Mike Bergin. I found him to be extremely thorough,

very knowledgeable and with an excellent manner. He spoke to me in a 'lay person's' language which was very much appreciated. This was at all times particularly noticeable when going over the scan with me. I could not fault the way he treated me at all. Thank you.

Oxford Hospital

Dear Sarah and staff of Oxford Hospital. You all do such a wonderful job of caring for ... and making them and our whānau feel at home. Thank you for your kindness. Thank you for your attentiveness, thank you for your skill. Thank you for caring and bringing joy to their days through your great senses of humour and support.

CREST, Community Rehabilitation Enablement and Support Team

As a recent recipient of your services I would like to thank you very much for the help I got from the coordinators, carers, physiotherapists and occupational therapists.

I was most impressed by their efficiency and the coordination between the different people and also the Meals on Wheels - I am not sure whether that was organised through you or from Burwood but I appreciated that service too.

Zika virus – what you need to know

Ministry of Health media release: 29 January 2016

There are growing concerns regarding the mosquito-borne Zika virus and the impact of infection with Zika upon pregnant women and their babies.

Cases of Zika virus have previously been reported in Africa, southern Asia and the Pacific Islands. Samoa, American Samoa and Tonga are currently areas of active transmission of the Zika virus.

[View the up-to-date list of countries with current affected by the Zika virus.](#)

It is important to note that the virus may spread to or be present in other countries where it has not yet been detected.

All cases of Zika virus infection reported in New Zealand have involved people who had recently been in countries where a Zika outbreak was occurring. The mosquitoes that are able to transmit Zika virus are not normally found in New Zealand.

[Get more information on the Zika virus](#)



Device trial a first for Australasia

Research and innovation has led to a trial of a subcutaneous sutureless PICC securement device at Christchurch Hospital, the first trial of this device in Australasia.

Peripherally Inserted Central Catheters (PICCs) are commonly used within hospitals however they carry substantial risk if they migrate into or out of the vein. To ensure a high standard of care we have a goal of zero PICC migration. In 2015 we reviewed international data and subsequently planned to trial the subcutaneous sutureless securement device.

This proved to be a “catalyst for change”, says Central Venous Access Device, Nurse Educator, Elizabeth Culverwell.

We began the trial in Surgical Ward 17 and the Bone Marrow Transplant Unit (BMTU) as the control group. Over the last four months, a total of 51 securement devices have been used. The trial has provided us with confidence on the efficacy of the device.

“Importantly it has also shown us the value of education, and the value of processes and systems that reinforce, encourage and monitor the critical behaviours needed when introducing a new product.”

The unintended but positive consequence of the trial has been the improved staff confidence and capability when managing PICCs. The information gathered from the trial has enabled us to calculate the benefit of the device in terms of preventing PICC migration.

“In October 2015 we moved to the second phase of the PICC securement trial using surgical adhesive only. This is proving to be effective for ‘short term’ PICCs (those that are required for 3-6 weeks only). Using the data from both these trials will enable us to develop an individualised approach to PICC securement meeting our goal of zero PICC migration” Elizabeth says.

The results of the trial will be presented at Intravenous Nursing New Zealand conference in March.

Celebrating success, saving the best for last

The best outcome from this initiative has seen the trial Ward 17 achieve the goal of ‘zero PICC migrations’ over the past seven months. This is a wonderful result.

Congratulations to the nursing staff of Ward 17 who have been instrumental in making this the best outcome for their patients.

On behalf of the CDHB Governance Group we would like to extend our thanks to the Radiology Vascular Access Nursing Team and the nursing staff of BMTU and Ward 17.



Left: A correctly placed PICC dressing in Ward 17 showing the sutureless securement device in place.

Progress in Ashburton

Work on the current ambulance bay has begun, with St John being diverted to the main entrance in the interim. Steel framing is now up, scaffolding around the new build is being erected today and work on the roof is due to start in the next few weeks.



Mass for World Day Of The Sick

You are invited to attend Mass for the 'World Day of the Sick' at 10am on Thursday 11 February.

This is a global event when people around the world take the time to remember and pray for those who are sick, impaired by age, or are undergoing surgery.

It is to appreciate all those who work very hard to alleviate the sufferings of the sick on this day.

Christchurch Hospital Chapel

Christchurch Hospital Catholic Chaplaincy Team

Child Health Nursing Education's Newsletter Hot Tips

The [February 2016 edition of Hot Tips](#) – a newsletter from the Child health nursing education team at Christchurch Hospital is out now.

This issue includes:

- » Emma Stratton describes her role as a paediatric cardiology resource nurse in paediatric outpatients
- » The impact of homeless men's use of city spaces on their wellbeing – Warren Nairn's research
- » "What's the matter" vs "what matters to you" – how we talk to our patients
- » The poetry of skin
- » Early recovery after surgery - ERAS
- » Paracetamol caution from MedSafe

Colorectal Cancer Pathway Project

We are excited to announce the start of the Colorectal Cancer Pathway Project, which is focused on improving the quality, flow and timeliness for patients with bowel cancer. This is a complex pathway for our patients starting from receipt of referral to the hospital and involving several departments and support services. This project will link into work being done on the referral process for colorectal patients.

Bowel cancer is a major health issue for New Zealand and in 2009 was the second most common cancer in both men and women, the second highest cause of cancer death for men (after lung cancer) and the third highest for women (after lung and breast). Bowel cancer is also the second most common cause of death from cancer for Māori. New Zealand has one of the highest death rates from this cancer in the developed world. Whilst individual departments work hard to facilitate the treatment of all their patients; this project focuses on the patient flow in and across services to find parts of the pathway where we may be able to improve.

The Faster Cancer Treatment data is showing that only 66% of this group receive their first treatment within the recommended 62 days. We anticipate learnings from this work will improve the timeliness for these patients and have the potential to inform other cancer /non cancer pathways. Bowel screening is only two years away and it is timely to review our internal processes and systems to ensure we are working safely and efficiently.

We will be using CDHB "Process for Improvement" Methodology with Dr Mark Jeffery as Clinical Lead. The working group is small, but has a comprehensive reference group with whom we will be consulting as we move along the pathway.



Above: Project Team Members: Jane Trolove, Mark Jeffery, Clare Pate, Bronwyn Marshall, Lynn Davis, Paul Mollard.

Citation: National Bowel Cancer Tumour Standards Working Group. 2013. Standards of Service Provision for Bowel Cancer Patients in New Zealand – Provisional. Wellington: Ministry of Health. Published in December 2013 by the Ministry of Health.

Last chance to register for People in Disasters Conference



Take this last chance to register for The [People in Disasters Conference](#) being co-hosted by CDHB and held in Christchurch 24-26 February.

A [full conference programme](#) including extra workshops and concurrent sessions is available to view. Great value at \$565.22+GST. Learn from people who have disaster experience gained from a wide range of events including the Canterbury earthquakes, Brisbane floods and surviving the holocaust.

Please pass this on to colleagues who may be interested. For more information, questions or discount rate for five or more attending, contact Cathy King– cathy.king@cdhb.health.nz

Mental health nurses riding for causes

Taking on a self-supporting 'Tour Aotearoa' 3000km cycle route from Cape Reinga to Bluff is a dream ride for three adventurous mental health nurses.

Suzie Ruddenklau (Child and Family Mental Health services), Andrew Smith and Darren Tatom (Community Adult Mental Health Services) will set off from Cape Reinga later in February to complete the mostly off road challenge with around 300 other enthusiasts. Suzie, Andrew, and Darren are cycling in memory of fellow nurse, friend and cyclist, Seth Jewitt, who passed away last year.

The event rules require each participant to complete the route in between two and four weeks with no support crew or special assistance. Riders are able to purchase what they need along the way and stay where they can. Most participants will ride between 10 and 16 hours per day to complete the journey.

A special feature of the event is live tracking of participants. Each rider carries a GPS tracker and those coordinates

appear on a live map during the event. You can follow their progress here: <http://touraotearoa2016.mapprogress.com/>

Suzie is raising money for CACTUS, a youth development programme which does great work giving youth opportunities and life skills. She departs on 23 February.

Andrew is raising money for Amnesty International, a charity that his late mother worked hard for. Andy wants to continue to support her efforts. He also leaves on 23 February. Darren, a veteran of several long distance events, departs on 21 February.



Above: Mental health nurses, Darren, Andrew and Suzie.

Security Services Manager role “great opportunity”



Richard Boyce

Richard Boyce has joined CDHB.

A very warm hello to all at Canterbury DHB. I'm excited to join the team as the Security Services Manager starting on 15 February. I'm moving from the Ministry of Justice, where I held the role of Deputy Director, Technical and Judicial Security.

I am an honours graduate from the Department of Criminal Justice Studies at University of Portsmouth in the United Kingdom, achieving a Degree of Bachelor of Science in Degree in Risk and Security Management. My employment background includes 22 years colour service with Her Majesty's Forces Royal Military Police and I have broad experience in many security, health and safety, risk and emergency related areas.

I have recently worked extensively on the facilities safety and security design of the new Christchurch Justice and Emergency Services Precinct. This has involved designing the precinct security model, working closely with a variety of project management specialist, health and safety project groups, security system designers and other government projects.

In line with this I have been at the forefront of re-developing the Ministry of Justice safety and risk frameworks and driving the re-design of security principles and culture for the organisation.

I'm looking forward to the exciting times CDHB is experiencing, with new builds already afoot and others well into the design phase. To provide a safe environment for staff and public, as the health system transforms in Canterbury, is a great opportunity to present a modern and dynamic security culture to support Cantabrians.

On a personal front I have some experience in the health field, as my kiwi wife Andrée is a community nurse at the Amberley Medical Centre. After my service in the UK army she gave me an offer I couldn't refuse and we moved to New Zealand with our two young boys. We haven't looked back since and we now have a small lifestyle block out near Rangiora, with a menagerie of animals and are living the kiwi dream.

I became a New Zealand citizen just last year, although I must admit that in a sporting capacity my allegiances will never shift; the George Cross flies proudly on my shed when England play.

I'm a bit of a fitness maniac and enjoy all outdoor activities, especially anything with an endurance factor and challenging environment. Long distance running and rugby are two of my great passions.

I look forward to meeting many of you over the coming weeks and months. Please give me a shout on my email: richard.boyce@cdhb.health.nz at any stage.

Fossil Free Coast to Coast Completed

The world's first ever fossil fuel free coast to coast to coast took place in January 2016. Over seven days eight people, including CDHB staff Steven Muir and Meg Christie, towed four kayaks behind three tandems and two single bicycles from Christchurch to Arthur's Pass, then on to the West Coast, and back.

Steve says the purpose was to have some fun, raise awareness of climate change and to encourage the use of active transport for events.

The participants were mostly involved with the ICECycles free bike maintenance group in Christchurch, who encourage more people to bike by fixing and giving away bikes to people on low incomes. Steve Muir made the kayak trolleys to tow the kayaks and he also makes low cost, custom designed cycle trailers for shopping and general load carrying.

The team faced almost constant head winds, dehydration, hypothermia, severe weather warnings, flooded rivers, a funeral of a close relative and a wife's hip operation. The extreme circumstances did result in a little fossil fuel being used, so a plan is being hatched to repeat it next year under more favourable conditions.

For the full report, and to see more photos, go to www.cycletrailers.co.nz/fffc2c2c.pdf



Above: Steve and Meg biking up Porter's Pass.

Patientrack is coming

Following a successful trial in Ward 28 at Christchurch hospital, the eObservations project is set to enter a phased rollout, beginning with surgery from mid-February 2016.

Mary Gordon, Executive Sponsor for the programme is a strong advocate for the importance of clinical engagement in the design of any clinical system. "The involvement of clinicians on Ward 28 has been no exception to this rule - their contribution has been invaluable in helping us develop a system that can be used by the rest of Canterbury DHB."

Patientrack has been designed to capture patient observations electronically and make them available to a patient's care team anywhere they have access to the network. Patientrack has been in use in a number of UK hospitals for some time and where it is in use, there has been a reduction in avoidable mortality and serious adverse events, such as cardiac arrests.

Susan Wood, Director Quality and Patient Safety says Patientrack will record more than a million patient observations that are currently handwritten on charts across 10 hospitals in the Canterbury and West Coast DHB areas each year.

"It makes a major contribution to enabling patient safety: Patientrack is configured to use the patient's vital signs to calculate an early warning score (EWS) and quickly notify the appropriate clinicians if it detects deterioration, as per EWS policy."

"This is the latest major step towards more visible care, using less paper, and importantly it makes sure all clinicians involved in a patient's care see the same data and are on the same 'virtual page'."

"Armed with that information earlier, clinicians can respond with an appropriate care plan sooner, and we know that time is

critical in ensuring the best possible outcomes for the patient," Susan said.

A clinically led multidisciplinary group that included Seton Henderson, Mark Crawford and project clinical lead John Hewitt carried out due diligence that went well beyond just looking at the stats and marketing information from the vendor. During October 2014, they visited a number of UK hospitals to see Patientrack in action and to talk to the people who use it.

"We wanted to hear how Patientrack was working directly from the clinicians who use it and about their experiences in implementing it," said John.

"We are very excited by what Patientrack has to offer and to be at the forefront of such an important initiative that will make such a difference to how nurses provide the best and safest care possible."

Canterbury is working closely with Waitemata who are currently preparing for their own installation of Patientrack. As the first two users of the system in New Zealand, both organisations want to work together to standardise and learn as much as possible. This approach will help with workforce development longer term as the system is adopted more broadly in other New Zealand hospitals.

Our strategic partner Orion Health, specialists in health software, is working with us to ensure Patientrack integrates with and is complementary to a number of other electronic systems, principally Health Connect South, and SI PICS.



One minute with...**Carlos Molina,** **Nurse Educator for eMeds**

What does your job involve?

My job is very exciting and rewarding because not one day is the same. I'm involved in the implementation of clinical applications and the role entails:

- » Advising on clinical issues
- » Supporting quality
- » Testing clinical applications
- » Application configuration
- » Liaising between the technical and the clinical side
- » Development of training material and training of staff
- » Training our champions
- » Go live and on call support
- » Involved in developing offline processes
- » Involved in consultation at all levels
- » Supporting change management
- » Supporting how the application will best fit clinical workflows
- » Performing devices scoping

Why did you choose to work in this field?

The learning opportunities and career development are fantastic, this is a relatively new field of nursing and is only going to keep on growing. I believe that nurses need to get more involved so we have a strong voice on the development of clinical applications.

What do you like about it?

My background is Intensive Care Unit nursing, even though I'm away from the patient's side I feel that I'm still saving lives, like the work flexibility and we have a great team!!!

What are the challenging bits?

- » Managing change
- » Being on call at night
- » At times unrealistic expectations from clinicians re technology
- » Communicating clinical needs clearly for the technical team.
- » How complex and slow it can be to get changes to applications done

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

I work with some very talented people, so I get to learn from the best!

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?

It means that everything we do is ultimately focused on improving patient's safety and in line with CDHB/Ministry of Health policies.

My hobbies are...

Sports and dancing.

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

I have always been intrigued by the Cuban culture.

My ultimate Sunday would involve...

Family time and a nice meal.

One food I really dislike is...

I like everything.

My favourite music is...

Latin music



Carlos Molina

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

Canterbury Grand Round

The first grand round for 2016 will be held 26 February.
More details to come in future updates.

Staff Wellbeing Programme: How are you feeling?



How are you feeling?

This NHS tool may help you take control of your wellbeing by more actively managing your stressors. Answer a few online questions and you'll have access to information/tools that allow you to better manage your emotional wellbeing.

Click on the How are you Feeling? icon on the [Staff Wellbeing Programme intranet page](#). Note: the tool (at the bottom of this webpage) can be slow to load.

CDHB photography group leader / facilitator needed

The CDHB photography group is looking for a new leader/facilitator – visit the [Social Interest Group page](#) for more information.

Be Active

Be Active is an eight week programme for people wanting to establish or restart their activity, and have fun along the way.

[Click here](#) for details on locations, dates and times. Starts mid-February.

2016 class times now available – yoga, Zumba, Pilates, mindfulness

Updated timetables available on the [Staff Wellbeing Programme intranet page](#).

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.

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



Be Active is an eight week programme for people wanting to establish or restart their activity, and have fun along the way.



BE ACTIVE

Term 1, 2016



Woolston
St John's Church Hall
Cnr of St Johns Street & Ferry Rd
Monday 1.00pm – 2.30pm
Starting Monday 15 February

New Brighton
North New Brighton War Memorial Hall & Community Centre
93 Marine Parade
Tuesday 10.00am – 11.30am
Starting Tuesday 16 February

St Albans
Mary Potter Community Centre
442 Durham Street North
Tuesday 1.00pm – 2.30pm
Starting Tuesday 16 February

Hornby
Harvard Community Lounge
31 Corsair Drive
Wednesday 6.15pm – 7.45pm
Starting Wednesday 17 February

For more information and to register please contact:
P 03 373 5042
E dave.jeffrey@sportcanterbury.org.nz
www.sportcanterbury.org.nz

Suitable for all ages (18+) and levels of ability. Join us each week to try a range of low-impact activities, eg circuit, badminton, Tai Chi and Zumba. Discuss ways of maintaining a healthy lifestyle and enjoy the support of others in the group. Cost is \$3 per session.



Have your say on fresh air

The Fresh Air Project Mobile Café visited several businesses on Friday, and cruised around the city on Sunday, giving away free coffees to those that completed The Fresh Air Project's Smokefree Community Spaces survey.

The Fresh Air Project is all about working towards Smokefree community spaces. Led by the Cancer Society, the idea is for shared public areas – like playgrounds, parks, beaches, bus stops, and outdoor malls and dining – to become Smokefree spaces that everyone can enjoy.

To find out more, and to do the survey yourself, go to www.FreshAir.org.nz.



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 on site talk about 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's 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 – current roles, historical info etc.
- 3 Take photos for the book

If you would like to be involved please email Janice.lavelle@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.

Thank you to those who have already submitted their name.



Save a life this summer

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

Please come and do your bit to help

Thursday 25th February
10am until 3pm

Annex Lounge off Great Escape Café
CHCH Hospital

Appointments online @ www.nzblood.co.nz or call 0800GIVEBLOOD
Please remember your ID

Summer DOESN'T stop
0800 GIVE BLOOD
0800 448 325
www.nzblood.co.nz
NZBLOOD
In Referrals, Tests & Medicines



Christchurch Campus Quality & Patient Safety Team

Invitation to all staff QUALITY & PATIENT SAFETY PRESENTATION

TOPIC: "Compassionate healthcare is safer, more effective, satisfies patients, saves time, reduces demand, gives meaning to work and costs less."

(Video Presentation) Dr Robin Youngson

Dr Robin Youngson, the co-founder of Hearts in Healthcare, is an internationally renowned keynote speaker and pioneer in the subject of compassion in healthcare.

Dr Youngson is also a fellow of the Australian and New Zealand College of Anaesthetists, Robin has held consultant anaesthetist appointments at Auckland City Hospital, and North Shore Hospital. He also helped launch the WHO strategy for "People at the Centre of Healthcare" in 2007. He is an honorary senior lecturer at Auckland University.

Venue: **Oncology Lecture Theatre**
Date: **Wednesday 10th Feb 2016**
Time: **1230 to approx. 1345**

*An attendance record sheet will be provided.
A link to the presentation can also be provided
Please contact Sharon.Marchant@cdhb.health.nz, Quality Manager*

GO BY BIKE DAY

HOP ON A BIKE AND GIVE CYCLING A GO

**FREE BREAKFAST SNACKS, GIVEAWAYS, BIKE
CHECKS, ELECTRIC BIKE RIDES AND LOTS MORE AT...**

Antigua Boat Sheds bridge

Hagley Park by Matai Street

CPIT - corner of Madras and St Asaph Streets

Community and Public Health - 310 Manchester Street

Meridian Energy - 104 Moorhouse Avenue

**7AM - 9AM
10 FEBRUARY 2016**



2016



Public Health Lectures

University of Otago, Christchurch

Wednesday, 2 March, 7 – 8pm

Resilience in everyday life: how to bounce back from adversity

Emeritus Professor Jonathan Davidson, Duke University

Wednesday, 9 March, 7 – 8pm

Schizophrenia genetics: update and agenda for the near future

Professor Patrick Sullivan, University of North Carolina and Karolinska Institutet

Wednesday, 16 March, 7 – 8pm

The health importance of having a good-humoured heart

Professor Mark Richards, University of Otago, Christchurch and National University of Singapore

Wednesday, 23 March, 7 – 8pm

Title to come

Professor Dee Mangin, University of Otago, Christchurch and McMaster University

Wednesday, 30 March, 7 – 8pm

Brain imaging in Parkinson's disease

Dr Tracy Melzer, University of Otago, Christchurch

Wednesday, 6 April, 7 – 8pm

One Health: A global approach to tackling infectious diseases

Professor David Murdoch, University of Otago, Christchurch

Wednesday, 13 April, 7 – 8pm

Will eating cake give me cancer?

Dr Logan Walker, University of Otago, Christchurch

Wednesday, 20 April, 7 – 8pm

Engineering customised care at the bedside for better patient outcomes

Professor Geoff Shaw, University of Otago, Christchurch and University of Canterbury

Lectures held in Rolleston Lecture Theatre,
University of Otago, Christchurch building
at 2 Riccarton Avenue, on Christchurch
Hospital campus.

More details at chch-lectures.ac.nz

Queries to kim.thomas@otago.ac.nz



POSTGRADUATE



PUBH737 Public Health Law and Ethics

Semester One (28 February – 15 April) 2016

Distance Taught—Available throughout New Zealand

Law is key to achieving public health goals.

This paper will equip participants with an understanding of the framework, scope and content of public health law in New Zealand, and will touch on the impact of international law. While focusing on law, a central theme of the paper is that ethical ideas and values are central to both understanding current law and developing further law. The paper will therefore analyse concepts of public health ethics and encourage critique in relation to ethical values.

Learning outcomes

Students will:

- Acquire basic skills in finding and understanding statute-based law and case-law relevant to public health
- Understand and analyse key concepts and theories in public health ethics
- Critique aspects of core public health law in New Zealand and develop options for change based on legal and ethical considerations

Structure of paper

The paper is distance taught, with a two day block course in Wellington (mandatory). Assessment is internal with no exam.

The paper is arranged in six modules. The first two provide a general introduction to law, public health law, and ethics. The next three modules apply these ideas to core public health law in New Zealand, along with their diverse range of ethical dimensions: communicable disease (also with some discussion

of screening law); environmental health law; public health emergencies and border health protection. The sixth module is an overview of law and ethics relating to products such as tobacco, alcohol, food/nutrition, and drugs.

This paper helps you to find out the ways in which law helps tackle public health concerns and how, taking into account ethical perspectives, we could do better.

Find out more and enrol for semester 1 (Term1)2016

Visit the Diploma in Public Health home page or PUBH737 webpage to find out more. otago.ac.nz/publichealth

Contact the Wellington DPH Postgraduate Programme Coordinator.
Christie.hay@otago.ac.nz
Tel: +64 04 918 6040

Course convenor:
Email: louise.delany@otago.ac.nz