



“Hazards are natural, Disasters are man-made” – Sir John Holmes keynote speaker at the People in Disasters conference



Sir John Holmes, a former British diplomat, advisor on international affairs and UN Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator from 2007-2010 delivered a hard-hitting keynote address at the opening plenary session on Response Perspectives.

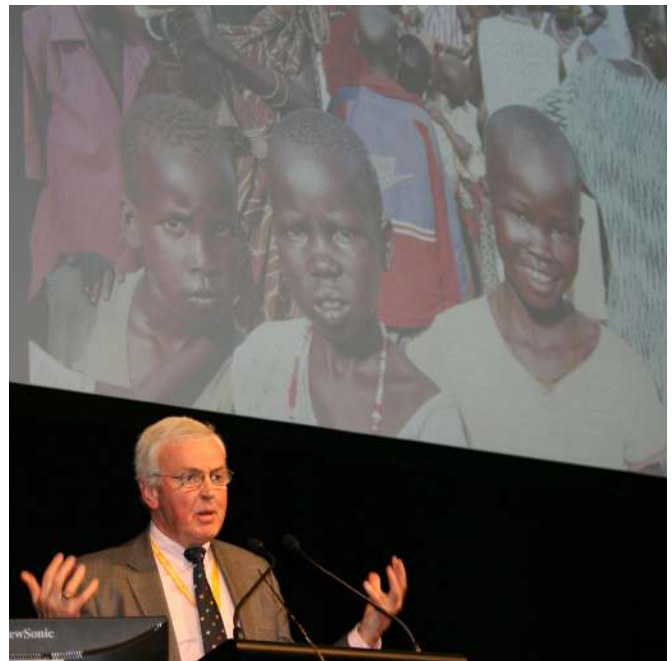
I was humbled and proud to be part of the opening plenary session at last week's People in Disasters Conference held in Christchurch. All credit to the convenors, Professor Mike Ardagh, Graeme McColl and Cathy King, along with their hard-working committee members: Dr Caroline Bell, Dr Joanne Deely, Becky Hickmott, Rose Henderson, Virginia Maskil, Dr Sandra Richardson, George Schwass, Alieke Dierckx and Dr Lucy D'Aeth. On top of your incredibly busy day-jobs you pulled together an outstanding conference programme, and the conference itself was deemed a huge success by all who attended.

People from all around the globe came to hear our stories, share theirs and learn from others' research and experiences. We laughed, at MC Brian Dolan's witty repartee, we cried when our own staff delivered powerful emotional accounts of their post-quake experiences, and we bonded over common challenges and frustrations in a post-disaster environment.

Sir John Holmes delivered a frank account of some of his work in the most troubled areas of the world: Sri Lanka, Darfur, Somalia, Haiti and the Democratic Republic of the Congo. He reiterated what we know to be true: that local efforts are most important. First responders have the greatest impact on saving lives. Things can't be imposed from the outside.

Sir John stressed the importance of engaging with everyone on the ground, even the 'enemy' when aid had to reach the

people who needed it. He said that too often the humanitarian programmes in hotspots were undermined and mistrusted on all sides, and that efforts to protect civilians and provide humanitarian relief were often frustrated by people working for their own political ends.



Above: Sir John Holmes presenting at the People in Disasters conference.

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According to Sir John money is the most useful resource in disaster relief. When sent via the large well-known aid agencies it was reassuring to hear that it does get through to where it's needed. Local agencies can then purchase and despatch what's needed on the ground. Sir John spoke about one occasion where a shipping container of 'relief aid' was unpacked in Haiti – it comprised hundreds of teddy bears and Christmas decorations – not what was really needed at that time.

As the risk of hazards continues to grow due to climate change, urbanisation and population growth we need to think about new ways of engaging with the people on the ground – from all camps – it's all about interoperability – being able to work within various systems to achieve the right outcome for the people. Sir John stated that barriers between immediate relief and longer-term solutions need to be broken down.

He said that in the future, new technology could play a much bigger role, such as more mobile phones, and well-designed safe cooking stoves. He closed by stating that hazards are natural, and disasters are man-made. Definitely something to reflect on.

It's all about people

Arihia Bennett, chief executive of Ngāi Tahu shared some of her own and Ngāi Tahu's post-quake stories and talked about how Ngāi Tahu people gravitated to their home marae post-quake where there was food, shelter and support. Since the quakes the marae in Canterbury have stepped up their preparedness and Ngāi Tahu has invested in infrastructure, such as generators, to ensure they are well-prepared.

Kai Moana featured in one of Arihia's presentation slides with stacks of punnets of Bluff oysters being handed out to the troops at Burnham. Donations of food flooded in from all over the South Island and were distributed not just to Ngāi Tahu, but to the wider community. Arihia also spoke of the need to preserve taonga/artefacts and historical documents so they would be safe in future disasters.

She closed by sharing a proverb from a Ngāi Tahu kaumatua, Pita Te Hori:

Kia atawhai ki te iwi - Be kind to your people

Reflecting on the past five years, this is sage advice and something we should all ascribe to. It's so important to be kind to yourselves and to each other.



Above: David Meates and Arihia Bennett at the People in Disasters conference.

The health system should have imploded. But it didn't

I spoke about our health system response, the immediate and longer-term after-effects of the quakes and the challenges we are still facing. I also concluded that people were the most important thing. Without the people we had on the ground, doing what they do best, we could have had a very different outcome.

There were many thought-provoking and stand-out presentations during the conference. Christchurch Hospital ED specialist, Jan Bone's presentation had many in the audience reaching for their tissues. In fact it was so powerful, she was asked to present again on the second day to give more people an opportunity to hear her presentation. Five years post-quake and I'm still learning something new about the lengths staff went to to provide care: [ED Staff gave blood for patients](#)

Mental health and psycho-social responses to a disaster

There has been much research about the effects of a disaster on communities, and Sir John's point that hazards are natural and disasters are man-made, could well apply to us here in Christchurch, as we know from personal experience, backed up by All Right's? recent research that it's the secondary stressors, such as dealing with insurance companies and EQC that are really taking a toll on people's mental health and ability to cope.

Professor Alexander McFarlane's keynote address on Thursday provided the impetus for some informed and lively discussion regarding mental health in a post-disaster situation, and the need to take a long-term perspective and share the learnings widely, by building a body of research so lessons from previous disasters aren't lost. In Canterbury our literature review led us to work done post Hurricane Katrina in New Orleans and that has proved most useful for some of our long-term planning. The work of the RHISE (Researching the Health Implications of Seismic Events) Group is also invaluable and it was great to see so much of this research shared at the conference.

To those who presented, thank you. To those who attended I hope you enjoyed the presentations and networking opportunities and can share the learnings with your teams.

Thanks again to the organisers. It was a massive undertaking to organise an international conference and a logistical challenge finding a venue big enough, with buses shuttling delegates to and from the city to the Airforce Museum at Wigram. However, the sun shone and people were clearly engaged with the presentations on offer. You put Canterbury on the world stage, once again.

Have a great week

And in the words of Pita Te Hori, be kind to your people.

David

David Meates
CEO Canterbury District Health Board

Facilities Fast Facts

Burwood

Countdown: it's just 12 weeks to go until our moves get underway!

This is how a lot of people at Burwood Hospital and TPMH are feeling right now, as the reality of the approaching move date starts to sink in.

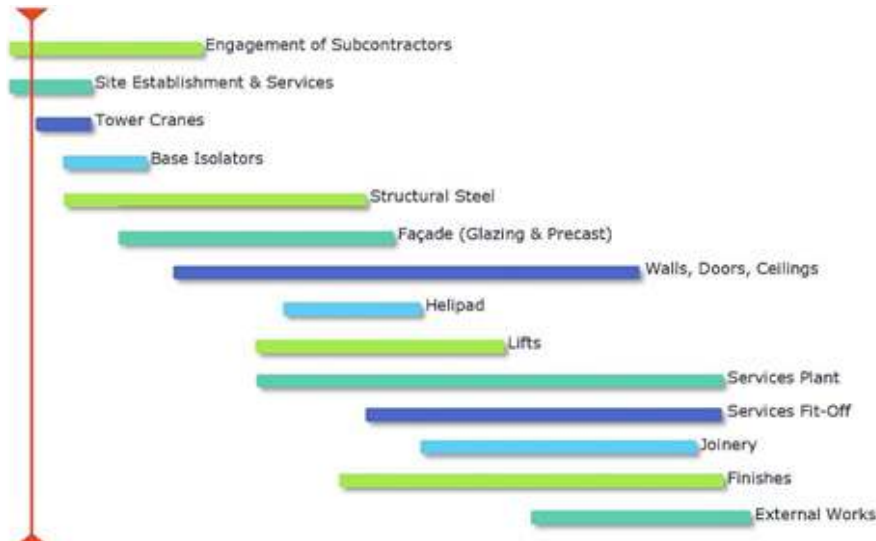
Fortunately, help is at hand. Have a look on the intranet for the [latest information on migration to Burwood](#). There's a new "piece to camera" from Dan Coward, GM for Older Persons' Health and Rehabilitation, about what to do now and how the process is going to work from this point onwards. There's also information about waste and recycling, training and orientation, and workforce transition.



There is a lot of work now going on behind the scenes on all aspects of the migration. If you have any questions about the migration process, talk to your manager in the first instance – they should be linked in and know what is going on. For example, Charge Nurse Managers have already been communicated with to establish what fixtures, fittings and equipment will be brought over from the old facilities, and what will be new.

Alternatively, email itsallhappening@cdhb.health.nz and one of the project team will get answers for you.

Christchurch



Although it might not appear that there's anything happening on site at the Acute Services building, a significant amount of work is going into engaging subcontractors, ordering materials and reviewing product selections. The diagram shows the proposed stages of the work to come between now and 2018. We are currently in the very first site establishment stages, indicated by the red line, which is why there is less on-site activity. Soon, as the diagram shows, this will change.

Christchurch Outpatients building

The User Group had a busy two days of design meetings for the commencement of the Developed Design phase last week. This week, users are gathering information requested by the design team on the content and layout of some specific rooms such as the laser rooms in Ophthalmology and the surgeries in Dental. This will be fed back to the design team so that they can produce a new set of plans in time for round 2 of the design meetings in a week's time.

Representatives from Cardiology have been to the Design Lab to test the optimal layouts for the Pacing Rooms, and Administration representatives have also visited to mock up and test some reception areas.

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Update at Kaikoura

With just the landscaping still to finish, Kaikoura's integrated family health centre, Kaikoura Health, Te Hā o Te Ora is just months away from its official opening. Built at a cost of \$13,4 million, the 3,000 m² facility has long-stay rooms as well as other hospital ward rooms, a maternity suite, acute isolation room, multipurpose GP rooms, a resuscitation room, community dental, ophthalmology and medical practice rooms, physiotherapy area and associated administration and meeting spaces. The community has been very involved in the project, fundraising \$3.4 million to supplement the government's \$10 million contribution. The photo shows the new entrance canopy, car parking and landscaping near completion, on the site of the old hospital buildings.



Whānau on the move - A foot ahead!

"I took time off work to come and get fitted for shoes, I've lost 22kgs already so having new shoes will help me even more, Thanks He Waka and the Shoe Clinic."

"I've never had good shoes before, I feel pretty special."

He Waka Tapu, Te ora Hou, Purapura Whetu and Te Puawaitanga have come together to support over 600 whānau to participate in the Christchurch City2Surf walk/run, our collective have called it "Pae ora City2Surf – Whānau on the move".

Dallas Hibbs, chief executive of He Waka Tapu met with Shaun Farrell from the Shoe Clinic, Riccarton, to see if there was a way that together they could support the clients who are participating in the City2Surf walk/run on 20 March 2016.

The "returned shoes" policy through the Shoe Clinic Riccarton are shoes that are returned within 30 days of purchase for whatever reason and they cannot be re-sold (all quality branded). Fast forward to today and He Waka Tapu hosted over 65 individuals to get fitted for a pair of the "returned" shoes.

"I've come with my 10 year old daughter, we have both joined the He Waka Tapu gym to get fit but, my daughter did not have any good walking shoes."

Many thanks to Shaun Farrell and Di Hibbs from the Shoe Clinic Riccarton who helped whānau get the right sized shoe.

We look forward to seeing whānau on the 20 March 2016 at the Pae ora City2Surf hikoī – whānau on the move!

If you are a client of any of the four providers and haven't already registered give your provider a call or call 0800 439252 directly.



Above: Tania Mohi, right and Piper Rickerby.



Right: Whānau member, left trying on shoes with Shaun Farrell.



Bouquets

Public Health Nursing and Vision Hearing Service

...Frances was absolutely amazing. The most amazing health professional I had ever dealt with. So informative and educated me very well in the appointment we had. I feel really positive about the steps we have made to support my child. Thanks for such quick action from your end.

Intensive Care Unit (ICU North), Christchurch Hospital

I have worked in health in Australia for 40 years and I cannot tell you how impressed I have been with the care given to my brother-in-law..... The nursing staff have been world class demonstrating not only excellent clinical skills but wonderful empathy and caring for ... and for us as his family.

Particular mention must be made of Tracy the registered nurse and new grad RN Bianca, but every nurse who has looked after has been fantastic. The social workers Pene and Kimberley were also wonderfully kind and helpful. Doctors Neil and Theresa have worked really hard to try to improve ... condition. They have kept us very well informed at all times.

A huge thank you to everyone in ICU North who have done everything possible to make this very difficult time for our family as easy as it could possibly be.

Ward 17 (General Surgery), Christchurch Hospital

I would like to thank all the doctors and nurses who helped me get better in theatre and Ward 17. Nurses Holly, Leah, Ian and Jan have been very kind to me and patient with me. I am feeling better and I am looking

forward to going home soon. Thank you for having me in Ward 17

Ward 11 (Surgical – ear, nose, throat, eye and neck), Christchurch Hospital

I would like to thank all the staff from Ward 11 for attending to my mom's..... needs during her stay in your good hospital. Special mention to Dr Angela Butler and her team..... made sure she was comfortable and that all her needs were met. You have an awesome team. God bless and more power!

Acute Medical Assessment Unit (AMAU), Christchurch Hospital

I have found the care I have received is up to a very high standard while I have been in their care. Also must mention St John Ambulance.

Park and Ride shuttle

Thanks so much to lovely security guard and driver for being friendly and helpful. Reducing the stress for me!

Play Therapists, Christchurch Hospital

Diane of the play therapists helped my son get his blood drawn for a blood test. It was heaps better than the last time.

Theatre and Ward 11, Christchurch Hospital

I recently spent four days in Ward 11 following surgery and I would like to say that everyone from the Surgeon through to the cleaning ladies were both professional and friendly. The doctors and staff were wonderful at all times. It made what could have been a stressful time – so much easier. And the food was also good. Many thanks.

Ward 25 (Respiratory), Christchurch Hospital

I am very pleased with the level of care taken by nurses and all members of staff in Ward 25. My father was treated with dignity and at all times was kept up to date about his care while in hospital. He is very quiet and doesn't speak but they all continued to speak to him and we were always made to feel at home. Because we are from out of town, many times the nurses took it upon themselves to ensure all our needs were met. Great team.

Latest news from the Canterbury Clinical Network

The Alliance Leadership Team didn't follow the usual format for their meeting this month. Instead leaders from across our health system participated in a strategic planning session on 16 February.

Held at the Design Lab, the theme for the day was around enabling better collective impact and cross-sector collaboration.

In attendance were members of the Canterbury DHB Board, Alliance Leadership Team, Alliance Support Team, clinical leads, Christchurch Hospital Realign Alliance, Canterbury DHB Executive Management and General Managers, as well as leaders of Alliance Partners and other social and health sector representatives.

[Read the whole report](#)

Summer Studentship Programme Project: Predictors of non-attendance to Pulmonary Rehabilitation



Dean Ramage was awarded the Best Over-All Project for this work in the Christchurch Summer Studentship Programme.

Agnes* GP referred her to a programme to help her manage her breathing difficulties and get back to doing the things she loves. The programme was close to her home and wouldn't cost her anything to attend. She receives all of the details over the phone as well as in the mail. But Agnes never turns up. Why?

That's the question medical student, Dean Ramage is helping to answer as part of the University of Otago 2015-2016 Christchurch Summer Studentship Programme. Based at Pegasus Health, Dean has been working with the Canterbury Clinical Network's Community Respiratory Service team to research the predictors of non-attendance to Pulmonary Rehabilitation.

Respiratory Nurse, Louise Weatherall said Canterbury's community-based Pulmonary Rehabilitation Programme, like other pulmonary rehabilitation programmes around the world, has traditionally had a high rate of non-attendance.

"Canterbury's Community Pulmonary Rehab Programme is helping hundreds of people with respiratory conditions every year through free education and exercise sessions provided in a safe and supportive environment. Programme graduates have reported feeling better equipped

to manage their condition and it's also helping reduce unnecessary visits to ED for people with respiratory conditions. But some people who are referred and accepted to the programme just never attend. We wanted to find out the reasons why and how we could support those non-attenders to get the same outcomes."

With the help of Canterbury's existing Pulmonary Rehabilitation Consumer Group, Dean was able to connect with 75 non-attenders to the programme on a personal level to find out their true reasons for not attending the programme. Dean said his research suggests there are a number of common obstacles to attendance that can be addressed.

"Some of the main reasons I've uncovered include practical barriers like access to transport and conflicts with everyday life like getting time off work. What was particularly interesting was the attitudes towards the programme and how this was influenced by the information given to patients. Many people believed they wouldn't benefit from the programme and often thought that it wouldn't be useful or relevant to them. It is clear that there are opportunities to improve the way information is given when people are first referred to address these beliefs and attitudes. Knowing these predictors to non-attendance means they can be addressed early."

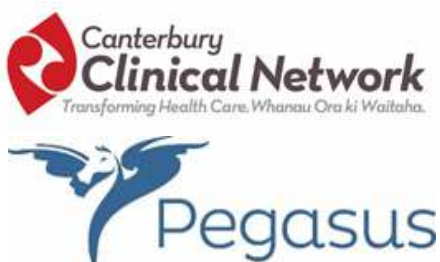
Dean's recommendations will inform the ongoing quality improvement of the Pulmonary Rehabilitation Programme to encourage uptake of this beneficial activity for people with breathing difficulties. Each year Pegasus Health takes on four students as part of the Summer Studentship programme, an initiative run by the University of Otago. Pegasus provides the funding, project supervisors and supports the students to complete projects that cover a range of topics including evaluating health services and programmes. CEO Vince Barry said,

"The work conducted by the summer students is very valuable to us. It is a part of the year we look forward to and they always provide us with terrific insights into the work we do here." Dean was awarded the Best Over-All Project for this work in the Christchurch Summer Studentship Programme.

* Agnes is the Canterbury health system's prototypical patient.



Above: Canterbury's Community Pulmonary Rehab Programme has proven highly beneficial for people with respiratory conditions.



Canterbury Grand Round

Friday 4 March 2016 – 12.15 to 1.15pm

with lunch from 11.45am.

Venue: Rolleston Lecture Theatre

Speaker one: Professor Emeritus Jonathan Davidson,
Department Psychiatry, Duke University, North Carolina.

“Resilience and Its Relevance to Health and Healthcare”

What is this thing called resilience? How does it impact on physical illness? And can resilience change?

Speaker two: Dr Steve Child, NZMA

“Medicine is Changing”

e-health, alternate prescribers, self-care, increasing regulation and corporatisation are all challenging the basic ethos of our profession. Dr Stephen Child, NZMA Chair talks about current challenges and our possible future.

Chair: Dr Iain Ward

Video Conference set up in:

- » Burwood Meeting Room
- » Meeting Room, Level 1 TPMH
- » Wakanui Room, Ashburton
- » Administration Building, Hillmorton

All staff and students welcome.

Talks (with Speaker approval) will be available in approximately two weeks on the [intranet](#)

Next Clinical Meeting – Friday 11 March 2016

(Rolleston Lecture Theatre)

Convenor: Dr RL Spearing, ruth.spearing@cdhb.health.nz

APAC Forum 2016 – Poster submissions sought



The 5th APAC Forum will be held in Sydney, Australia in September. The forum is designed to equip delegates with the skills, knowledge and networks to allow them to ‘explore new frontiers’ in health.

The first step to having your poster displayed at APAC Forum is submitting a poster abstract. Displaying a poster at the APAC Forum allows you to share your achievements and ideas with like-minded professionals, as well as learn from any experiences you have had. Once your abstract is accepted, you'll then be required to produce your poster, submit an electronic version, and you'll be supplied with poster set up and poster award details closer to the time of conference. Submissions for draft posters are open now, closing 1 July.

Our Medical Illustration team can help with graphic design and printing but we need to estimate demand. So if you intend to submit a poster, please email Vicky.heward@cdhb.health.nz by Friday 11 March.

Here's the timeline for poster submissions:

- » Poster submissions open: 15 February 2016
- » Poster submissions close: 29 April 2016
- » Notification to poster authors: 1 June 2016
- » Poster author acceptance due: 30 June 2016

More information is available at <http://koawatea.co.nz/apac-forum/posters/>.




eCALD®

Supporting the health workforce
to develop CALD Cultural Competence

February 2016 Special Newsletter Edition eCALD® Special News Edition

This edition promotes the upcoming “Chinese Health in Australasia” Conference in April and the Cross Cultural Interest Group Presentation in March, which are taking registrations now. They also have a new publication to promote. It is [available here](#).

Department of Psychological Medicine University of Otago, Christchurch & Specialist Mental Health Service, Canterbury DHB Clinical Meeting

Tuesday 1 March 2016, 12:30pm – 1:30pm

Venue: Beaven Lecture Theatre, 7th Floor, School of Medicine Building

Title: Reflections on A Half-Century of Pharmacotherapy for PTSD: What's Effective, What Isn't and What Might Be.

Presenter: Professor Jonathan Davidson

Chair: Associate Professor Caroline Bell

Abstract: In the mid-1980s, Professor Davidson was among the first to conduct research into drug treatment of PTSD. He will describe the goals of pharmacotherapy, the existing research base relative to antidepressants, antipsychotics, anxiolytics (benzodiazepines), anticonvulsants, anti-adrenergics, investigational compounds, complementary and alternative (“CAM” or “integrative”) modalities and the use of single dose drug therapy with psychotherapy. Additional topics will include how drugs affect resilience, and if they can prevent PTSD, whether relapse of established PTSD or unfolding of the disorder in the wake of trauma exposure.

Special notes:

These meetings will be held on a weekly basis (except during school holidays).

A light lunch will be served at the School of Medicine venue from 12 noon.

Psychiatrists can claim CME for attending these meetings.

The sessions will be broadcast to the following sites:

- » For TPMH attendees the venue is the Child, Adolescent & Family Inpatient Unit, Ground Floor. Access is from the main reception at TPMH.
- » For Hillmorton attendees the venue is the Lincoln Lounge, Admin Building, Hillmorton Hospital

The dial in address is: Psych Med Grand Round.

If you have difficulties dialling in please call 0800 835 363 to be connected.

Go in the Draw to win a Chocolate Cake for your Team – Moment One Hand Hygiene Christchurch Hospital Campus Initiative

Christchurch Campus has designed a poster themed around Leap Year by using the ‘look before you leap’ slogan and applying it to Hand Hygiene. One area that many staff struggle with is to remember to always clean your hands before patient contact. This includes before putting on gloves. Watch out for our Look Before you Leap posters (around Christchurch Hospital) and go in the draw to win a chocolate cake for your team by telling us what your area has done to improve, or is planning to do for moment 1 – before patient contact.

Email your entry to shona.macmillan@cdhb.health.nz

Cake draw and delivery will occur on Wednesday 9 March so include the name of your team and your contact details along with your improvement idea/s.



Continued progress in Ashburton

The work of the Ashburton Service Level Alliance (Ashburton SLA) to support sustainable transformation of the community's health services continues to progress well.

Anna Dalzell has taken on facilitation of the SLA following the departure of Craig Watson. Anna currently lives in Coalgate where she runs a family farm with her husband. The former school teacher and volunteer ambulance officer has worked as a programme coordinator/facilitator in the area of mental health patient advocacy and peer support.

She is also a Neuro Linguistic Programing (NLP) Practitioner and has trained in communication, motivation and facilitating change.

Anna's rural and community background provides a strong platform for understanding the challenges of providing integrated care and support for a population such as Ashburton. She describes herself as someone who, has a strong empathy for people from all walks of life, with a positive and active attitude towards improving outcomes for people.

"I'm looking forward to supporting the Ashburton SLA to maintain the work and momentum they've achieved and to take their important health initiatives through to meaningful and constructive outcomes."

An After hours Workgroup (AHWG) responsible for making recommendations on a workable, sustainable model of after-hours care is now established. The SLA also recognised the importance of including a consumer perspective in all activities going forward to ensure the voice of the patient is heard.

SLA's consumer representative, Kerry Maw, was nominated and accepted to provide a consumer perspective to the After

hours Workgroup. The SLA is also currently considering ways to engage more widely with the community as a whole.

Part of the Canterbury Clinical Network, the Ashburton SLA is responsible for recommending how to best allocate health services funding in Ashburton to ensure the community has access to the most appropriate and sustainable health services.

For more information, visit: www.ccn.health.nz/AshburtonSLA



Anna Dalzell

Your Brain Matters: The Alzheimer's Prevention Programme - Christchurch



[Neurological Foundation Lecture](#)

10- 11.30am, 9 March, Cardboard Cathedral – Free, but you need to [register](#)

In his New Zealand lectures world-leading Alzheimer's disease expert, Dr Gary Small will outline that if we take charge of our everyday lifestyle choices, we can push back the age at which Alzheimer's symptoms might begin – perhaps by several years, which in some cases can mean for the rest of our lives. Even if scientists one day come up with a miracle drug that can cure dementia, it will always be easier to protect healthy brain cells than to try to repair damaged ones. For now, prevention is the key to protecting our brains.

Dr Gary Small is a Professor of Psychiatry and Bio-behavioural Sciences at the University of California Los Angeles, and director of the UCLA Longevity Center at the Semel Institute for Neuroscience & Human Behaviour. His Alzheimer's disease research has made headlines in the Wall Street Journal and the New York Times and he frequently appears on The Today Show, Good Morning America and CNN. He has written six books, including The New York Times best seller, The Memory Bible, and The Alzheimer's Prevention Program. Scientific American magazine named him one of the world's leading innovators in science and technology.

Head and Neck Cancer Pathway Project

Canterbury DHB (CDHB) and Nelson Marlborough DHB (NMDHB) have begun a two-year joint project to review the patient journey for patients with head and neck cancer.

This is a complex pathway for patients involving many specialities, multiple visits for assessment and treatment, and often long periods away from home. The project is one of the Faster Cancer Treatment initiatives

The work is focused on the quality, visibility, flow and timeliness for patients on this pathway and will concentrate on the patient flow in and across services. The aim is to identify areas where we may be able to improve both timeliness and the patient experience. The project is using the national tumour standards to underpin its work.

Dr Nicola Hill (Otolaryngologist, NMDHB) and Dr Iain Ward (Radiation Oncologist CDHB) are the joint clinical leads for this project supported by staff from CDHB and NMDHB. The project is funded by the Ministry of Health, and recruitment is under way for a project manager. The small core working group has a comprehensive reference group who will be consulted during the project.

Head and neck cancers are those that start in the lip, oral cavity (mouth), nasal cavity (inside the nose), paranasal sinuses, pharynx (throat) larynx (voice box) or parotid glands. Nationally, there are approximately 520 new cases of these cancers registered each year, but there are many skin cancers of the head and neck that also require complex treatment by teams of specialists. Traditionally, the five-year survival rate of patients with advanced head and neck cancers is about 40-50% but recent changes in the nature of throat cancers mean that survival rates are now much better.

Head and neck cancer is strongly associated with certain environmental and lifestyle risk factors, including tobacco smoking, alcohol consumption, UV light, particular chemicals used in certain workplaces, and certain strains of viruses, such as human papillomavirus. These cancers are frequently aggressive in their biologic behaviour; patients with these types of cancer are at a higher risk of developing another cancer in the head and neck area. Head and neck cancer is highly curable if detected early, usually through surgery, and/or chemotherapy and radiation therapy.

The Working Group

Left to right:

Top: Dr Iain Ward: CDHB, Peter Twamley NMDHB, and Colette Meehan CDHB.

Bottom: Jane Trolove CDHB, Dr Nicola Hill NMDHB, Rosey Wilson NMDHB, Judi Tapp SCN, and Shelly Shea NMDHB.

Not pictured: Cath Christmas NMDHB and Dr Angela Butler CDHB, Project Manager.



One minute with... Harpreet (Sam) Virdi, Service Desk Technician

What does your job involve?

I work in Information Services Group (ISG). The Service Desk team in ISG are the first point of contact for any IT related requests or incidents. My job involves supporting all computer users, answering their questions and solving their computer related problems when able and if not passing to another team in ISG who will be able to help.

My role also involves creating new user accounts, creating their mailboxes and managing them. We also support software issues, printer issues, cell phone issues, network issues in fact anything relating to computers.

I also manage the User Account Management Tool which allows people to reset their own passwords or unlock their own accounts.

Why did you choose to work in this field?

An IT helpdesk is generally the place to start your IT career, it gives the greatest understanding of information technology within an organisation. Working at CDHB's Service Desk you need to have a wide range of knowledge and expertise to support the many applications and devices we offer. I chose this role because I want to help people and gain more experience in the IT sector ...you never stop learning on the Service Desk.

What do you like about it?

I love working with computers, it's fun solving a user's computer issues over the phone or by remotely connecting to their PC. Every day is different, I get the chance to talk with many different people from many different backgrounds

What are the challenging bits?

The ISG helpdesk is very challenging. On average we receive more than 300 calls a day, we need to support 15,000 computers and about 10,000 users. You never know what your next call will be.

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

I professionally admire Julie McGing, my Team Leader, she is a really hardworking person. She is very polite and helpful always backing us up all the time. She always tries to improve things in the workplace for us. I want to follow in her footsteps.

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?

The CDHB values are all very important to the Service Desk, as customer satisfaction is key, we make sure we treat our customers with care and respect, so that they feel comfortable with us, knowing that we can help to answer their questions or resolve their problems.

The last book I read was...

"A Court of Thorns and Roses", by Sarah Maas. An exciting faerie book that is steeped in traditional elements of storytelling. To me it felt very similar to "Beauty and the Beast". I thought it was a marvellous, vividly created story.

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

With my parents back in India, whom I care for deeply and miss every day.

My ultimate Sunday would involve...

Hanging out with my friends and travelling to different places.

One food I really dislike is...

Baked beans, they are just nasty.

My favourite music is...

I am very fond of music. I love to listen to Indian music and sometimes I also listen to rap music. I dance at the annual Diwali festival.

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



Harpreet (Sam) Virdi

University of Otago
Research Radar
 Christchurch

New graduate-entry nursing students begin study

The first intake of nursing students in the University of Otago, Christchurch's new two-year graduate-entry Master of Nursing Science (MNSc) degree have begun their study.

University of Otago, Christchurch's Centre for Postgraduate Nursing Studies director, Dr Philippa Seaton, says this exciting new programme provides a pathway for students to build on their previous undergraduate education to become a nurse, preparing them for work in a range of healthcare settings.

This professional Master's degree is undertaken through an intensive two-year programme specifically designed to bring together clinical experience and integrated academic learning, and research skill and experience; preparing the graduates to contribute to the complex healthcare environment of today and in the future. The programme is accredited by the Nursing Council of New Zealand to lead to registration as a nurse with a Master's qualification.

The degree is comprised of 12 papers integrated with clinical experiences and a research project. Academic activities and development of clinical skills in preparation for clinical placements are undertaken on the Christchurch campus. This includes ongoing time in the University of Otago Christchurch Clinical Simulation Unit, ensuring students are ready for their clinical experiences.

Students will undertake supported clinical practice experiences at various locations across the South Island in a range of health care settings including community and family/whanau health, acute care, mental health, and aged care. Dr Seaton says the staff and students of the University of Otago Centre for Postgraduate Nursing Studies appreciate working closely with their clinical colleagues in the health provider organisations in developing the health workforce and contributing to quality care.



Above: Centre for Postgraduate new Master of Nursing Students leaving for their first ward experience at ChCh hospital as part of their orientation week



working with

Canterbury
 District Health Board
 Te Pōwhiri Hauora o Waitaha



a career with us...

Recruitment Team Update

The Recruitment Team have had some changes recently and we thought it would be a good idea to let you know what's happening and who to contact for your recruitment needs.

Acting Team Leader

Kathryn Clark

Recruitment Coordinator

Hannah Harnett

Nursing Recruitment Specialists

Specialist Mental Health and Women's and Children's - Nicki McNeill

Surgical, Peri-operative, Dept. of Nursing, ED, ICU, and West Coast - Steph Keene

Medical, Older Person's Health and Burwood, Ashburton and Rural, Buller and Reefton – Job share Kylie Brocket (Monday and Wednesday) and Susannah Wieck (Thursday and Friday)

Corporate and Support Recruitment Specialists

Sarah Greig

- » Women's and Children's
- » Public Health
- » Corporate
- » West Coast
- » Mental Health
- » SIAPO

Tracey Gulbransen

- » Older Person's Health and Rehab
- » Med/Surg
- » Corporate Services
- » Rural Hospitals
- » Labs and Support

Tracey Gulbransen is joining the team on 7 March, until then please contact Sarah Greig.

Allied Health

Recruitment Specialist - Heather Ewing

Recruitment Coordinator - Tessa Jamieson

Medical – RMOs & SMOs

SMO Recruitment Specialist - Liz Hill

WCDHB GPs Recruitment Specialist - Rachael Salter

RMO Recruitment Coordinator - Hayley Milne

Introduction to CIMS in the Health Sector 2016

21 April 2016, 9.00am – 3.00pm Design Lab Print Place, Christchurch

This course has been developed for all personnel who potentially may work in an activated Health Emergency Operations Centre (EOC, ECC) (Management, CNMs, DNMs) It may also be relevant to others for which understanding of the health coordinated incident management system (CIMS) may be useful e.g. support and partner agencies, departments and organisations

This course is now aligned to the CIMS2 unit standard providing you complete the work book following the course. There are no pre-requisites.

At the completion of this module participants will be able to:

- » describe the role and purpose of CIMS
- » identify when CIMS may be used in the health sector
- » describe the four key functions in a CIMS based structure
- » contribute to the development of a Situation Report and an Incident Action Plan

Email: Jennifer.ewing@cdhb.health.nz to book a place or if you have any questions.

Opera meets art



The Friends of the NZ Brain Research Institute invite you to a special night of popular opera performed by The Opera Club together with a silent art auction.

The Christchurch Art Gallery, Montreal Street, Saturday 16 April 2016, 7pm.

Tickets are \$68 per person which includes refreshments, canapes from Lizzie's Cuisine, superb entertainment and a chance to own a beautiful piece of art.

Purchase tickets by emailing caroline@cmrf.org.nz or phone 03 353 1245.



Friends of the
New Zealand
Brain Research
Institute

Staff Wellbeing Programme: Recorded presentations - Managing Menopause; Understanding Incontinence; Mental Wellbeing



Recorded presentations

Reminder that you can view recorded presentations delivered by CDHB experts by emailing the following links to yourself to watch at home:

[Managing Menopause](#)

[Understanding Incontinence](#)

[Mental Wellbeing](#)

These links are also available on the [Staff Wellbeing Programme intranet page](#).

2016 classes are all up and running – yoga, Zumba, Pilates, mindfulness

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

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.

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

New Zealand Rare Disease Day

29 February 2016

Rare Disease Day aims to raise awareness of all rare diseases in New Zealand. By working together we have a greater chance of improving the health and quality of life of our Rare Gems.

www.rarediseaseday.org.nz
[New Zealand Rare Disease Day](#)
[@NZRDD](#)

Vayla is 7 years old and has Spina syndrome, or en du chat - 'cry of the cat'. Support the Rare Gems in your community like Vayla by contributing to a Rare Disease Day event or organising one of your own.

South Island Workforce Development Hub (SIWDH) February 2016 update

The latest South Island Workforce Development Hub update is available. It is available [here](#).

Included in this issue:

- » Calderdale Framework implementation gains momentum
- » Mental Health & Addiction Workforce Planning role
- » Lippincott Procedures 'live' across South Island DHBs
- » South Island regional AHA training programme: Level 3 Dental Assistant update
- » Allied Health Assistants Conference



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

Dangerous caring: how good medicine can be bad for your health (and how to avoid it).

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



Christchurch Quake - Feb 14th

EQC Factsheet

Claim deadline: 16 May 2016

Claim deadline

People have three months to lodge damage claims with the Earthquake Commission (EQC) from the 14 February Christchurch earthquake.

People who have suffered damage to their home, land or contents from the earthquake have three months, until midnight on Monday 16 May to lodge their claim.

Making a claim

People can lodge claims with EQC:

- online at www.eqc.govt.nz/claims
- by emailing info@eqc.govt.nz
- or by calling 0800 DAMAGE (326 243).

The EQC contact centre is open from 7am to 9pm Monday to

Friday, and 8am to 6pm on Saturdays.

Our Community Contact Team is available for face-to-face meetings which can be arranged by calling 0800 DAMAGE (326 243) and asking to be put through to the Community Contact Team.

EQC cover

Customers must have a home or contents fire insurance policy on their home at the time of the earthquakes to make a claim for home, contents and/or land damage. It is helpful if customers have the details of their insurance policy at hand when they contact EQC.

EQC covers earthquake damage to homes (usually up to \$100,000 + GST), contents (usually up to

\$20,000 + GST) and a defined area of residential land.

Clean up

To help EQC estimate your damage later on, customers should try to:

- take photographs of the damage before they start cleaning up
- keep all damaged goods and parts, except for perishable items (eg, food from a broken freezer or one that has been split)
- make a list of your perishables – and take photos – before you dispose of them.

Make sure you dispose of perishable items safely.

Making homes safe

If people need to take action to make their home safe, sanitary, secure and weather-tight, they should also record the work done, take photographs where appropriate, and keep a copy of any bills paid.

Reimbursement for temporary or urgent repairs is subject to EQC's acceptance of a valid claim. All documentation relating to repairs must clearly state that the damage is the result of the February 14 earthquake.



0800 DAMAGE (0800 326 243)
or visit us at www.eqc.govt.nz

New Zealand Government

EQC
EARTHQUAKE COMMISSION
Kōwhiriāna Rauwhenua

EQC 17_V1