



All go in operating theatres across Canterbury

Thanks to everyone working so hard to ensure Canterbury people are getting the surgery they need as soon as possible after the delays caused by COVID-19.

We've just completed our four-week plan to restart planned care in both the Canterbury DHB system and in private hospitals.

The plan was to incrementally increase the number of cases each week starting with 240 the first week, moving to 350, then to 400 and then to 450 last week across the whole system. We had a target of 1440 cases during the period and we were able to complete 1375 or 95.5 percent. This sees us at about 82 percent of pre-COVID capacity.

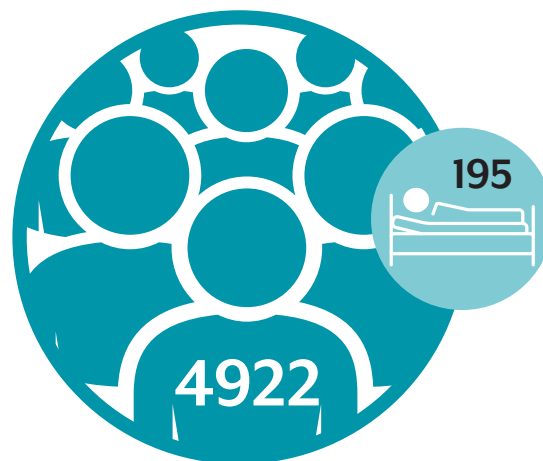
New ways of working involving physical distancing and other restrictions mean we are seeing a 13-15 percent decrease in volume through the system from pre-COVID volumes.

Specialist Mental Health Services keep up the support and care throughout the lockdown

Canterbury DHB's Specialist Mental Health Service provides both inpatient and community services.

The vast majority of consumers are managed in the community (currently 4922 people are under care of a community team, compared to up to 195 inpatient beds), often for long periods of time.

The COVID-19 Alert Level 4 and Alert Level 3 restrictions created a challenging new environment for community case managers whose contacts with consumers are largely face to face either in DHB community based facilities, in consumer's homes or other community locations. Face to face visits could only occur where this was absolutely essential while under lockdown. In 2019, the average number of contacts per month was 8605 for adults (1885 people) and 3049 child or youth contacts (1018 people), with an average of 1765 new cases starts per month across the whole of the Specialist Mental Health Service.



There are currently 4922 Canterbury people receiving care from a Specialist Mental Health Services Community Team, while up to 195 people are receiving care as an inpatient.

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The service was concerned that people's ability to access support would drop while in lockdown due to the difficulty of seeing consumers face to face, so they have very closely monitored the level of activity and the mode of delivery on a daily basis.

Specialist Mental Health Services observations are encouraging. The number of contacts (interactions with consumers) and the overall daily access rate for individual consumers has remained virtually unchanged but the mode of delivery has changed substantially from face-to-face contacts to largely phone and video contacts during the lockdown period. The team of community case managers worked hard to remain in contact with their consumers and

provide the care they need during this unprecedented and challenging time.

As the service returns to full care delivery they will survey consumers to understand their experience of receiving their care and support remotely. This will help the team continue to improve the quality of the service they deliver and understand how to make best use of the technology that we have available to us. For some people this may be a preferred way of interacting with our specialist mental health staff. If it works for consumers the service will continue using different ways of supporting those who need our care.

Lab staff in Canterbury and around the country worked collaboratively to scale up COVID-19 testing capacity early on in the pandemic

As the scale of COVID-19 testing was rapidly ramped up, our team at Canterbury Health Laboratories worked with colleagues locally and across the country to ensure supplies were where they were needed most.

In a recent [article by Eugene Bingham of Stuff](#), you will get a sense of how challenging it was at times as the labs' response was scaled up. You'll also learn how the

'whiteboard' – aka the interior of the labs portacom – became the problem-solving wall, always with a Plan A, backed up by contingency plans B, C and D.

Every new challenge to solve or plan to develop was worked up and brainstormed on the wipeable portacom walls. Read about how the magic happened at Canterbury Health Laboratories [through this link](#).

Update on progress with third tower to be built next to Hagley Tower Two

Last week the matter of the Board decision on the next steps regarding developing a third tower attracted some media attention. This is still in progress, but things are moving through the various approval stages.

The Board resolution passed at its special meeting held on 1 May 2020 and stated:

"That the Board:

i. approves the \$154m Campus Masterplan Tranche 1 Reduced Cost Tower 3 Option A (containing 5 ward floors -2 floors fitted out and 3 floors shelled) and recommend it to MOH and CIC for approval."



This artist's impression aerial view shows the gap where a third tower would be located, to the left of Tower Two

"The Board notes:

- › *the agreed Christchurch Hospital Campus Master Plan was developed in partnership between the Canterbury DHB and the Ministry of Health;*
- › *the agreed Christchurch Hospital Campus plan Programme Detailed Business Case and First Tranche Detailed Business Case included agreed population, service demand and capacity forecasts;*
- › *that the original request to the Capital Investment Committee was for \$437.78m to deliver a 6-ward level Tower 3 and the design for Tower 4 and Central Podium plus enabling works and minimal refurbishment of Parkside and associated facilities. This had been agreed in partnership with the Ministry of Health, Management and Clinicians as required to meet the needs of the Canterbury community and function as a tertiary provider supporting service provision across the lower North Island and South Island;*
- › *the Board, while accepting the capital constraints for the sector is disappointed that only \$150m has been allocated to this project;*

- › *that the Clinical Leaders Group did not support this option as they consider it does not provide the capacity required to deliver and sustain current service levels and impacts on the future configuration of the Christchurch Hospital Masterplan delivery;*
- › *the time critical nature regarding the commencement of the T3 project and the critical need to move forward with urgency; and*
- › *that future capital investment will be required within a short period of time to ensure the agreed capacity needs are met."*

The resolution passed by the Board (above) formalises a proposal for funding for the Tower 3 project as part of the Christchurch Masterplan.

The DHB's Detailed Business Case for the allocated Tower 3 funding is now being considered by the CIC and we expect a decision on this in due course.

**The Capital Investment Committee provides advice to the Director General of Health and Ministers of Health and Finance on the prioritisation and allocation of funding for capital investment and health infrastructure.*

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](#).



Bouquets

Ward 2, Ashburton Hospital

I recently spent six weeks in Ward 2 at Ashburton Hospital. My stay coincided with the Alert Level 4 lockdown so I was unable to have any visitors over this period. I cannot give enough praise to the staff of Ward 2 – they are absolutely amazing, an incredible team of people who are a massive asset to the hospital. They made me feel like I was a part of the family from day one which I really appreciated. They were professional and utterly respectful at all times, but also took the 'personal' approach by talking to me and getting to know me as a person, not just a patient or a number. I don't feel I can do them justice with my words, so I am just going to list some words I think are applicable to the team: incredible, amazing, awesome, fantastic, fabulous, caring, joyful, extraordinary, and every other synonym you can think of. Their commitment to each other and the patients was second to none. A massive thank you to all Ward 2 staff, you have made a massive difference in my life with your kindness and I am forever grateful to you all.

Gynaecology/Oncology team, Christchurch Women's Hospital

On behalf of my mother I want to send a huge thank you to Bryony Simcock and her amazing team. We wish we could remember all the doctors and nurses' names. My mother is 86 years old and from the minute she went under the care of the team for tests and appointments, and then surgery, they have been amazing; their care and dedication outstanding. My mother called them her 'A team'. She has continued to thrive, and the team have stayed in touch, checking on her. We were also so very appreciative when all the team going to be involved with her surgery came and introduced themselves to her just prior to her surgery and helped to put her mind at rest. We hope this letter of thanks lets you know how much we appreciated all that you did for her.

Maxillofacial department, Theatre, and Ward 11, Christchurch Hospital

From beginning to end it has been nothing but amazing. How great Christchurch Hospital is. Registrar Dr Graham made me feel instantly relaxed and had a fantastic bedside manner. All the staff were fantastic, including the anaesthetist and theatre staff. A young Korean nurse in Recovery, I can't remember her name, was exceptional. I also spent time in Ward 11 and all staff were relaxed and efficient.

Big Shout Out

To: Maintenance and Engineering team, Hillmorton Hospital

A big shout out to the Maintenance and Engineering team at Hillmorton Hospital for their outstanding help getting our Perspex screen at the Avon café down, drilling holes so our staff could better hear customers, then getting it back up an hour before lunch on reopening day. Also, for fixing wheels on our cleaning trollies and getting them back to us asap. Thank you for getting all the extra sanitiser stations up with just a phone call too – we really appreciated that. Thanks for coming to the kitchen on all the urgent requests we have had to send due to failing equipment over the last few months. We really appreciate you guys.

From: The WellFood & Environmental Services teams at Hillmorton Hospital

#carestartshere

On Behalf of the Committee

Resuscitation (CPR) Advisory Committee

Cardiac arrests can happen anywhere. They are unpredictable, stressful and challenging, not only when they occur in the community but for staff in the hospital setting as well. Management is always time critical, with early and effective cardiopulmonary resuscitation (CPR) significantly improving outcomes and saving lives.

At Canterbury DHB the number of cardiac arrests varies across sites. Last year there were 365 emergency calls on the Christchurch Hospital campus alone and 67 documented cardiac arrests. Responding to a cardiac arrest call in hospital is always a team effort and it is vital that all staff are trained not only in high quality CPR skills, but also the key elements of how to work effectively as a team.

The CPR Advisory Committee, chaired by Anaesthetist Dan Hartwell, provides strategic direction for all resuscitation training and practice throughout Canterbury DHB. It advises on all issues pertaining to CPR and clinical emergencies, including the ongoing development of resuscitation policy, procedures, equipment and resources.

It also provides an advisory and support role to the Resuscitation Training Service.

"Resuscitation Training Coordinators Sharon Owen and Penny Ingram form the core of the Resuscitation Training Service in Canterbury DHB, with vast institutional knowledge from both their clinical work and education programme.

"They do a huge amount to ensure the smooth running of the committee, are the conduit for many of the requests made to the committee and are very good at nudging members to ensure action points are followed up," Dan says.

Recommendations are noted, and relevant committee members given action points to follow up on.

The group meets on a quarterly basis and reports to the Chief Medical Officer. Staff from various departments play a part on the committee, ensuring there is a range of expertise when it comes to providing advice, policy, and training support.



Back row, from left: Anaesthetist and Chair of the Resuscitation Advisory Committee Dan Hartwell, Paediatrician Tom Townend, Operations Manager Clinical Engineering Gareth Edmondson, Emergency Department Clinical Director David Richards, Cardiology Registrar Alison Nankivell, Emergency Department Consultant Lyn Pugh, and Nurse Educator Cardiothoracic Ward Amanda Scull
Front row, from left Intensive Care Specialist Louise Hitchings, Canterbury DHB Resuscitation Training Coordinator Penny Ingram, Canterbury DHB Resuscitation Training Educator Sharon Owen, and mannikin representative Bob
Absent: Nurse Educator Professional Development Unit Joanna Saunders, Anaesthetist Wayne Morriss, Associate Clinical Nurse Manager Intensive Care Unit Mick Halpin, Nurse Educator Cardiology Tony Curran, Nurse Educator Burwood Hospital Fiona Graham, Nurse Consultant Specialist Mental Health Services Anne-Marie Wijnveld, and Nurse Educator Ashburton and Rural Health Karly Smith

The committee is focused on assisting staff to deliver the highest quality resuscitation care possible and improving patient outcomes by optimisation and standardisation of equipment and procedures, and provision of effective training.

"There is an impressive breadth of experience and knowledge on the committee and engaging with members from other areas and professions is really interesting. Simulation, crisis management, communication and teamworking are some of my clinical interests which comes into some aspects of the committee's work.

"As a bonus I get to be bossed around by Sharon and Penny!" Dan says.

For Resuscitation Service resources, information and contact details for the committee representative for your area, visit the [Resuscitation Service intranet site](#).

Boosting Canterbury Health System Research

Research changes lives.

It helps us achieve the advancements in health that make managing chronic illness easier and give people back better quality of life. It delivers vaccines that prevent debilitating illness and death. It creates more efficient ways of working that frees up clinical time to see more patients.

In Canterbury our research around patient care for patients with possible heart attacks led to us changing our acute assessment pathways, which enabled faster diagnosis and helped some patients return home earlier.

By 2015 these clinical pathways for heart attacks were put into every hospital in New Zealand. It is calculated that this project has so far freed-up one million Emergency Department patient attendance hours nationally and saved approximately \$50 million.

To help support and grow more Canterbury DHB-led research for our community, a small team is working to implement the key recommendations of a review of Canterbury DHB research in 2019.

The team is led by newly appointed Clinical Director for Research Cameron Lacey who says that there are three key streams to the review's recommendations: Canterbury DHB research vision and strategy, governance, and research support activities.

"Work on the three streams will happen at the same time and we've developed a clear research vision and strategy for Canterbury DHB and will make sure there are strong policies and structures in place to govern across this strategy.

"We're also looking to revitalise how we support people to carry out research and set up a model of collaboration for research within Te Papa Hauora (the health precinct)."

As part of our work we will also be looking to strengthen our Māori consultation processes to help advance Māori health, in line with changes to the Health Research Council guidelines and other funding bodies' approaches, says Cameron.

Already the team has developed a work programme to improve Canterbury DHB research support activities. This incorporated feedback from our research community and key stakeholders, observations, and data capturing the current state, such as turnaround times between submissions and sign-off.



A new logo for Canterbury DHB-led research is designed to evoke collaboration, connectedness, building/growing, equity and healthy outcomes

The work programme has multiple activities that can be implemented quickly to deliver improvements for stakeholders. Improvements have been driven by: activities that add the most value for customers, adapting flow so processes are streamlined wherever possible, and minimising waste such as re-work at approval stage.

The team is looking to pilot and test initiatives from the programme over the next couple of months.

A draft Canterbury and West Coast Health System Research Strategy has been endorsed by the Executive Management Team and governance changes will happen later this year.

The 2019 review was undertaken at the request of Canterbury DHB and University of Otago, Christchurch, to assess the current set up to support research and whether there was room for improvement.

Improving how Canterbury DHB supports research is also about capitalising on the new opportunities for collaboration with the establishment of the Te Papa Hauora Health Precinct and lining up with the NZ Health Research Strategy 2017–2027 which emphasises research as a core activity in the health system and for DHBs. This requires strategic changes to how we operate to support and encourage research for our community.

As this work happens, all current research and new research applications will continue to be supported as normal by the Research Office.

Phase two of the Maternity Early Warning System goes live today

Phase two of the implementation of the New Zealand Maternity Early Warning System (MEWS) goes live today, Monday 25 May, in primary community maternity units in Kaikōura, Rangiora, Ashburton, Lincoln and St George's.

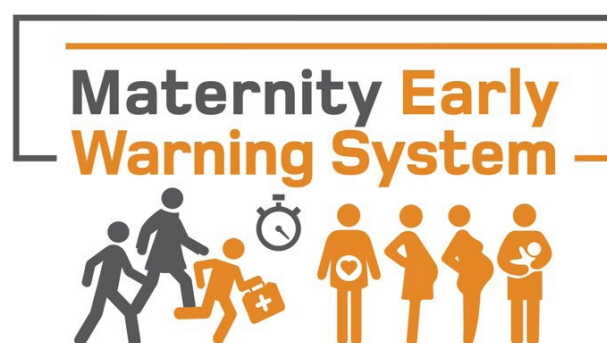
The maternity vital signs chart is based on the New Zealand adult Early Warning Score (EWS) system that was implemented across Canterbury DHB as part of the patient deterioration programme.

The MEWS is designed specifically to address the unique physiology related to pregnancy, which can mask early indicators of deterioration.

The system helps clinicians identify when a pregnant woman's condition is becoming worse, prompting a rapid response using the tailored escalation pathway.

The MEWS has been developed nationally to give clinicians a standardised chart regardless of ward setting and is for all women from a positive pregnancy test through to six weeks postnatal.

"The chart has already been successfully launched in the Christchurch Women's Hospital Maternity areas and last week MEWS was finalised for use in the acute observation



unit within the Birthing Suite at Christchurch Women's Hospital," says Director of Midwifery Norma Campbell.

"The working group will now begin working on phase three of the project which is to implement MEWS into the non-maternity areas across Canterbury DHB. This will also include utilising Patientrak."

For more information, contact Maternity, Quality and Safety Programme Coordinator Samantha Burke on samantha.burke@cdhb.health.nz.

Always on the go? Take Healthinfo with you

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



World Smokefree Day

This Sunday 31 May is World Smokefree Day, and the occasion is being marked in various ways around the country and the world.

The focus in Canterbury is on promoting and celebrating Smokefree Pregnancies. Having a smokefree pregnancy is the best way to protect pēpi (babies) from Sudden Unexplained Death in Infancy.

Te Hā – Waitaha Smokefree Canterbury and Te Puawaitanga Ki Ōtautahi Trust have teamed up to offer Cantabrians the chance to win a beautiful wahakura (woven harakeke bassinet) prize pack. See the Te Hā – Waitaha Stop Smoking Canterbury's [Facebook page](#) for details.

There are currently no restrictions on where cigarettes can be sold in Aotearoa, even though they are R18 products. The Cancer Society has a poll on their Facebook page asking, "Should smokes only be sold in R18 Specialist Tobacco shops?" You are invited to take part in the poll and share it to your social media pages.

Aspire2025 is hosting a webinar series. The first one is on Thursday from 1-2pm and features two well-known Otago University researchers, Dr Lindsay Robertson and Dr Becky Freeman, who will present new evidence on how the tobacco industry is developing and marketing new nicotine products that attract and addict young people.

For more information on the talks and presenters, and to register, visit the [ASPIRE Webinar Series - Celebration of WSFD webpage](#).

This year, the World Health Organization is calling on young people to join the fight to become a tobacco-free generation. It has a [global campaign](#) that aims to debunk myths, expose tactics employed by tobacco industries and educate and empower young people.



**Let's create a
smokefree generation**

**31 May | World
Smokefree
Day**

Me whakarite tātou i tētahi reanga auahi-kore



The wahakura prize pack up for grabs. See Te Hā – Waitaha's [Facebook page](#)

Volunteers donate wool for baby knitting

Knitting for babies in our care has been given a boost with a donation of \$500 of wool from the Christchurch Hospital volunteers.

Knitted items are regularly donated to the Neonatal Intensive Care Unit, Christchurch Women's Hospital maternity and paediatric wards and the Emergency Department, including to parents of stillborn babies.

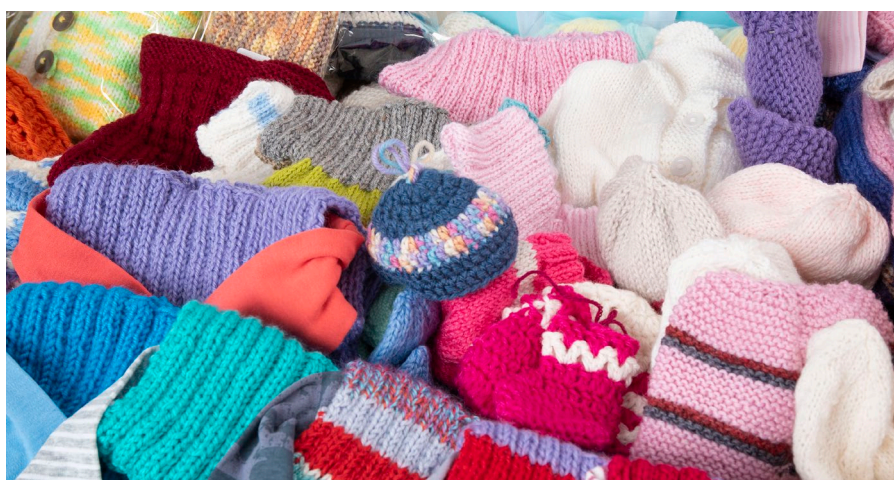
"The volunteers teamed up with Willoughbys craft and wool shop in Rangiora for this donation," says Volunteer Coordinator Louise Hoban Watson.

"Willoughbys also provided some of the knitting in the photo and a discount for us. Some of the wool purchased has been given to the Pegasus knitting group and they have provided some of the knitting pictured too.

"The rest will be given to our talented Christchurch Hospital Volunteers who are knitters. We are so grateful to our army of dedicated, generous knitters and to people like Christchurch Hospital Telephonist Belinda Burborough, who helps sort the knitted items for donation," she says.



Christchurch Hospital Volunteer Allison Kerr is a member of the Christchurch Hospital Volunteer Committee which approved the funding application. Alison knitted some of the items pictured



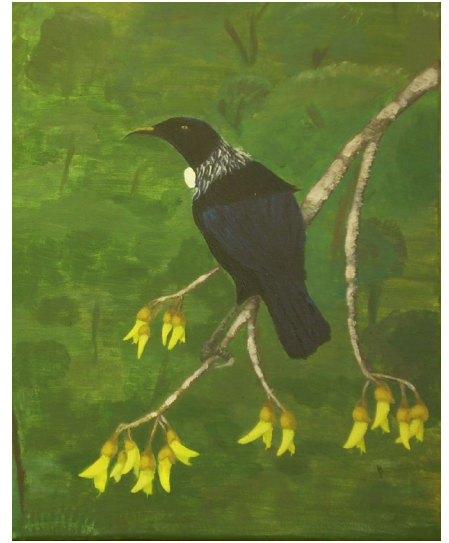
Creative Corner

Bron Kirkwood, who works in Administration and Service Coordination in Older Person's Mental Health, says she has been creative her whole life.

"My mother was an artist, So I learnt very early on that art was a way to express yourself and centre yourself. Following my mother's artistic footprints, I have been creative my whole life, enjoying sculpting, drawing and painting on and off through the years.

"I have recently got back into acrylic painting and find that it calms me in this changing world we now find ourselves in."

Bron has shared some of her acrylics on canvas for *CEO Update* readers to enjoy.



Acrylics on canvas by Bron Kirkwood



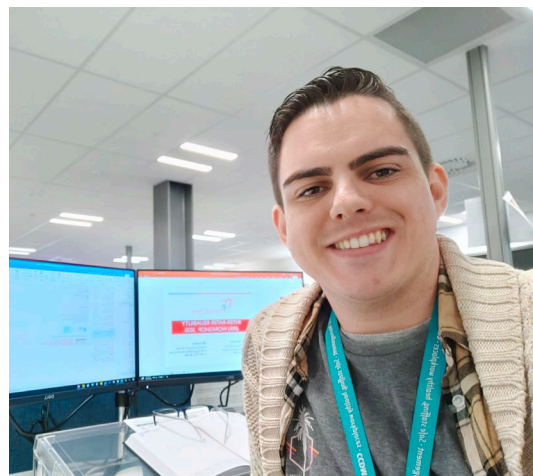
all
right?

**IT'S
ALL RIGHT
TO KEEP
TICKING
ALONG.**



One minute with...

Brian Salisbury, Nurse Coordinator, Care Capacity Demand Management



What does your job involve?

The Care Capacity Demand Management (CCDM) team is responsible for the implementation of the CCDM programme. This primarily involves the rollout of the TrendCare patient acuity tool. This is a software system used to help manage inpatient care by measuring patient acuity and staff availability. As a nurse coordinator I work across Specialist Mental Health to facilitate the training of nursing staff to use TrendCare and work in partnership with the inpatient wards to ensure that the tool accurately reflects the care they provide. We also work with nursing leadership and the unions to address issues around safe staffing across the hospitals. As TrendCare is incorporated into regular practice we will start to support nursing leadership to interpret and utilise the data to make decisions about staffing.

Who inspires you?

People who can eat just one piece of chocolate at a time.

Why did you choose to work in this field?

After completing my Master's degree last year, looking at the attitudes of nursing staff towards technology, I was looking for a new challenge and an opportunity to utilise my learning. Having spent four years as a registered nurse working in a variety of areas across Specialist Mental Health, the opportunity to join the CCDM was the perfect opportunity to incorporate my experience and knowledge while helping to advance nursing practice.

What do you like about it?

My job allows me work with a wide variety of teams across Canterbury DHB and outside organisations. I enjoy the opportunity to collaborate with others to solve challenging problems and improve the way we collect and use data. The job really suits my nerdy personality.

What are the challenging bits?

Working with a range of different specialties and staff across Specialist Mental Health means that I have to think differently about how we can make TrendCare work for them. What works for one ward doesn't necessarily fit the unit next door. Solving these complexities while maintaining the integrity of the TrendCare tool is a challenging balancing act.

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?

Responsibility for outcomes is a key value in my role. We are responsible for ensuring that the data in TrendCare is accurate and can be used to improve patient outcomes and the working environment.

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

I like to put things in alphabetical order.

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

A beach in Samoa. I was supposed to be there earlier in May, but a certain pandemic put a stop to those plans.

What do you do on a typical Sunday?

My morning (pre-lockdown) is spent at church, followed by an afternoon relaxing and enjoying time with friends and family.

What's your favourite food?

I can't say no to a trip to the fish and chip shop. My local does amazing deep-fried mushrooms.

And your favourite music?

I'm not ashamed to admit that I turn Taylor Swift up loud when I'm in the car.

Something For You Queen's Birthday getaway deals



Check out the special Something For You deals from some awesome local businesses in time for a Queen's Birthday getaway! More details on the [Something For You site](#).



New DNACPR form for all sites from Wednesday 27 May

Canterbury DHB is updating and standardising the Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) QMR0217 form across all sites.

The new form will replace all previous versions from **Wednesday 27 May** and be on yellow paper for all sites (bar Maternity and Child Health).

Please note: DNACPR Order forms existing in patient notes prior to this date are valid unless there is a clinical need for review. The form is still hard copy only filed at the front of the notes and is not on Cortex.

Updating and standardising the form addresses the risk of patient harm when patients are transferred between facilities if a DNACPR order is unclear and ensures the order meets legislative requirements.

Changes to the content of the form are also part of a bigger shift to more collaborative care decisions with patients, whānau and the clinical team for an episode of care. This work will see the DHB supporting areas to use

Shared Goals of Care plans from mid-2020 that help better incorporate patients and families' wishes for an episode of care and avoid unwanted or unnecessary interventions.

Canterbury DHB has been trialling the new DNACPR form in Older Person's Health and Older Person's Mental Health at Burwood Hospital since August 2019. It has been endorsed by Chiefs and Chairs and was signed off for use in the COVID-19 Assessment Unit.

Resources available on [PRISM](#) clearly explaining the changes include: a [quick visual guide to changes](#) on a replica form and more [detailed one-page guide](#). An updated policy will soon be added to the page. A new Hospital Health Pathway is being developed that will incorporate Shared Goals of Care plans – more information on that will come soon.

If you have any questions, please discuss them with your Clinical Director or Charge Nurse Manager or email the Quality Team at medsurgquality@cdhb.health.nz.



Newsletter

May 2020



Celebrating Canterbury - Te Papa Hauora Newsletters

We at Te Papa Hauora have always known what an incredible health, research and education sector we have in Canterbury. The COVID-19 crisis has demonstrated this. It has added complexity and pressure to every part of our systems, and everyone has risen to the challenge working for the good of our community and its wellbeing.

We have dedicated our next two newsletters to celebrating Canterbury. They contain some great examples of collaborative responses to COVID-19, showcasing Canterbury's ability to collaborate and innovate, whilst demonstrating our unique values of compassion, resilience and a willingness to help.

We hope you enjoy these stories and share our newsletters with others. Enjoy the read at [Te Papa Hauora Health Precinct](#).