



Why I'm optimistic that Canterbury will soon join the National Bowel Screening Programme

Last Wednesday a team from the Ministry of Health visited Canterbury to assess our readiness for the National Bowel Screening Programme. The day went well – more on that later, but first a little background about the programme and what it would mean for Canterbury people and the team that will make it happen.

Together, these facts (right) emphasise why a screening programme is so important for identifying people with pre-cancerous growths (adenomatous polyps or adenomas) in the bowel, enabling them to be removed at an early stage and dramatically increase those people's chance of surviving.

The National Bowel Screening Programme will detect around a 100 cancers a year in Canterbury and, for the majority whose cancers are early stage, this test could be a lifesaver. So you can understand why we have committed so many key people to get our preparation right over the many months leading to last Wednesday's assessment.

A lot rests on the Ministry team's recommendation which is expected in the next couple of weeks, once they have completed their readiness assessment – there will be a 'to do' list based on what they saw on Wednesday's visit.

Canterbury's programme and how we publicise it and engage with our communities will have a strong emphasis on equity – recognising that we will need to use a range of strategies to meet our responsibility to ensure Māori and Pacific peoples know about and participate in the programme.

- › New Zealand has one of the highest rates of bowel cancer in the world – currently 1,200 New Zealanders die from bowel cancer every year. Many are preventable.
- › The disease is most common in people over 60 years of age, and more likely to affect men than women. In Maori men it's the third most common cancer.
- › Early stage bowel cancer is difficult to detect without screening.
- › People who are diagnosed with early stage bowel cancer, and who receive treatment early, have a 90 percent chance of long-term survival.

I'd also like to explain a little about how the programme works. People aged from 60 to 74 are invited to participate and will receive a test kit every two years, on or near their birthday – even date birthdays (2nd, 4th, 6th of the month, etc) during the first year of the two-year cycle, and those with odd date birthdays will receive theirs during the second year.

In this issue

- › Regulars – Kōrero ai... pg 4-9
- › Canterbury DHB a centre of excellence in nurses' radiology roles... pg 10
- › Christchurch researchers secure lion's share of almost \$1 million in funding... pg 11
- › 'Green' benefits to new ultrasound gel ...pg12
- › How Pharmacy staff stepped up during lockdown... pg 13
- › Don't waste the opportunity to make a difference ...pg14
- › Retirement of Jacqueline (Jackie) Donaldson... pg15
- › Healthy Future Series: Health Research ... pg16
- › Youth Advisory Group giving a voice to young people... pg17
- › One minute with... Martin Lee... pg 18
- › Notices – Pānui... pg 19-21

No doubt you and/or members of your whānau – matua (parents), mātua kēkē (aunties and uncles), tipuna (grandparents) and ngā hoa (friends) will be invited to participate in this programme. I have two strong messages that we would like to relay to you (providing we get the go-ahead from the Ministry):

1. If you are 60–74 years old, look out for the kit. When you receive it, use it soon and post it back in the prepaid package straight away. It's simple – this little kit could save your life.
2. If you aren't 60–74, you will know someone who is. Tell them about the National Bowel Screening Programme – keep it simple and stick to the bullet points above. Encourage them to look out for their kit and to use and return it straight away – this little kit could save their lives, too.

So why am I optimistic? Well, for three reasons.

Firstly, I have every confidence in the team that has done so much to prepare, and in our proven ability to continue to deliver the best of care, often from old and tired facilities.

I can't thank or name everybody, but our preparation has been led by Secondary Care Team Leader Ralph La Salle from Executive Director Planning, Funding and Decision Support Carolyn Gullery's Planning and Funding team. Clinical leadership has come from a number of fronts, but under the excellent and enthusiastic guidance of Gastroenterologist Teresa Chalmers-Watson, Clinical Director Gastroenterology James Falvey, Colorectal Surgeon and surgical lead Tamara Mullaney and Gendy Bradford, under the watchful eye of Chief of Surgery Greg Robertson and Chief of Medicine David Smyth.

Primary care has been ably represented by GP Liaison Officer Sue Levin and Nurse Liaison Kirsten Carey, and Bowel Screening Regional Centre Project Manager

Maree Duncan has provided guidance from a regional perspective. Executive Director of Māori & Pacific Health Hector Matthews, South Island Alliance Programme Manager Janice Donaldson, Pacific Portfolio Manager Finau Heuifanga Leveni and Maori Health Educator Iranui Stirling all have a firm hand on the hoe whakaterere/steering paddle to ensure we are doing the right things to meet our obligation to provide equitable care. All contributions are being deftly woven together by Project Manager, Rachael Haldane. Thank you too, to all those I didn't name, your contribution is vital to our success.

My second reason for optimism is that I'm proud to be able to share some of the Ministry of Health team's feedback from the end of the day. The Ministry team was led by Clinical Lead Gastroenterology Susan Parry, who said it was "great to witness the progress since our journey first began, and the energy and commitment demonstrated by the all-inclusive, multidisciplinary steering group and the establishment of an Endoscopy User Group and an Equity Advisory Group".

Susan was also impressed by the engagement and exploration of all possible initiatives aimed at reducing the current overdue colonoscopy waitlists. She acknowledged the incredible achievements so far, while also recognising the significant task the clinical and support teams have in clearing those lists before the programme can begin here.

Last, and definitely not least, is that few things could be more important than an opportunity to save so many lives and spare people and their whānau totally preventable harm and distress. What was crystal clear from the assessment day was that the Ministry team and our own team absolutely get that.

Pop-up provides COVID-19 tests for 326 Cantabs on Saturday

Thank you to the 35 health professionals from throughout our system who stepped up to work at the drive through pop-up testing centre in Christchurch last Saturday morning. We had medical students, nurses, doctors and administrative staff from throughout the region working together to carry out the testing.

It was set up at short notice to provide community surveillance testing for people without symptoms, but who wanted to check that they weren't carrying the COVID-19 virus.

A massive shout out too, to the team from Canterbury International Airport Limited who allowed us to use their brand-new building in Orchard Road – the layout was



More than 320 people turned up to the pop-up COVID-19 testing centre held over the weekend

perfect and supported an ideal work flow where people didn't need to get out of their cars and could be tested under cover, which was great as the weather was not favourable.

Thank you also to the 326 people who took one for the 'team of five million' to help us ensure there is no community transmission in Canterbury. Most people reported the test to be mildly uncomfortable and "not as bad as anticipated". Some people were getting tested for their own peace of mind, others were doing it for the greater good. And there were others who were just curious about what was involved.

Results for all tests to date have been negative results. Everyone who was tested will receive their results via text and they will also be sent to their general practice team.

You can read more about the pop up COVID-19 testing event in this [Stuff online](#) story and hear what Canterbury Clinical Network's Emergency Operations Centre manager Deborah Callahan had to say about the pop-up on [TVNZ's One News](#) last night.



Results to date for tests done at the pop-up testing centre have been negative

Resignation

As many of you will be aware, last week I announced my resignation. Below is the statement issued to all staff on behalf of the Chair, Sir John Hansen. Since that message went out to staff and was picked up in the media, I have been inundated with so many wonderful messages of support and I want to acknowledge these. They have meant so much to me. My last day at the DHB will be Friday 4 September and I look forward to catching up with many of you between now and then.

Canterbury District Health Board (CDHB) and West Coast District Health Board (WCDHB) Chief Executive David Meates today announced his intention to stand down as at 4 September 2020. This follows the successful migration into the new Te Nikau Grey Hospital on the West Coast, and it coincides with plans for the final move into the new Christchurch Hospital Hagley facility at the end of the year.

David became Chief Executive of CDHB in February 2009 and took over responsibility for the WCDHB as Chief Executive in July 2010.

Board Chair, Sir John Hansen, thanked David for his contribution and commitment to Canterbury and the West Coast and acknowledged his many achievements including the development of the highly regarded and internationally recognised integrated health system in Canterbury.

"I thank David for years of dedicated public service," said Sir John.

"David is a resourceful and innovative leader who has given many years' service to the people of Canterbury and the West Coast. It is hard to imagine any other organisation in New Zealand that has had to contend with the challenges and complexities that have been managed by this DHB.

'Among his many achievements, he led the Canterbury Health System response through some of the biggest and most challenging events New Zealand has ever faced – the Christchurch and Kaikoura earthquakes and the terrorist attacks in March 2019. David's leadership during, and following these extraordinary events was exemplary.'

David's legacy includes modern state-of-the-art health facilities at Te Nikau in Greymouth, the Kaikoura Health Centre, Burwood Hospital, Christchurch Hospital Hagley, Akaroa, Rangiora, Ashburton, state of the art digital platforms and analytics, and the Health Precinct.

"My time with Canterbury and the West Coast has been so incredibly rewarding. DHBs are some of the largest and most complex businesses in New Zealand and I have been really fortunate to work with some of the most gifted and talented teams, both in Canterbury and on the West Coast" says David. "The care provided by clinical and support teams, both in our hospitals and in primary and community care, has been exemplary in spite of them working in environments that in many cases have been and remain challenging" said David.

"If I was to be sick anywhere in the world, I would want to be cared for here," says David.

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



David Meates
CEO Canterbury District Health Board

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

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

FIVE WAYS TO WELLBEING



**TALK & LISTEN,
BE THERE,
FEEL CONNECTED**



**Your time,
your words,
your presence**



**REMEMBER
THE SIMPLE
THINGS THAT
GIVE YOU JOY**



**EMBRACE NEW
EXPERIENCES,
SEE OPPORTUNITIES,
SURPRISE YOURSELF**

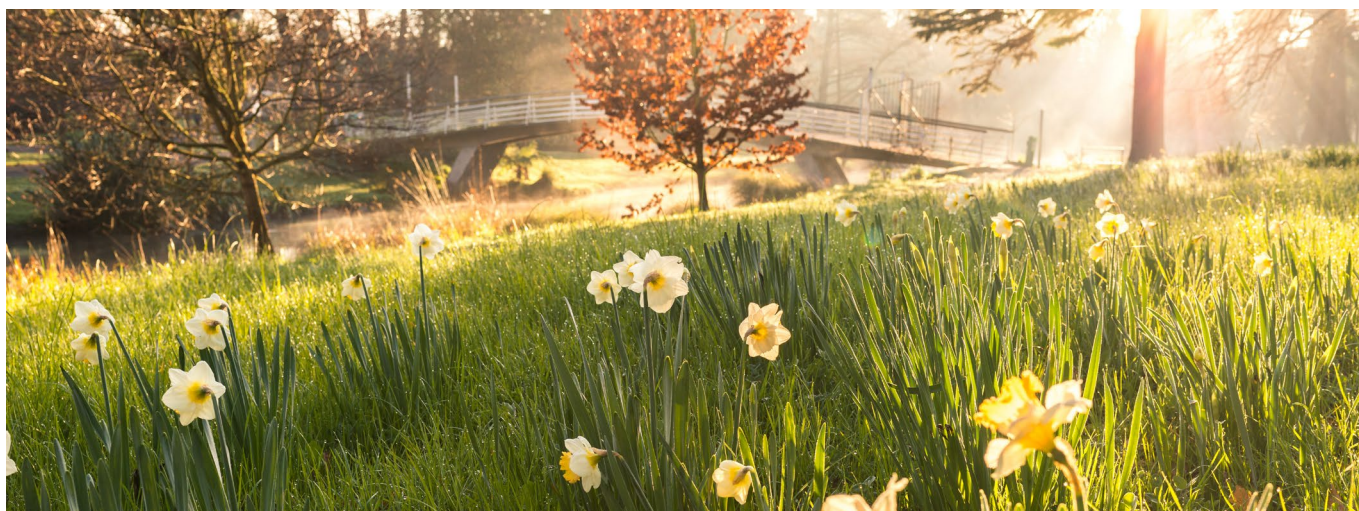


**DO WHAT YOU CAN,
ENJOY WHAT YOU DO,
MOVE YOUR MOOD**

**INTRODUCE THESE FIVE SIMPLE STRATEGIES INTO
YOUR LIFE AND YOU WILL FEEL THE BENEFITS.**

© MENTAL HEALTH FOUNDATION OF NZ 2021

 **Mental Health Foundation**
mauri tū, mauri ora OF NEW ZEALAND
www.mentalhealth.org.nz



Bouquets

Travel Coordinator Angela Hart, Christchurch Hospital

I would like to express a compliment to the transport service, namely, Angela Hart. She has managed to help me and my partner get to my important eye appointment next week and has been very professional, helpful and kind in her responses and the support she has provided. She is quick to respond to emails and has been extremely helpful and supportive. Thank you for hiring amazing people like Angela.

Gail Erridge, Children's Haematology Oncology Centre, Christchurch Hospital

Social Worker Gail has been amazing. From the moment she introduced herself to us she took the worry and stress out of everything. It's a very scary time arriving at hospital when one of your kids is sick. She made everything easy for us. I cannot praise her enough for helping us, always having a happy face, being generally interested in what is happening, and helping in any way that she can. I had to write and tell you what a valued member of staff you have. She is truly amazing at her job.

Bone Shop, Christchurch Hospital

I was in the Bone Shop with my brother who had a badly fractured wrist... I want to compliment the entire staff who dealt with him (Wendy, Callum, Darina, Emma in X-ray, and Sven) but especially Nurse Gabby Lee who was exceptional. She went above and beyond to help my brother, distract him with music on her phone when his arm was being reset, encourage him, and was generally just awesome. Please do pass on my personal gratitude to this team and let Gabby's boss know that she made a bad situation a whole lot better.

Ward 20, Christchurch Hospital

I am so pleased with every aspect of my care in Ward 20. Thank you to all the staff involved.

Surgical Assessment & Review Area (SARA), Ward 16, Christchurch Hospital

Excellent service, well looked after, good staff. Excellent care from all levels of service, very friendly.

Ward 28, Christchurch Hospital

Many thanks for looking after my wife and I for a few days. You were all very caring. A special thanks to Maureen who cared so well for my wife.

SARA, Ward 16, Christchurch Hospital

Friendly and amazing staff and nurses – they really made my partner feel comfortable. Pip, Kirsty and Emma were exceptional.

Sarah, Ward 11 Christchurch Hospital

To Charge Nurse Manager Ward 11, Gail Sumner

I am writing this email as a humble note of appreciation for the service and reassurance provided by one of your staff members for a person in my care... I was assisting with the guarding of a prisoner who was due to have an operation... At the time he was located in the Ward 11 Treatment Room, and was being looked after by one of your nurses, Sarah. During the morning of the operation, the prisoner was seen by the surgeon and then the anaesthetist. They discussed what was going to happen, and were very thorough, but once they had left the room, it became evident that the prisoner was worried about the operation. We noticed a big change in his demeanour and a look of nervousness in his eyes. He explained to us that he couldn't remember

if he had ever had surgeries before, or even if he had ever been under a general anaesthetic before, and the whole process was scaring him. Shortly after the anaesthetist had left, he was routinely seen by Sarah, and he started to tense up once again. She would not have known this, but during her visit, he started to become more relaxed; was more engaging; was happy to answer her questions and became less agitated. When she left we commented to him that he looked a bit more relaxed. He explained that he did not feel like he was being judged or looked at like a "low-life". He said that he felt more at ease with what was going to happen and felt very reassured. Having family who work for Canterbury DHB, I personally know how busy and stressful your roles can be. I would appreciate it if you were able to pass on my thanks to Sarah for the professional service she provided that day.

Radiology, Burwood Hospital

Very nice radiologists and receptionist. Keep it up.

Burwood Hospital

I would like to firstly thank the lady who escorted my friend and I to the minor surgery ward, thank you. Secondly, I would like to thank the receptionist in the ward for her kindness. Thank you for the friendly welcome. Thirdly, is the surgeon – I meant to thank her when I left.

Edward, Ward 28, Christchurch Hospital

Edward went above and beyond what I feel were his duties and should be commended for this. Thank you from [patient's father].

Paediatric Orthopaedics, Christchurch Hospital

Perfect experience. I am a first-time mum and my young son broke his leg. I was very upset, but the staff were very kind and reassuring. It was also my son's first time in hospital (he was born at home). The lovely girls with Radio Lollipop really made us feel calm and made the experience less scary. Please keep up the great work. I am so thankful.

Intensive Care Unit (ICU), Christchurch Hospital

Thank you to all the ICU staff, especially Amy and Megan, for all your care and dedication to our brother/uncle/great uncle, from his extended family and many friends. Forever grateful.

Ward 14, Christchurch Hospital

You people are amazing. Thank you so much for your compassion and care.

Radiology, Burwood Hospital

Very clean. Nice friendly ladies. All staff do a great job. God bless you.

Paediatric Orthopaedics, Christchurch Hospital

Absolutely fantastic caring service. Faultless. We especially appreciated the Radio Lollipop girls who entertained our baby and gave him toys.

Radiology, Burwood Hospital

Lovely, polite and caring.

Nurses Robyn and Anna, Physiotherapy Assistant Liz, doctors, orderlies and other nurses, Burwood Hospital

Please pass on my gratitude to the team at Burwood Hospital who came to my aid after the car door closed on my hand. Both Robyn and Anna assisted with control of the bleeding and first aid. Other staff who worked quietly in the background and should also be mentioned, were doctors, orderlies, nurses and Physio Assistant Liz. Many thanks for your reassurance, kindness and understanding, as well as your time. It was highly professional and outstanding.

Big Shout Out

To: Canterbury DHB Gardener Mary Win

I would like to say a big thank you to Mary for the great job she does at Montreal House and Christchurch Hospital. She works tirelessly in all kinds of weather and has the gardens around Montreal House looking fantastic. Thank you for your hard work Mary.

From: Child Development Service Clinical Manager Kay Boone (based at Montreal House)

To: Canterbury Health Laboratories

You guys over there are amazing – thank you so much from the team at Doctors on Cashel. I never expect the promptness you provide us but am incredibly grateful.

From: Jan-Maree, Doctors on Cashel

#carestartshere

Hikina to Hagley

MIGRATING TO CHRISTCHURCH HOSPITAL HAGLEY

Move schedule

November is going to roll around very quickly, so it's not too early to start getting familiar with where wards and services are moving to in Christchurch Hospital Hagley and when.

Pictured is a schedule of moves that assumes key dates for building and migration readiness are met.

We'll be bringing you more details about the different services and the preparations being made for getting spaces and staff ready over coming weeks.

Christchurch Hospital Hagley Move schedule

DATE	SERVICE	FROM	START TIME	TO
Friday 30 October	Sterile Services	GF, Parkside	6.00am	Level 2
Monday 16 November	BMTU and AYA	LGF, Riverside	9.30am	Ward B6
	Ward 26 (Oncology)	L2, Riverside	1.30pm	Ward B5
Tuesday 17 November	ICU	L1, Parkside	8.00am	Level 1
	Helipad		1.30pm	L10 Clinical Care Bay
Wednesday 18 November	Emergency Department	GF, Parkside	7.30am Live	Ground Floor
	AMAU	GF, Parkside	1.30pm	Medical Assessment
Thursday 19 November	PHDU	Ward 22, GF, Riverside	7.00am	Intensive Care, Level 1
	Ward 22	GF, Riverside	10.00am	Children's A7
	CHOC	LGF, Riverside	12.30pm	CHOC A6
	Ward 21	GF, Riverside	Following CHOC	Ward B7
Friday 20 November	Ward 16/SARA	L2, Parkside	9.30am	Ward B3
	Ward 15/PCU	L2, Parkside	1.30pm	Ward A3
Saturday 21 November	Perioperative	L1, Parkside	9.30am	Theatres, L1
Monday 23 November	Ward 17	L2, Parkside	9.30am	Ward A5
	Ward 28/PCU	L3, Riverside	1.30pm	Ward B8
Tuesday 24 November	Ward 19	L3, Parkside	9.30am	Ward A4
	Ward 18	L3, Parkside	1.30pm	Ward B4

healthLearn refresher module

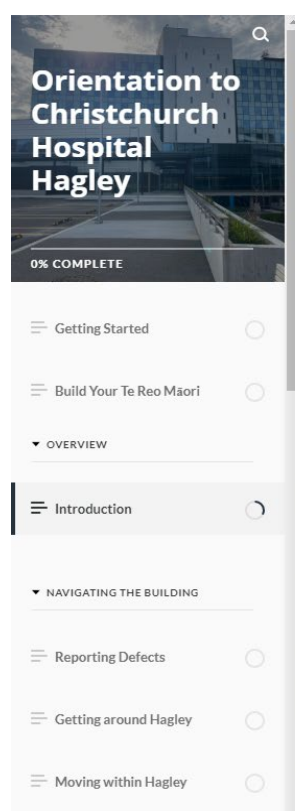
Many staff completed the initial healthLearn module last year, and while the information hasn't changed too much, there have been some essential additions. The length of time between module completion and migration also means a refresher is in order.

To make this more interesting and fun, a new, shorter and snazzier module has been built with the brilliant assistance of Learning Design Lead Emelia Winter from Learning and

Development. This new learning is interactive, relatively quick to complete and can be done on mobile devices.

We'll let you know how to complete the new module in the next couple of weeks.

The original healthLearn content will be updated to align with the new module and will be printed for orientation booklets for wards and held online on the [Prism page](#) for reference.

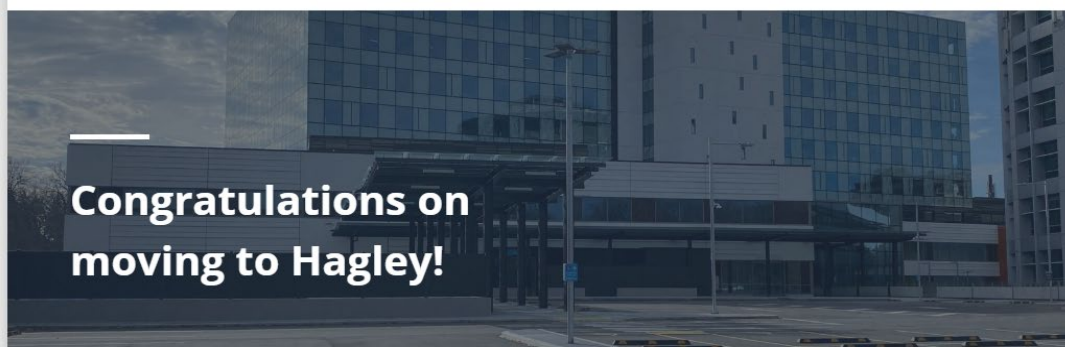


Welcome!

This short module is a guide to help you orientate yourself to Christchurch [Hōhipere](#) [Hospital] Hagley. It is designed to provide you with what you need to know to get in and get working in your new space.

Remember to still follow existing DHB policies, procedures, or location manuals.

Oh Yeah, Before We Forget...





Canterbury DHB now the national host of interRAI

Canterbury DHB is well underway with a multi-year Cloud Transformation and Disaster Recovery project which will result in computer services being faster, more secure and more reliable, and reduced IT operating costs.

One of the first applications to move into the cloud was the Canterbury DHB instance of InterRAI, an application used to assess an older person's care needs. Canterbury DHB was one of two hosts nationally, hosting for DHBs in the South Island and North Auckland, with Taranaki DHB hosting the rest of the North Island.

Early last year, the Kotahi project was initiated to merge the two hosting sites into one and Canterbury DHB was selected to be the national InterRAI host.

The Kotahi interRAI consolidation project has now been completed, and interRAI has been successfully implemented into the Microsoft Azure cloud.

This is a significant milestone as Canterbury DHB is now the national provider of InterRAI to users from other DHBs and long-term care facilities nationwide.

The project was delivered by Canterbury DHB on behalf of Central Technical Advisory Services Ltd (TAS), who have the contract to manage InterRAI for the Ministry of Health.

Project Sponsor Terry Huntley, Service Manager at TAS, says they are pleased with the outcome of the project, which ran smoothly.

"The consolidation of these two hosts is something the InterRAI Board have been looking to achieve for a long time, and the benefits in administration time saved by only having to log in to one system have been well received."

The team at ISG worked hard to deliver the project, and there were team members involved from the Service Desk,



The project team, from left to right, Canterbury DHB Project Manager Rachel McGregor, Taranaki DHB Project Manager Boon Chua, Momentum Healthcare Chief Technology Officer Mike Gifford, TAS interRAI Services Manager Terry Huntley, Canterbury DHB Regional Contracts and Services Manager Keith Hawker, Canterbury DHB ISG Architect John Lithgow

Core Systems Team, Cloud Team, Project Management and the eMeds and Electronic Management Record (EMR) Capabilities teams.

Considerable project assistance was also provided by Taranaki DHB, TAS and the Canadian vendor, Momentum Healthcare.

ISG Regional Contracts and Services Manager Keith Hawker, and the internal Project Sponsor, says the project team pulled together and worked extremely hard to deliver this national solution for TAS.

"There was significant work to be completed during the months leading up to and over the weekend outage and go-live, and the dedication shown by the team over this period was a significant contributor to the successful implementation."

For more information on the Cloud Transformation Programme, visit the [project intranet site](#).

Canterbury DHB a centre of excellence in nurses' radiology roles

Canterbury DHB is leading the way in New Zealand in extending the roles of registered nurses (RNs) in the Interventional Radiology (IR) department.

Radiology is made up of different specialties, including Interventional, CT, MRI, ultrasound, general X-rays and Nuclear Medicine. Interventional radiology uses an imaging technique called fluoroscopy to guide tiny wires and catheters throughout the body's vascular system.

It includes the placement of peripherally inserted central catheters (PICCs), a flexible tube inserted into the underside of the upper arm that can stay in place for up to a year, eliminating the need for repeated intravenous needle insertions.

Christchurch Hospital has nine credentialed PICC RNs, three of whom insert these catheters into paediatric patients – even day-old babies. About 150 adult PICCs are done each month. RNs in the IR team also do nephrostomy tube changes, Tunnelled PICCs (TPICCs) and Chest Inserted Central Catheters (CICCs).

Tunnelling is where the needle is inserted into a vein higher up in the arm and the PICC is tunneled under the skin to the exit site lower in the arm. This technique supports the health and preservation of blood vessels and reduces the risk of a blood clots in the vein.

In 2012 Clinical Nurse Consultant Vascular Access Elizabeth Culverwell and Clinical Manager Radiology Pip Francis identified that the RN PICC insertion team in Radiology were practicing in an extended role and that the role should be credentialed.



Back row, from left, Radiology Registered Nurses Pete Ouden and Gretta Moffat, Clinical Nurse Specialist Victoria Whitta, and Radiology Registered Nurses Steve Cotterell and Jan Baldecir
Front row, from left, Radiology Registered Nurses Maggie Lucas, Rona Buttimore, and Claire Holland
Absent: Radiology Registered Nurse Kathryn Heath

Training and the introduction of tunnelling techniques, which the International Association for Vascular Access has identified as the new frontier of the expansion of nurses' practice, began.

"This required re-definition of the RNs' professional role as advanced practitioners."

The team has been involved in many firsts, which is so exciting for nursing, Elizabeth says.

"These innovations have been embraced by several of the experienced nurses within the PICC insertion team, two of them being the first and only nurses in New Zealand to perform CICC tunnelling techniques and be credentialed at this advanced specialist level."

Her own role was also a first for New Zealand.

"Canterbury DHB is recognised as a centre of excellence, with many following our innovations. That's special.

"We are very proud of what this team has achieved, and in doing so has

made the patients' vascular access experience better. We should all be proud of our collective achievement which is down to great leadership," she says.

CNM Radiology Rose Cartwright says the IR nurses are working at the top of their scope of practice and it really benefits the patients and the system – right person, right care, right time.

Radiology RN Victoria Whitta says she enjoys the autonomy of the role, with nurses accepting the referral, triaging and treating the patient.

"There is a lot of assessment done prior and you are working with patients one-on-one. It's great knowing we can make their health journey better. We have a very supportive team and work closely with medical imaging technicians and interventional radiologists."

RN Radiology Pete Ouden, who works with paediatric patients says he sees the role as an extension of his skills as a nurse.

"There is a need for this role and I enjoy the challenge."

Christchurch researchers secure lion's share of almost \$1 million in funding

UNIVERSITY
of
OTAGO



Te Whare Wānanga o Ōtāgo
NEW ZEALAND

Researchers developing a faster and less painful way of diagnosing Legionnaires' disease are among the recipients of almost \$1 million in Canterbury Medical Research Foundation (CMRF) grants.

Eight University of Otago, Christchurch researchers were awarded funding by CMRF, totalling more than \$830,000. The CMRF has been awarding grants to Christchurch-based researchers for more than 60 years.

Amy Scott-Thomas, who was awarded \$110,000 to develop a urine test to diagnose Legionnaire's disease, says in Canterbury a quarter of patients hospitalised with Legionnaire's end up in the intensive care unit and one in 20 die.

"Diagnosis and access to the correct antibiotics is crucial but only half of patients with suspected pneumonia are able to cough up mucus (or sputum), which is currently required for diagnosis."

She and her colleagues will develop a urine test for the most common strain of the pneumonia-causing bacteria in New Zealand – the *L. longbeachae* strain. They will trial its success against the existing sputum test. If successful, the test could be used commercially around the world.

University of Otago, Christchurch Associate Dean, Research Professor Lisa Stamp says CMRF's support enables researchers, particularly those early in their careers, to stay in the field and try and make a difference to health outcomes.

"We are grateful for CMRF's support. Getting funding for health research is likely to be more difficult in a financially uncertain post-COVID environment, but the pandemic has demonstrated science and evidence are essential, more now than ever."

Eight of nine projects funded by the CMRF this year are to University of Otago, Christchurch researchers. As well as the Legionnaire's study, newly funded projects are:

- › Finding cerebral signposts of dementia in Parkinsons' patients (\$109,226). Tracy Melzer will analyse a decade's worth of brain scans from those with Parkinson's disease to look for signs of cognitive decline and dementia.
- › Brain cell-killing oxidants and Alzheimer's disease (\$90,724). Leon Smyth will study a by-product of immune cells that invade the brain and cause neurons to die in people with Alzheimer's disease.
- › Novel biomarkers for heart failure (\$109,719). Sarah Appleby will explore novel biomarkers for the diagnosis and follow-up of heart failure in patients that are also obese or have atrial fibrillation.
- › Super charging heart-protective hormones (\$109,252). Nicola Scott has been awarded a grant to investigate how to maximise the effect of hormones called the natriuretic peptides that have multiple favourable effects that mitigate heart failure symptoms.
- › A new drug for inflammatory tissue damage (\$106,307). White blood cells protect us from infection but in some inflammatory conditions such as rheumatoid arthritis and COVID-19 they can damage healthy tissue. Louisa Ashby is looking for a new drug to stop the harmful effects of white blood cells.
- › Finding a chink in *Streptococcus pneumoniae*'s armour (\$109,631). Nina Dickerhof will study how *Streptococcus pneumoniae*, a common cause of bacterial pneumonia, survives exposure to an antimicrobial oxidant produced by the immune system.
- › The impact of supporting loved ones who witnessed the mosque attacks (\$92,364). Ruqayya Sulaiman-Hill and her team will interview adult family members of those who were at or near the two mosques during the terror attacks to understand some of the significant and prolonged impacts that living with highly traumatised survivors may have on their loved ones.

‘Green’ benefits to new ultrasound gel

Canterbury DHB has swapped to a different ultrasound gel that is better for the environment and safer for patients.

Ultrasound imaging has been widely used for over 50 years to help doctors diagnose and assess a variety of medical conditions. Ultrasound gel is used in healthcare settings for both diagnostic and therapeutic procedures.

Charge Sonographer Rex De Ryke says until now the formula and packaging of ultrasound gel formula has changed little over the years. This one is remarkably environmentally friendly.

“It’s made from 99 per cent naturally fermented organic ingredients.”

The gel’s flexible packaging means almost 100 per cent of the product can be used, compared to less than 90 per cent of the previous product in a standard bottle. The Flexpac packaging creates 60 per cent less landfill waste.

“The product weighs 60 per cent less, too, which reduces transportation costs and Canterbury DHB’s carbon footprint,” he says.

“It is also dye, paraben and propylene glycol free which makes it safer for patients as these substances can have negative effects on the body.”

The gel was assessed by the Radiology department and Point of Care Ultrasound Users, including the Emergency Department and Maternity Services, with the project supported by Programme Lead: Treatments and Technologies Natalie King.



Charge Sonographer Rex De Ryke with the new ultrasound gel (right) and the old (left), showing the difference in packaging between the two

Like all requests for new consumables, the new gel was requested through ECRI, which linked in the key stakeholders and our Supply Department as part of the process.

“Staff find the gel good quality, it feels thinner, spreads evenly, and cleans up easily, plus heat has little to no effect on its performance when it is heated to 40°C,” Rex says.

The gel, called EcoVue®, is new to the New Zealand market. It is made in the United States from domestically sourced ingredients and comes with free gel warmers.



**GETTING
THROUGH
TOGETHER**
WHĀIA E TĀTOU TE PĀE TAWHITI



How Pharmacy staff stepped up during lockdown

It was all hands on deck for the Pharmacy team during COVID-19 levels three and four as they moved to protect the supply of medication to Christchurch Hospital.

The team split into two groups with an even skill mix, each working four days on and four days off in 10-hour shifts. One was managed by Pharmacy Service Manager Jo Batcup and the other by Pharmacy Co-Manager, Professional Leader Rachael Turnbull.

"Pharmacy is licenced only for our own staff and unlike nursing has no casual pool to enable back-fill if contact isolation had to come into play. So, we had to quickly develop this plan to ensure we had enough cover for procurement and all aspects of the service," Jo says.

"It was absolutely necessary in order to protect our core service of medication supply and to protect our pharmacy staff."

The 100 Pharmacy team members work in a small space that was designed for 50, says Rachael.

"Maintaining the two-metre distance would have been pretty much impossible. There was the potential for everyone to be in isolation or unwell."

If this had happened it would have meant Burwood and Hillmorton hospital pharmacies having to pick up supply for the whole of Canterbury DHB.

The pandemic plan saw some clinical staff doing supply work or working in specialty areas they hadn't worked in before. Because of that, some additional training or re-familiarisation was needed.

"Our staff were amazing. They reacted by stepping up and were just awesome. We would have expected it to be hard, but they made it easy," Jo says.

"I was blown away with the teamwork. We were really only able to meet the needs because staff were so willing to do whatever it took," Rachael says.

A positive outcome was that it gave staff an appreciation of other roles. As well as doing their normal work the department had to react quickly, be adaptable and flexible to service areas which had been converted to COVID-19 wards at short notice.

"We were working with supply issues as well as having to step up to ward changes," Jo says.

To keep their spirits up staff had themed dress-up days, held an 'Easter egg hunt', and on the fourth day of each four-day shift, after doing a big clean of the department, did a conga line dance.



Colourful outfits Pharmacy staff wore on 'Crazy Shirt Day'



Pharmacy staff 'hit the slopes' on an 'Alpine Attire/Freezing Fashion/Mountain Mayhem themed dress-up day



Pharmacist Michael Young and Clinical Pharmacist Supervisor Clare Greasley enjoyed the Christmas dress-up day

Don't waste the opportunity to make a difference

When you're in a rush, it's easy to just toss stuff into the nearest bin but recent changes to local plastic recycling rules mean we all need to think before we put things in the bin.

Hopefully you are already aware of the changes thanks to Christchurch City Council's campaign 'Are you bin good?', which is promoting the changes to residents. These changes also apply for plastic recycling here at Canterbury DHB.

Now, instead of accepting plastics with recycling numbers 1–7, only items numbered 1, 2 and 5 are being accepted. These types of plastics are higher quality and more easily recycled so they are more sought-after by waste management suppliers.

A global reduction in demand for plastics and paper waste means companies are becoming more selective when it comes to buying waste, says Commercial Portfolio Manager Rachel Cadle.

"While this means fewer types of plastics are being accepted, we still have the opportunity to ensure the recycled waste going out from Canterbury DHB is top notch."

PUT THE RIGHT THING IN THE RIGHT BIN



So how can something we're throwing out be as appealing as possible to the companies willing to pay for our rubbish?

If recycling is contaminated, it can be rejected, says Rachel.

"This happens when the wrong type or size of the material has been put in the bin, or if items haven't been rinsed properly."

So, while you might think, 'the more I put in the recycling bin, the better,' the opposite is true. Putting the wrong item in the bin contaminates the whole load, which means the recycling companies that our recycling could be sold to will reject it, and the waste will end up in landfill anyway.

Common culprits found in the recycling bin that belong in the general waste bin are:

- > tissues and paper towels
- > takeaway cups
- > small items such as plastic lids and small containers (i.e. single yoghurt pots)
- > items that haven't been rinsed properly (this can attract maggots and other vermin).

"Please take a few seconds to put the right thing in the right bin, so our collective good intentions don't go to waste," says Rachel.

Did you know?

- > It costs Canterbury DHB less to dispose of recycling material than to send waste to landfill – but only as long as our recycling is not 'contaminated'.
- > 'Contamination' means the wrong thing has been put in the wrong bin, or it hasn't been rinsed properly.
- > Christchurch City Council has a great 'Wheelie Bins' app to help you keep up to date with your rubbish and recycling information. It's free to download and even prompts you when your bin collection days are.



Retirement of Jacqueline (Jackie) Donaldson

A function was recently held at The Princess Margaret Hospital (TPMH) to mark Jackie Donaldson's retirement with a large number of people attending to mark this and thank Jackie for her many years of service to mental health.

Jackie registered as a nurse in 1989 and began work, firstly at Sunnyside Hospital as a Staff Nurse in the Fergusson Clinics and the Adolescent Unit. This was at a time when TPMH was being reconfigured in the late 80s and early 90s and C Ward morphed from part of a general hospital in to a specialist service within the newly configured Mental Health Services (at that time as part of the Crown Health Enterprise).

This was the era when the Mothers and Babies Service and the Anxiety Disorders Service were developed alongside Eating Disorders (which had been in existence for some time), and when Jackie then joined and began her leadership roles, firstly as Unit Manager and Clinical Co-ordinator and more latterly as Charge Nurse Manager.

Jackie has made a difference to the lives of many vulnerable people and their families and together with her colleagues she has helped to build up the capability of the South Island regional specialty services.



Jackie at her farewell with her son, Mike Donaldson, who also works in the Specialist Mental Health Service in the Alcohol and Drug Service

Jackie is recognised by her colleagues for her steadfast commitment and those who have had the opportunity to work alongside her have recognised her constant and dedicated contribution to the provision of excellent patient care and service delivery over the span of her career.

UNDER THE WEATHER?

Make your GP team your first call 24/7

Canterbury
District Health Board
Te Pori Hauora o Wairarapa



Healthy Future Series: Health Research

The COVID-19 crisis demonstrated the value of health research but is likely to result in the loss of jobs and opportunities for scientists and stretch an already underfunded sector.

Throughout the pandemic the New Zealand Government has relied heavily on advice and evidence from scientists to make crucial decisions on protecting people from the novel coronavirus.

One of those advising the New Zealand Government is infectious diseases expert, Dean of the University of Otago, Christchurch, and a member of Te Papa Hauora's Advisory Council, David Murdoch.

The pandemic thrust research – health research in particular – into the spotlight, David says.

"People could see the real value of health research and science and how it related to protecting us from this new coronavirus. They could hopefully see that to control or eradicate a virus like COVID-19 requires teams of experts working together to understand things such as how it spreads, who it affects, and potentially what weaknesses it has that can be targeted."

But while demonstrating its value, COVID-19 is putting extreme pressure on any already fragile sector, he says.

"It's like post-quake. The quakes disrupted science projects, on the whole, while certain related areas, such as geology and engineering, were busy. Researchers doing work on COVID-19 will be busy but if you are not in that space it will be a difficult and uncertain time."

There will be less money for health research as funders are affected by an anticipated financial slump, David says.



**TE PAPA
HAUORA**
The future of health

**HEALTHY
FUTURE
SERIES**

Health Research

Money that might usually fund research projects on disease such as cancer or heart disease could be put towards COVID-19 studies.

The closure of borders means young researchers cannot go overseas and work in leading research facilities, then bring their knowledge home.

These new COVID-19-related challenges compound existing ones.

"In New Zealand we have always been underfunded in the sciences compared to other countries and (the pandemic) is showing it up. Support has gone into a number of sectors to keep businesses going and unemployment low but in science, apart from certain areas that seem to be strategically important related to COVID-19, the overall feeling is quite bleak," he says.

Pro-Vice Chancellor at the University of Canterbury's College of Education, Health and Human Development Letitia Fickel, says she sees an opportunity to study the health sector's digital response to COVID-19, and use the information to better prepare the next generation of health professionals.

"The environment has changed. We need to be engaging with our colleagues in practice and thinking about what the future will look like and together think about what capability this new digital space might need to effective. Because everything is in flux, that innovative space is a research space," she says.

To read the full article and others visit <https://www.healthprecinct.org.nz/health-research/>

Youth Advisory Group giving a voice to young people



The Canterbury DHB Youth Advisory Council share a bit about themselves.

The Canterbury District Health Board Youth Advisory Council is a group of young people advocating for young people aged 12 to 24 in the Canterbury Health System. We are passionate about giving a voice to a group that is often not heard from in this system. We come from all walks of life and have all got our own experiences in the health system.

Like many others, COVID-19 got in the way of our plans for the year, giving us a blank canvas to work on for the rest of the year. We decided to turn our attention to promotion and using online platforms to provide resources for young people. Utilising social media and Zoom (something we are sure everyone became familiar with during lockdown), we were able to get our name out there about who we are and what we do.

Knowing that people were online more than ever, we wanted to create a resource of different information on health topics for young people to be able to access and have their own questions answered. We decided to

start a talk series called YAC Yarns in which we talk to professionals across the health sector about health topics related to young people. We go live through our Facebook page every Sunday night at 7pm and have had some great conversations with a variety of professionals including Dame Sue Bagshaw, Family Planning New Zealand, a clinical psychologist, and dentist, just to name a few.

We also have been working on engagement with young people and their whānau and support systems to hear more about their experiences in the health system and how we can better advocate for them, especially focusing on the youth to adult transition process. We have some exciting plans in the works for this and we hope to be able to share them with you all soon!

If you would like to know more about us, are a health professional that wants to be involved in YAC Yarns or want to watch the series itself, here are ways you can find us and contact us:

Facebook: [CDHB Youth Advisory Council](#)

YouTube: [CDHB Youth Advisory Council](#)

Email: cdhbyouth@gmail.com



From left, Tike (Treasurer), Luke (member), Jasmine (Chair), Chelsea (Deputy Chair), Abi-Rose (Secretary), Dakota (member)

One minute with... Martin Lee, Clinical Director, Community Dental Service

What does your job involve?

One of the joys of my job is that no two days seem to be the same. Our Community Dental Service team looks after the oral health of 94,000 children from Kaikoura to South Canterbury, we are in the midst of organising the annual expedition to the Chatham's and also support the West Coast DHB's dental team. A sample: today – I just finished an Official Information Act request, had a meeting with the Canterbury Clinical Network Oral Health Group earlier, discussed some clinical challenges with one of our team leaders, and spent some time drafting up our (post lockdown reset) service improvement priorities for the year ahead. Earlier this week – oral health promotion planning, reviewing our month-on-month performance, a meeting with one of our 10 clinical teams, responding to requests for clinical opinions; last week – television and radio interviews to publicise our research on the burden of poor oral health many of our children are forced to carry.

Why did you choose to work in this field?

I was in general dental practice 25 years ago and had an interest in quality improvement and was lucky a dental officer position came up with Healthlink South.

What do you like about it?

The people I work with, knowing where we've come from and the ability to lead and influence change.

What are the challenging bits?

Prioritising the tasks and saying no.

Who inspires you?

My father – his unfailing honesty and focus on doing the right thing. First equal – David Meates.

What do Canterbury DHB's values (Care and respect for others, Integrity in all we do and Responsibility for outcomes) mean to you in your role?

They mean a great deal. It's a great privilege to work in health and for people to trust that you understand what's important for them. I've been around long enough to have seen the change in relationships between us health providers and those we look after (and each other) – from one where we expected to be the ones respected, to one where the expectations are of mutual respect and honesty.

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

I was the Owl in "The Owl and the Pussycat" in 1983 with the Ōtaki Players – "The Owl and the Pussycat



went to sea in a beautiful pea-green boat, they took some honey and plenty of money wrapped up in a five-pound note..."

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

Anywhere with a view of the sea.

What do you do on a typical Sunday?

Our dog Otto is always pretty keen on a walk, and then we just take it from there.

What's your favourite food?

They do a great smoky pork and watercress pie at the Hillmorton bakery – but in moderation.

And your favourite music?

Kiwi bands. Lately I've been enjoying The Beths' new album.

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

Reminder: Nominations for the Canterbury Clinical Governance Committee close tomorrow

The Canterbury DHB Clinical Governance Committee is about to be established. This Committee will have various responsibilities (see [Terms of Reference](#)) and reports to the Chief Executive through the Executive Management Team.

Its objectives are to contribute to the achievement of the organisation's vision and goals and enable and develop our people to be at their best and to thrive.

The committee will:

- › have oversight of service quality and outcomes, continuously improving performance and the quality and risk systems within each division
- › ensure systems for patient safety and continuous improvement are well designed, operational and are effective
- › nurture an open, transparent, team-based approach to clinical governance throughout the organisation
- › connect with clinical governance across teams, services, sites and committees, and the Canterbury Health System Clinical Board, to align and improve the patient journey
- › encourage the profession's clinical governance which contributes to overall health excellence results.

The term of office (except for ex officio members and the resident medical officer) is for three years with right of renewal. The term of office for the resident medical officer is one year from November to October.

The committee will meet every month in the first instance for one hour on a Tuesday 4–5pm at 32 Oxford Terrace. The first meeting will take place on 15 September. Later, the committee will meet every second month.

The chair, Chief Medical Officer Sue Nightingale, seeks one elected member from each of the following areas:

- › Senior medical officer/senior dental officer
- › Allied Health Scientific and Technical
- › Midwifery
- › Nursing
- › Resident medical officer.

Nominations close at 5pm Tuesday 11 August and must be accompanied by a completed [nomination form](#) and be emailed to the Committee Coordinator carol.kingsland@cdhb.health.nz. Your email with the nomination must include your name, designation and department.

Please note that members from each group can only nominate a person from within their group e.g. a nurse can only nominate a nurse etc. Voting will take place shortly (notice will be given).

all
right?

IT'S
ALL RIGHT
TO NEED
A HUG.



Something For You

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



Supplement Solutions

Buy any supplements online and get 10 percent off, find the online discount code under the Health and Wellbeing section.

Tarocash

Head into any Tarocash store and receive 20 percent off any full price item.



Ooooby

Get 20 percent off your first three fresh, organic, locally grown, fruit and vegetable box delivered to your door (minimum \$30 and must include fresh produce). Find the online discount code under the 'Lifestyle and Entertainment' section.



The Classic Villa Luxury Boutique Accommodation

Stay here and pay the special rate of \$179 per night plus a continental breakfast. Valid for Canterbury DHB staff and their families.

We also have plenty of **brand new deals** from local businesses – check them out on the [Something For You page on PRISM](#).

South Island Alliance update



The latest edition of the South Island Alliance update is out now.

The South Island Alliance is a collaboration of the five South Island district health boards. Read about the Southern Cancer Network officially becoming a regional hub of Te Aho o Te Kahu, the new Cancer Control Agency established in December 2019, to unite and lead cancer control efforts in New Zealand.

The move will ensure a continued regional presence to help deliver more equitable cancer care across the country, while building on current connections and expanding engagement opportunities.

[Read more about Te Aho o Te Kahu and other stories.](#)



To register and pay contact
elana.breytenbach@cdhb.health.nz
(364 0742 or ext. 80742)

The Māia Health Foundation team will then email through details of the rules, step counts and banking.

There will be prizes for the following:

- Individual with the highest number of steps in the month of September
- Department with the highest average number of steps per participant
- Department with the highest total number of steps
- Spot prize for someone who signs up before 25th August

By registering to be a part of Spring into Action you agree to participate to the terms and conditions of this promotional fundraiser for Child Health. You agree to partake in this competition in good faith, understanding that the validity of each measuring device may differ slightly.

This is a fundraiser event, designed to improve the health and well-being of the participants by encouraging you to be more active during the month of September. Child Health Services and Māia Health Foundation accept no responsibility for discrepancies in the calculation of individual steps.