



## Kia ora and a warm kiwi welcome to our new Executive Director of Allied Health, Scientific and Technical, Dr Jacqui Lunday Johnstone

Today we welcomed Jacqui Lunday Johnstone and her family to the Canterbury DHB whānau.

They have moved to New Zealand from Lanarkshire in Scotland for Jacqui to take up the role of Executive Director of Allied Health, Scientific and Technical for Canterbury DHB and West Coast DHB and we are thrilled to have her as part of our team. Jacqui's role provides strategic leadership for Allied Health, Scientific and Technical professionals and she is a member of the Executive Management Teams for both the Canterbury and West Coast DHBs.

Jacqui was born and raised in Scotland. Before moving to Canterbury she was Chief Health Professions Officer for the Scottish Government. Her experience spans the public and private healthcare systems in the UK, and includes clinical leadership positions and the founding and running of her own business.

Jacqui has many published works covering Allied Health Professionals, Healthcare systems, Occupational Therapy, patient care, change initiatives and reviews.

Jacqui gained her Occupational Therapist qualification from Queen Margaret University in the UK. She was awarded an Honorary Fellowship from the Chartered Society of Physiotherapy and an Honorary Doctorate from the Queen Margaret University. Currently, Jacqui is completing a Masters in the

Humanities at the Open University.

Jacqui has a range of other professional memberships, affiliations, awards and positions, including:

- › Honorary Lecturer at Glasgow Caledonian and Queen Margaret Universities
- › Trustee of the International Council of Allied Health Leaders
- › Order of the British Empire (OBE), Queens New Year Honours 2015, for Services to Healthcare and the Health Care Professions.
- › Technical Advisor for the World Health Organization since 2007.

I would like to extend my sincere thanks to Helen Little for picking up the role as acting Executive Director of Allied Health following Stella Ward's move to the role of Chief Digital Officer in August this year.



Canterbury and West Coast's new Executive Director of Allied Health, Scientific and Technical, Dr Jacqui Lunday Johnstone & family with Chief Digital Officer, Stella Ward (right)

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I am very much looking forward to working with Jacqui. She brings a wide range of experience to the table I know she will add immense value to our leadership team. She has more than 30 years' experience in health system development, 16 of them within the health and social care policy environment providing leadership and policy advice for the 64 Allied Health, Scientific and Technical professions at Scottish Government.

Jacqui will be working alongside Helen this week during a handover/orientation period. Please join me in welcoming Jacqui to our health system.

At this morning's welcome mihi, Jacqui said this role was a fantastic opportunity for her, and she was coming at a great time to join an organisation known internationally for its integrated health system and transformational change.

Thank you Jacqui for choosing Canterbury, we hope you and your family enjoy living and working in our part of the world – where you can look forward to making sandcastles at the beach over the Christmas holidays, not Snowmen.

## Forget those Christmas mailers – WellNow Quality Accounts edition is coming to a mailbox near you from next week

Spring brings us many things: leaves reappearing on trees, daffodils, lambs, longer daylight hours, and (generally) sunnier weather.

For Canterbury DHB, Spring also signals the release of our biannual WellNow Canterbury magazine.

Keep an eye out, as the spring edition is set to land in every Canterbury and Chatham Islands urban and rural mailbox from next week, and P.O boxes the week after. Building on last year's success, we have again combined our community health magazine with the Quality Accounts to reach a wide audience and provide them with a picture of how our Canterbury Health System is doing in meeting their health needs.

Quality Accounts require health care providers such as district health boards to demonstrate their commitment to continuous evidence-based quality improvement. Sometimes that means reporting on something we haven't done so well at, providing we can show we are doing something about it. Quality improvement comes from the acceptance that we can always do better and that we should never be complacent.

WellNow also reinforces our vision of an integrated health system by showcasing what we are doing well, outlining what we have learned, and signalling our future plans. It also demonstrates our commitment to high quality health care and explains how we monitor quality and safety.

WellNow features engaging and informative content – stories of dedicated staff and community members and stories of some of the people we care for.

Once again we've produced two versions – a printed hard copy version, and a more detailed on-line version which includes more data and metrics that chart our performance.

The printed WellNow Quality Accounts magazine has six spotlight areas: consumer experience, staying well, preventing harm, equity, making it better, and facilities redevelopment.



A spring-appropriate cover of the WellNow Quality Accounts edition

The online-only version features a *How we measure up* section that charts our performance against the Ministry of Health's National Health Targets, the quality and safety markers as set by the Health Quality & Safety Commission, and other key measures.

All of these feature solid evidence of where we are making improvements as well as highlighting areas where we know we need to do better.

The full version of the WellNow, Quality Accounts edition can be found at [www.cdhb.health.nz/about-us/document-library/canterbury-health-system-quality-accounts-2018/](http://www.cdhb.health.nz/about-us/document-library/canterbury-health-system-quality-accounts-2018/)

Featured in this edition are several patient experience stories, including what it's like to be inside a hyperbaric chamber. There is a staying well story on the Fresh Air Project, a collaboration between the Cancer Society and Canterbury DHB, with more than 50 venues across Canterbury that have made their outdoor eating areas Smokefree.

We demonstrate how we are preventing harm through some clever exercise machines designed to prevent muscle loss among those recovering from a stroke. We also showcase the collaborative Mana Ake initiative – the first stage of a plan to deliver dedicated wellbeing support

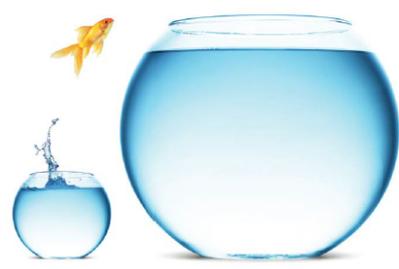
to children in school years 1-8 in greater Christchurch, the Hurunui and Kaikōura.

We illustrate how we are making it better by focusing on the Eye Service team's work in one year at reducing an overdue follow-up waiting list. To everyone who has contributed to this magazine – be they story contributors/writers, interviewees, editors, designers, photographers, and/or those willing to be featured in photos – thank you.

We hope you enjoy the magazine!

If you have any feedback that would help us improve future editions of the WellNow Quality Accounts edition, including story suggestions or to let us know about something your team is doing to improve quality, please email [qualityaccounts@cdhb.health.nz](mailto:qualityaccounts@cdhb.health.nz)

## Easing the move from Child to Adult Services



**The world's changing. More young people with chronic conditions are not only surviving but are thriving, and have a much higher life expectancy.**

In healthcare, we use the word *transition* to describe the gradual process of planning, preparing and moving on from the Child Health team to the Adult team. What happens during adolescence can affect health in the adult years, and ultimately the health and development of the next generation. In Canterbury, the aim is that most young adults have moved on to their Adult team by their sixteenth birthday.

Prior to 2016, Canterbury DHB services were achieving transition in different ways with varying success. The first introduction to an adult ward for the young person was often in an acute situation with no prior discussion, resulting in frustration for all parties.

The Sydney Children's Hospitals Network established *Trapeze* in 2012 to support young people to manage their conditions, live their own lives and stay out of hospital. Borrowing from this framework, the paediatric outreach and day stay nurses worked closely with the Canterbury DHB Youth Advisory Council to develop a transition pack.

This was then trialled for 12 months with over 40 patients enrolled. Transition was divided into three stages: Getting Ready (12-13 years), Starting



Transition (14-15 years) and Transition Completed (15-16 years).

An online learning package *Working with Youth in Our Care* was created for nursing staff working with young people. Information sheets were also developed for patients and their families to explain the transition process.

The findings from the pilot will be presented at the 2018 Youth Health Conference in Australia.

Evaluation showed that the transition pack worked well for 80 percent of young adults but wasn't comprehensive enough for those with more complex needs. So the Paediatric Transition Group joined with the Paediatric Collaborative Care and Adult Rehabilitation Improvement Project groups to explore a model of care for the 20 percent of young people who needed more support.

Charge Nurse Manager of the Paediatric Outpatient/Outreach/Day Stay Department and Transition Group Facilitator Nicola Scott says "the willingness, expertise and enthusiasm of this group is astounding and only through their collaborative efforts it is possible to provide a comprehensive transition service."

Justina Pennack attends her appointment to Adult Services supported by Paediatric Nurse Brendia McGregor.

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## Fush, whānau and Fresh Air



Co-owner of Fush eatery in Wigram, Anton Matthews, is well-known around town for his passion for conserving the Māori language. Along with co-owners Jess and Māia Matthews, he offers customers a menu in both te reo Māori and English, and runs te reo classes on the side.

Now he's got his sights on protecting the health of his community by making Fush a smokefree space.

Fush is the latest venue to join the Fresh Air Project, a collaboration between the Cancer Society and Canterbury DHB, along with more than 50 cafes across Canterbury. The project supports the goal of Smokefree Aotearoa 2025 to reduce smoking levels across New Zealand.

"Fush is embracing auahi kore (smokefree) dining to protect our staff and customers from the dangers of secondhand smoke, and to set a good example for tamariki and the broader community," Anton says.

Anton adds that sharing and enjoying kai is about bringing whānau together, while smoking is becoming increasingly anti-social.

"Going auahi kore (smokefree) is about looking after future generations. There's nothing positive about smoking – no social benefits, it hurts you in the pocket, and it's bad for your health."

"Now if we have a customer come in who wants to be smokefree, we are ready to have a korero about it and help them find the support they need," Anton says.

According to the Health Promotion Agency, Māori are 2.6 times more likely to be smokers than non-Māori, and have higher rates of death and tobacco-related illness than non-Māori. Māori smokers are also the youngest to start, at just over 14-years-old on average.

"We're thrilled to have Fush come on board as a Fresh Air venue and be part of the conversation with Māori in Christchurch about how they can find support to be smokefree," Cancer Society spokesperson Amanda Dodd says.

"We know going smokefree is hard to achieve without the right support," Māori Health Promoter Aaron Hapuku says.

"Do it as a whānau and with support from Te Ha'Waiataha Stop Smoking Canterbury."

For support, visit [www.stopsmokingcanterbury.org.nz](http://www.stopsmokingcanterbury.org.nz) or phone Te Ha'Waiataha Stop Smoking Canterbury on 0800 425 700.

Fush joins many other hospitality venues across Canterbury making their outdoor dining areas cleaner, greener and more pleasant environments.

Visit [www.freshairproject.org.nz](http://www.freshairproject.org.nz) to find a Fresh Air venue near you.



Fush co-owner Anton Matthews.

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A sample of a couple of the articles featured in WellNow Quality Accounts

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



David Meates  
CEO Canterbury District Health Board



## Bouquets

### **Sandra, Hagley Outpatients, Christchurch Hospital**

Nurse Sandra was very friendly and helpful and is an asset to Hagley Outpatients. She helped me at several clinics I have attended and has always been very courteous.

### **Emergency Department, Christchurch Hospital**

Dr Nick Wilson, thank you so very much for the loving kindness you showed my husband. Thank you very much also to the nurses and radiology lady and for all the loving care.

### **Ward 27, Christchurch Hospital**

We have been very happy with the nurses' care of our mother/grandmother during her stay in Ward 27. They communicated well and were very caring and understanding of our needs as well as hers. The doctors were great too.

### **Ward GG, Burwood Hospital**

Fantastic staff. Warm and caring! Lovely environment in the ward, everyone was very obliging.

### **Orthopaedics, Christchurch Hospital**

All of the nurses and doctors were very professional, super friendly and very nice. They were always there when you needed them and looked after me very well. I felt well looked after and safe and knew I was in good

hands while staying here. Thank you very much to the wonderful hospital staff. They are all amazing.

### **Ward 27, Christchurch Hospital**

There were too many of you to remember all your names when I spent several days in your ward at the beginning of August. Please accept my belated thanks for your care and the pleasant manner in which you carried out your work.

### **Emergency Department, Christchurch Hospital**

I came into the Emergency Department (ED) last night after my horse's head smashed into my face. My nurse was Jodi and she was the best nurse I could have ever had. I was quite distressed and she calmed me down a lot. She was funny and she took my mind off things. Then I went and saw the on-call dentist, I think her name was Rachel, she was also amazing with me and made me feel at ease when I thought my teeth would not be saved. At the time of my injections Jodi came to hold my hand which was such a help. My time in ED was made much easier by these two women. I really appreciate it.

### **Ward GG, Burwood Hospital**

I had fantastic service today having a lump cut out of my leg. Thanks for everyone introducing themselves and taking time to care.

### **Emergency Department, Christchurch Hospital**

I was in the Emergency Department with heart problems and I have to say the staff were excellent. They were very attentive to what was happening and great to communicate with.

### **St John Ambulance**

To the fantastic ambulance team who drove us to hospital and the fantastic care you provided to both my little girls.

### **Children's Acute Assessment (CAA), Christchurch Hospital**

Thank you to the fantastic CAA team for caring for us so well. Special thanks to Jan on reception, Marielle and Dr Sam.

### **Day Surgery Unit, Christchurch Hospital**

I would like to give compliments to the services I received. Very efficient and staff are friendly.

### **Plastic Outpatients, Christchurch Hospital**

I attended Plastic Outpatients prior to my eye surgery. All the people were lovely – Nurse Paula, Anaesthetist Paul, to name just two. My surgery went very well and I can't praise my surgeon Kirk Williams, Registrar Jun, and all attendees enough. Post-operative care was also awesome. Thank you all so much, you all rock and do an amazing job.

### Emergency Department, Ward 16 and Ward 17

Thank you very much for the outstanding care we have been provided firstly by Emergency Department doctor Will (now visited twice in two weeks) and his diagnosis and referral both times. We really appreciated Nurse Sam on Ward 17. Please pass on our appreciation as this is the best care we have had. Great work, thank you.

### Ward 15, Christchurch Hospital

Amazing staff, Chris, Danni and others. Absolutely kind and caring and fantastic doctors and nurses for my Mum.

### Physiotherapy Outpatients, Christchurch Hospital

After several years of a persistent cough, I was advised by my specialist Dr Christine MacLauchlan to attend physiotherapy with JJ Hudson-Colby. Her diagnosis ... has given me a 70-90 percent improvement with my coughing problem.

### Ward 28, Christchurch Hospital

The most amazing staff on Ward 28, kind warm and compassionate. Thank you for all that you do.

### Emergency Department, Christchurch Hospital

I came in with a back problem via ambulance (great service). I arrived about 9.30am and was assisted by many people – nurses, radiographers, and a medic (Arthur). All were excellent. Arthur's patient manner was welcome, she spoke to my partner on my phone to clarify my problem with morphine, and after my partner arrived everything was discussed well. Thank you ever so much.

### Ward 20, Christchurch Hospital

I want to thank the following staff members for going above and beyond to take excellent care of me: Helen, Sara, Becky and Flo. Becky in particular had to deal with interesting points on Princess Eugenie's wedding dress while I was on medication, and

three buckets of vomit when I was on Tramadol, which was unfortunate, but she was cheerful and made me feel completely at ease in asking for help. Thank you so much to the ward for your kindness and cheerful care of me. I am truly grateful and it really put me at ease post-surgery.

### Christchurch Hospital

On 19 October, I submitted a complaint. I would like to say that Matthew Long, Service Manager of the Urology Department, dealt with my complaint in a very sympathetic and professional manner. It was a pleasure to deal with him and he followed my case to the end ensuring I had the necessary information for readmission on 29 October. A huge thank you to Matthew. My experience on my admission on Monday was enhanced with the care and kindness of Claire Marquet who was very kind and considerate. While in the recovery ward I was attended by a lovely nurse who took great care of me. My experience was very pleasant and my thanks to these wonderful staff members I felt that I was in very good hands. Thank you for taking my complaint seriously.

### Christchurch Women's Hospital

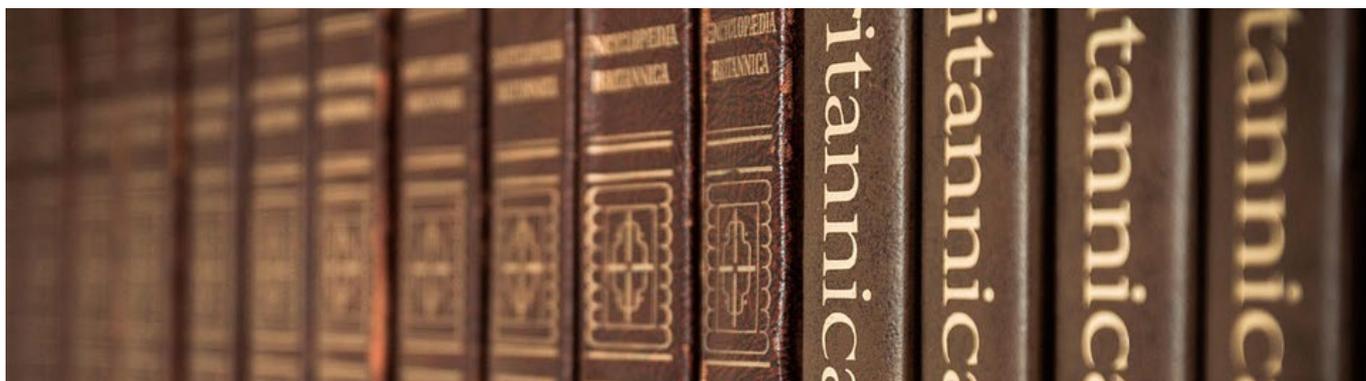
I was a patient last week at Christchurch Women's Hospital and would like to say a huge thank you to my surgeon Keryn Harlow and the operating team, particularly my anaesthetists Ross and Michael who were incredibly reassuring. Once on the ward I only stayed 24 hours but had three excellent nurses in that time who were professional and kind (Courtney, Nicky and a lovely night shift nurse whose name I didn't get as I was half asleep). I felt like I was in very safe hands and also comfortable to ask for little things like being passed my book when I was bedbound. They were incredibly compassionate and very 'human.' The housekeeping staff and orderlies were also friendly and my experience as an inpatient was incredibly positive.

## Big Shout Out

### Shelley, Acute Medical Assessment Unit (AMAU)

I am a staff member in Patient Enquiries at the front desk of Christchurch Hospital. I had an incident where an 84 year old lady and her daughter had waited for well over one and a half hours for a wheel chair taxi, only to discover that it came and went without the driver coming in and asking for the passenger by name. The patient's daughter was stressed to the max after organising another taxi. Her mother had not eaten since the morning which added to her stress. It was then that I phoned through to the AMAU where I struck a lovely receptionist named Shelley who accommodated my request for some sandwiches. She went above and beyond the call of duty, even bringing them through to reception. The lady's daughter was absolutely delighted with the service provided. Between Shelley and myself, we turned a bad experience into a positive experience. Thanks Shelley from AMAU!

#carestartshere



## The Library

Browse some of the interesting health-related articles doing the rounds.

[“The association between post-traumatic stress disorder and coronary artery disease: a meta-analysis”](#) – Using a meta-analysis, the authors investigated the longitudinal relationship between post-traumatic stress disorder (PTSD) and coronary heart disease (CHD) as an independent factor in the causes of CHD. Their conclusions demonstrate an association between CHD and PTSD. From *Australasian Psychiatry*. Published: 16 August 2018.

[“Serial circulating omega 3 polyunsaturated fatty acids and healthy ageing among older adults in the Cardiovascular Health Study: prospective cohort study”](#) – This study followed 2,622 adults, averaging 74.4 years, from 1992 to 2015 to determine the longitudinal association between consuming omega 3 polyunsaturated fatty acid (n3-PUFA) from fish and healthy ageing – defined as survival without chronic diseases. It found higher levels of long chain n3-PUFAs were associated with an 18 percent lower risk of unhealthy ageing. The findings support guidelines for increased dietary consumption of n3-PUFAs in older adults. From *British Medical Journal*. Published online: 17 October 2018.

[“Why good ideas aren’t enough to sustain improvement”](#) – by way of example, this article looks at how surgeons at the McLeod Regional Health Center (South Carolina) led the charge on adopting the IHI Psychology of Change Framework to spread the surgical safety checklist – a checklist to help improve team communication and reduce complications and deaths associated with surgery. Through engaging with patients and over 700 staff, the checklist was made more workable. As a result, surgical teams used the checklist for 100 percent of their cases, the surgical mortality rate decreased by 35 percent, and the Center saw an increase in job satisfaction. From *Institute for Healthcare Improvement*. Published online: 25 October 2018.

If you want to submit content to **The Library** email [communications@cdhb.health.nz](mailto:communications@cdhb.health.nz).

To learn more about the real-life library for Canterbury DHB:

- › **Visit:** [www.otago.ac.nz/christchurch/library](http://www.otago.ac.nz/christchurch/library)
- › **Phone:** +64 3 364 0500
- › **Email:** [librarycml.uoc@otago.ac.nz](mailto:librarycml.uoc@otago.ac.nz).

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](mailto:communications@cdhb.health.nz). Please note the deadline for story submissions is midday Thursday.

If you're a non-staff member and you want to subscribe to receive this newsletter every week please [subscribe here](#).

# Facilities Fast Facts

## Acute Services Building and the Link

The first medical pendants for the theatres, intensive care units, Emergency Department and Radiology began to be installed last week. There are 87 pendants to install – on the right is a photo of the first one going into the Intensive Care Unit. Medical pendant systems are designed to hang from the ceiling and provide convenient access for clinical staff to medical equipment, medical gases, power and other speciality services. The pendant arms can be moved smoothly and quickly into any desired position.



A medical pendant installed in the Intensive Care Unit



Testing out the patient hoists in the Design Lab

Around half the bed spaces in the Acute Services building are equipped with ceiling track hoists. That's around 157 hoists that will be available for staff to help move patients. The hoists are the same as those used at Burwood Hospital, and were tested by users and consumer groups at the Design Lab during the design phase of the hospital.

Work on the Link continues with soil excavation to prepare for the foundations. The Link is the three-storey corridor that will link the Acute Services building and Christchurch Women's Hospital.



The ground being excavated in preparation for the foundations

## Christchurch Outpatients

Yes, I know we did say that last week was the last time we would have news of the building, but we took this great photo of the new facility so wanted to share it one last time.

The photo shows the work by Ōtākaro on the Oxford Gap nearing completion. The road is expected to be open by mid-December, which will allow patients easier access to the Christchurch Outpatients facility.



## BETTER TOGETHER

### Destination Outpatients



### What to do if something doesn't work? How to report a defect in the new Outpatients facility

It's quite common on a big build project to have some things that don't work as you expect them to after you move in. There is an agreed reporting process:

- › Users should send a description of the defect to Outpatients Facilities Coordinator Donna Handy ([donna.handy@cdhb.health.nz](mailto:donna.handy@cdhb.health.nz)).
- › Donna will log this onto the Maintenance and Engineering (M & E) system.
- › M & E will decide if the issue is a building finish issue for Leighs during the building defects period or not.
- › If it is a building finish issue, it will be managed by Leighs.
- › If not, it will be managed by M & E.



Watch Christchurch Health Campus General Manager Pauline Clark's weekly video message for staff moving into the new Christchurch Outpatients

### Booking meeting rooms

The meeting rooms are available to be booked online in Outlook. Please book the rooms using your own name, and use the meeting room as the location. This ensures there is transparency around the use of the rooms.

Please take care to follow these instructions around meeting room use:

- › Make sure that meeting rooms are booked noting the size of the room booked reflects the number attending.
- › Perhaps use a Quiet Room if you have staff or other people coming to meet you in the workspace.
- › If you cancel a meeting, remember to cancel and remove the online booking too.
- › Leave meeting rooms and other shared spaces clean and tidy.
- › Return chairs if you borrow them from other rooms.
- › Turn off lights when you exit.

There will be ad hoc use of quiet rooms which will vary per floor. Nurse specialists, registrars and others frequently discuss cases at short notice with SMOs and between themselves. Similarly lengthy dictation or phone calls may be best in quiet rooms, as these activities are often unpredictable. Usage of these rooms will be monitored while we settle into the building with the aim to have a flexible model that meets a range of scenarios.

### Sharing is caring

Please note that working in a shared environment means being aware of a few niceties to make life as pleasant as possible for our neighbours. These include:

#### Staff room

- › Our staff room is for eating, socialising or having a hot drink – it is not a meeting room or a quiet space.
- › Please choose the appropriate space for your activity.
- › If you use a cup or mug, put it in the dishwasher when you are finished.
- › Turn on the dishwasher if it's full. If the dishwasher is finished and the sticker reads 'clean', please empty it and then change the sticker to 'Dirty Please Wash'.

#### At your desk/Hot desks

- › Hot desks should be left clean and tidy for the next person to use.
- › Use headphones to listen to music or computer audio. Keep the volume low to allow you to interact with your colleagues.
- › When you finish for the day, take the time to empty your personal waste bin in the recycle or refuse stations.

#### Food

- › Eat away from your desk if possible; be mindful of others.
- › Please don't eat smelly food at your desk. If you need to use noisy cutlery or your food can be smelled by others, eat in the staff kitchen/café areas.

#### Beverage bays

All supplies of tea, coffee, sugar, plastic cups, clean tea towels and serviettes are managed through the Facilities Coordinator.

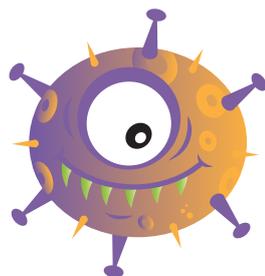
# Preventing infection is this year's focus for Patient Safety Week (4 – 10 November)



This year's Patient Safety Week (2018) topic is infection prevention and control, with a focus on good hand hygiene. Effective hand hygiene helps stop the spread of microorganisms ("germs"), including those that can cause antibiotic-resistant infections.

It is hard to imagine a better theme for Patient Safety Week. The single most important thing that we, as health care providers, can do to prevent harm to patients is to have clean hands!

Throughout the entire year (not just during Patient Safety Week!) the Canterbury Infection Prevention and Control Team work alongside staff to help prevent healthcare-acquired infections. This reduces subsequent antibiotic use along with significant patient morbidity and mortality.



The work of the Infection Prevention and Control service underpins clinical activity in the Canterbury DHB. Prevention of infection measures range from the five moments of hand hygiene to isolation of patients with suspected or proven colonisation or infection with high-risk organisms. It also involves effective cleaning and disinfection of equipment and surfaces, education, waste and laundry management, bundles of care around intravascular devices, research, surveillance activity and audits.



According to the Health Quality & Safety Commission who promote Patient Safety Week each year, the Infection Prevention and Control theme, with emphasis on good hand hygiene has been chosen because it:

- › is the simplest, most effective way to prevent healthcare-associated infections
- › helps prevent spread of infection within families/whānau when used at home
- › reduces antibiotic use and the opportunity for microorganisms to develop resistance and share resistance genes.

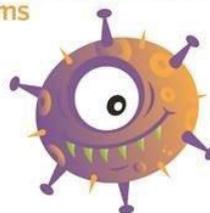
As last year, the Health Quality & Safety Commission has produced some colourful and engaging graphics to help us get the message across. It may come as a surprise to some, but some of the germ characters have been developed with a specific organism in mind. See the illustrations in and around this page – who knew pathogens could be so cute!

Reducing the need for antibiotics through effective infection prevention and control helps preserve their use for the future. All antibiotic use increases the opportunity for microorganisms to develop resistance. A perfect segue to next week's theme week, which is World Antibiotic Awareness Week.

In the meantime, please show your support for the theme of Patient Safety Week by observing the five moments for hand hygiene and ensuring that it is part of your regular practice, and by using one of these email signatures for the week, to help spread the message (not germs).



Patua te moroiti  
Fight germs



Horōia ō ringa  
Wash your hands

Patient Safety Week | 4-10 November 2018  
Wiki Haumarū Tūroro | 4-10 Whiringa-ā-rangi 2018

# Outstanding work in Radiology recognised

Three Radiology nurses have had success at the recent 45<sup>th</sup> annual National Perioperative Nurses College (PNC) conference, held in Nelson.

Maribel Bolt and Victoria Whitta won the Best Poster Award for their poster on endovascular embolisation.

Steve Cotterell placed second in the Free Paper Award for his paper on advancements in Central Venous Access Devices (CVAD) placement and care. CVADs are devices that are inserted into the body through a vein to enable the administration of fluids, blood products, medication and other therapies to the bloodstream.

Maribel says the poster she and Victoria created is designed to give nurses and radiographers a better understanding of endovascular embolisation procedures.

"It gives an overview, with illustrations of the different types of embolisation procedures and the different types of embolic agents that are used in Interventional Radiology at Christchurch Hospital."

Embolisation is an endovascular procedure to:

- › Treat total or partial blockage of an artery or vein.
- › Control bleeding, for example in trauma, nosebleeds, or gastric or bowel bleeding.

- › Reduce or stop blood flow through arterio-venous fistula (an abnormal connection or passageway between an artery and a vein) or arterio-venous malformation (an abnormal tangle of blood vessels connecting arteries and veins, which disrupts normal blood flow and oxygen circulation).

Maribel and Victoria say their poster is also an educational tool for the ward nurses and patients, giving a detailed explanation of embolisation, and the advantages and disadvantages of the procedure.

Steve is the only registered nurse in New Zealand who is certified to place a Chest Inserted Central Catheter (CICC). He attended an overseas World Vascular Access Congress vascular conference in 2015 where he learned about advancements in insertions of catheters in chest veins, such as the internal jugular.

On 15 October he placed his 100th CICC. Steve's paper describes how to place a CICC and the benefits for the patient and their health outcome.

Charge Nurse Manager, Radiology Services, Christchurch and Burwood Hospital, Rose Cartwright, says Christchurch Radiology nurses are highly respected nationally.

"Congratulations to Steve, Maribel and Victoria for your fantastic achievements. We are so proud of you."



From left, Radiology nurses Maribel Bolt and Victoria Whitta



Registered Nurse Steve Cotterell

# Quality Awards posters on display – and awaiting your vote

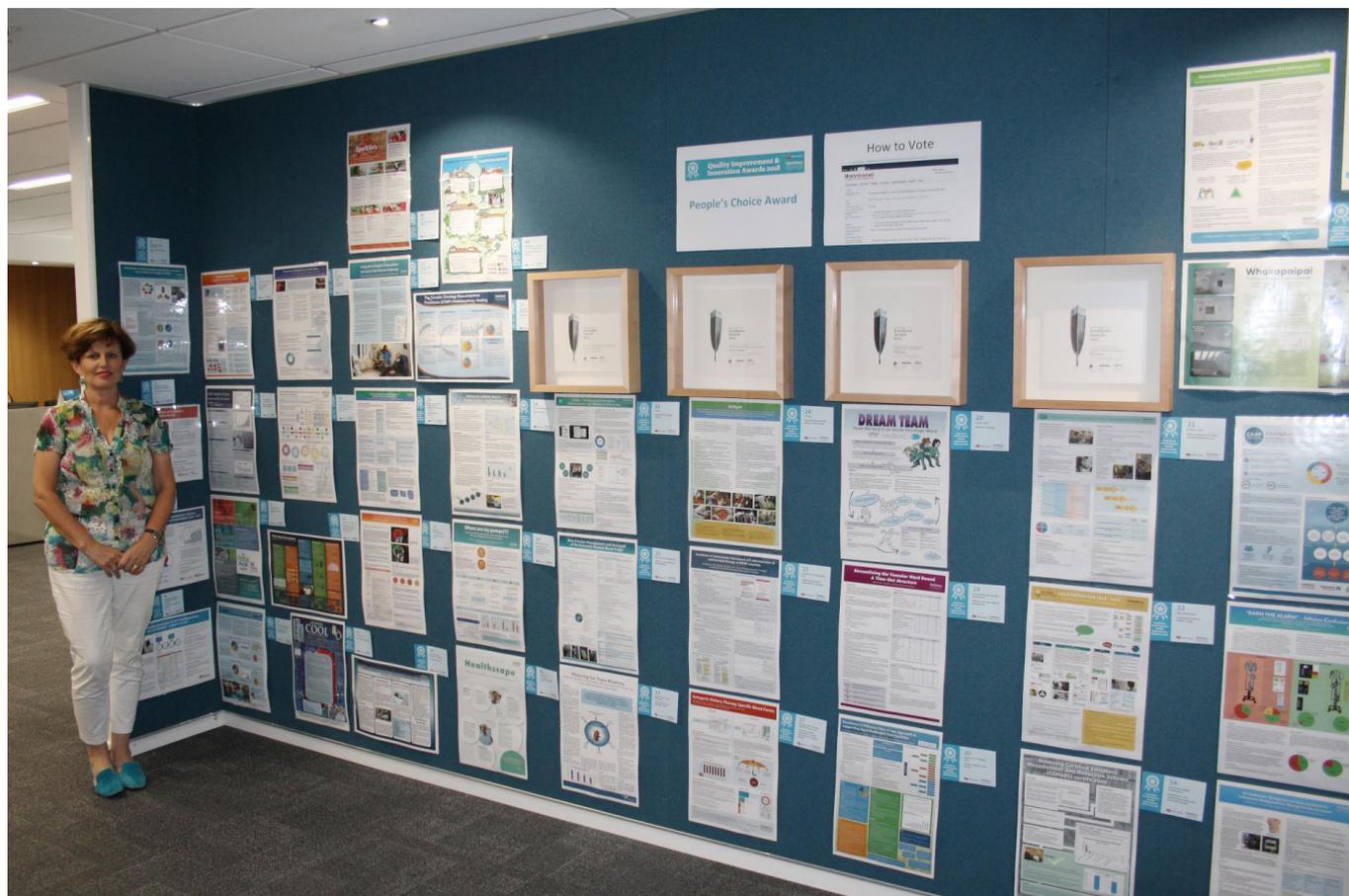
The wall near the lifts and reception on Level 1 of the Corporate Support building at 32 Oxford Terrace, a five minute walk from Christchurch Hospital, have been beautified with the display of all 48 poster entries for the People's Choice Award of the Quality Improvement and Innovation Awards Showcase.

"I'm really impressed with both the number and calibre of entries this year, and I encourage staff to show their support by voting for their favourite poster," Director of Quality and Patient Safety Susan Wood says.

Voting can be done [here](#) and closes on **Sunday 11 November**.

If you would prefer to have a look at the posters online, view them in Issuu [here](#).

There can only be one entry that takes out the People's Choice Poster Award, so make sure you vote for your favourite before Sunday!



Director of Quality and Patient Safety Susan Wood in front of some of the posters

# Nurse-led trauma service utilising TeleHealth for trauma education

The Christchurch Trauma Service held its first Paediatric Trauma evening last week linking in with the Starship Trauma Service in collaboration with the Northern region trauma network.

"We placed flyers advertising the event and thought we would get about 20 responses but ended up getting 90 RSVPs, including nurses, medical students, doctors, radiology staff, St John, social workers, hospital aides, and even members of the NZ army," Trauma Nurse Coordinator Mel Evans says.

The annual symposium is usually held in Auckland every August following the Injury Conference. However this year it wasn't able to go ahead at that time. Attending at a later date would have meant more travel for the South Island Trauma nurses.

So they talked with the team in Auckland about the event being live streamed so they could all access it in Christchurch, eliminating the need to travel.

"Due to the large interest received we needed to look at other options for hosting the evening as the lecture theatres at Christchurch Hospital are limited by numbers."

Manawa provided the perfect area, Mel says.

"We had a large area that could host over 100 people, access to Zoom via TeleHealth, an area to provide refreshments and an initial setup and registration area.

"It just showcases what TeleHealth can do and also how beneficial it is to have the wonderful new facilities at Manawa."

Manawa is a collaboration across Canterbury DHB, the University of Canterbury and Ara Institute of Canterbury.

"By utilising TeleHealth and having the facility to hold this event we were able to offer an opportunity to many people who otherwise would have never had the chance to be involved," Mel says.

"We would like to thank everyone who made this a success and hope to hold more trauma events in the future."

TeleHealth Service are there to support initiatives like this and are happy to work with any services wanting to use TeleHealth.



The Paediatric Trauma evening at Manawa

# On Behalf of the Committee

## The Digital Program Governance Board (DPGB)

Last time, we wrote about the Hospital Information Technology Advisory Group (HITAG), which reports to the Digital Program Governance Board (DPGB).

This week, we introduce Richard French, Interim Chair of DPGB. What does the committee do, exactly?

DPGB is a governance group whose existence reflects the complexity of the digital environment that Canterbury DHB operates in, as well as the number of projects that are going on. DPGB works closely with HITAG – the group that provides it with advice.

“DPGB’s main function is providing oversight of different projects as we move towards a paper-lite environment, working to ensure that projects have a clear goal and deliver on it, Richard says.

“We also work to avoid duplication across projects. Different systems can share similar functions, so we make sure we don’t have projects going on independently that are looking at getting the same result.

“A good example of this is workflow management: several of our systems are capable of doing this, but we don’t want to have multiple projects all trying to solve the same issue.”

The group’s focus is on progress towards getting into the new Outpatients and the Acute Services building, and making sure that the delivery of clinical information technology projects are as far advanced as possible.

“We have three guiding principles at the Digital Program Governance Board: delivering the leanest possible set of physical notes, removing the need for recalling old notes, and getting the best functionality out of our digital clinical tools,” Richard says.

DPGB recommendations go to Canterbury DHB’s new Chief Digital Officer Stella Ward for a decision.

“Stella’s presence on DPGB means we have a really clear understanding of what is practically deliverable by ISG, as well as a connection to the Executive Management Team – each making decision-making more efficient.”



DPGB members from back L: John Hawkins, interim chair Dr Richard French, Dr Sue Nightingale, Rahul Mukherjee, Susan Wood  
From front L: Melanie Bryant, Dr Allan Edwards, Heather Gray, Stella Ward. Absent: Dr Saxon Connor, Dr Greg Hamilton; Lynn Davies; Dr Graham McGeoch.

“What I like about chairing this committee is that I get to work with a group of people from different parts of the organisation who share an interest in getting the best out of our digital environment.

“It also means I get to hear about new, cool stuff. I’m a self-confessed nerd,” Richard says.

To get in touch with the committee, you can approach any of the members, or send an email to Richard French ([Richard.French@cdhb.health.nz](mailto:Richard.French@cdhb.health.nz)) or ISG Project Manager Rahul Mukherjee ([Rahul.Mukherjee@cdhb.health.nz](mailto:Rahul.Mukherjee@cdhb.health.nz)).

### Members

Independent Chair (Interim)	Richard French
Executive Sponsor	Stella Ward
Medical Lead	Sue Nightingale
e-Health Clinical Lead	Saxon Connor
Quality	Susan Wood
Nursing Lead	Heather Gray
Allied Health	Allan Edwards
Corporate Support	Melanie Bryant
Analytics	Greg Hamilton
Organisation Development Unit	Lynn Davies
Information Services Group	John Hawkins
Canterbury Initiative	Graham McGeoch

# Halloween fun in the Pharmacy Department

The Pharmacy Department at Christchurch Hospital held a Halloween-themed morning tea to bid farewell to their Manager Paul Barrett who has retired after almost 39 years at Canterbury DHB.

“Everyone pulled out all the stops to surprise Paul on his last day by dressing up in costumes and baking Halloween treats,” Nephrology Pharmacist, Dispensary Supervisor, Janelle Kennedy says.

The function was well attended by current and past Pharmacy staff from all sites as well as colleagues from Clinical Pharmacology and other Canterbury DHB areas.



The Halloween-themed morning tea



From left, Pharmacy Technician Penny Wilson, retiring Pharmacy Manager Paul Barrett, Pharmacy Technician Bronwyn Baiteary, and Dispensary Supervisor, Nephrology Pharmacist, Janelle Kennedy



Pharmacy Manager Paul Barrett being presented with some items to get him started on his "bucket list" for his retirement

# Our Space 2018-2038 – a settlement plan to support future housing and business growth for Greater Christchurch

Public consultation has begun on Our Space 2018-2048, a draft settlement pattern update, approved by the Greater Christchurch Partnership.

It outlines how the region will support future housing and business growth for an expected population increase of 150,000 people over the next 30 years.

The partnership comprises Christchurch, Selwyn and Waimakariri councils, Environment Canterbury, iwi, Canterbury DHB and other public agencies. The collaboration recognises the interconnectedness of urban areas and transport networks across Greater Christchurch.

Canterbury DHB Deputy Chairman Ta Mark Solomon says the update will support healthy lifestyles.

“Healthy people need healthy environments. Greater Christchurch has responded to the initial challenges following the earthquakes of 2010 and 2011 and is now embracing the opportunities that lie ahead to help us realise our long term vision - *mō tātou, ā, mō kā uri ā muri ake nei*, for us and our children after us.”

The draft document is available on the [Partnership website](#) and you can make your submission online, or attend one of the drop-in sessions scheduled during the month of November to find out more.

Drop-ins that have been confirmed so far are as follows:

**Monday 12 November – Rangiora** Town Hall, 5.00-7.00pm

**Tuesday 13 November – Kaiapoi** Service Centre, 5.00-7.00pm

**Wednesday 14 November – Rolleston** Council Offices, 3.30-6.30pm

**Thursday 22 November – Christchurch:** Function Room, Civic Offices, 5.30-7.30pm



# Restorative Care gets up, gets dressed and gets moving at Christchurch Hospital

In Canterbury, we're using a Restorative Care framework to improve the patient journey in acute hospital care, rehabilitation and community-based care.

Restorative Care was trialed in Older Person's Health (at Burwood Hospital) some time ago, and it is now part of everyday clinical practice there. It's also been successfully piloted in Ward 23 at Christchurch Hospital, and now it's time to roll out further across the acute setting, to ensure that a patient's stay in hospital is no longer than it needs to be.

The simple yet effective ideas behind Restorative Care – get up, get dressed, get moving! – strengthen patients' ability to recover quickly from injury or illness and enable them to contribute actively to decisions about their care. These methods are known to help patients recover quicker, maintain a normal routine and return home sooner.

Last week saw the official launch of Restorative Care in the acute hospital setting, with a workshop at Manawa attended by staff from nine different wards at Christchurch Hospital. After a brief introduction from Canterbury DHB CEO David Meates, staff took time to consider how they might adopt Restorative Care ideas in their clinical settings.

Donna Galloway, Charge Nurse Manager on Ward 27 – a General Medicine ward – took her team's workshopped ideas on Restorative Care straight back to her ward and drew up the following list of restorative ideas for different members of the ward team.

- › The ward **Physio** will make up an exercise area, with exercise charts on the wall for mobile patients to follow.
- › The ward **Social Worker** will attempt to interview patients in the chair and not the bed, and reinforce the importance of getting dressed.



Mrs Andrews with Clinical Nurse Specialist Kerry Winchester at Christchurch Hospital and again at Burwood Hospital where she was transferred for further care.

- › The **Clinical Nurse Specialist** will develop resources on how people can benefit from sitting out in a chair, for example how it aids digestion and helps with breathing.
- › The **Nurse Educator** will present to the wider staff to introduce them to Restorative Care.
- › **Nurses** will attempt to encourage a couple of patients from their allocation to be dressed daily, with the assistance of the hospital aide.
- › **Medical Teams** have been asked to reinforce on their rounds the importance of getting up and getting dressed to aid early discharge.
- › Donna, as **Charge Nurse Manager**, has allocated an information board to Restorative Care including posters about good footwear and the importance of getting dressed, and has also put this information into patient rooms.

Great work, Donna and Ward 27, and thank you for sharing.

For more information on how Restorative Care can help your patients recover more quickly from illness, see the [Restorative Care intranet page](#) or contact Garth Munro.

# New asset-related policies and procedures

Over the past year, Finance and Corporate Services has been facilitating improvements to Canterbury DHB's asset management.

As part of this work, and in conjunction with various asset managers in the organisation (particularly the larger portfolios of Maintenance and Engineering (Buildings and Plant), Clinical Engineering and Medical Physics (clinical equipment) and the Information Systems Group (ICT equipment)), we have recently published a number of new asset-related policies and procedures.

These can be found on the intranet in the Canterbury DHB Policies and Documentation section [here](#). They are the:

- › Capital Investment Policy (the key principles of and approach to capital investments)
- › Baseline Capital Investment Prioritisation Procedure (outlines the processes for annual prioritisation and allocation of funds for baseline or "business as usual" capital items)
- › Strategic Capital Investment Prioritisation Procedure (outlines the processes required to enable transformation of our systems or to provide new clinical services or ways of delivering care)
- › Asset Management Policy (principles for ensuring effective asset management)
- › Asset Management Framework (outlines the functions, responsibilities, documentation, processes and practices that direct our activities in asset management).

These are all important documents in terms of capturing the principles and processes around asset management, to guide us into the future.

If you have any questions or comments about these documents, please send them to Corporate Support on [corporatesupport@cdhb.health.nz](mailto:corporatesupport@cdhb.health.nz)



# Māia Health Foundation is on the lookout for volunteers – do you have spare time up your sleeve?

Māia Health Foundation (Māia) is looking for volunteers for its fundraising activities over New Zealand Cup and Show Week.

On **Friday 16 November** Māia will be collecting a gold coin for entry to the Show Day Races at Addington Raceway and would love it if you could volunteer an hour or more of your time.

All of the funds raised will go to Māia's rooftop helipad project. Last year Māia raised \$4,000 – we'd love to help smash that total!

The task is simply to stand at the entry point to the races and collect a gold coin as people come in the gate. There will be signage stating that entry is by gold coin, and Addington Raceway will also promote the event as 'entry by donation'.

Volunteers will get to wear Māia scrubs and will give out Māia wristbands to all event-goers.

The estimated time required is from 10.30am - 1.30pm.

On Sunday 18 November Māia will be at Westfield Riccarton's 'Arrival of Santa' party to raise awareness and friends for Māia, with a table set up with information about Māia and some collection buckets. The intention is not to roam the crowd but instead engage with people and give out wristbands. The estimated time required is between 11am - 3pm.

Please get in touch with Fundraising Coordinator Jo Starr on extension 86134 or [jo.starr@maiahealth.org.nz](mailto:jo.starr@maiahealth.org.nz) if you're able to help on either of these two days over Show weekend.



## Always on the go? Take Healthinfo with you

HealthInfo is Canterbury's go-to site for information about your health.



# Make yours a healthy commute (and get a free Metrocard!)

Canterbury DHB's Healthy Commute initiative supports interested staff to reduce their private car use and increase their use of other modes of transport, such as walking, cycling, bussing and car sharing.

As part of the programme representatives from the Healthy Commute team are speaking to teams at Christchurch campus about how they get to and from work, and working with staff who are interested in trying a new approach to develop a solution tailored just for them.

## Why?

Increasing the uptake of busing, walking and biking has been shown to have a positive impact on health and wellbeing. Numerous studies have shown that these activities result in cost savings, lower weight, reduced sick leave utilisation, and higher levels of wellbeing.

## Does it work?

It does! The approach has been used by 25 Christchurch organisations, involving 4,500 employees, over the past two years and has had extremely positive feedback.

When the initiative was rolled out to the central city it resulted in a 31 percent reduction of staff commuting by car and a 500 percent increase in bus use.

The Healthy Commute programme was piloted at the Intensive Care Unit earlier this year. If everyone spoken to as part of the pilot adopted their intended behaviour, there would be a 28 percent reduction in the number of car trips to the hospital.

## Free Metrocards!

If you'd like to give the bus a go then the Healthy Commute team has got a deal for you!

Go to the [Metro Bus Journey Planner webpage](#) and send a screenshot of your journey plan to [healthycommute@cdhb.health.nz](mailto:healthycommute@cdhb.health.nz), along with your address, and the Healthy Commute team will send you a free MetroCard, and for a limited time, three days of free fares so you can give it a go.

## Find out more

For more information on the Healthy Commute programme go to the Max Service Portal and enter the search word 'commute'.

## TOWARDS A HEALTHIER COMMUTE

*124 ICU staff had one-on-one interviews about their commute as part of Canterbury DHB's Healthy Commute programme.*

**Staff were asked how happy they were with their current commute:**



76%



56%



45%

*"I bike to work because it saves me money, gives me fresh air, and I don't need to deal with the traffic getting work."*

Noel, RN

*"It's much quicker on the bus for the simple reason that I am not driving around for half an hour before work trying to find a suitable parking space and then having to walk to work."*

Sarah, RN

*"What I like about taking the bus is that I don't have to worry about the parking situation, which is obviously a big deal around the hospital... the bus just drops me off right outside."*

Lizzie, RN

For information on how to make yours a healthy commute visit [www.ccc.govt.nz/transport/getting-to-work](http://www.ccc.govt.nz/transport/getting-to-work)

To sign up you and your colleagues to the programme email [healthycommute@cdhb.health.nz](mailto:healthycommute@cdhb.health.nz)



# One minute with... **Kenny Daly, Information Analysis Manager, Decision Support**

## What does your job involve?

I look after a team of analysts that supports the operational working and strategic planning of the hospitals and Canterbury DHB. We do that in various ways; by providing live dashboards of hospital activity that show what is happening across our hospitals right now; developing reports to assist clinicians and managers to manage or monitor their department's activity; providing access to self-service tools that users can interact with and explore information relating to their area; and doing ad hoc data analysis to support and advise business cases or system change. Most of the work we do (excluding ad hoc analysis) can be accessed through the [Seeing our System](#) portal on the intranet.

## Why did you choose to work in this field?

I have always enjoyed working with numbers so started off in Finance in various roles at Canterbury DHB and then moved into Business Intelligence at Decision Support a few years ago.

## What do you like about it?

I like helping people and providing them with the information and visualisations that help them in managing and planning hospital activity. It's a field that never gets boring, there are always new sets of data to understand and different parts of the health system to learn about. The technology is always changing, with new software and the introduction of new analytical techniques, such as predictive analytics which we are just starting to explore. I like working in our team. We have a group of friendly, keen, knowledgeable, motivated staff who are always giving their best to improve what we do and innovate.

## What are the challenging bits?

Dealing with data quality is often an issue for us. Information out of our reporting systems is only as good as what is put in to the patient management systems and often people don't realise how information is used or how it can be of value.

## Who inspires you?

There are a few people, who I will not mention here, however they all share similar characteristics. The qualities I like to see in people who I work with are; fairness, honesty, humility, being strong when required, and an ability to listen.

## 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?

Doing the best I can and helping others to do the best they can, both for patients and for ourselves.



## Something you won't find on my Linked In profile is...

I once saw Kevin Bacon walking down the street in New York.

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

I am originally from Scotland and do miss the place and people so going back there to visit family and see the old country is always special.

## What do you do on a typical Sunday?

We have a new puppy so I have been taking it to Halswell Quarry to run free. I might go for a run, play some tennis, or go for a walk with the kids. Sunday is homemade pizza for tea which is always nice.

## One food I really like is...

It has be haggis (with tatties and neeps of course). I also like spicy food like curries and chillies.

## My favourite music is...

I listen to most types of music from classical to classic rock. I play in a guitar quartet that plays a variety of music from traditional to obscure to pop favourites. If I had to choose one type of music to take with me it would be classic rock, although when I first started listening to it, it wasn't called classic!

If you would like to take part in this column or would like to nominate someone please contact [Naomi.Gilling@cdhb.health.nz](mailto:Naomi.Gilling@cdhb.health.nz).

## Canterbury Grand Round

Friday 9 November 2018 – 12.15–1.15pm with lunch from 11.50am

Venue: Rolleston Lecture Theatre

**Speaker 1: Dr Richard French, Clinical Director, Service Improvement**

*"Incivility and its effect on individuals and teams"*

Does being rude matter? A review of industry and health literature.

**Speaker 2: Dr Sue Nightingale, Chief Medical Officer**  
*"Johns Hopkins Hospital: A high reliability organisation"*

Observations and lessons from a visit to Johns Hopkins in 2017.

**Chair: Peter Ganly**

It is requested out of politeness to the speaker(s) that people do not leave halfway through the Grand Rounds.

This talk will be uploaded to the staff [intranet](#) within approximately two weeks.

Video Conference set up in:

- > Burwood Meeting Room 2.3b
- > Wakanui Room, Ashburton
- > Administration Building, Hillmorton
- > The Princess Margaret Hospital, Riley Lounge
- > Pegasus, Room 1.02

All staff and students are welcome.

Next is: Friday 23 November 2018, Rolleston Lecture Theatre

Convener: Dr R L Spearing – [ruth.spearing@cdhb.health.nz](mailto:ruth.spearing@cdhb.health.nz).

## South Island Alliance update



The bimonthly update from the South Island Alliance is out now and includes a guest editorial by Canterbury DHB Executive Director of Māori and Pacific Health Hector Matthews.

Hector writes about 'Diversity, Inclusion and the Treaty' and how our society and our sector are grappling with the issues of diversity and Inclusion.

There is also information on a series of palliative care roadshows across the South Island that is opening up dialogue on enhancing end-of-life care and new online information about registered nurse prescribing in the South Island.

Read more [here](#).



Christchurch Campus Quality & Patient Safety Team

## Invitation to all staff

# QUALITY & PATIENT SAFETY PRESENTATION

*Come and join us for 30 minutes during Patient Safety Week*

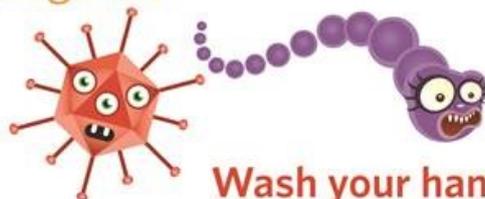
**Topic:** Learning from Excellence  
Positive reporting improves morale and outcomes in sepsis

### **Video Presentation**

Adrian Plunkett - Senior Paediatric Intensivist Birmingham Children's Hospital

Venue: **Oncology Lecture Theatre**  
Date: **Thursday 8<sup>th</sup> Nov 2018**  
Time: **1.30 to 2pm**

Fight germs



Wash your hands

Patient Safety Week | 4-10 November 2018

*An attendance record sheet will be provided.  
A link to the presentation can also be provided  
Please contact [Shona.MacMillan@cdhb.health.nz](mailto:Shona.MacMillan@cdhb.health.nz), Quality Manager*



## Enrol now for our Care Starts Here Champions forum!

Care Starts Here will be holding three Champions Forums in the first week of December and we'd love to see you there! With the Holiday season in full swing, there'll be some Christmas surprises too!

### When and Where?

**Tuesday, 4 December 2018**

**Time:** 12.30pm to 4.00pm  
**Where:** Sharing Shed,  
 Design Lab, 17B Print Place,  
 Christchurch

**Wednesday, 5 December 2018**

**Time:** 9.00am to 12.30pm  
**Where:** Number 8 Wire Room,  
 Design Lab, 17B Print Place,  
 Christchurch

**Thursday, 6 December 2018**

**Time:** 12.30pm to 4.00pm  
**Where:** Sharing Shed,  
 Design Lab, 17B Print Place,  
 Christchurch

These forums are all about providing you with an opportunity to connect with others from across Canterbury and the West Coast to have a conversation about what it means to lead by example and have a positive impact on our culture. You'll have the chance to learn more about [Care Starts Here](#); what it means for the organisation and your department; and what you can do to make the biggest impact in your areas of work.

We'll be providing tools, resources and information for you to take back to your teams and ways for you to get others on board! You'll also be provided with a record of your attendance so if you choose to, you can put it towards your Professional Development.

Enrol today via Health Learn: [Care Starts Here Champions Forum](#)

Interested but new to the idea of [becoming a Champion](#) or don't have much time to commit? Get in touch with us today – we'd love to talk more about it and see if it's right for you. Contact us today!

### Contact the Team

Email: [carestartshere@cdhb.health.nz](mailto:carestartshere@cdhb.health.nz)  
 Rachel Briggs: 0272034853

### Helpful Links...

[Care Starts Here Intranet Page](#)  
[Humans of Health Champions](#)  
[Care Starts Here Facebook Group](#)



5 November 2018



**SUNDAY 25 NOVEMBER 2018**



**ENTER ONLINE TODAY!**  
**OVER \$5000 IN PRIZES UP FOR GRABS PLUS HEAPS OF SPOT PRIZES**

[www.longbeachcoastalchallenge.com](http://www.longbeachcoastalchallenge.com)



[/longbeachcoastalchallenge](https://www.facebook.com/longbeachcoastalchallenge)



[@longbeachcoastal](https://www.instagram.com/longbeachcoastal)

This event is run by the Lions Club of Hinds and Districts and Longbeach School.  
Profits from the 2018 event go to Longbeach School and the Hinds Lions Charitable Trust



LONGBEACH SCHOOL  
Reach for the Stars in the  
Heart of our beautiful world.



**UC**  
UNIVERSITY OF  
CANTERBURY  
*Te Whare Wananga o Waitaha*  
CHRISTCHURCH NEW ZEALAND

# Pregnant?

Take part in research to see whether a vitamin & mineral formula can help improve irritability, anxiety, low or difficult moods!

**We are looking for pregnant women:**

**16—45 years of age**

**12- 24 weeks pregnant**

**Having one baby**

**Living in the Canterbury region**

**Register now!**

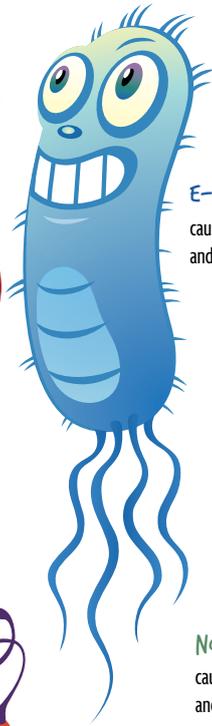


**(03) 369 2386**

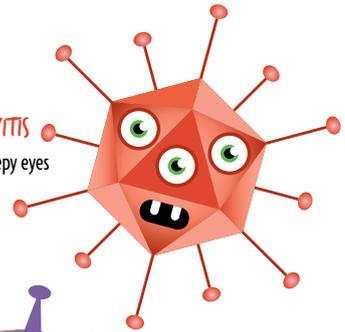


**bit.ly/pregnancy-study**

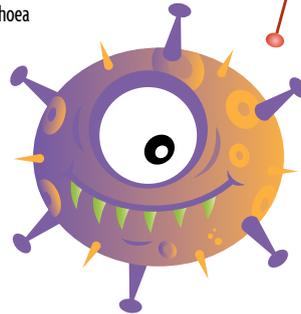
# ARE YOU GIVING BUGS A HAND?



**VIRAL CONJUNCTIVITIS**  
causes painful, red, weepy eyes



**E-COLI**  
causes food poisoning and diarrhoea



**INFLUENZA**  
causes the flu

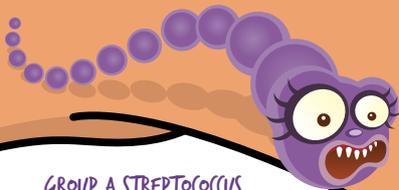
**CAMPYLOBACTER**  
causes a sore stomach and diarrhoea



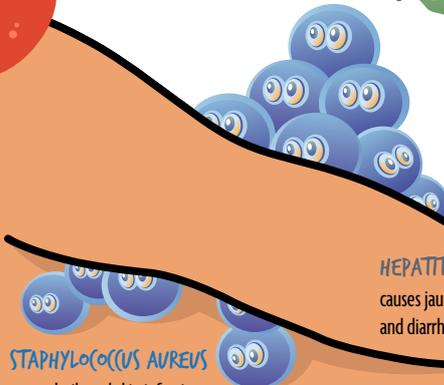
**NOROVIRUS**  
causes vomiting and diarrhoea



**GROUP A STREPTOCOCCUS**  
causes a sore throat and rheumatic fever



**STAPHYLOCOCCUS AUREUS**  
causes boils and skin infections



**HEPATITIS A:**  
causes jaundice and diarrhoea




**WASH YOUR HANDS**  
FOR 20 SECONDS AND DRY YOUR HANDS THOROUGHLY

**OR**



**USE HAND GEL**  
AND RUB HANDS TOGETHER UNTIL DRY



# SEXUAL HEALTH SEMINAR

THURSDAY 15 NOVEMBER 2018  
FROM 1.00PM – 4.30PM

Community and Public Health  
310 Manchester Street, Christchurch

1.00pm - 2.00pm

## WELCOME

Time to catch up with work we are currently involved in, to share information and new resources, and projects planned for this year.

2.00pm - 3.00pm

## AN UPDATE ON CONTRACEPTION

PRESENTER: SANDY HAMILTON

Sandy Hamilton is a nurse at Family Planning Christchurch. She will discuss the most popular contraceptive methods used currently, which methods are especially popular for young people/older people, any issues we need to be aware of, and new methods that are in the pipeline.

3.00 - 3.30pm

## AFTERNOON TEA

3.30 - 4.30pm

## NZ AIDS FOUNDATION – CURRENT STRATEGIES

PRESENTER: VICTORIA RIDDIFORD

Victoria Riddiford is National Therapeutic Leader and Team Leader Christchurch for the New Zealand AIDS Foundation.

She will present on NZAF's strategy to end all new HIV transmissions in New Zealand by 2025 including: Testing (home tests, clinic testing, GP roles), condoms, PrEP, UVL/treatment as prevention and supporting people living with HIV

4.30pm

## CLOSING

**There is no cost for these seminars and afternoon tea will be provided.**

**Please let me know if you will be attending.**

**Diane Shannon**, Health Promoter  
Community and Public Health  
(a division of Canterbury District Health Board)

**P** 03 378 6755  
**E** [diane.shannon@cdhb.health.nz](mailto:diane.shannon@cdhb.health.nz)