





# Friday 11 April 2014—Let's find and fix campaign hits the streets

This week's weather has been a stark reminder that winter is just around the corner. Living in cold, damp and draughty housing can have a big impact on your health, and for many people this situation has been made worse since the earthquakes.

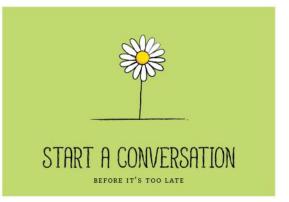
A really positive development this week was the launch of CanCERN's *Let's Find & Fix* campaign. *Let's Find & Fix* is designed to help find people living in cold and unhealthy houses and provide temporary fixes to get them through the winter months. If you, or people you know, are living in an unhealthy house because of the earthquakes, then please get in touch with CanCERN on 0800 233551 so they can help arrange a temporary fix.

# Have you had a Conversation that Counts?

Planning is something we all do each day. However, it's interesting that not many of us are very good at planning for the one thing that is going to happen to all of us - death. If something were to happen that left you without the ability to make your own health care decisions, do the important people in your life know what you would want?

Next Wednesday, 16 April is 'Conversations that Count Day' and is being promoted by the National Advance Care Planning Cooperative and Co-ordinated in Canterbury by the South Island

Alliance. For further details see the article on page seven and think about having a conversation with those near and dear to you.





**Over 4000 staff have already rolled up their sleeves, now it's your turn!** Thanks to the 4000+ staff who have already had their flu immunisation. Not only are you protecting yourself – you're protecting your patients, family and work colleagues. It only takes 20 minutes, including the time you need to wait afterwards to make sure you are okay. So if you haven't made it to a clinic yet, check out the dates and times in this update and make a date with one of our friendly influenza vaccinators.

### Special thanks to and from neonatal staff

Our neonatal intensive care unit (NICU) has been particularly busy of late and I would like to extend a special thanks to the NICU team for all their hard work and commitment over this busy period. In turn, the NICU team are quick to acknowledge the support and assistance of staff from within the wider Christchurch Hospital community. Nice work everyone!

Have a great week. If you're taking time off over the next two weeks to extend your Easter break, I hope you have a safe and relaxing time.

### David

### Correction

Last week I extended my sympathies to family, friends and colleagues of Sharla Haerewa, one of our student nurses who was tragically killed in a road accident last week. I apologise, I mistakenly said she was on Ward 18 when she was on Ward 28. My appeal was essentially the same though, please support your colleagues through these difficult times.



# ceo update Friday

# **Friday Fast Facts**

### Burwood

Please note that the upgrade to the main entrance roading at Gate 3 is in full swing.

Mairehau Rd has temporarily narrowed in this area with work occurring on both sides of the entrance to the hospital. Please take care when negotiating the road cones. These pictures were taken on Thursday 10 April.





### Christchurch

Parking update: As of Monday, April 14, the cost of parking at the old brewery site on Antigua/St Asaph St will go up from \$4 per day to \$5 per day.

# **RECURRING ROOMS RECURRING ROOMS RECURRING ROOMS**

Over the next few weeks you are going to be hearing a lot more about the Recurring Rooms process.

Recurring Rooms are rooms that crop up again and again across the hospital, for instance the various bedroom and bathroom types, storage bays and medication rooms.

A Recurring Rooms user group was set up some time ago, allowing staff to work closely with the health planners and engineers on the detailed specifications for each room type.

The group is also incorporating the Burwood design work to maximise standardisation across the DHB. This has cost benefits as well as improving staff safety.

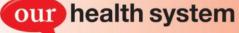
A total of 97 different types of recurring rooms have been identified for the Acute Services Building, which represents about 90 percent of the rooms.

For each type, an "ideal" layout has been produced based on Australasian Health Facility Guidelines or the nearest equivalent. Each room is represented in a plan and as a 3D drawing that shows everything in the room from hand rails and washbasins to corner guards and height lines.

Actual layouts may differ slightly to fit the exact dimensions and shape of each space, but because the ideal layouts have each been designed for the space, we can be confident that each recurring room will be fit for purpose.

When Developed Design begins in June, these room plans will be available to the user groups. Some of the room types, such as the storage rooms or utility areas will be mocked up at the Design Lab.

For more information on this process, keep an eye on the Recurring Rooms section on the intranet.



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### Ward 11, Christchurch Hospital

ceo update

We would just like to say a great big thank you to the team who looked after our son when he was admitted with quinsy. He has been living and working in New Zealand for two years and unfortunately has had real problems with his tonsils.

We are on the other side of the world, which has been very distressing for us, so it has been very reassuring to know he has been looked after so well, especially as he had to wake up on his 20th birthday in hospital!

Big thanks to Charlotte (nurse on ward 11) The ENT team Dr Luke Holmes and Consultant Jeremy Hornbrook.

#### **Urology Unit**

I want to say a belated thank you to all the wonderful staff in the Urology Unit who took such marvellous care of me when I had prostate surgery earlier this year. Every single one of you made what was a testing time for me and my wife so much easier. Heartfelt thanks to all of you in the unit.

Bouque

#### **Ashburton Hospital**

The staff in the office were so helpful and friendly. My granddaughter had her finger squashed in a door at school. After being assessed by her GP we went for an Xray and then to casualty. The radiographer in Xray was so gentle with her and so patient. The staff in casualty were brilliant, the nurse dealing with her was called Glenys and she was amazing. As you can imagine the injury was very painful but Glenys put the wee girl at ease so efficiently. The registrar was very informative as to the extent of the damage and after consulting with Christchurch, she referred us to the ED there. Thank you all so much for the wonderful care.

#### **Ashburton Hospital**

-You will transfer to Ashburton The Christchurch Doctor said You'll like it there - you will enjoy (besides we need your bed) All packed up in the ambulance I contemplate my fate The speed that we are going at I fear we must be late So here I am – my room looks nice And I'm greeted with a smile The window looks out over trees So far I like their style I've now been here for several weeks I'm sad that I can't stay For I have had the best of care 24 hours a day So now it's time to say goodbye To nurses and to all To doctors, cleaners, admin staff And physios who call So thanks for all that you have done To get me on my feet I'll not forget your kindnesses Ashburton can't be beat!!



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ceo update

# Death of Christchurch-trained HIV specialist

A Christchurch-trained doctor who was a leading international HIV specialist died unexpectedly last weekend.

Charles Farthing passed away in Hong Kong of a heart attack in the morning of Saturday 5 April.

Charles was recognised by many in health in Canterbury as someone who helped change HIV from the rapidly fatal illness that it was during the early days of the epidemic, to a disease that today can be successfully managed in many patients.

Charles attended Christ's College and did his clinical training and house jobs at Christchurch Hospital, before taking up roles in the UK at the time HIV was first recognised in 1981. From the UK he went to the USA where he did his fellowship in Infectious Diseases (at that stage a very new speciality) at New York University Medical Center.



**Charles Farthing** 

He became the Chief of Medicine and Director of Research for the AIDS Healthcare Foundation in Los Angeles, a large NGO providing primary medical care in the U.S.A. At the AIDS Healthcare Foundation, Charles presided over the introduction of the "cocktail" of drugs that turned AIDS into a manageable disease as opposed to a definite death sentence.

He was determined that these new drugs should be made available to less wealthy countries and worked hard to make this happen.

Over his career Charles received numerous notable awards including an award from the American Academy of HIV medicine (AAHIVM): "For dedication to advancing excellence in HIV care, and his devoted service to the AAHIVM, as educator, leader, member and friend".

He was listed as 'Infectious Diseases physician of the Year' by the Consumer Research Council of America and received the 'Outstanding HIV Physician of the Year' award' by patient support group: "the <u>body.com</u>" as well as the award of appreciation from the American Academy of HIV Medicine for creation of AAHIVM's: "Self - Directed Study Guide".

Charles was Merck Sharpe and Dohme (MSD) Asia-Pacific Director of Medical Affairs for Infectious Disease (HIV, antifungals and antibiotics) for the past five years. Before that he was Merck & Co. US Director of Scientific Affairs for HIV.

MSD New Zealand recently hosted Charles on two consecutive trips in February and March which enabled colleagues in Canterbury to enjoy the company of one of Christchurch's 'sons' who had made a real impact on world medicine. People commented that his youthful smile was no different to when he was here as a house surgeon.

It was therefore a real should shock to colleagues to hear of his death, says Chairwoman of the Canterbury Hospital Medical Staff Association, Ruth Spearing.

"Charles was a passionate clinician, colleague and friend and will be greatly missed here and in countries around the world for his kindness and humour that complemented his wealth of medical knowledge."

Our heartfelt sympathies go out to his partner, Doug Louie, and to his family. It is understood there are plans to hold his funeral in New Zealand.



# **Ceo update** Orion Health expansion great news for Cantabrians

It's a delight to see strategic partners Orion Health going from strength to strength, marked by the opening of their new expanded premises on the Hazeldean Business Park in Addington, Christchurch.

From a handful of staff based in Christchurch in early 2011, they have increased to 64 and have plans for an eventual workforce of 100.

Dr Nigel Millar, Canterbury DHB Chief Medical Officer says Canterbury people are fortunate to have technological innovators Orion Health working with the Canterbury Health System towards a healthier future.

"Orion Health has a well-deserved international reputation for being at the cutting edge of developing clinical software solutions. Together with Pegasus Health and Canterbury DHB, they have been instrumental in creating secure patient information systems that allow Canterbury Health System clinicians to deliver safer, more effective and faster healthcare," Dr Millar says.

"Integration is key to our seemingly simple goal of wasting less of people's time and Orion Health has helped us make great strides in that direction."

Many people may not know that Orion Health were one of the first significant new businesses to make their home in Christchurch following the February 2011 earthquake, and have been with us through some of our toughest challenges.

"It's fantastic to see such world class players put down roots, literally just up the road from the planned Christchurch Health Precinct and speaks volumes about how our recovery is really beginning to build momentum," Nigel says.

Orion Health has been the technological powerhouse behind many technological advances that have helped clinicians become more connected, and taken waste out of our system.

Together we have achieved great things and fostered some ground breaking initiatives:

- Health Connect South, our principal clinical information system: The system has been redesigned to provide a
  secure, sustainable and scalable platform. There have been regular upgrades and HCS now integrates with other
  systems such as InterRai, CCMS and shortly MedChart. Orion Health has developed electronic clinical
  documentation for the diabetes service and is piloting a comprehensive mental health solution on the West Coast
  that we hope will become a regional solution.
- Shared Care View: Allows the secure sharing between clinicians of information held in a single up-to-date health record, leading to safer, more informed decisions and less wasted time. This is a fine example of what collaboration and partnership can achieve.
- Each year, a crack team of Orion Health specialists spend three days immersed in our health system as part of "Scratcharama". Health staff are then invited to bring their software issues and challenges, some of which Orion's specialists can solve on the spot.
- Scratcharama was earlier this week in fact see note at the end if you'd like to elaborate.

As well as ongoing work on the above, Orion Health are working with us on:

- The South Island Patient Information Care System: We are developing comprehensive business requirements that could ultimately replace up to eight separate Patient Administration Systems (PAS) with one supporting regional integration for seamless patient care for not only the people of Canterbury, but for the whole of the South Island.
- Patient portal: We are currently working on a proof of concept and developing a system for secure messaging between patients and clinicians this is an innovation only made possible by our shared investment and capabilities
- Paperless wards: Finding ways to move from the old world of pen and paper to one that matches the digital age we are entering.

Future plans include:

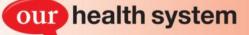
- Improving our electronic referrals system
- A reconciliation system to support medication review when arriving and leaving hospital
- Rolling out Health Connect South to the whole of the South Island so that a person will have exactly the same hospital record whichever hospital they are in.

Orion Health's expansion is of huge significance, not just to our health system, but to Christchurch and Canterbury. They have stuck with us and with Canterbury since the February 2011 earthquakes and this represents another major step forward in our recovery.

Talent attracts talent and Orion Health's long-term presence here, close to both the planned health and the innovation precincts is the best news we have all had in a long time.



We look forward to working with Orion Health long into the future, and to an increasingly fruitful partnership.



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# Hillmorton AIS, better by design

It might have been a long time in the making, but it's been well worth the wait. That's the view of Jason Blake, service manager at Hillmorton Hospital's Acute Inpatient Service.

"Both the figures, and the noticeably more relaxed atmosphere speak for themselves," he says.

"The length of time people stay with us is decreasing- we are having to admit fewer people, despite the fact that the number of people accessing community services is greatly increased . Perhaps more significantly, with all four wards now open, the environment is less restrictive and more conducive to people getting well again."

Client families too have noticed the difference, commenting that visits before could be "tense and chaotic at times". The new, less restrictive environment better meets patients' needs and enables staff to work more effectively.

Here's what some of them had to say about the new, improved AIS:

"I went to the acute inpatient unit yesterday and was impressed with the new signage. It was explicit and clear about where I needed to go. I found it easier to navigate my way around the service."

"It is great having the visitors' room in the centre of the Acute Inpatient Service. It is equipped with toys and made visiting easier and friendlier for children visiting their mum at this difficult time."

"Finally, we found a service to support us as a family. Your pamphlet stand with family information at the entrance was such a wonderful resource and made information accessible. Thank you!"

For clients, the simplest changes have perhaps mattered the most:

"There was almost a collective sigh of relief when clients were told they could now keep and use their cellphones. It has just become such a part of staying connected these days, and that can be very important in enabling families and friends to provide ongoing support when it is needed most," says Jason.

A partial rebuild and upgrade of wards began in May 2012 to pave the way for a new model of care. There has been a huge reconfiguration of space, with upgrades to bedrooms and shared areas. The rebuild created 4 x 16 bed open wards, each with a "high care area" of three beds to replace the old three ward layout that had two open and one locked ward. "With high care areas in each ward and changes in our approach to inpatient care the use of seclusion has dramatically declined - an achievement we are all very proud of."

There are two principle advantages to the new model of care. Firstly smaller wards with an open environment, and flexible use of space has resulted in fewer environmental stressors. Secondly, improved continuity of care is having direct therapeutic benefit has patients and their families are in contact with the same core staff team throughout.

"Patients, families and staff have been incredible in the way they have responded to and coped with the rebuild - dust, noise and lots of new faces coming and going. Although we did our best to keep people updated with information available on display boards, emails etc, sometimes it was hard for all of us to keep up with all the changes," Jason says.

"It's hard to believe we have achieved so much change while keeping the inpatient service open."

There are still a few finishing touches yet to do, such as new carpeting and sorting out our reception area, but mostly we are focussed on embedding our model of care changes and growing into our new environment.

The acute inpatient service will be formally blessed on 17 April.





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# Have you had a Conversation that Counts?

Planning is something we all do each day. Whether it is deciding what we are going to have for lunch or dreaming about how we might spend a lucky Lotto win.

It's interesting then that we are generally not very good at planning for the one thing that is going to happen to all of us.

We might not know when or how but we are all going to die. If something were to happen that left you without the ability to make your own health care decisions do the important people in your life know what you would want?



THAT COUNT DAY

Studies show only about half of us have talked to our partner, family, friends or health provider about our end of life wishes, yet for most people making sure their family is not burdened by tough decisions is "extremely important".

To help bridge this gap and get people talking about what is important to them, 16 April has been designated as **'Conversations that Count Day'**.

Promoted by the National Advance Care Planning Cooperative and Co-ordinated in Canterbury by the South Island Alliance, the day will include postcards, posters and displays around Canterbury DHB hospitals. There will also be articles in local and national media and a website where the public can send an electronic postcard to someone they care about, encouraging them to 'start a Conversation that Counts'. (http://conversationsthatcount.org.nz/)

Having a 'Conversation that Counts' is the first step towards Advance Care Planning (ACP). This is a process of discussion and shared planning for future health care which involves an individual, whanau and health care professionals and gives people the opportunity to develop and express their preferences for future care based on:

- Their values, beliefs, concerns, hopes & goals
- A better understanding of their current & likely future health
- The treatment & care options available

The Canterbury Advance Care Planning Facilitator, Jane Goodwin, says "we often make the assumption that the important people in our life would know our wishes if we were unable to speak for ourselves. In reality this is might not be the case".

What is important to a person at the end of their life can be very individual. "Some people are very happy to die in hospital. Others would much prefer to die at home or in the hospice. That's the great thing about Advance Care Planning. It is patient focused and lets each person express what is important to them," Jane says.

"We often find if people can start talking to their family and health professionals about what is important to them they realise they do have choices and gain a real sense of empowerment." Canterbury is the first area in the country to be able to load Advance Care Planning information onto patient data bases, she says.

Things to remember when having a 'Conversation that Counts':

- Be patient. Some people may need a little more time to think.
- You don't have to steer the conversation; just let it happen.
- Don't judge. A "good" death means different things to different people.
- Nothing is set in stone. You and your loved ones can always change your minds as circumstances shift.

This is the first of many conversations you don't have to cover everyone or everything right now.

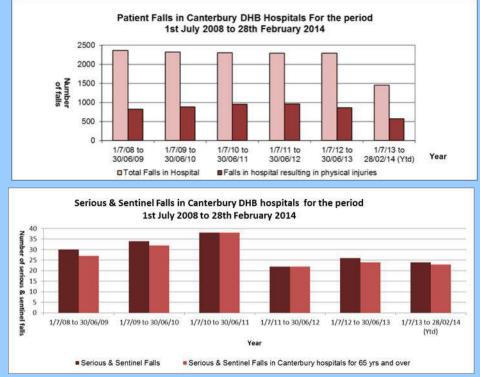
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# **ceo update** The Safe Patient Journey –Zero Harm from Hospital Falls

- In Canterbury DHB Hospitals between the 1 July 2013 and the 28 February 2014, there were:
- 1459 falls
- 575 of those falls resulted in an injury
- · 24 of those injuries were serious, with 23 of these serious injuries occurring in patients aged 65 years and over



Falls Prevention in our hospitals is focusing on patient assessment and tailoring falls prevention strategies to best meet the needs of each individual patient. This includes talking about strategies for when they are able to return to the community.

In mid 2013 a Hospital Falls Prevention Steering Group was set up to help direct and prioritise the key workstreams that will help us reduce falls and the harm from falls in our hospitals. This group is made up of key senior clinical staff and frontline staff, and also includes a member of the consumer council.

The outcome measures we are working towards are:

- to reduce patient falls resulting in injury rate by 10 percent by the 30 June 2014 (from 2.4 to 2.17 per 1000 inpatient bed days). At the end of February 2014 the rate was 2.25 per 1000 inpatient bed days.
- to reduce the total patient falls rate by 15 percent by 30 June 2014 (from 5.7 to 4.85 per 1000 inpatients beddays). At the end of February 2014 the rate was 5.74 per 1000 inpatient bed days.
- to reduce the SAC 1 & 2 Fall event rate (serious injury falls which are reported the MoH) to the rate achieved in the 2011/2012 year by the 30 June 2014, (from 0.07 to 0.05 per 1000 inpatient bed days). At the end of February 2014 the rate was 0.09 per 1000 inpatient bed days.

Three key areas of work for the Hospital Falls Prevention Programme are:

- Standardising the falls prevention visual cues used in our hospitals
- Ensuring patients have access to appropriate walking aids, this involves identifying the barriers to patients bringing their own walking aids to hospitals as well as looking at the availability of walking aids in hospital
- Standardising the protocol/procedure to be followed in our hospitals and any tools required once a patient has fallen.

The initiatives to reduce falls above is very much Business As Usual or should be - Read more about April Falls initiatives and nominated falls champions next week.

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April Falls Month display at Burwood Hospital.

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www.cdhb.health.nz

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# **CEO UPDATE** "Roving Grannies" welcomed around Christchurch Hospital

Thank you to all the staff, patients and families of patients, who supported the "Roving Grannies" yesterday.

Nurse Educator, Lisa Bee, (Betty) said she was overwhelmed by how receptive everyone was and it was fantastic to see how the Grannies made people smile.

"A special thanks to many people who made Betty and Mavis' journey so welcoming while they walked the talk on falls prevention. Everyone really listened to the big issues around falls prevention."

Lisa says she would like to personally thank Ward 18 Hospital Aid, Helen Mathieson, (Mavis), who she approached about her idea of the "Roving Grannies" only six weeks after Helen was employed on ward 18.

The "Roving Grannies" will soon be visiting The Princess Margaret, Burwood, Ashburton, and Darfield hospitals. If anyone would like to book a visit with them email lisa.bee@cdhb.health.nz or mark.crawford@cdhb.health



Find out more about April Falls at www.cdhb.health.nz

www.cdhb.health.nz

"We will go anywhere, no place too small or too big," says Lisa.



# Calling all active researchers - Research Workshop Invitation

The Canterbury DHB Research Committee are calling all active researchers to participate in a research workshop on Saturday 3 May.

The aim of the workshop is to explore the research opportunities that could be possible once the Health Precinct has been built.

The precinct will be located adjacent to Christchurch Hospital and the University of Otago, School of Medicine Christchurch campus and is one of the key anchor projects being promoted by the Christchurch Central Development Unit, which is part of the Canterbury Earthquake Recovery Authority (CERA). A steering group comprising Canterbury DHB, University of Otago, University of Canterbury and Christchurch Polytechnic Institute of Technology (CPIT) is overseeing the project.

The workshop is open to all active researchers with an interest in health research and is an opportunity to help set the future direction for the precinct and how it can further enhance patient care through world class research and innovation.

The workshop will include a presentation from the steering group on the background and current status of the project, followed by a series of small group interdisciplinary sessions to address specific strategic issues such as possible research themes, the best way to promote interdisciplinary research, international links, clinical trials and allied health research.

It is envisaged that issues about research infrastructure, laboratory requirements, research support and funding will be touched on and followed up in more detail at a later date.

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To register download the registration form, complete and send to charlotte.robson@cdhb.health.nz

# Details:

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Date: Saturday 3 May Time: 1.00pm to 5.00pm followed by a social hour (cash bar will be available) Venue: Copthorne Commodore - http://www.commodorehotel.co.nz/location/ Facilitator: TBC

Stella Ward Executive Director of Allied Health & Executive Lead Health Precinct



Choose something for your peace of mind.....

# Do you need a free 30 minute consultation with an insurance lawyer regarding earthquake related issues?

An insurance lawyer from Lane Neave will help Canterbury DHB employees to identify the main earthquake related issues you are facing, provide advice on your legal position, discuss possible practical solutions, and give some pointers as to best strategy and the next steps you can take to progress your claim.

For a free 30 minute consultation with an insurance lawyer for advice about earthquake related issues,

Contact Kate Wilson on 377 6781 or email her on kate.wilson@laneneave.co.nz to make an appointment.

Don't forget to check out the other great employee benefits available to you on the Something for You intranet page



The Canterbury **Health System Quality** Improvement and & INNOVATION AWARDS Innovation Awards are back!

Entrant Materials for 2014 are now available, please visit the Awards page at Quality and Patient Safety. We are accepting Expressions of Interest from project teams until Friday 25 April.

The contribution of experienced Mentors and Assessors is essential to the success of the Awards programme. We are now recruiting Mentors for the April-July period. Please put your name forward if you are interested.

Important points about the Mentor role:

- Each Mentor is paired with a project team to provide guidance and assistance while they prepare • the written submission
- The time commitment varies from project to project, however you may spend up to two hours a week working with your project team
- Mentors must first gain approval from their line manager
- All mentors must attend a training workshop. The entry process, including the written submission will be covered in detail. Workshops will be held at the following times:

Tuesday 15 April 2-4pm Thursday 17 April 10-12am 5<sup>th</sup> Floor Boardroom, TPMH 5<sup>th</sup> Floor Boardroom, TPMH

Do not hesitate to get in touch with me amanda.mehrtens@cdhb.health.nz if you have guestions or would like more information about the Mentor role. If you are interested in being a Mentor, please let me know the workshop time you prefer to attend. We will begin the process of recruiting Assessors in June.

See also the posters at the end of this update.



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ceo update



# Staff flu vaccination clinics now on

Annual influenza immunisation is strongly recommended for all healthcare workers to help protect yourself, your patients and your family. You need a flu vaccination each year and its best to get in early as it takes a couple of weeks for immunity to develop and you need it before the flu season hits. Also, remember it's free for all staff.

### Clinics coming up

#### **Christchurch campus**

Venue	Date	Time
Christchurch Women's	Tuesday 29 April	14:30-15:30
Eye Clinic	Tuesday 22 April	12:30-13:30
Ward 12	Tuesday 29 April	11:00-12md
Ward 14	Tuesday 29 April	09:00-10:00
Wards 15, 16, 17	Tuesday 15 April	09:00-10:00
Emergency Department	Tuesday 29 April	14:00-15:00
Canterbury Health Labs	Tuesday 15 April	11:30-13:00
Paediatrics Outpatients	Thursday 17 April	12:00-13:30

### **Burwood Hospital**

The following staff have the vaccine available and can vaccinate: Nerilee Kidd, Duty Manager (Nights) Saskia Gibb, BIRS (Nights) Emma Lanyon, Duty Manager Helen O'Sullivan (Casual Pool, TBA) Anne-Marie Wildbore (Infection prevention and control)

### **Ashburton Hospital**

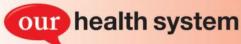
There are authorised vaccinators in clinical areas who will vaccinate clinical staff on the wards as able. Make contact with these people: Paula Burgess, AAU Deborah Hanrahan, AAU Fay Jones, Ward 6 Sheila Lyons, Ward 1 & Home-based support Sharon Greenslade, Ward 1 Amanda Van Asperen, Ward 1

### The Princess Margaret Hospital

Contact Occupational Health on 68723 to make an appointment.

Hillmorton Hospital Contact CSU on 33966 to make appointment.

For full list of clinics click here.



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# ceo update One minute with... Amy Lodder, Casual Pool Nurse

### What does your job involve?

I am a casual pool nurse, which, means I am able to choose when I am able to work and I can be sent to most areas of Christchurch Hospital. I could be sent to surgical wards or medical wards where I undertake a variety of nursing practices, such as administering medications, looking after pre and post-operative patients, wound care management and most importantly listening and talking to patients about their needs and concerns.

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

When I did work experience I very much enjoyed looking after people and talking to them about their lives. I trained as an orthopaedic nurse in England gaining the qualification "Specialist Practitioner in Orthopaedics". However, since having a family I have chosen to do casual nursing due to the flexibility of the shifts.

### What do you love about it?

There are many aspects of my job which I enjoy. It can be quite challenging but also exciting. No shift is the same. I love being sent to other wards, learning new skills from other nurses and sharing experiences.

#### What are the challenging bits?

I normally do 6pm—11pm shifts which can be guite challenging at times. What makes this shift challenging is that you begin half way through the regular shift. This means that you need to rely heavily on the handover from the previous nurse as there is often less chance to read through the notes thoroughly.

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

The people I admire most in my area are the duty managers. I admire the way that even in the most stressful situations they remain calm and professional.

### The last book I read was...

Round Ireland with a fridge

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

**Arthurs Pass** 

### My ultimate Sunday would involve...

Spending time with my husband and my son. I enjoy going to different places around Christchurch seeing what new attractions have been built. As well as that I enjoy spending a little time on my own, sitting in a café reading the newspaper.

One food I really dislike is... Sweet and sour dishes.

My favourite music is... Mumford and Sons and Lorde

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



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Every April for the past 62 years, the International Association of Administrative Professionals has been asking businesses around the world to show gratitude for the people who get the job done in their office.

At Canterbury DHB we know that our office professionals are the glue that keeps the system working. You make our offices work day-in and day-out and play a critical role in the Canterbury Health System.

This year Administrative Professionals Day is on Wednesday 16 April. And while that is just one day of the year, at Canterbury DHB we provide professional development opportunities for administrators all year round.

For the past two years we've held purpose designed workshops for our admin workforce. This year the workshops will take place 24 and 25 June. The workshops are voluntary and more than 300 administrators have attended them each year in the past. Last year's workshops included sessions on designing your year, partnering brilliantly with your manager and business writing and email etiquette.

Administrators also have access to the Canterbury DHB Learning and Development calendar all year around. We regularly talk with them about further learning that may be of interest. As long as a course is relevant to their role - and part of their learning and development plan - (and budget is available) administrators are able to attend their selected course of learning.

Courses such as Medical Terminology, the Art of Minute Taking, Interpersonal Dynamics have all been made available for our administrators along with membership to a range of appropriate associations.

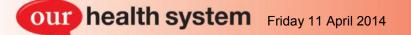
Thank you Canterbury DHB administrators for the order you bring and the huge contribution you make to the health system every day - it wouldn't work without you!

You can find the CDHB Learning and Development Calendar here.

More information about the June workshops will follow later this month.

Below attendees at the 2013 workshop.







# Christchurch Hospital nurse carries on the proud tradition of achievement at the 14<sup>th</sup> IVNNZ Awards

Congratulations to Pip Francis Charge Nurse Manager Radiology, the winner of the oral presentation award for Best First Presenter at the 14<sup>th</sup> Intravenous Nursing New Zealand Inc. Conference held in Wellington 28 – 29 March. The theme of the conference was 'Celebrating 21 years of Infusion Excellence'.

The title of Pip's presentation was 'Credentialing a nurse led PICC insertion team'.

The Christchurch PICC nurse inserter team is the first in New Zealand to achieve credentialing status. Credentialing is a means of providing a pathway and recognises Registered Nurses who provide these advanced skills within this essential service for patients across the Canterbury District Health Board.

The aim is to promote a culture of patient safety, quality outcomes and promote a strong competent performance across the team. As part of the credentialing pathway a competency code was created in the Canterbury DHB Competency and Training data base for all PICC nurse inserters.

Pip was also awarded the President's Award for Leadership.

Kerry Davis NE Mercy Hospital Dunedin, won Best Presenter Award for her presentation titled 'Medication Safety – A private concern or everybody's business'. Kerry was previously the Intravenous Nurse Educator at Christchurch hospital.

Christchurch Hospital nurses have consistently been award winners at IVNNZ national conferences since 1998 (when the awards were first introduced). CDHB has produced the highest rate of award success at IVNNZ conferences compared to other DHB's across New Zealand.

Past award winners:

- 2012 Best Presenter Elizabeth Culverwell IVNE. 'In the wake of the quake, a lesson from nature'
- 2008 Best Presenter Suzie Rich ACNM ED. 'A problem with needles – A review of sharp safety and improving practice in the emergency setting'
- 2005 CEL Encouragement Award Stephen Cotterell, PICC nurse inserter. 'Paediatric PICC insertion- the next challenge'
- 2002 Best Presenter Doryan Mahalm CNM Radiology. 'Expanding our role as IV nurses'
- 1998 Best Poster E. Culverwell, C. Gibson, D Fearnely, R.Spearing. 'Evaluation of the Biopatch™ Chlorhexidine Gluconate antimicrobial dressing for insertion site management of indwelling central venous catheters' This was presented in oral format the following year at the PATCH conference Sydney NSW & was awarded Best Scientific paper.



Pip Francis, CNM Radiology

# Canterbury Professor elected as Dean-Elect Board of Australasian College

Congratulations to Professor Ted Shipton who has been elected as Dean-Elect of the Faculty of Pain Medicine (FPM) Australian and New Zealand College of Anaethesists.

Ted has served on the Board of the college since 2005 and has overseen a number of important portfolios and Faculty initiatives, including Trainee Affairs, Education and the Curriculum Redesign Project Governance Group and is currently the Deputy Chair of the New Zealand National Committee.

He will take office following the Annual General Meeting in Singapore in May 2014.









Friday 11 April 2014





128370—Receptionist – Sexual Health 16176—Support Service Facilitator - Rehabilitation Service SMHS 128248—Registered Nurse - Burwood Permanent Pool 128001—Clinical Nurse Specialist - Operating Theatre Gynae 127945—Personal Assistant

Click here to see more opportunities on the careers website



# Staff Wellbeing Programme – Wellbeing Workshops for managers/supervisors – limited places remain

Wellbeing Workshops for managers/supervisors Limited places are still available for the following workshops: TPMH, 17 April and 8 May Burwood Hospital, 29 April Hillmorton Hospital, 30 April

Are you a manager/supervisor with responsibility for other staff? Do you want to know more about how you can manage and promote your own wellbeing?

For more information on what the workshop covers and details about how to register, visit the Staff Wellbeing Programme intranet page

http://cdhbintranet/corporate/HealthandSafety/SitePages/Staff%20Wellbeing.aspx

### Tracksuit-inc – health questionnaire

If you've missed the start of the "**sugar crash**" health challenge you and your family members can still sign up to **tracksuit-inc** and complete a detailed personal health questionnaire. It'll provide you with some feedback on what you're doing well and what areas might need a bit of work.

To register, go to <u>www.tracksuitinclive.co.nz</u> and enter the CDHB code 'dhbstaffwellbeing' – then click on YOUR HEALTH (in the menu across the top of the page) to access the questionnaire.

### Staff Wellbeing Programme intranet page!

<u>http://cdhbintranet/corporate/HealthandSafety/SitePages/Staff%20Wellbeing.aspx</u> Check out this page for information on yoga, Zumba, Pilates, mindfulness, 30 minute walk 'n workout groups, Earthquake Support Coordinators, Finance/Retirement seminars, Employee Assistance Programme (EAP - free counselling for staff), and more...

There's also a link to the **Something for You employee benefits** page containing a large number of discounted products and services available to CDHB staff.

Epilepsy Association of New Zealand Inc, Canterbury/West Coast Branch Invites you to attend a seminar on **Understanding Epilepsy** 



Covering: What is epilepsy, what causes epilepsy, recognition of seizure types, managing seizures, seizure triggers, recording seizures, principles of antiepileptic medication and life style issues

Dates: Wednesday 16 April and Wednesday 14 May Venue: Upstairs lounge at Pioneer Stadium, 75 Lyttelton Street, Somerfield, Christchurch Time: 10am-11.30am RSVP: Phone 0800 EPILEPSY, answer phone available or email <u>Canterbury.westcoast@epilepsy.org.nz</u> Parking: Car parking is available at Pioneer car park off Lyttelton Street.

Offsite seminars are available by arrangement Phone 0800 EPILEPSY Email canterbury.westcoast@epilepsy.org.nz



Friday 11 April 2014



# Refresh your hand hygiene knowledge and win!

CO APART Hand Hygiene New Zealand's hand hygiene online learning package (OLP) competition was so popular last time that we're running it again!

This time we have a target to beat. Two hundred and seventy people completed our hand hygiene learning in February and March, so we're looking for even more to complete it this time (all new people of course)! And kudos will also go to the DHB that has the most staff members completing our OLP.

The race is on. Refresh your hand hygiene knowledge via our OLP; submit your certificate and you'll go in the draw to win one of three fantastic prizes:

- \$50 Westfield voucher
- \$30 supermarket voucher
- Aromatherapy Company hand cream and hand soap duo

The prize draw closes Friday 9 May 2014. Find out how and where to enter here http://handhygiene.org.nz/ index.php?option=com content&view=article&layout=edit&id=67.

Please note that the prize draw is only open to DHB staff. Feel free to pass details of the competition onto colleagues.

# REFRESH YOUR HAND HYGIENE KNOWLEDGE inga horoia, actearoa

# PRIZES

\$50 WESTFIELD VOUCHER or other retail voucher where Westfield is not present Treat yourself

\$30 SUPERMARKET VOUCHER Handy for your next shop.

THE AROMATHERAPY **COMPANY HAND LOTION** AND SOAP DUO Revive your hands

Prize draw closes on Friday 9 May 2014. Winners drawn 12 May 2014.

# LEARN ONLINE AND WIN

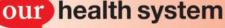
Refresh your hand hygiene knowledge with our online learning course and be in to win one of three fabulous prizes.

All you need to do is:

- Jump onto the following page: <u>http://bit.ly/KyTv3r</u>
- Choose the online learning package that applies to you
- Read the information and answer the multiple choice questions
- · Fill in the certificate details
- Email a copy of the certificate to havley.callard@handhygiene.org.nz and you will be entered into the prize draw. If you email from a non-DHB email please advise which DHB you work for.

Please note the prize draw is only open to district health board staff.

WWW.HANDHYGIENE.ORG.NZ



Friday 11 April 2014



# ceo apdate Ceismic wants your earthquake stories

The UC (University of Canterbury) CEISMIC programme is building a comprehensive digital archive of video, audio, documents and images related to the Canter-

bury earthquakes of 2010 and 2011. The archive is designed to preserve the memories and experiences of people of the Canterbury region. Like the rebuild of our physical city, it's going to take some years to create this asset. Ceismic needs you, your stories, your support, your ideas.

Many organisations are working with or have given their earthquake memories to Ceismic for this purpose. The list includes the National Library of New Zealand, the Ministry for Culture and Heritage, New Zealand on Screen, Christchurch City Libraries, Canterbury Earthquake Recovery Authority, Canterbury Museum, Te Papa, Archives New Zealand, Ngai Tahu Research Centre and The New Zealand Film Archive.

Canterbury DHB has agreed to provide stories from its website www.cdhbguake.org.nz to Ceismic. If you have supplied your story for the Canterbury DHB website you may have received an email asking if you object to your story going in the Ceismic archive. Current email addresses were not available for all our contributors so if you do have a story on the website and you'd rather not have it archived please email Vicky.heward@cdhb.health.nz.

We will also be putting our earthquake stories on our new CDHB website.

# Stroke Awareness Week 7-13 April

Strokes are the third most frequent cause of death in New Zealand, accounting for about 2500 deaths each year. It doesn't just impact older people either, with 10 percent of deaths occurring in those aged under 65. It is also the leading cause of long-term disability.

One-third of new stroke patients (700 per 1,000,000) die each year, and less than half recover and regain their independence. It is important to identify risk factors and causes of stroke in order to take steps toward prevention. Primary prevention addresses all measures for avoiding a stroke or transient ischemic attack (TIA). Prevention includes blood pressure lowering, cholesterol reduction, smoking cessation, and antiplatelet therapy (to help prevent blood clots).

A stroke can either result from a brain bleed or from a blocked vessel in the brain. Brain bleeds can present with an abrupt onset of a severe headache (like no headache ever experienced before), accompanied by vomiting and neck stiffness.

However, more often strokes present with one or more symptoms highlighted below. To help prevent the deaths and ongoing disabilities that result from strokes, the Stroke Foundation of New Zealand has devised a quick check to recognise stroke symptoms.

Using the FAST check, people are encouraged to look at the:

- Face smile see if one side of the mouth is drooping
- Arms raise both arms and see if one side is weak
- · Speech try speaking. Is it possible, and are words jumbled or slurred?
- Time act fast, any lost time could mean lost brain function.

The faster people act when a stroke is taking place, the better. For some strokes thrombolytic treatment (breaking the clot down) is a potential treatment in the first few hours.

# Celebrate International Nurses Day and enter the Recycled Arts Awards

On 12 May nurses around the world celebrate International Nurses Day. The Canterbury Region celebration will take place on Wednesday 14 May.

We invite all nurses from across our health sector to attend the celebration. This year's theme is 'Nurses: A Force for Change – A Vital Resource For Health".

More information about International Nurses Day can be found on the International Council of Nurses website: http://www.icn.ch/publications/2014-nurses-a-force-for-change-a-vital-resource-for-health/

# The Florence Nightingale Recycled Arts Awards are back!

The awards were very successful pre-earthquake and the International Nurses Day working group is running it again this year.

Please see the poster at the end of the update for more information and download and save the Entry Form here. These need to be submitted by Wednesday 16 April.



GEISMIC



# ceo update Department of Psychological Medicine, University of Otago, Christchurch & SMHS, CDHB Clinical Meeting

### Tuesday 15 April 2014 12:30 pm – 1:30 pm

Venue: Beaven Lecture Theatre, 7<sup>th</sup> Floor, University of Otago, Christchurch School of Medicine Building

# "What's happening at Community Alcohol and Drugs Service?"

Presenters: Anna Galletly, Jane Patterson, Anna-Marie Todd and Dr Cheok Soon Chow Chaired by: Dr Carmen Lowe

# SPECIAL NOTES:

These meetings will be held on a weekly basis (except during school holidays) and the details of the next meeting will be emailed to you in advance.

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

# Psychiatrists can claim CME for attending these meetings.

The sessions will be broadcast to the following sites: For TPMH attendees the venue is the Child, Adolescent & Family Inpatient Unit, Ground Floor. Access is from the main reception at TPMH.

For Hillmorton attendees the venue is the Lincoln Lounge, Admin Building, Hillmorton Hospital The dial in address is: Psych Med Grand Round. If you have difficulties dialling in please call 0800 835 363 to be connected.

# The great MARSH -mallow Easter Egg Hunt

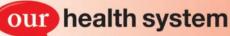
MARSH (our insurance brokers) have hidden 7 'virtual' Easter goody packs across the CDHB. Decipher the 4 clues for each pack to try and guess where they are and who has got them.

Email your guesses (one guess per person per day ) to faye.logan@cdhb.health.nz. The first person to email the name of a campus and the person holding the easter goodies will win them.



Also check our intranet for the savings available to you through the staff insurance plan arranged for CDHB by Marsh. Click here to get a quote and enter the April draw for a \$100 dinner voucher.





Friday 11 April 2014

ceo update



CC The greatest wealth is health -Virgil ??

# For CDHB Managers/Supervisors

To support your wellbeing, the CDHB Staff Wellbeing Programme and MHERC are running a series of two-hour wellbeing workshops for managers/supervisors.

The CDHB acknowledges the crucial role you, as a manager/supervisor, play in supporting your staff and facilitating the delivery of high quality care to the Canterbury community. In the current Christohurch environment it is more important than ever that you take the time to focus on your own wellbeing.

### Two hours to focus on YOUR wellbeing!

We are running a number of workshops in 2014 to allow you to put your wellbeing first. Evidence suggests that by doing this, those around you - your family and friends, your colleagues and patients will also benefit.

Workshop Overview:

- The importance of wellbeing; psychological and emotional effects
- Learn about stress responses and how to cope with stressful environments
- Understand the science and practice of applications of self-care
- Appreciate the progress of recovery for communities and individuals
- Gain skills and take ownership of tools for increasing your own and others' wellbeing
- Improve your health and wellbeing: 5 Ways to Wellbeing, All Right?, Staff Wellbeing Action Group
- · Enhance positive relationships and social connections

#### Workshop Details:

- All workshops run for 2 hours and conclude with a further 30 minutes for refreshments and informal conversation
- . For dates and to register for a workshop click here

Facilitated by Alison Ogier-Price MSc Psyc, B.Comm, BA Hons, C.AT, MNZAPP

Click here to register





Te Poari Hauora o Waitaha

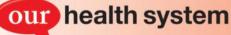


Mental Health Education & Resource Centre

#### For more information contact:

Lee Tuki Lee.Tuki@cdhb.health.nz 027 689 0285

Andy Hearn Andy.Hearn@cdhb.health.nz 027 290 0937



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# **Celebrating International Nurses Day 2014** "Florence Nightingale Recycled Wearable Arts Award"





our health system Friday 11 April 2014



# PHARMAC forums for hospital medical devices

PHARMAC will next month be releasing a discussion document outlining the approach to managing hospital medical devices on behalf of DHBs.

The aim is to gather feedback from the health sector and any other interested parties about implementation implications for PHARMAC's management role.

We will be inviting submissions on the discussion document during May and June 2014.

Similar to our previous consultation, following the release of the document we intend to give DHB staff as much opportunity as possible to comment. Therefore we will again be holding a series of forums in DHBs around the country. The continued engagement of DHB staff in this work is essential to ensuring PHARMAC can help DHBs fully realise the benefits of PHARMAC's national management approach.

**Christchurch Forum** Friday 23 May **Oncology Lecture Theatre** Christchurch Public Hospital 12pm – 2pm

### About the discussion document

In developing the proposed approach to management, PHARMAC has considered all the information received from the sector and others through various consultations and discussions with particular individuals and groups. The knowledge and expertise offered has been invaluable in informing the way forward for PHARMAC to take up this extended role in the sector.

The aim of the discussion document is to gather further feedback from the health sector and any other interested parties about implementation implications for PHARMAC's work.

The document intends to describe the approach to management of hospital medical devices once the Financial Management Information System (FMIS) has been implemented in all DHBs. This will provide clarity about the 'end-state' that PHARMAC envisages.

The document will also describe the first steps that PHARMAC intends to take to move from the device procurement phase it is in currently, to applying more tools to gain greater benefits from the management of medical devices, to the extent possible as the FMIS is rolled out in DHBs. The document will reinforce the intention to continue to seek clinical input to inform our work as we move into new device areas, category by category, over time.

More information about the content of the discussion document will be included in the next newsletter, Device Advice, which will be sent out shortly.

A summary of submissions to our most recent consultation, Applying the PHARMAC model to hospital medical devices management, and a combined executive summary of the key themes emerging from the submissions we have received through all of our consultations, will be published when we release the discussion document.

In the meantime, if you have any further questions about these forums or the discussion document, please email: devices@pharmac.govt.nz or call Megan O'Mara on 04 901 3208.



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# You can save up to 3 lives!

# CHCH Hospital Annex Lounge off Great Escape Cafe

# Thursday 24 April 10am – 3pm

Please make your appointment online <u>www.nzblood.co.nz</u> or Phone us 0800 GIVE BLOOD (0800 448325) Remember to bring photo ID or your donor card.



"THANK YOU from the bottom of our hearts. Our little baby would not be here without the gift of blood."

Jess Angrove and Baby Jacob, Auckland

# **0800 GIVE BLOOD**







Friday 11 April 2014

# ceo update



Let's celebrate and pay tribute to those individuals and teams of volunteers who make a difference to New Zealanders' health.

# calling for nominations

for the 2014 Minister of Health

volunteer awards

Health volunteers make extraordinary contributions, to an extraordinary number of people, in an extraordinary number of ways.

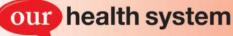
These awards celebrate health volunteers from all walks of life and give New Zealanders the opportunity to recognise and celebrate the inspirational commitment of health volunteers.



# Nominations open 17 March to 17 April 2014

# Nominate someone today

http://volunteerawards.health.govt.nz



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# UALITY IMPROVEMENT & INNOVATION AWARDS

# **2013 Supreme Award Winners**



#### **Reducing pneumonia in the stroke population**

This project evaluated the effectiveness of introducing a standardised cough reflex test protocol, which combined with intensive nursing and therapist education, has changed clinical practice with acute stroke patient at Christchurch Hospital. The clear clinical management protocol has contributed to more than halving the pneumonia rate from 26 percent to 11 percent. With aspiration pneumonia adding \$9000 to an individual stroke patient's cost of admission and with more than 1000 strokes per year in the Canterbury DHB, this change in clinical practice has potentially saved \$1.4 million to the organisation. More importantly for the patient, this means there are fewer complications to a dysphagic stroke patient's care.

#### **eSCRV**

The 2011 Canterbury earthquakes motivated the Canterbury health system to work together to create a secure electronic, patient-centric view of data to provide a 'single-source' of up-to-date patient information, allowing timely safe and effective care of the patient through more informed decisions.

The goals of eSCRV are to:

- provide access (to patient data ) for community care users and ultimately the patient
- collect patient data from primary and community care providers and
- make the data visible in a single patient record

# **Category Winners:**

**Improved Health & Equity for all Populations** Award Winner: eSCRV- Shared Care Record View **Runner-up: The Wellbeing Game** 

**Improved Quality, Safety & Experience of Care** Award Winner: Classification and Communication of Caesarean Section Runner-up: Canterbury Ski Fields Project

#### **Best Value for Public Health System Resources**

Award Winner: Shorter Turnaround Time for Urine Analysis in Microbiology Joint Runner-up: Reducing Pneumonia in the Stroke Population Joint Runner-up: Cardiac Catheter Laboratory Optimisation Project

#### **Highly Commended:**

- Script 4 Change,
- From High Tea to the Empowered Me,
- **Collaborative Care Programme**

Consumer Council Award: Collaborative Care Programme

# Canterbury

**District Health Board** Te Poari Hauora ō Waitaha

For more information email amanda.mehrtens@cdhb.health.nz

our health system Friday 11 April 2014

ceo update



# QUALITY IMPROVEMENT & INNOVATION AWARDS

The Awards recognise, reward, and publicly acknowledge the excellent quality improvements and innovations taking place within the Canterbury health system.

# Become a mentor, assessor or enter your project in 2014:

Expression of Interest form due	25 April
Mentor Workshops	15 or 17 April
Assessor Workshops	22 or 24 July
Written Submission due	25 July
Assessor Site Visits	8 - 19 September
Awards Ceremony	3 November

The awards are open to all DHB staff and providers whose services are funded by the DHB. For more information visit the Awards page on http://cdhbintranet/corporate/CorporateQuality/SitePages/Home.aspx

or email amanda.mehrtens@cdhb.health.nz

Canterbury District Health Board Te Poari Hauora 5 Waitaha

our health system

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DRESSFOR SUCCESS®

CHRISTCHURCH

Going Places. Going Strong.

# FUNDRAISING CLOTHING SALE

Saturday 03 May 2014

# 10.00 am – 1.00 pm

The Atrium, Selwyn House School

**Entrance off Merivale Lane, Merivale** 

Clothing for women of all ages New and Pre-Loved Good Quality clothes at rock-bottom prices

# Items from \$5 - \$25 EFTPOS / CASH

All proceeds to Dress for Success Christchurch, a non-profit organisation dedicated to providing free interview appropriate clothing to low-income women For more information visit our website or call: www.dressforsuccess.org/christchurch or 03 343 3241

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our health system