



## Welcome back to those who have been working from home

**A warm welcome back to those of you who have been working from the dining table or home office for the past month or so – having a large WFH (work from home) team has meant those who were in could maintain the required physical distancing, and in some areas, offices were taken over to be used by our Emergency Coordination Centre or Emergency Operation Centres.**

Now that we are in Alert Level 2, the recommended physical distancing with people you know at work is one metre, but it's still two metres with people you don't know. Please don't hesitate to speak up if you feel someone's getting too close and you feel uncomfortable. Ask them to step back.

All work areas (clinical and non-clinical) have access to hand washing and drying facilities and alcohol-based hand gel. Please keep up with the regular hygiene measures, and importantly if you're sick please stay home. If you can't maintain physical distancing in the lift, take the stairs or wait for the next lift.

Some of our staff have had COVID-19. All have recovered and none are infectious. Be kind to those who have had the added stress of illness and additional isolation to contend with.

Whether you've been at home juggling emails, zoom meetings and being a part-time teacher; or pushing through your own fear and apprehension before donning all the PPE and doing a shift in an Aged Residential Care facility in need; or working as part of our health system response and planning for the unknown, one thing's

for sure, everyone's experience over the past couple of months has been variable and challenging in different ways. It's completely normal to have mixed feelings about all of the changes happening right now. The All Right team's [Getting through Together](#) website has some useful practical tips.



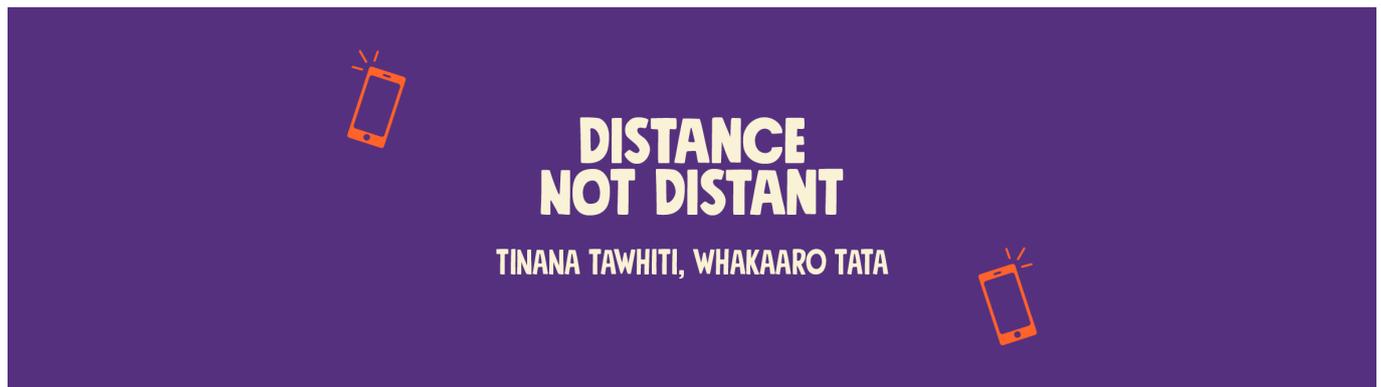
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As teams come together over the coming weeks, I urge you to remember our values and show care and respect for others. If you're concerned about a colleague or how you are feeling, help is available. Talk to you manager or to our EAP or workplace support counsellors who are available free of charge. Contact details are [here](#).

I also commend to you Dr Caroline Bell's short video on managing through challenging times which is on the PRISM home page. Watching it is 15 minutes well spent.

If you're feeling anxious about returning to work check out the video Q & A series by our Infectious Diseases, and Infection Prevention and Control team members. They explain in plain English why there's nothing to fear. They answer a range of common questions from a range of staff. The videos can be viewed on the COVID-19 page on [PRISM](#).



## Doing things differently to catch up and get ahead

Detailed plans are well and truly coming to life as Canterbury Health System partners are working together not only catch up with planned care that was postponed due to COVID-19, but to get ahead. And in typical Canterbury style great things are being achieved by using the full capacity of our wider health system with theatres in private and public hospitals being used for public patients whose surgeries and procedures were delayed due to COVID-19.

There are logistical challenges with implementing physical distancing, which is reducing the amount of work that can be done in some surgery sessions. For some simpler procedures, four patients could previously be treated in a four-hour session, now only three can be seen as everyone can't wait in the same area and have to come in at staggered times due to space constraints. The anaesthetist has to complete one surgery, then go and see the next patient, so more time is spent between surgeries.

Despite the added challenges, over the past two weeks we are on track to achieve our collective target of regaining 85 percent of pre-COVID capacity.

## Capturing the silver linings

Pivoting services to meet changing needs and disruptive innovation are part of the way we work in Canterbury.

- › There have been some extremely positive things to come out of this pandemic. Of particular note are the benefits to patients and staff who have embraced online and over the phone outpatient and primary care consultations. Patients, in particular, have found them to be super-convenient. Last year after the outpatient flood the outpatients team carried out some appointments using virtual outpatient consultations and the lessons learnt during that experience were invaluable come the COVID-19 lockdown.
- › Converting and stocking a ward at Burwood to set up a psychogeriatric dementia rest home facility for a group of frail elderly residents, some of whom were COVID-19 positive within hours is also a pretty incredible achievement.
- › Calling patients directly to arrange times for face to face appointments, rather than sending out a predetermined appointment time, has also netted benefits, with a reduction in the number of people not turning up for their appointment.
- › With its global collaboration functionality and ability to be updated quickly HealthPathways once again proved its worth as a go-to source of credible, local clinical guidance for Canterbury clinicians.
- › The large number of meetings now carried out online with Teams or Zoom has been a gift for so many busy people embracing the technology.
- › Oncology had some great wins during lockdown: we've made all the arrangements to trial chemo to be given on the Chatham Islands for the first time ever. Many consultations were able to be provided via video calls or over the phone. With chemo provision supported in outreach areas all patients who needed to be seen were.
- › Electronic prescriptions were introduced as a way to speed up the process of getting a prescription, saving people time and having to go into their doctor to pick up a piece of paper (the prescription) to take to their pharmacy. Instead, they just needed to talk to their general practice team over the phone or online, then turn up at their pharmacy and collect their medication. This was made possible using the ERMS (Electronic Request Management Service). Other benefits include being able to track when medication is collected, particularly important if the person is vulnerable and the medication is critical in managing their condition. As ERMS is a two-way communication tool, pharmacy can also communicate back to general practice if there are queries.

## There is no better exemplar of our health system coming together to fight COVID-19 than the Community Based Assessments Centres (CBACs)

We may be big, but we can still be nimble: full credit to primary care and the Canterbury Primary Response Group who set up our first Community Based Assessment Centre in a matter of days.

Within 48 hours of the Ministry of Health requesting a CBAC be set up in Canterbury, lead-agency the Canterbury Primary Response Group (CPRG), based at Pegasus Health, had one operating in central Christchurch.

This rapid response involved Canterbury DHB 's property team being able to adapt a suitable space - stripping, painting, cleaning, laying vinyl and making it ready, literally overnight, for the next step in making it fit for purpose. A location was suggested that was close to Canterbury Health Laboratories so the test swabs could be sent there quickly and easily, and close to the hospital so that the Emergency Department had the option of sending people for testing if they became overwhelmed.

The Infection Prevention and Control (IP&C) team then had to 'design' the environment and devise safe patient flow systems and provide advice on appropriate personal protective equipment (PPE), cleaning protocols and what other supplies might be needed. Key to running a safe CBAC was training people in the use of PPE and ensuring they had the supplies they needed.

The procurement team took care of sourcing all consumables and making sure those supplies would be readily available as long as they were needed. Furniture was quickly sourced by the operations team from surplus stock within the health system, for speed and to keep costs down. Specialist equipment such as monitors, and a crash cart came from Christchurch Hospital Hagley.

Redeploying and training staff to run the Centre - including students from Te Papa Hauora education partners Ara and the University of Otago, Christchurch was coordinated

through primary care in the shape of CPRG. Together they administered tests and sent them to Canterbury Health Laboratories for processing with help from the orderlies who also took care of the CBAC waste safely. Security made sure arrivals knew where to park and what to do next, while keeping an eye on people to make sure they stayed at a safe distance from one another.

Since the establishment of the first CBAC and with extensive input from four primary health organisations Pegasus Health, Waitaha Primary Health, Christchurch PHO and West Coast PHO, 11 more were set up – four on the West Coast and seven more from Ashburton to Kaikoura.

## Managing annual leave

We have a number of staff with large leave and time in lieu balances which must be reduced over the coming months. With an increasing number of staff returning to work, now's a good time to take leave before the busyness of winter hits and - for those in Christchurch - our move to Hagley later in the year.

I've asked all GMs to prioritise leave management, and over the coming weeks I'll be meeting with as many of our 600 line managers via webinar as I can to set out my expectation that aged leave balances are proactively managed.

## Accelerating our future

Accelerating our future is a term I've been using to describe the opportunity before us. In part it's about locking in the service changes that worked well for us, and after a short period of transition to catch our breath, I am keen that we move forward apace to ensure we not only catch up, but we get ahead in terms of service delivery.

We have an amazing opportunity to make life exactly the way we want, and we don't want to waste it or slide back into old habits or old ways of working.

This is our line in the sand moment to start fresh, to create a new future.

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



**David Meates**  
**CEO Canterbury District Health Board**

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

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



## Bouquets

### **Orthopaedic Trauma Unit, Christchurch Hospital**

After I presented to Foote Ward (Buller Hospital, Westport), I was then flown by the Flying Doctor Service to Christchurch Hospital, admitted for an MRI scan and this led to surgery... Due to COVID-19 I didn't have any visitors/ family support but was made to feel so comfortable and did not once feel distressed or alone thanks to the nursing staff in this ward. The care I received was outstanding. The nurses were so incredibly caring, skilled, reassuring, quick to respond and always thinking ahead, and I am extremely thankful for this. I am terrible with names but honourable mentions to these guys (and I am sorry if I have forgotten you or got any names wrong!): Kim, Sarah, Jane, Sam, Paula, Rocky and the two ladies on nightshift whose names I can't remember (they were the dream team who often worked together). After surgery on 29 April they helped me through the night and made me feel so comfortable, and Alex, who was on the ward. You guys seriously made my time here much easier and provided the most incredible and skilled care I cannot thank you enough! Also thank you to: Orthopaedic Registrar Dean Matthew Adair, the physiotherapist and occupational therapist on the ward, the blood test staff, Te Atawhai care staff, Karen, orderlies, radiology, the food service, and cleaning staff. And, of course, my fantastic surgeon Dr Kris Dalzell. Also thanks to junior doctor Caitlin Pugh who has a bright future ahead and who, through a mutual family connection, popped in to visit me on her breaks and check I was doing okay. Also thanks to Dr Bryce Jackson, who is from the same small town as me, and popped in to visit and check I was doing okay. You guys also had a hugely positive impact on helping me not feel lonely and providing support during this time. I am extremely grateful for the amazing team I dealt with and they deserve praise. Things are not easy at the moment but there was no compromise on care. We are lucky to have such wonderful, skilled and caring staff in our health care system.

### **Ward 23, Christchurch Hospital**

To the nurses who sang to my husband on his 90th birthday yesterday – it was such a nice surprise. Thank you very much – you are lovely.

### **Clinical Nurse Specialist Jane Eagle and Community Infusion Service, Linwood Medical Centre**

I had my natalizumab medication administered at the Linwood Medical Centre. The nurses were very professional and I felt safe in the room, much more so than the hospital, with so many people close together in a small area! Parking was fantastic, easy access! Thanks, Jane Eagle for doing an amazing job.

### **Neonatal Intensive Care Unit (NICU), Christchurch Hospital**

My son was in the care of the NICU... He was a very sick wee boy. The NICU team and the doctors in the NICU are so lovely and very supportive. I am very thankful for the time and love while my son was in their care. My son is now thriving.

### **Acute Medical Assessment Unit (AMAU), Christchurch Hospital**

I was admitted to AMAU with symptoms of COVID-19. I would like to thank the staff for the amazing care I received. A big thank you especially to nurses Nicky, Tammy and Kendall who were all very kind, reassuring and supportive throughout my stay.

### **Emergency Department (ED), Orthopaedics and Hand Clinic, Christchurch Hospital**

I'd like to personally thank all the team at ED, Orthopaedics and the Hand Clinic for the care I received and at my subsequent follow-up appointments. I was so impressed with the efficient and friendly treatment I received from the whole team.

**Christchurch Women’s Hospital Maternity Ward**

I had my first baby in the middle of the lockdown. This was an anxious time being my first baby, with the lockdown thrown on top, as well as issues with my blood pressure, which resulted in me being admitted for monitoring a week before my son was born. I’d like to pass on my thanks to all the midwives at Christchurch Women’s. They were empathetic, caring, understanding and I really appreciated how warm and kind they all were to me. Not having my husband with me when admitted and then when our son was born was extremely hard. The midwives were all comforting and I can imagine it was difficult for them to see how hard it was for the mums. I’d also like to thank one of the consultants – I think his name was Fraser. He discussed a caesarean section with me and I appreciated his honesty and genuine care for my feelings and I felt empowered and in control of my body and my baby after speaking with him. I’d also like to thank the team who did my c-section. My husband and I were so impressed with how professional you were. You made me feel safe in what was a very scary process. You were so professional, introduced yourselves, explained everything, and made us feel at ease. Emily Urvaru, the anaesthetist, was amazing. Such a calm and caring spirit, softly spoken and made me feel safe and comfortable. I really appreciated her and everything she did and said throughout the surgery. The team was Rachel Springer, Kathryn Grant, Emily Urvaru, and Ruth Henderson. I’m a customer service manager for a logistics business, and I understand how special positive feedback is as people are so quick to complain. So a big thank you from me to the team who looked after me, my husband and my son.

**Maternity, Christchurch Women’s Hospital**

All the doctors, nurses and midwives I met at Christchurch Women’s Hospital were extremely supportive and genuinely caring. I want to thank Katy Talbot-King in particular. Katy talked with me when I was very distressed. She explained my options and made me feel like I had been heard. She was very empathetic and understanding. After talking with her I was much more at ease with the situation. I appreciate her compassion more than I can express.

*Big Shout Out*

**South Adult Community Psychiatric Services Team, Specialty Mental Health Service**

*To the psychologists, psychiatrists, nurses, occupational therapists, pukenga atawhai, administration staff and social workers:*

You are team players, proactive health professionals, instigators of change and adaptive to unprecedented times during a worldwide pandemic. It was particularly great that despite the age and stage of our colleagues, we managed to incorporate new technological methods to conduct our work while maintaining a sense of cohesive professional teamwork! Wow, you all seriously rock! Thank you so much for working together in the spirit of true team participation, professionalism and adaptation during the COVID-19 lockdown.

**From Clinical Manager Doug Wells, Clinical Nurse Specialist Craig Jamieson and Clinical Social Work Specialist Donna Ball**

#carestartshere

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## ISG Download

# Improving patient care with Cortex

Cortex is a clinical app that digitises patient notes and makes them instantly visible to all clinical staff who are part of a patient's care team. Cortex improves patient care through better communication and makes it easier for our staff to do their daily jobs.

Staff use the app to create and read clinical notes, send tasks and communicate with their team. They can also electronically order diagnostic tests and access the results – all from a mobile device while at the patient's bedside.

The first large-scale rollout of Cortex has just been completed, with the app now being used by all inpatient services moving to Christchurch Hospital Hagley. Canterbury DHB also accelerated the rollout of Cortex in response to COVID-19 and delivered new COVID-19 digital workflows so our staff could capture the information needed on this virus for patient care.

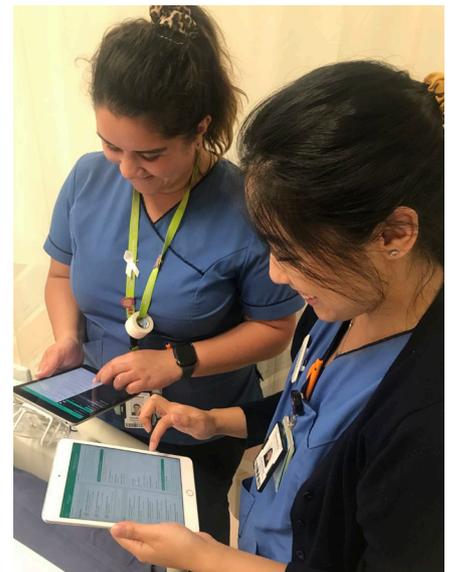
Led by Clinical Nurse Specialist of General Surgery Stacey Simpson and Clinical Nurse Specialist in General Medicine Kerry Winchester, all remaining wards in the Medical Surgical Division adopted Cortex for Nursing and Allied Health within a four-week period. In addition, full deployments were completed for our respiratory and cardiothoracic services. The next phase includes working with the Emergency

Department to meet their unique needs, and rolling Cortex out to the remaining services on the Christchurch campus and extending it to the Burwood campus.

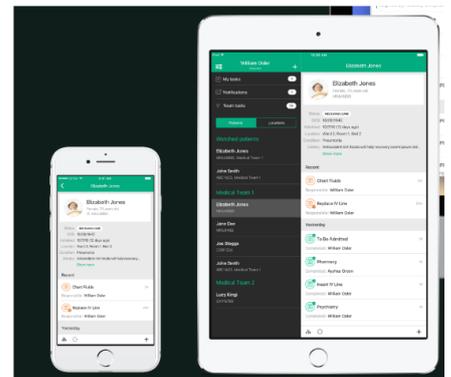
"The fact that Kerry and Stacey were able to deliver such a large-scale deployment with so few problems in such a short time under the threat of COVID-19 is a testament to the quality of the design of the workflow by Stacey. It also is an indication of the high regard their clinical colleagues hold of them," says Surgeon, General Surgery Saxon Connor, who is the e-health clinical lead and the business owner of the Cortex application.

Each day there are up to 1100 unique users on Cortex. Over 26,000 clinical notes are made per week and the median number of views per note is between nine and 20 times, depending on the note type. Each week 3000 conversations occur between users, ensuring interruptions are minimised and people's time isn't wasted. There are also over 250 unique forms in Cortex, all designed by clinical staff with 70 million data points going into our data warehouse each year. This type of clinical data is helping Canterbury DHB understand how digital transformation can benefit the patients we care for.

Priorities are continuing to reduce the data entry burden for busy clinical staff, ensuring the most valuable



Ward 17 staff use Cortex



information is ready for the people where and when they want it and reducing paper documentation across professions.

Now that the migration from paper has occurred, the digital transformation can continue.

Cortex has been co-developed by Sense Medical as part of the Canterbury Health System's focus on using technology to improve healthcare for patients and staff.



# OneDrive: Making it easy to store, share, and collaborate on documents from anywhere

OneDrive will soon be rolled out across Canterbury DHB. OneDrive is a cloud-based file storage system that allows users to access files across different devices – whether online or offline; co-author documents at the same time; and allow users to securely share files with others, applying additional protections such as an expiration date or password as needed. Moving content to cloud-based systems such as OneDrive will significantly reduce the requirement for and cost of storage for everyone's files and is part of Canterbury DHB's wider cloud transformation project that has been continuing over lockdown.

## What's changing and what's not?

Starting next month, where you access and store files in your H drive will change. Your H drive is where you currently find 'My Documents' and some other folders. These will be moved to OneDrive when it is released. Shared Drives and Department Drives will not be affected at this time.

Migration of files will occur in batches for users. Your Desktop files, and your Document, Picture and Download folders (and their contents on your H drive) will be moved to OneDrive ready for you on your launch day – we'll let you know when this is going to happen.



Any other folders you may have on your H drive that don't meet the migration criteria, you will need to move these over to OneDrive. We will provide information and guides on when and how to do this nearer the launch date.

Once OneDrive is set up, you will not be able to save anything to the H drive. You can open and edit these files from the H drive but need to save them to OneDrive when you have finished editing.

The process you follow to open, edit, and save your files as well as the way you create new folders and files does not change. You save to OneDrive as you would to your H drive.

Your Music and Video folders and files will remain accessible to you on your H drive.

## What do I need to do?

To make the transition easier, clean up your H drive by removing any folders or files you no longer require.

If you would like to start using OneDrive before June, please email Project Manager [Danella.Gabsa@cdhb.health.nz](mailto:Danella.Gabsa@cdhb.health.nz).

# Looking after yourself

## Coping with getting back to 'normal'

Moving to Alert Level 2 means adjusting to yet another change, including having access to more freedom than we've had over the past number of weeks. Now, more than ever, it's important that we're happy and healthy and able to support our loved ones while looking after ourselves.

Lockdown may have been unsettling for you. Have you slipped into some familiar but not necessarily healthy habits, or have you been seeking out new ways to cope with feelings and situations? While alcohol and other substance use or gambling may feel like they help, these behaviours can negatively impact many areas of our lives, including health, wairua (spirit), hinengaro (mind), relationships and overall wellbeing.

If you or those around you are concerned about your substance use and/or gambling behaviour, there are some resources to help you identify if you need some extra support:

- > [Is your drinking okay?](#) (Health Promotion Agency)
- > [Test your drug taking](#) (Alcohol Drug Helpline)
- > [Test your gambling](#) (Choice Not Chance).

Most people who are drinking more say it helps them relax or switch off. While alcohol may initially create a sense of relaxation, it can make you



### Tō Tātou Ora Wellbeing Series Managing through challenging times - Covid-19

feel even more anxious as your brain compensates to restore balance. Alcohol has a depressant effect on your central nervous system, which means it can affect your mood and increase symptoms of panic, anxiety or depression. It can also affect the quality of your sleep.

The resources below offer some healthy alternative ways to cope, and more information on looking after yourself during challenging times:

- > [Tō Tātou Ora Wellbeing seminar](#) – Managing through challenging times
- > [The All Right Campaign](#) – [Wellbeing tips for health care workers](#)
- > [Wellbeing article](#) on max.
- > [Support list](#)
- > [Managing uncertainty](#)
- > [Eat move sleep](#)
- > [Taking control.](#)

#### Support options

- > 1737 – text or call this national telephone counselling service 24/7.
- > EAP – phone 0800 327 669.
- > Workplace Support – phone 0800 443 445.

If you have symptoms of COVID-19 call Healthline on 0800 358 5453.

## Tribute to Tony Blackler

It is with a heavy heart that we announce the passing of Tony Blackler on Monday 5 May.

He was 71 years of age.

Tony's engineering career started with an aircraft avionics apprenticeship before he moved to the North Canterbury Hospital Board as an electronics technician and then as Assistant Engineer. In the 1980s the precision mechanical technicians came under his leadership and the name of the department changed to Technical Services.

As the clinical engineering lead for Canterbury DHB, Tony's work included many aspects of the technology management of clinical equipment and its association with clinical service delivery.

He had many years involvement with standards development in the clinical engineering field and had been at the fore in clinical engineering activity at a national level.

Tony chaired South Island Alliance work group, the National Clinical Engineering Advisory Group and a New Zealand Standards coordinating committee.

He was awarded life membership of the New Zealand Institute of Healthcare Engineering and was Executive of the New Zealand Hospital Engineers Association.

Former Clinical Engineering Charge Technician Nigel Cross says from humble beginnings Tony had the vision to create Clinical Technologies supporting the clinical and procurement team into what it is today.

Neonatal Intensive Care Unit Clinical Engineer Gary Stevenson says Tony was instrumental in getting the first Infant Air Transport setup in New Zealand with the Air Force and Air New Zealand, transferring ventilated infants with heart problems.

In the early 2000s he was awarded one of the first Meritorious Service Awards for his involvement with standards development within the field of clinical engineering.

The Sterile Services Department was included under Tony's management in the early 1990s and Tony also oversaw Mobility Services and Medical Illustration, leading a team of about 80 staff.



Tony was actively involved in the Territorial Army Brass Band and on school committees, serving as Treasurer at St Martins Primary School and Chairman of the Board of Trustees at Linwood High School.

He was a board member of the Christchurch YMCA for many years, taught Business Management part time at the former Christchurch Polytechnic, served on the Board of Managers and Session of St Martins Presbyterian Church for 43 years and was a keen member of the Christchurch South Rotary Club.

Everything Tony strived for within health, whether it was improving national standards relating to electricity, Sterile Services, assisting Procurement or working with other DHBs, it was always driven by patient safety and care.

Tony completed 46 years at Canterbury DHB prior to his retirement in April 2019.

On his 40-year work anniversary Tony said one of the best things about the job is the people he works with.

# Two new appointments in Canterbury Air Retrieval Service

Intensive Care Specialist Neil Davidson has been appointed Clinical Lead of the Canterbury Air Retrieval Service and Germaine Sandford appointed Associate Clinical Nurse Manager of the service.

Neil replaces David Bowie and Germaine has taken over from Shane McKerrow.

The clinical lead role is appointed from within the Intensive Care Unit to assist in the organisation of the service, which focuses on achieving critical care in the air while transporting patients from all around New Zealand, he says.

"We achieve this with a collaboration between three organisations, Canterbury DHB's Canterbury Air Retrieval Service, an associated and independently run New Zealand Flying Doctors Service Trust, and GCH Aviation, to form the New Zealand Flying Doctor Service."

Neil has been involved in the Canterbury Air Retrieval Service for 15 years and undertaken postgraduate studies in Aeromedical Retrieval through Otago University. He graduated from Glasgow University in 1998 and started out in Emergency Medicine before transitioning to Intensive Care Medicine. He has worked in Timaru, Dunedin, Nelson, Christchurch and Sydney.

"This has given me an understanding, historically, of the services we retrieve from. However, I am aware that I am stepping into a large void left behind by the previous clinical lead and stalwart of Air Retrieval, David Bowie."

Multiple teams are involved in the process of transferring a patient – the flight team, road transfer team, and the accepting and receiving clinicians, to name a few.

"My goal is to achieve a harmony of operation across these."

Another goal is to enhance greater standardisation of equipment, policies and procedures, governance and audit. Prior to the untimely pandemic crisis, he was planning to reach out for compliments or constructive criticism of the service.

"So consider this an open invitation for any approach from staff wishing to feedback, albeit aware that Rome wasn't built in a day," Neil says.



Clinical Lead of the Canterbury Air Retrieval Service Neil Davidson and Associate Clinical Nurse Manager of the Service Germaine Sandford

Germaine says her role involves coordinating a specialised team of medical and nursing staff, flight crew and aircraft to undertake inter-hospital transport of patients from the regions to specialist services, into either the Christchurch campus or other specialist centres in New Zealand.

This involves working closely with colleagues around the country, including a range of medical staff, making decisions about the clinical urgency of transfer.

"Facilitating the ongoing education and certification needs of the Flight Nursing team is also a key component of what I do."

Aeromedical nursing is a specialty area of nursing and has education, quality and training requirements for nurses choosing to work in this field, she says.

"The service continues to grow, with over 600 inter-hospital transfers last year. The motto of the New Zealand Flying Doctors Trust, which partly funds the service, is to provide the same standard of care in the air as we do in the hospital."

The service is part of the wider hospital team, playing its part in the patients' journey, says Germaine, who started her career in New York City in surgical nursing and has been working in critical care environments (including aeromedical nursing) for the past 23 years.

There are many calls and information required to assess and undertake an aeromedical retrieval with the appropriate skill level required.

"We are reliant on a high level of communication and teamwork from our colleagues on the ground as we triage the multiple transport requests we may receive both day and night."

For more information on the New Zealand Flying Doctor Service, visit [www.nzflyingdoctors.co.nz](http://www.nzflyingdoctors.co.nz).

# Celebrating graduation COVID-19 style

The thrill and excitement of university graduation was re-created for two Christchurch Hospital radiation therapists whose ceremony was cancelled due to COVID-19.

Beth Jopson and Jenna Barrett were supposed to graduate in Dunedin, but as this could not go ahead, their team members decided to bring the best bits of graduation to them. Creating the event was a team effort.

Radiation therapists, colleagues of new grads Beth and Jenna, went all out on the surprise event organising a mock capping ceremony and certificates, floral bouquets, and photos.

Danielle Duff made the bouquets, Laura Mckenzie put her Photoshop skills to good use to produce the certificates, Amy Koskela wrote a graduation speech and capped Beth and Jenna, and Gen Macilquham made the graduation caps, baked a cake and wrote a poem.

Beth says she was very surprised and grateful to her lovely colleagues and friends at work for putting on the graduation ceremony.

"It was really special and so much fun. Thank you to our amazing preceptors and all the staff that made it happen."

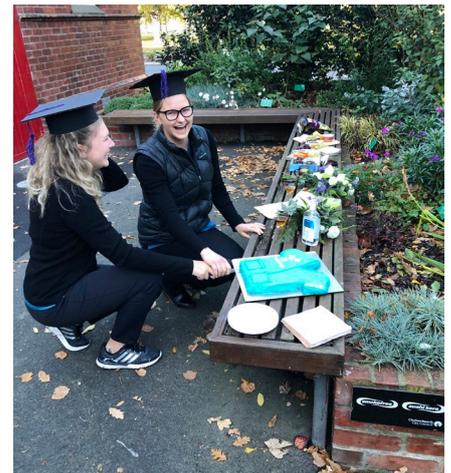
Jenna says it was such a lovely surprise.

"A lot of preparation and effort had gone into it as it all felt very real! Thank you Gen, Laura and all other staff who made it happen! I feel very lucky to be working with such great people."

Beth and Jenna's colleagues say they look forward to celebrating their success with the whole department when the time is right.



From left, Radiation Therapists Jenna Barrett and Beth Jopson



## Security guard shines

During this COVID-19 pandemic a security guard on the Christchurch campus has been making an impression with her fantastic people skills and dedication to her job.

Security Guard Jeannie Te Poono has been working at the Christchurch Women's Hospital front entrance, alongside the nurse team, screening all visitors and patients arriving, as well as staff coming and going.

Jeannie's customer service approach and verbal de-escalation skills are exemplary, says Service Manager Women's Health Michele Pringle.

"Along with the screening and physical distancing tasks asked of her she also engages with parents, patient arrivals and parking issues with ease and confidence but in an empathetic way."

There are times when there is busy activity outside the doors of Christchurch Women's and Jeannie is continually scanning this activity and is quick to act to ease transfers of women and babies.

Being a mother herself and having extended family, Jeannie connects well with all users of the Women's Health service, Michele says.

Well done, Jeannie, for all your efforts.



Security Guard Jeannie Te Poono

*all right?*

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



# New analyser “the next phase” for Canterbury Health Laboratories, Canterbury DHB

Canterbury Health Laboratories (CHL) is delighted to announce the commissioning of a new molecular analyser.

“With the increased workload demands of COVID-19 testing, the laboratory has expedited the conclusion of a tender process that was underway and successfully secured enhanced capacity to support routine molecular testing,” Chief of Pathology and Microbiologist Anja Werno says.

The Abbott Molecular analyser – AlinityM – is an automated molecular diagnostics analyser that uses real-time polymerase chain reaction (PCR) technology to make a diagnosis of a range of infections and monitor progression. The analyser can test for a range of viruses (such as hepatitis and HIV), chlamydia and bacteria.

On short notice, and under Alert Level 3 the team was able to arrange a karakia to bless the space and also the new instrument which has been placed within the Core Laboratory.

“This is the start of our journey – the next phase in the evolution of Canterbury Health Laboratories,” says Clinical Director Biochemistry and Genetics Richard King.

“This will allow us to move forward, increasing our efficiency and continuing our drive for service excellence.”



The Abbott Alinity Molecular machine



From left, Chaplain Donna Reid, General Manager CHL Kirsten Beynon, Hauora Māori Eru Waiti, Section Head Biochemistry Elly Barnes, Medical Laboratory Scientist Kelly Rankin, Clinical Director Biochemistry and Genetics Richard King, Site Co-ordinator Arthur Blake and Senior Medical Officer Marie van Drimmelen

# One minute with...

## Chanel Matthews, Supply Supervisor Coordinator

### What does your job involve?

Coordinating the Supply Service Team within the Canterbury DHB campuses. It's being part of the Supply initiative and forming part of the team to provide an ultimate service model for the healthcare industry.

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

My background is supply chain. It's fascinating, with so many combinations and equations to learn within this industry, from logistics right through to storage. The concept is always the same, although the product is different. I enjoy this side of the business, and communicating and interacting with all people.

### What do you like about it?

Every day is a new day. Having the ability to work with many groups and be a part of a bigger team essentially trying to ensure we can contribute to a better and simpler way of working.

### What are the challenging bits?

Change. Encouraging and promoting change. In a position of privilege, we as leaders should always be looking for efficient ways to operate.

### Who inspires you?

There isn't one person. People in general inspire me, either to smile more or to make them smile. To be

better or to show them a better way. To be able to learn every day you need to listen and hear what others have to say no matter how angry, arrogant or happy they are.

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

They are our everyday values here in the team. We work together always, are proud of our achievements and treat each other with kindness. We learn and grow from our mistakes and most importantly ask for help. My role is simple: to pay attention.

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

That would be Croatia, on Korcula, in Blato! Croatia is beautiful!

### What do you do on a typical Sunday?

I start by watching Disney Pixar's movie *Coco* very early (must be early) nice and loud. I find there's something about cartoons on a Sunday morning that is very cheerful and a great start to the day. Black coffee and breakfast. Sunday is all about the food, whether it's (pre-lockdown) lunching with friends, shopping for food, making food boxes, sweet treats, meals or family dinner.



### What's your favourite food?

Most foods are fantastic; not so sure one stands out as a favourite. I have been lucky enough to be a part of many kitchens and many ethnic backgrounds through family and friends, to experience many different cultures and cuisines. I enjoy the simplicity of foods and creating flavours and cooking styles. My favourite setting/atmosphere when having people over is rustic platters with breads and meats and glasses of deep reds.

### And your favourite music?

I enjoy all music and it really depends on my mood and the atmosphere at the time. Lizzo's 'Good as Hell' with its lyrics "I do my hair toss, check my nails" is great reference and song for when I go to get my nails done.

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

# Something For You giveaway winners!



[Watch this video](#) from Chief People Officer Michael Frampton to find out the winners of the latest giveaway from Au Natural Skinfood!

## Guidelines for Community Events and Gatherings

Unite  
against  
COVID-19

COVID-19 is still out there so we must play it safe.

People can come together for community events, groups, clubs and get-togethers. The guidelines below should be followed to help keep communities safe.

The gathering limit is currently 10 people. This will change.  
The latest limit can be found at [www.covid19.govt.nz](http://www.covid19.govt.nz)

### General

- > All gatherings can have up to 10 people, whether the gathering is indoors or outdoors. This excludes people leading or working at the gathering.
- > The organisers should ensure the limit on attendees is met.
- > Consider asking people to join from home through technology such as livestreams.
- > If more than one separate area is used (for example, a building and a separate marquee), each area can have a maximum of 10 people. The people in each area cannot have contact with each other. That means each area must have its own entrance(s) and exit(s), bathrooms, kitchens etc.
- > People leading and working at the gathering should stay 1 metre away from attendees.

### Hygiene and safety

- > People should not attend if they are sick to keep the community safe.
- > Clean all surfaces before and after the gathering with disinfectant.
- > Have plenty of places for people to wash hands with soap and water.
- > People should not share drinks, cups, plates, cutlery or other items.
- > If personal protective equipment, such as masks or gloves, was not needed before COVID-19, it isn't needed now unless you've been given official health advice.

### Keeping records

- > Keep a list of the contact information of everyone who attends. If possible this should include who sat (or stood) where. This is needed in case someone becomes unwell and contact tracing is required.

There is information and resources about how to do this on the [COVID-19 Website](#).

**Please note that there is separate guidance for funerals and tangihanga.**

**Vaccinate now.**  
**Extended recruitment opportunity**  
**Is your baby due before 18 October 2020?**



**RSV Vaccine in Pregnancy Study**  
**Can Respiratory Syncytial Virus (RSV) vaccine**  
**in pregnancy protect babies?**

RSV causes respiratory illness in people of all ages.  
Babies are the most likely to get serious RSV illness, such as bronchiolitis and pneumonia, which may lead to hospital admission.  
Currently there is no vaccine to protect against RSV.

This study will evaluate the safety of an investigational RSV vaccine and the role it may play in protecting a baby's health.

Who may be eligible to participate in this RSV Study?  
Healthy 18-49 year old women  
Between 24 and 36 weeks pregnant

**Interested?**

Contact: Di Leishman Research Midwife  
Ph: 3644 631 Email: [di.leishman@otago.ac.nz](mailto:di.leishman@otago.ac.nz)