



The Canterbury Health System is NOT in Crisis

Despite the weekend headlines asserting that our health system is in “crisis”, this isn’t the case.

Our Health System has been identified internationally as one of the most integrated and high performing health systems in the world, a journey we began back in 2007. Because of the vision we had, the progress we’d made and the trust we’d built up, when the earthquakes hit, the Canterbury health system, like so many other organisations in Canterbury was able to step up and respond to the impacts of New Zealand’s largest natural disaster.

Since the quakes, the Canterbury health system hasn’t missed a beat. It’s continuing to provide a full range of services despite the unprecedented challenges it continues to face:

- » Our acute hospital medical admission rates are 30% lower than the New Zealand average. If we admitted at the same rate as the rest of the country, there’d have been 19,000 more people in our hospitals last year.
- » Primary and community teams, in the last year alone, cared for almost 30,000 people through the acute demand programme, many of whom would previously have been admitted to hospital.
- » We’re using fewer aged residential care beds than in 2006, despite the population ageing.
- » We’re delivering more elective surgery than ever before, 54% more in fact than in 2006/ 2007. There were almost 20,000 planned surgical discharges last year.
- » Our mental health teams are dealing with unprecedented demand for their services, and have increased the range of community-based services available and dramatically changed the way they work.
- » The DHB has continued to meet five of the government’s six health targets, with performance against the sixth continuing to improve.

What makes all of this even more impressive is the fact that the Canterbury health system has achieved this against the backdrop of quakes, quake repairs and facilities that have become construction sites.

It’s difficult to comprehend the over 12,000 hospital rooms that have been damaged due to the earthquakes. It’s hard to imagine that every ward in Christchurch hospital has been closed at some stage during the past 18 months to enable ongoing urgent repairs to be undertaken to keep health services going. It’s incredible to think that every team will have shifted at least once, and that 50% of all clinical areas will have shifted on average three or four times by the time new facilities are commissioned. And it’s extraordinary to reflect on the fact that we have demolished or will demolish 44 buildings, and that even really simple issues such as parking and access to Christchurch Hospital require complex solutions just to ensure that services are maintained.

We did really well at the 2015 Institute of Public Administration New Zealand [IPANZ] awards, winning:

- » The Treasury Award for Excellence in Improving Public Value through Business Transformation, won by the Canterbury Clinical Network.
- » The State Services Commission and Leadership Development Centre Award for Improving Performance through Leadership Excellence, won by the Canterbury Health System’s ‘8’ programmes [Xcelr8, Collabor8 and Particip8].
- » The Victoria University of Wellington School of Government Award for Excellence in Public Sector Engagement, won by our ‘Heading to hospital - Plan your trip!’ campaign to inform Cantabrians about the closure of onsite parking at Christchurch Hospital.
- » The overall award open to all category winners, The Prime Minister’s award for Public Sector Excellence - was won by the Canterbury Health System’s Canterbury Clinical Network.

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And we're attracting acclaim from abroad:

- » David Albury, director of The Innovation Unit in the UK made the following observation about the Canterbury Health System on a visit to New Zealand. It seems like wherever I travel – from Rio to Sydney – many people in health know the Canterbury Story. I've worked with numerous wonderful public sector innovation programmes around the world, and I still regard the Canterbury transformation programme as one of the most inspiring, innovative and incredibly effective programmes I've seen.
- » Sir Malcolm Grant, Chair of the UK's National Health Service is on record saying that Canterbury's work is making real inroads into lifting productivity in the health system.
- » And our HealthPathways are now being used across 27 health economies in Australia and New Zealand.

This is NOT the story of a health system in crisis.

The leaked report referred to in The Press was prepared by us. The report is part of our ongoing effort and responsibility to assist the Ministry of Health to understand the range of challenges and risks the Canterbury health system continues to confront and continues to manage. Because of this, it doesn't always make comfortable reading. But it does lay out the issues that we're stepping through, it does make clear what we're doing about them, and it does make the distinction between the issues we are able to shape and influence and those that are beyond our control.

Across the Canterbury health system, we've become adept at managing risk, we've become skilled at evolving and adapting how care is provided to our community, and it's become

second nature to balance a range of priorities and demands, some of which are unexpected and unprecedented.

The weekend media also made comment about the financial review of Canterbury DHB that's underway by PWC. To be really clear, our underlying financial performance is strong. What this means is that if it were not for the earthquakes, we would be running a surplus right now. However, we're grappling with how to deal with the impacts of over \$1 billion of facilities-related expenditure to repair our buildings as well as build new ones, when the DHB had planned for the impact of only \$650 million of building-related investment prior to the earthquakes. The PWC financial review is part of the process to determine how these, and other issues such as the impact of ongoing quake-related operational costs, are stepped through.

The Canterbury Health system has been recognised as one of the best health systems in the world. It's a system that has a remarkable team of health professionals that continue to provide world class care, despite all the challenges that have been thrown our way.

Is this a health system in crisis? No. It is though, a health system of extraordinary people who continue to do and deliver extraordinary things, under really difficult and ongoing pressures.

Thank you for everything that you are and everything that you do to ensure that the people of Canterbury continue to access the care that they need, care that is truly centred around people and their needs, and care that continues to attract the attention of health leaders at home and around the world.

It's all happening in Rangiora - New health hub opens its doors to the public

North Canterbury residents got a behind-the-scenes peek at their new \$7 million Rangiora Health Hub during a public open day last Saturday.

A big thank you to everyone involved in getting this project finished. The community support has been remarkable. A special thanks to the volunteers who took guided tours on Saturday as well as the Friends of the Hospital who had refreshments available for gold coin donations.

The Rangiora Health Hub will service the Waimakariri and Hurunui districts, and provide a central location for a range of health services in North Canterbury.

It was really nice to be able to give the community, who have been absolute key to this development, a chance to see the inside of the health facility before the building has its clinical cleans and medical equipment commissioned.

Initial services at the Rangiora Health Hub include the Maternity Service offering a 'home away from home' environment for parents plus a number of community services.



Above: The old Rangiora Hospital shown in the background, with the main entrance to the new Rangiora Health Hub in the foreground.

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The new facility will consist of:

- » 12 Post-natal beds
- » Four Flexi beds
- » Two Birthing rooms
- » Four assessment (clinic) rooms
- » Kitchen (for in house patient meals and meals on wheels)
- » New lounge/dining room with kitchenette opening to the outdoors which will allow mothers to socialise and get to know each other.
- » Two bedrooms will have queen size beds to accommodate partners staying overnight.



Above: Brendon Groufsky from the site redevelopment team leads a tour of the new hub.

There will be a minimum two-year interim phase pending the transfer of the Hagley Outpatients Unit. It is expected that the new Maternity Unit and the old 'Rangiora Hospital' will house a range of rural community services including:

- » Mental Health North Sector
- » Rural Child Adolescent and Family,
- » Public Health Nurses,
- » Older Persons' Health offices
- » Some outpatient clinics heart health, respiratory and stroke clinics and private orthopaedic clinics.

The new maternity unit is quite simply outstanding. I am sure it will become very popular with local women wanting to have their baby closer to home.

The existing unit is already busy with 130 births in Rangiora so far this year. There's been a significant increase in births over the past few years. For many years there were around 90-100 births per year.

The new birthing rooms will offer women who are expected to have a normal birth a lot more choice. There will be two large purpose built rooms. We're installing some of the latest in birthing equipment including birthing pools, monkey bars and a static suspension ceiling sling. One room also has a state-of-the-art birthing couch offering support for women to adopt comfortable supported positions in labour. The other room will have an electronic birthing bed. Women who choose to birth in



Above: Rev. James Robinson blessed the new facility.

Rangiora are screened to ensure they are low risk.

We are very grateful to the Friends of Rangiora Hospital who support this facility, raising money to enhance the environment for both patients and staff through their plant cart and craft cabinet.

Rangiora Hospital officially opened in 1925 as a maternity and general hospital with 10 beds. In 1940 a further four beds were added due to the high number of acute medical and surgical cases. From 1962, the hospital was used for maternity and minor surgery on an outpatient basis, with surgery discontinued in 1992. The hospital has been running seven maternity beds and four convalescent beds. The old facility is no longer fit for purpose.

We are yet to determine how many hubs we will have across Canterbury as we are still working with each community to develop the best service configuration.

Note: The new Rangiora Health Hub will be open for business from Wednesday 28 October.



Above: The new Rangiora Health Hub, as viewed from River Road. The new mothers' lounge can be seen to the right of the photo. The main entrance is to the left hand side in this image.

Have a great week,
David

David Meates
CEO Canterbury District Health Board

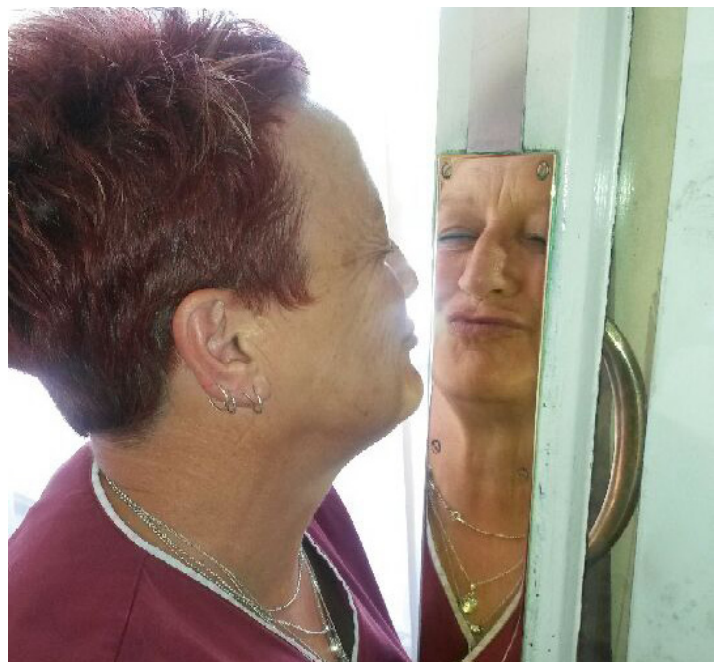
Rangiora Health Hub Open day



Above: Suzanne Salton, charge midwife and David Cotter, treasurer of Friends of Rangiora Hospital. Mr Cotter's father, Dr Arthur Cotter, was a former medical superintendent of Rangiora Hospital from 1939 to 1984



Brendon Groufsky, project manager from Canterbury DHB's site redevelopment team sits on the edge of the birthing pool in one of the spacious new birthing suites at the Rangiora Health Hub.



Jenny Walker has been cleaning the brass at the old Rangiora Hospital for 25 years. She is now kissing it goodbye as they prepare to move to the new Rangiora Health Hub next door.



Above: The new Rangiora Health Hub features a separate entrance for women in labour to enter the new facilities.

Monday's Facilities Fast Facts

Burwood

A new timelapse of progress at Burwood is now available to [view](#). It shows the view from the Project Office, currently being demolished, from mid-2013 until August 2015.

Birdwatchers may be interested to know that, despite all the construction work, plovers are still determinedly nesting at Burwood, and two chicks have recently hatched.



Christchurch



A [video](#) of last week's concrete pour, the sixth main pour for the foundations of the Acute Services building, is now available to view on the intranet.

This week's photo shows only a part of the main slab – with the truck and the worker in the foreground giving a good indication of the scale of the building. Each concrete column will eventually have a base isolator installed on the top, isolating the building's main structure from seismic activity.

Boatshed bridge news

On Wednesday 21 October, the Antigua Boatshed footbridge will be shut overnight (from 7 pm to 6 am) to allow Downer to finally seal the bridge surface. A diversion will be put in place across the Rolleston Ave bridge for staff on shift changes.

Canterbury Grand Round

Friday 23 October 2015 – 12.15 to 1.15pm, with lunch from 11.45am.

Venue: Rolleston Lecture Theatre

Speaker: Graeme Osborne, Director, National Health IT Board and Information Group

Title: Digital Healthcare 2020: Supporting Health Professionals to form effective partnerships with consumers / patients.

Digital solutions are a key enabler and driver of an effective and efficient health system as set out in the New Zealand Triple Aim.

Hear from and engage with the person responsible for setting the direction and investment priorities for digital health solutions in New Zealand.

Chair: Ruth Spearing

Video Conference set up in:

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

All staff and students welcome

Talks (with speaker approval) will be available within two weeks on the [intranet](#).

Next Clinical Meeting is Friday 30 October 2015

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



Bouquets

Emergency Department, Christchurch Hospital

My daughter arrived at ED with chest pains, shortness of breath, chronic asthma and pregnant. We only had to wait 38 mins before she was taken in. Dr Giles was awesome, he really made my daughter feel at ease and his manner was calming to the whole situation. He had a lovely ahua. Kia ora mō tō manaaki Dr Giles.

Oncology, Radiology, Christchurch Hospital

Dr Melissa James was extraordinarily good in her manner and her consideration of my medical situation. I felt respected and considered throughout my time in her care and want to thank and commend her. The team in Treatment room 3 were also very good. Their positivity also made a considerable difference to my treatment.

Cardiac, Hagley Outpatients

Congratulations on a very fast, efficient service and an exceptionally helpful and pleasant staff.

Acute Medical Assessment Unit (AMAU), Christchurch Hospital

Nickole Sample, Registered Nurse is a credit to her profession. Isobel Lee and Roland Poh (trainee doctors) gave very thorough examinations and had courteous and kind manners. I think they will make excellent doctors and wish them well in their exams.

Park and Ride, Christchurch Hospital

The Park and Ride is a wonderful service, thank you.

Ward 24, Christchurch Hospital

We are in utter awe of the staff of Ward 24 to be the Champion Ward of all wards. When we all enjoy our jobs as much as you do the Kia Kaha Christchurch will become a reality. Most of us living here since before September 2010 can perhaps say as Sir Winston Churchill could have said. We have won some battles but final victory will arrive within 5-10 years. ...We thank you so much from our hearts and minds for the outstanding care I had in Ward 24.

Psychiatric Services, Specialist Mental Health Service

I wish to commend the excellent care and services of Consultant Psychiatrist, Dr Katharine Shaw, Registered and Psychiatric Nurse, Louise Mullan and Field Officer, Kathy Manahi.

Directed by Dr Shaw, as a team their care is second to none! To reiterate, Dr Shaw's humanity, skill and devotion to all who come within her realm of care, by far surpasses that of any Consultant Psychiatrist I have been under!

Case Manager, Louise Mullan is also outstanding in her devotion to her patients! She shrinks at nothing, which may present itself in her field of caring!

I cannot speak too highly of Kathy Manahi, a very competent and compassionate person, whose kindness knows no bounds!

Mabel Howard Clinic

To all staff at the Mabel Howard Clinic. Heartfelt thanks to all of you for your loving and caring help to me, especially to Margo, my care manager who went with me on the road to recovery as a faithful guide! Many thanks, with love.

Ward 11, Christchurch Hospital

I would like to appreciate a staff Nurse on Ward 11, Sunni. Tonight she has shown/ proven how much of a team player she is and how hard working she is. Maximum number of patients, head down, bum up the whole night, amazing bedside manner. This RN will be a keeper as only Year 1 she is fantastic. Thank you Sunni for a wonderful nightshift.

Ward 11, Christchurch Hospital

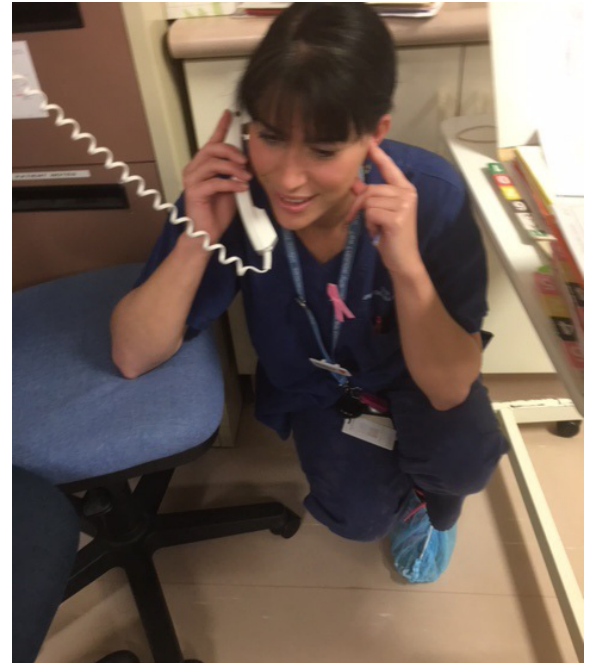
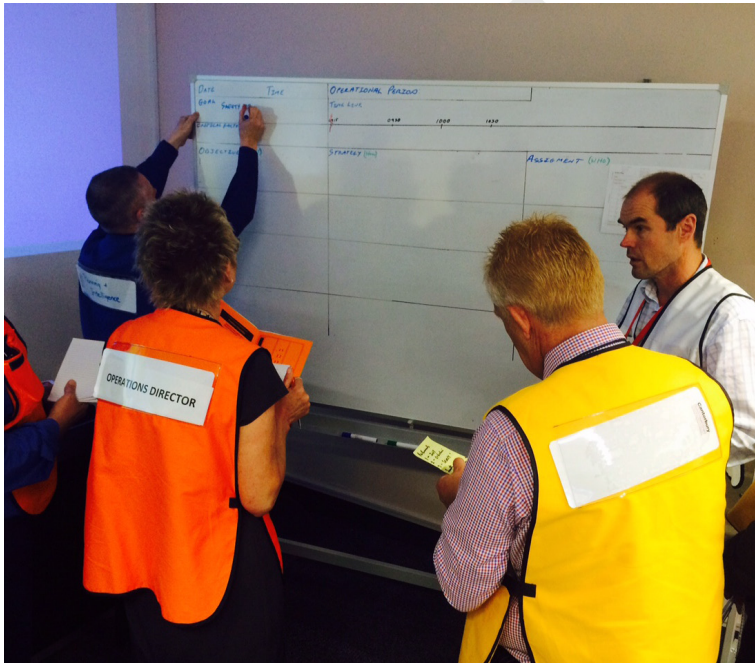
I was recently a patient on Ward 11 and would like to thank the wonderful nurses for their care and attention especially nurses Nicki, Sam and Hannah, they made me feel safe and made my stay relaxed and supportive. Would also like to give a shout out to the wonderful lady at reception for her professional and friendly service. She was delightful.

Pink Ribbon collection

Thanks to all who kindly donated to Pink Ribbon Day collections at Christchurch Hospital and Christchurch Women's Hospital last Friday - we raised just over \$1000. Everyone's support is greatly appreciated. Linda & Nicole

New Zealand ShakeOut 2015

The national earthquake drill, ShakeOut was carried out last Thursday, 15 October at 9.15am. Along with more than a million New Zealanders Canterbury DHB staff took part. During the drill staff practiced how to drop, cover and hold. To find out more about the NZ ShakeOut, visit www.shakeout.govt.nz.



100 Days Programme, saving time for the patient and system

The last 100 Days Programme workshop for 2015 takes place on November 26 at Christchurch Hospital.

The November workshop is the ninth since August and it is full and has a waitlist. However further workshops will be held next year.

"The interest has exceeded our expectations", says 100 Days Programme manager, Megan Hopper.

The 100 Days Programme is one of Canterbury DHB's current '5 +1' priority focus areas. The programme is focused on moving our system towards providing a first specialist assessment (FSA) or surgical treatment within 100 days (to a maximum of four months) from the time certainty is given to all patients needing these services.

Aiming for 100 days means patients spend less time waiting (our first priority), we reduce waste in the system, more confidence is generated in primary and secondary care and we build in protective capacity to manage variation in demand for outpatient and surgical services.



Above: The 100 Days Programme Implementation Team, from left, Programme Lead, Carol Limber, FCT team member, Jane Trolove, Team Leader Secondary Care, Planning and Funding, Ralph LaSalle, 100 Days Programme Manager, Megan Hopper, Lean Coach, Business Development Unit, Bill Wilson, Referrals Centre Manager, Karen Hawke, and Canterbury Initiative's Kieran Holland.

When combined, these changes save patient and staff time, which is good news for patients who receive the specialist assessment and treatments they need, sooner.

Comments from those who have taken part include:

"The 100 Days Programme Workshop was very informative and provided useful information for triage and waiting list management. I would recommend the workshop to SMOs, especially clinicians involved in the difficult task of balancing of demand, capacity and efficiency" Michael Burt, Clinical Director Gastroenterology.



Above: From left, Ministry of Health Principal Advisor Electives, Jane Potiki, General Manager Older Persons Health and Rehabilitation, Dan Coward, Faster Cancer Treatment Programme, Jane Trolove, Team Leader, Secondary Care, Planning and Funding, Ralph LaSalle, and Ministry of Health Senior Advisor, Electives, Jessica Smaling.

"I went with Eyes and Respiratory SMOs, administrators and quality facilitators to a 100 Days Workshop. It was a really worthwhile use of all our time, and had had a very beneficial effect in stimulating our thinking on key issues affecting demand and capacity. Robin Rutter-Baumann, Service Manager Ophthalmology and Respiratory

"Thank you. It was very valuable, and I have been thinking about it all week and how I can apply the principles. I hope many more people who book patients do attend. I particularly found Bill's session very practical and informative. Jo Starr, Medical Secretary Orthopaedics Outpatients

The workshops are an interactive opportunity for Canterbury DHB staff to better understand optimal elective patient flow and how to apply the approaches learnt as part of the 100 Days Programme, Megan says.

Designed for clinical directors, triaging clinicians, service managers, booking coordinators and quality team members, the workshops focus on clinical prioritisation (triage), smart booking processes and reporting tools for data driven flow management.

Services get the most out of the workshops if they attend the same one as a team.

For more information and to register your interest for 2016 workshops please email megan.hopper@cdhb.health.nz



Above: Lean Coach, Bill Wilson (centre) presenting 'Process Tips'.

make it better

patienttrack

eObservations project

The eObservations project is an exciting new initiative designed to make some of our essential work more visible to everyone. The project will make our observation charts digital and available via DHB electronic devices by using a software system called patienttrack.

So no more looking for that observation chart! That set of observations that you have just recorded on your device is immediately available for your patient's team to see. As well as being able to see lab results, PACS and clinical letters remotely, vital sign observations and EWS will also become available.

The project team has already been working with a team of clinicians to ensure that policies on vital signs capture, early warning scores (EWS), clinical responses to EWS and assessment protocols are captured in Patienttrack so that it reflects our clinical practice needs. Patienttrack then ensures that users are supported in applying these policies, at a glance, in real-time. By using mobile devices such as tablets and smartphones, workstations on wheels, or even tethered bedside or bay devices, vital signs can be quickly captured at the patient bedside. This enables the real time calculation of the EWS with 100% accuracy. Patienttrack will automatically raise an alert directly with clinicians and will escalate and manage these alerts when intervention is needed. Patienttrack closes the loop.

We will roll out to the first ward next month working alongside teams in real time to refine the final details of the application. As well as the vital signs observations chart other essential observations such as neuro obs, fluid balance, weight and bowel assessment charts are also being considered for early adoption in the clinical setting.

The full roll out is a gradual process working across the whole of the CDHB/WCDHB inpatient areas over the next 12-24 months. The project team will be visiting one ward at a time to identify any specific needs, make sure we have these covered and to support you in learning the new system.

To contact the project team for more information please email: john.hewitt@cdhb.health.nz

Emergency Department Open Day and presentation of Excellence in Emergency Nursing award

Last Tuesday 51 health professionals took the opportunity to have a look behind the scenes with emergency department staff.

People from Canterbury Laboratories, Information services, Administration and Nursing services and Pegasus Health visited ED throughout the day. It was a pleasure to show people through our department and help people understand how the department operates. Nurses were invited to spend some time working alongside an Emergency Nurse.

At the open day we also presented the Paul O'Donovan Cup which recognises excellence in Emergency Nursing. This award is now in its 6th year and is presented to the nurse who embodies the essence of what it is to be an Emergency Nurse. We see examples of nursing excellence every day and it is a privilege to work alongside nurses whose practice reflects this.

This year's recipient is Erin Dooley. Erin has worked in the Emergency Department for five years. Erin's colleagues speak of a nurse who is a highly skilled practitioner, is dedicated, reliable and who takes utmost care in her work. She is keen to learn and always has a smile on her face.

Her great sense of humour means she is fun to be around. On night shift Erin keeps the team moving and has the place humming. She is fair and efficient and installs confidence in the team. Erin is definitely a role model for other staff in the department and will go the extra mile for her colleagues and her patients.



Above: Erin Dooley with Anne Esson, Nurse Manager.

Roster coaching

As part of a continuous improvement programme, Roster Support is offering advanced user coaching for the Microster rostering system to help people get more out of the application

While some Canterbury DHB services have been using Microster for a number of years the application, and the way it is used, continues to evolve, says Roster Implementation Project Change Facilitator, David Mather.

"It has a lot of functionality that can help users better manage their rosters. The coaching will help roster managers get more out of it."

The coaching sessions include learning about the information Microster holds and how to access it, along with more efficient ways of undertaking the transactions necessary to build and keep rosters up to date. At the coaching roster managers look at their own rosters, giving their learning experience immediate relevance.

Emergency Department (ED) Associate Clinical Nurse Manager, Tracey Williams, has completed the coaching and says it is time well invested. ED has a Roster Coordinator who along with the ED Nurse Manager is responsible for Microster transactions.

"However, in their absence and out of hours I have exposure to the Microster system. On completing the advanced training I now feel more confident in my

ability to enter tasks, roster changes and answer staff queries at the time they occur."

ED staff appreciate their questions and changes being addressed at the time and it decreases the workload for the Roster Coordinator who isn't left with a list of tasks and changes to complete on arrival at work in the morning, Tracey says.

Team Leader Michelle Keogh says that the Roster Support team enjoys engaging with application users.

"The entire team contributes to assist Microster users to get the most out of the application and we are continually looking for opportunities to improve their experience."

Sandy Ramsay-McVicar and Janine Kerr from Roster Support, who have been running the coaching sessions are pleased with participant feedback.

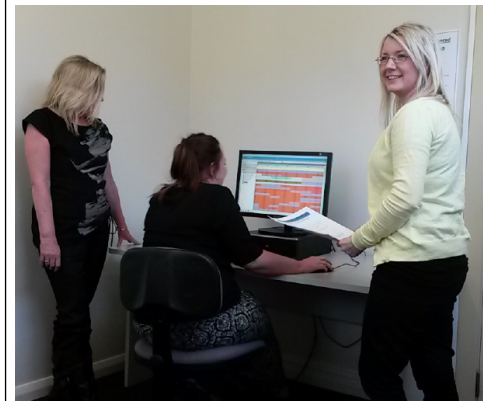
"Having participants delving into their own rosters makes the coaching real and immediate," Sandy says.

"There is opportunity to ask general questions about their rosters as well, and from this we can identify further opportunities for improvement," Janine says.

Executive Director of Nursing, Mary Gordon, says the Microster team enjoy the contact they have with the roster users and are keen to work with them to get the most out of the system to meet their varying needs.

Coaching sessions are held at Roster Support at The Princess Margaret Hospital and last between one and two hours. Spaces are available for roster managers who would like to take part and personal invitations will also be sent.

Roster Support offers ongoing refresher coaching. This is available for new and existing roster managers. If you would like more information contact Michelle Keogh, Team Lead, Roster Support.



Above: From left, Sandy Ramsay-McVicar, Jasmin Vincent and Janine Kerr.



NEW – Category for this year's Quality Awards - Vote NOW on poster submissions

In 2015, for the first time we have included a poster award category in the Quality Improvement and Innovation Award, giving the opportunity to recognise and celebrate a broad range of improvements.

Staff were asked to submit a poster to acknowledge the excellent quality improvements and innovations taking place. A big thank you to staff who submitted posters.

Some posters have been specifically designed others have been presented at previous conferences.

Awards will be presented at the Canterbury Health System Quality Improvement and Innovation Awards ceremony on the 2nd of November 2015 along with the Awards for the written poster submissions.

Poster Award winners will be decided by the judges

based on how well the poster addresses criteria following the standard PDSA (Plan, Do, Study, Act) process approach.

Staff will vote on the winner for the People's Choice Award

All 17 posters are displayed on the Quality and Patient Safety [intranet site](#).

To vote

- » Review the posters by clicking on each poster's link.
- » Once you have reviewed all the posters and made your choice click on the link to survey link available on the above link and enter your vote.

Voting will close 28 October.

Vote now, your colleagues need you!

Standardisation of the filing and ordering of Ward Forms

As part of the Releasing Time to Care (RT2C) programme implementation on Christchurch Hospital campus a standardised filing and ordering system for clinical forms is being re-introduced within ward areas whereby any member of the multi-disciplinary team can walk onto any ward and find the form they require as it is labelled with the same name with forms grouped together according to their purpose under a common heading located in alphabetical order e.g. all forms relating to observations are grouped under "Obs" label with multiple forms stored alphabetically in this group. This system also includes the use of Kanban Cards which are coloured cards to indicate when the form needs to be reordered.

WHY? - To avoid:

- » Frustration of trying to find a form – different locations in different wards
- » Staff carrying forms around with them to avoid spending time

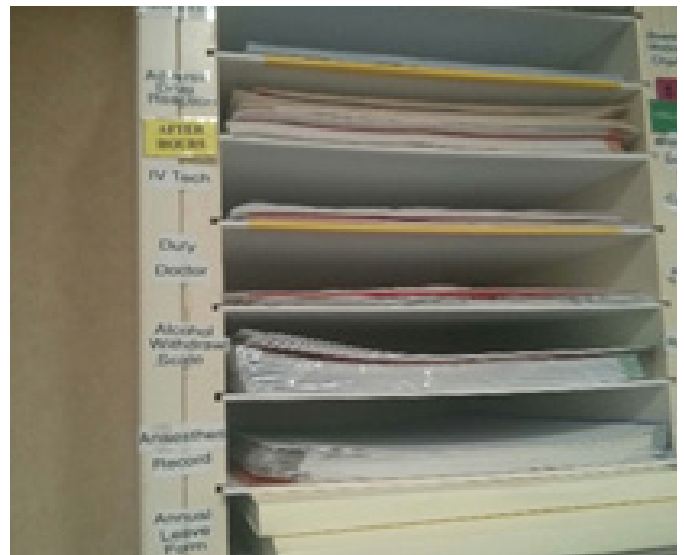
looking on wards but they may be carrying an old version.

- » Unnecessary stock taking up valuable storage space
- » Wasting money - if a form gets updated then the stored forms on the ward become obsolete and therefore a waste of money when they have to be thrown out.

What I need to do?

- » Be aware that some forms may change their location to enable a standardised approach.
- » If you reach a Kanban card when grabbing a form, please place the card in the "To be Ordered" slot and/or inform the Ward Clerk/Hospital Aide.

For further information or if you have any questions please contact Yvonne Williams, Nurse Coordinator Projects, ext. 81017 or Heather Murray, Project Officer, ext. 89957.



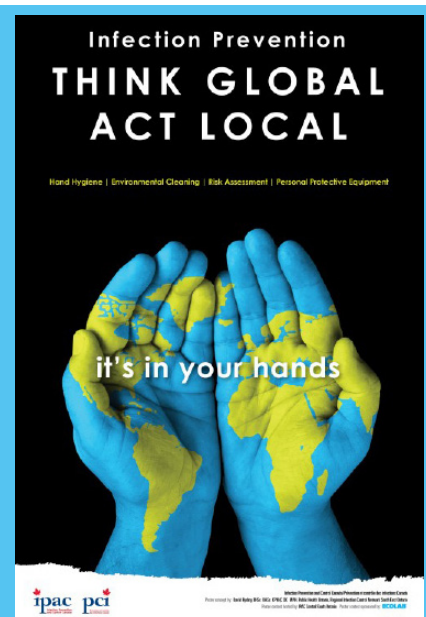
International Infection Prevention & Control Week 19 -23 October 2015 Think Global- Act Local

Look out for posters, information boards, spot giveaways and other activities during the week.

SO....what bugs you about preventing the spread of infection via Hand Hygiene, Environmental Cleaning, Risk Assessment and Personal Protective Equipment?

Healthcare associated infection (HAI) is one of the most common causes of adverse events in hospitals worldwide. The Health Quality & Safety Commission NZ states that up to 10 per cent of patients acquire one or more infections during their hospital stay. A patient who has acquired an HAI has a greater risk of mortality.

....what are you going to do to prevent the spread of infection?



Intern to assist Faster Cancer Treatment project

A strong partnership between the University of Canterbury Executive Development Programme and Canterbury DHB has led to the Faster Cancer Treatment (FCT) team gaining the services of a final year student to help with an important project.

Meenal Pathak, who is studying for her Master of Business Management degree, has accepted a three-month internship to work on a project that reviews how patients with a high suspicion of gynaecological cancer are triaged.

The opportunity for Meenal to join the FCT team was instigated by Project Managers, Megan Hopper, and Carol Limber and Administration Manager, Kay Strang who recognise how such partnerships benefit both parties. Meenal has been assigned a mentor and will be supported throughout her internship by the university as well as the FCT team.

"Meenal has the skills we require to work on the project and will gain valuable experience through her contact with people at all levels in CDHB," says Megan.

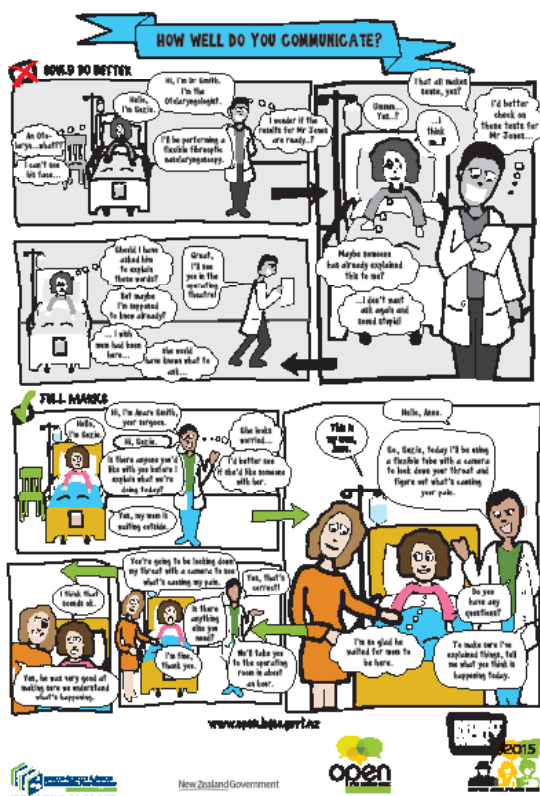
Meenal says CDHB is a highly respected organisation.

"I would love to work here when I qualify. I have been very impressed by what I have seen so far."



Above: Left, Carol Limber and right Meenal Pathak.

Dust off your Dilbert! Cartoon competition



Enter the Patient Safety Week competition promoting good communication between patients and health professionals, and the winning cartoon will be professionally drawn, enlarged and framed for you. It'll also be promoted on the Health Quality & Safety Commission website and in their e-newsletter.

The Commission has produced a cartoon poster for this year's Patient Safety Week, showing good and 'could do better' examples of health professionals communicating ([view it here](#)).

Simply sketch out and script your own version and send it to communications@hqsc.govt.nz.

It doesn't need to be well drawn – just a great idea! It can be a single cartoon, or a strip, and can show either good or bad communication – or both. Be as funny and creative as you like.

The Commission will judge the best entry on 21 November 2015, so make sure your cartoons are through by then.



Medication charts and simple measures

A Collabor8 project by Oxford Hospital Nurse Manager, Sarah Harvey, proves that attention to small measures improves efficiencies and benefits patients and staff.

Sarah decided to examine issues around QMR4s (drug charts) for long term care patients at the hospital. These charts are photocopied then faxed to Oxford Pharmacy.

"Frequently the pharmacy would receive multiple faxes or none at all which meant there were delays in patients receiving their medicines," she says.

So Sarah installed a perspex box in the office where photocopied QMR4s could be placed after they had been faxed to the pharmacy. She developed a 'night nurse' duty folder which included the monthly task of copying and faxing relevant QMR4s to the pharmacy on the third Wednesday of each month.

A green card with a red border was also put in the box to remind the nurse to do this task. Once completed, the task was signed off in the duty folder and the green card was turned over – displaying the message 'blister pack MR4s have been faxed to Oxford Pharmacy'.

After the packs were delivered by the pharmacy, a small blue card was attached stating 'blister packs delivered'.

As a result nurses were easily able to identify when photocopying and faxing was required and the process was streamlined ensuring blister packs were made up and delivered on time from the pharmacy.

"Waste was reduced and multiple copies were no longer sent by different nurses to the pharmacy, thereby saving photocopy and fax paper. More importantly hospital and

pharmacy staff were not wasting time dealing with this task and patients are not waiting for their medications (if this is the case)," Sarah says.

Staff had responded positively to the change, reporting improved efficiency and less confusion.

Discussion with the Oxford Pharmacy revealed that faxes were now arriving on time and there was a reduced duplication of faxes received.

Cost savings include photocopying costs (at the hospital) and fax paper (at the pharmacy). Time is being saved because nurses are no longer repeating the same task and pharmacy staff are no longer having to screen multiple faxes or phone the hospital.

Although the cost savings weren't huge, the changes resulted in a review of all night RN tasks and the consolidation of all duties within one 'night nurse' duty folder.

"This has been very beneficial, particularly when new staff have joined Oxford Hospital."

Being open to change has resulted in cost and time-saving outcomes as well as eliminating waste.

"When the workplace functions smoothly both the staff and patients benefit," Sarah says.

If you have been involved in a quality improvement project and would like your story featured here please email communications@cdhb.health.nz

To read about other improvement activities [click here](#) and select 'Improvement Activities' library.



Children's Action Plan October 2015 Newsletter

In this issue:

- » Minister Tolley officially launches the Tairāwhiti Children's Team
- » Vulnerable Children's Board Chair Brendan Boyle - it's all about the kids
- » Jenni Anderson, Horowhenua/Otaki Children's Team Health Service Broker
- » Horowhenua/Otaki Children's Team 1st birthday
- » National Children's Director update

[Download the October 2015 newsletter \[PDF, 1.1 MB\]](#)

MEET YOUR LOCAL SUPERHERO

THE OCCUPATIONAL THERAPIST



Imagine
being defeated
by an everyday task
like putting your clothes
on, catching a bus,
spending time with your
friends or taking care of
yourself.

**OCCUPATIONAL THERAPY
IS HERE TO HELP**

#YourLocalSuperHero

Unmasking Our Local Superheroes - Occupational Therapy Week 26-30 October

Batman, Superman and Spiderman...move over! For occupational therapy week we are unmasking your local superhero – the occupational therapist. Every day occupational therapists are achieving extraordinary feats. They use their unique skill set and expertise to do what no one else can do.*

Occupational therapy week is the annual week-long celebration of occupational therapy in Aotearoa. This year is themed around celebrating occupational therapists as New Zealand's local superhero. We aim to use this week to remove the mystique of occupational therapy, and promote what it is that occupational therapists do.

So what do occupational therapists do?

Imagine being defeated by an everyday task like putting your clothes on, catching a bus, spending time with your friends or taking care of yourself? Your health and wellbeing will be affected if you are unable to do the things you want and need to do, to live and enjoy your life. Occupational therapy is here to help!

An occupational therapists "superpowers" can help someone learn new ways of doing things following an illness or injury (e.g. dressing or cooking); to thrive in their senior years; to develop ways to manage pain; to access support available in the community; or to adapt material or equipment (e.g. wheelchairs or provide a special bath or toilet seat). These "superpowers" enable individuals to live a more enjoyable life and achieve what is meaningful to them.

Celebrations will be held by occupational therapists across the country as they promote their profession to both their colleagues and the general public. Keep a look out for presentations, public displays and our promotional campaign #YourLocalSuperHero throughout OT Week.

Join in our campaign and celebrate your occupational therapy colleagues by using #YourLocalSuperHero on social media. For more information about OT Week visit their [website](#).

* One definition describes a superpower as an ability "uncommon to the average human" (ComicVine.com, 2015).

About OTNZ-WNA: OTNZ-WNA is the only professional Association for occupational therapists in New Zealand. OTNZ-WNA is the touchstone* for occupational therapy in Aotearoa: empowering individuals, whānau, organisations and communities to achieve health and wellbeing through occupation. Visit <http://www.otnz.co.nz>



Bowel condition could hold key to developing health super foods

Research has begun to understand how certain foods affect functional gut disorders such as irritable bowel syndrome (IBS) as part of a multi-million dollar Government initiative to develop premium foods and drink that improve health and wellbeing.

Understanding how the bowel behaves in illnesses such as IBS will allow leading New Zealand scientists and gastroenterologists to figure out how to improve gut health in healthy and unhealthy individuals.

Last week the High-Value Nutrition National Science Challenge announces \$10.9 million of government funding invested in research. The aim of this challenge is to drive innovation in nutrition research, food science and health; and reposition New Zealand as a world leader in the rapidly increasing and lucrative food-for-health market.

One of the priority research areas of the High-Value Nutrition project is improving gastroenterological health and immunity.

University of Otago, Christchurch, Professor and gastroenterologist Richard Gearry is part of the Gastrointestinal Health team.

Professor Gearry says the key to understanding the gut in health, is to understand what happens to it in disease. This is especially true when it comes to making a regulatory food health claims where the study of IBS is needed to define how foods may benefit the gut, he says.

"Despite rapid advances, science has not been able to define what constitutes

a healthy gut. The human gut is one of the most complex ecosystems in existence. There are more microbial cells in the human gut than human cells in the body. Each individual has their own ecosystem made of their unique combinations of hundreds of different species. These microbes interact with the body but are also influenced by diet. So diet is a key way that we can influence gut health."

Professor Gearry says if New Zealand producers develop innovative gut foods they need to be able to back their claims with hard science to stand up to the requirements of international regulatory bodies.

"High level dietary health claims need to have clinical studies behind them showing that the novel foods are effective. Researchers also need to be able to show how the foods may have their effect through mechanistic studies of the foods in the context of the human gut."

Irritable bowel syndrome is the best human condition to study in order to make health claims, he says.

Professor Gearry and the Gastrointestinal Health research team will now recruit 600 patients with and without IBS who will already be undergoing colonoscopy to investigate their symptoms. Study participants will be asked to complete a wide range of questionnaires in addition to giving biological samples and completing diet diaries. This will allow researchers to identify similarities and differences between the groups that can be exploited to develop innovative food solutions.

"We know that if we can achieve this goal that these foods will be sold at a premium around the world."

The Christchurch IBS COMFORT

(Cohort to investigate Mechanisms For gut Relief and improved Transit) study is a key element in the Gastrointestinal Health research program that brings together a multidisciplinary groups of scientists from a range of institutions. Industry players are also consulted throughout the process, Professor Gearry says.

"As researchers, we see this as an enormous responsibility to ensure the very best result for gut health and the New Zealand food and beverage industry."

The Gastrointestinal Health project team includes scientists from AgResearch, the Malaghan Institute of Medical Research and Plant & Food Research.

The Science Director for the High-Value Nutrition National Science Challenge, Professor David Cameron-Smith, says by "scientifically validating a health benefit, the premium and value to the consumer becomes an important point of difference. It is the new global trend."

A particular area of focus was Asia. "Asia is a region which is becoming wealthier, but not healthier," Professor Cameron-Smith says.



Above: Richard Gearry.



Wanted: spare security swipe tags

If you've ever lost or forgotten your Canterbury DHB security swipe tag (the one that provides access into staff areas) you'll know how inconvenient it is.

But did you know?

- » That each staff security access card costs around \$20
- » These can be recycled and re-used
- » There are thousands of un-used cards in staff drawers, work areas etc. This is a real security risk.
- » Our current style of security card is no longer being made by our supplier. CDHB is moving to a new system and card but this won't be in operation until next year.

So we need your help to quickly gather back in, any unused security swipe tags. As with anything that is "Wanted" there's a small reward for people doing the right thing – here's how it will work.

From 19 October – 13 November anyone who hands in an unused security tag will go into the draw to win a morning tea shout for their team (up to 10 people). One draw will be made each week – so four chances in total.

- » So have look in desk drawers and shelves to see if there are any unused security tags.
- » Write your name, team, location and phone number on a piece of paper and attach it to the security card.
- » If you work at Christchurch Campus, take the card down to the ID Badge Office.
- » If you work at a CDHB site elsewhere, call ext 81164 give them the security five digit security card number (so they can deactivate it) and then pop the card and paper into the internal mail addressed to the ID Badge Office at Christchurch Hospital.

spare security swipe tags

You got you a spare security tag? Swipe card no one's using? There's a reward out on these things. They ain't makin' them like they used to.

REWARD: You wanna piece of the action? Take a look in the CEO Update or on the intranet. Turn your unwanted security tags in, get you a real slice of pie. No kiddin'.

- » The draw for morning tea will be made each Friday (16, 23 and 30 October, and 6 November) and the contact person on the attached paper will be contacted. There will be four morning tea shouts given away in total.

Any questions contact Vicky.heward@cdhb.health.nz.

Details also on the staff internet and daily email notices.

Provision of evidence of code of conduct education as per NCNZ requirements July 2015

As per Nursing Council requirements all nurses should have completed code of conduct and professional boundaries education by July 2015.

All nurses who wish to submit or resubmit a PDRP portfolio will now need to provide evidence that code of conduct and professional boundaries education has been completed.

There will be updated documentation available the week beginning 26 October to remind the applicant to include this evidence within their portfolio.

CHOOSE a career with us...

Clinical Psychologists/ Psychologists!

We have a variety of vacancies through the CDHB for you from full time to part time and fixed term to permanent. Have a look on our [Careers Website](#) to see what new opportunities await you! Queries may be directed to Heather, our Allied Health Recruitment Specialist on heather.ewing@cdhb.health.nz or DDI 337 7920.

Children's Haematology Oncology Centre - Registered Nurse

Are you a registered nurse looking for a rewarding and challenging role in a brand new Paediatric Oncology facility?

The Children's Haematology Oncology Centre (CHOC) is one of two tertiary paediatric oncology centres in New Zealand. We provide inpatient and outpatient care for up to 50 new diagnoses per year.

Earlier this year we relocated to a new facility within Christchurch Hospital. We are looking to recruit a Registered Nurse, preferably with paediatric oncology experience to join our dedicated multidisciplinary team to continue to ensure the quality care for the children within our service.

[More information.](#)

Administrative Team Leader

We are looking for an Administrative Team Leader to demonstrate their superb leadership qualities and lead our small but friendly clerical team at the Sexual Health Centre.

Our ideal applicant will be an experienced Administrator and have proven supervisory/leadership experience. You will be highly organised with an understanding of team leadership and motivation. In addition, you will have excellent customer service skills and knowledge of Microsoft Office applications. Experience with MedTech32 would be distinct advantage, however full training will be provided.

Your innovative approach, excellent communication skills and ability to confidently deal with a wide variety of medical professionals, clerical staff and patients will quickly see you succeed in this position.

[More information.](#)



Your hospital cricket team needs you

The Christchurch Hospital Cricket team is looking for enthusiastic players to join the team for the new season. We play at Presidents grade in the Christchurch Metro League and are part of Sydenham Cricket Club. Matches are usually played on a Saturday afternoon. We are looking for experienced players as the grade we play at has become fairly competitive now.

Anyone interested in joining us please contact Aidan Hegarty on ext 89770 or (preferred) e-mail aidan.hegarty@cdhb.health.nz for further details. The club also has a new website up and running at www.sydenhamcricket.co.nz



One minute with... Geoff Stark, Pharmacist

What does your job involve?

I supervise the Christchurch Hospital Pharmacy - New Aseptic and Cytotoxic Area (NACA) pronounced as NASA. We are an enthusiastic team of 10 pharmacists, pharmacy technicians and assistants who prepare a wide range of sterile pharmaceutical products. We also purchase in from Baxter Pharmaceuticals; home intravenous antibiotics, parenteral nutrition and all the anti-cancer and monoclonal antibody preparations used in the hospital. I also work with the pharmacy surgical team as a clinical pharmacist.

Why did you choose to work in this field?

Pharmacy provides a great interface between biology/chemistry and human need. I choose pharmacy as it gave me the opportunity to pursue my dream to work in sub-Saharan Africa in a busy church mission hospital.

What do you like about it?

Variety. NACA provides medicines for neonates to palliative care patients. As a team we interact with the Nutrition Support team and dietitians, infectious and respiratory disease outreach, oncology and haematology, ophthalmology, and a wide range of departments involved with treating patients with autoimmune diseases.

What are the challenging bits?

Pharmaceutical treatments continue to evolve and specialise. Keeping pace with this is daunting. The Christchurch Hospital Pharmacy is involved in over 60 clinical trials at present.

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

DPW (David Pugh-Williams) has an amazing memory for names – both drugs and consultants, and a wealth of pharmaceutical knowledge. The pharmacy department would like to have a desktop version of DPW.

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?

There are many dedicated employees in our health system who are seeking the best possible outcome for our clients. NACA provides high cost medicines (in excess of \$12 million/year) with very little wastage by carefully allocating patient specific products.

The last book I read was...

Better: A surgeon's notes on performance, by Atul Gawande. He focuses on diligence, doing right and ingenuity.

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

Water skiing on the Zambezi river.

My ultimate Sunday would involve...

An early morning run up Rapaki track. Church with family and friends at 10:15, a good read or nap in the afternoon and I would cap the day off with an extended family barbeque in the evening.

One food I really dislike is...

Tukeya – small sun dried Zambian fish that when cooked have an astringent aroma and acerbic taste. Great if you are protein depleted – but I never have been.

My favourite music is...

U2 – my contemporaries.



Above: Geoff Stark.

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

In brief

RepertoryPresents the BBC Comedy Classic
Supporting Comic Relief & Local Charities

BLACKADDER

The Tudor Years II

by Richard Curtis
& Ben Elton**Canterbury
Medical Research
Foundation**

Research Saves Lives



Tickets \$45 includes pre-show wine & cheese

Bookings 353 1245 or caroline@cmrf.org.nz**Friday 20 Nov 7.30 pm DOOR PRIZES!****Elmwood Auditorium, Aikmans Rd**

Repertory is a non-professional community theatre organisation

THE OCCUPATIONAL THERAPIST

MEET YOUR LOCAL SUPERHERO

Imagine being defeated by an everyday task like putting your clothes on, catching a bus, spending time with your friends or taking care of yourself.

OCCUPATIONAL THERAPY IS HERE TO HELP.

The things that you do – your occupations – help express who you are, how you feel about yourself, and how you connect with others. Your health and wellbeing will be affected if you are unable to do the things you want and need to do, to live and enjoy your life.

OCCUPATIONAL THERAPISTS HELP PEOPLE OF ALL AGES AND WORK IN A VARIETY OF SETTINGS.

Occupations that could cause difficulty include preparing and eating meals; driving and mobility; recreation and exercise; use of a computer or workstation; showering or bathing; getting things done on time and in a preferred standard; having enough things to do and the confidence to do them; developing supportive relationships or friendships; or thriving in school.

SUPERHERO P R O F I L E

My super powers help people to:

- Learn new ways of doing things following an illness or injury (e.g. dressing or cooking)
- Thrive in their senior years
- Regulate their strong emotions
- Achieve their goals at school
- Develop ways to manage pain
- Develop their confidence in social situations
- Access support available in the community.
- Adapt material or equipment (e.g. wheelchairs or provide a special bath or toilet seat)
- Make changes to their living or working environment
- Develop new skills, abilities or interests (e.g. job readiness programmes)

JOIN US in celebrating **occupational therapy** by using the hashtag **#YourLocalSuperHero**
Visit **otnz.co.nz** for more information

