



## Getting through together as COVID-19 response continues and routine clinical services ramp up

**Canterbury's response to COVID-19 continues with more than 450 people arriving on two repatriation flights from India last week.**

All travellers are required to remain in isolation for 14 days in Canterbury. Many of those arriving have health needs (not COVID-19 related) requiring attention so DHB staff along with public health teams have been kept busy ensuring everyone has access to all the treatment, care and support they need.

This week as part of a national sentinel testing effort around 1500 Canterbury people who do not

have symptoms of COVID-19 will be tested. The DHB will be asking asymptomatic staff to put their names forward to volunteer to be swabbed along with some frontline police and some staff from a range of aged residential care facilities. The team coordinating this testing are keen to have a representative group of staff from throughout the organisation. The purpose of this testing is to check whether there is any COVID-19 in the

community as there has been very little change in our case numbers over the past week.

It was great news today to hear that there were no new cases announced at the Director General of Health's daily media briefing – this is very promising news, however, it's still important that we all [stick to rules of Alert Level 3](#) and stay the course until we are advised otherwise.

## More than 99 percent of all patients tested for COVID-19 at Christchurch Hospital have returned a negative result

Since the Ministry of Health broadened the case definition for COVID-19 on 14 March, over 99 percent of all patients tested for COVID-19 at Christchurch Hospital have had a negative result.

The overall positivity rate at Christchurch Hospital between 14 March and 22 April is 0.4 percent (3 positive tests from 733):

- › one was already a confirmed case, retested on hospital admission
- › one was a close contact of confirmed cases linked to travel
- › one was a returned traveller.

These hospital testing figures are consistent with broader testing results from across Canterbury, which show minimal community transmission

outside of defined clusters (such as the Rosewood cluster) or close contact with confirmed cases. Based on this data, the likelihood of a healthcare worker being unexpectedly exposed to a patient with undiagnosed COVID-19 is extremely low.

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## Our system is gearing up with more planned care underway and more staff returning to work

Since the beginning of the year the Canterbury Health System has been planning for our response to COVID-19. The public health team were the first to stand up their Emergency Operations Centre and are still at the heart of our response after 15 weeks.

As a system we've reoriented our services to enable us to deliver as much care as possible in different ways.

Health is an essential service and our Canterbury DHB team of around 11,500 essential workers with a further 9,000 working across primary care, pharmacies, NGOs and the aged care sector is integral to enable health care services to be available 24/7. You each play a vital role in keeping our system running smoothly throughout all Government Alert Levels.

All of us, including those in clinical and non-clinical roles, need to continue working so we can provide the right care at the right time to our community. Thank you to everyone who has gone above and beyond and been open to stepping into different roles, particularly those leading our response and working in the Emergency Coordination Centre or one of the ten health system Emergency Operation Centres. Your extraordinary efforts have not gone unnoticed. Thank you.

To the former nurses who have stepped back into clinical roles, to the project people who have become logistics and planning experts, I hope the new skills you've picked up and the contacts you've made will prove useful in the years to come.

Locally, the risk of COVID-19 continues to decrease, with very few new cases reported for days, and those that are, are related to known clusters.

Internally all of our facilities are now back to Alert Level Yellow, with some looking to move to Green which has meant we've been able to shift some focus back to routine clinical services.

As we move down in Alert Levels and the risk in the community decreases, we're focused on getting as many people back to their normal roles as safely as possible. Alongside the challenges of an already complex health system, we recognise that many of us may be experiencing new pressures, both at work and at home. If you're concerned about your wellbeing or the wellbeing of a colleague or family member, please reach out to your manager who can put you in touch with some extra support. Our normal support options are also available. They include:

- › **1737** - text or call this national telephone counselling service available 24/7
- › **EAP** - phone 0800 327 669
- › **Workplace Support** - phone 0800 443 445
- › Or, check out the **full list of support options** [here](#).

## AllRight? – getting through together

Many of you will be aware of All Right?, a team sitting within Community and Public Health who have had a lot of success promoting some of the simple ways Cantabrians can look after our mental health and wellbeing. Originally set up after the earthquakes, All Right? are now busy working alongside their partners at the Mental Health Foundation to support all New Zealanders to get through the COVID-19 outbreak – together.

Their Getting Through Together campaign, which you may have seen on TV or online, or heard on the radio, has a big focus on promoting connection and kindness, with messages including 'aroha from afar', 'isolation not isolated' and 'distance not distant'. I encourage you to [check out their website](#) and [join their newsletter](#) to find out more about how we can look after ourselves, and each other, even when we're in our bubble.





## Rosewood residents from Ward GG at Burwood now back home

Eleven residents who had been cared for in Burwood's Ward GG were safely transferred back to Rosewood Rest Home & Hospital today. I would like to reiterate the many accolades sent in from families of these people and members of the public who have recognised the special team of people who provided care to this group of residents, and to those behind the scenes who supported, enabled and advised the carers.

As the staff who have worked in Ward GG or at Rosewood return to their usual place of work please be assured that there's no risk to their colleagues. All have been through

a debrief process and I expect their usual teams will be very pleased to have them back on board. Remember to be kind – this has been an extraordinary experience for those who have cared for an extremely vulnerable group of people. For these staff, returning to their familiar workplace and colleagues is a sign that things are starting to return to 'business as usual'.

It's been a remarkable health system response and we continue to support Rosewood with staffing. Thank you to everyone who has been involved.

## The bubbles behind our local pandemic response

The Canterbury response to the threat of a COVID-19 pandemic started back in January when the local pandemic plan was first initiated.

Back then, a clinical advisory group was set up, comprising key representatives from Infection Prevention and Control, Community and Public Health, Infectious Diseases, primary care and St John. The group's focus was to "Keep it out" and then "Stamp it out," two of the six phases of a pandemic response. The next phase of the response, if it reached that point, would be to "manage it."

While COVID-19 slowed life down for many Kiwis and required them to stay apart, for essential workers within the health system it has made for an exceptionally busy time and brought people together in special work bubbles.

One such bubble is the Emergency Coordination Centre (ECC), which was activated on 3 February and initially consisted of a dynamic duo – Chief Medical Officer and ECC Incident Controller Sue Nightingale, and Service Continuity Manager and ECC Manager Megan Gibbs. Other key bubbles include the ten Emergency Operations Centres across the region.

On 18 March, before the country moved into Alert Level 4 on 23 March, the ECC evolved into a full on-site team with representatives



The ECC Red team led by Sue Nightingale as controller



The ECC Blue team led by Dan Coward as controller



taking on the various roles outlined in the co-ordinated incident management system (CIMS). The structure of the ECC is designed to enable an effective response through appropriate coordination across functions and organisations and provide a framework to basically get stuff done.

A big part of the ECC's role is to assess and manage risk, so as the threat of COVID-19 escalated, the ECC was split into two teams with two controllers – Sue heading up the Red team and General Manager Older Persons Health Dan Coward heading up the Blue team. This minimised the risk of one whole team having to stand down if someone in it developed COVID-19.

The ECC has responded well to some significant challenges, including supporting aged residential care facilities with staffing and equipment, and ensuring all services had pandemic plans in place across the health system.

"I want to acknowledge the enormous amount of work done in a relatively short and intense time. I'd like to thank the members of the ECC – many of whom stepped out of their normal roles and faced steep learning curves – as well as the EOC, Infection Prevention and Control, Community and Public Health, and Infectious Diseases teams," says ECC Controller Sue Nightingale.

"I also want to thank Dan Coward for generously answering the call for another ECC Controller, and for leading the Blue team throughout the response."

From this week, the ECC will operate as one bubble again with Sue as the Controller. Dan says his team has supported and adapted to a new environment that will change the way we do things in health.

"It has been a privilege to work with them all and see that growth and share in that experience."

I think we can all be proud that we have, so far, at a national and regional level managed to stamp out COVID-19 and avoid having to manage a major pandemic.

### Roles within the Emergency Coordination Centre

The below gives you a snapshot of each role/team has been doing:

- › Controller – controlling and coordinating the response.
- › Controller's Assistant – supporting the Controller.
- › ECC Manager – supporting the response and Controller; overseeing the running of the ECC.
- › Planning and Intelligence – developing action and transition plans; producing information for the Executive Management Team and the Board along with situation reports for the Ministry of Health; collecting and collating relevant information.
- › Operations – day-to-day coordination of response actions; supporting Planning and Welfare; working with primary care.
- › Logistics – responding to resource requests; managing PPE and equipment requests across the health sector.
- › Staffing – sourcing and managing staff, arranging short-term contracts, providing pastoral care.
- › Welfare – working closely with People and Capability for staff welfare needs across the Canterbury health system. Liaising with Civil Defence and Emergency Management for welfare function for the wider community.
- › Vulnerable people – focusing on aged residential care facilities along with the needs of all identified vulnerable people.
- › Public Information Management – managing all things 'comms'; developing and delivering messages to the public and liaising with the impacted communities.

## Mobile surgical bus rolls into Rangiora

It was a most unusual greeting crew for Franco when he stepped onto the mobile surgical bus in Rangiora. The father of eight is the first patient to receive deferrable elective surgery since the COVID-19 lockdown and there was a fair bit of media interest in him and the bus.

The mobile bus kicked back into gear today in Rangiora, picking up elective operations deferred for the past six weeks due to the COVID-19 lockdown. While non-deferrable elective surgery has continued throughout lockdown, the addition of the surgical bus forms part of Canterbury DHB's comprehensive recovery plan to catch

up on those surgeries that had to wait. Six patients will receive urgent medical surgery today with the bus parked up alongside the Rangiora Health Hub. It will stay here for two weeks before heading up to Nelson for two weeks.

"We are thrilled and relieved to now be able to offer much-needed elective surgery for New Zealand patients, many of whom have been patiently waiting at home for weeks to get a firm rescheduled date for their surgery" says Mobile Health Chief Executive Mark Eager.

"We need to get back and running in a safe yet efficient way, so have decided to keep the bus in one place at a time at



this stage to maximise our operating output," Mark says.

"We will be able to provide elective general and gynaecological surgery for 40 Canterbury patients in the first week alone."

The mobile surgical unit has been out of action due to Covid-19 since 24 March and Covid-19 Level 3 regional travel restrictions have limited the normal five-week nationwide travel schedule for the bus.

Mobile Health has implemented a raft of additional safety measures to ensure a safe operating environment for both patients and staff, including strict selection criteria

to ensure patients have no flu-like symptoms prior to their procedure, strict hand hygiene and wear masks on arrival. Increased infection prevention and control policies take place on-board including hand hygiene, equipment coverings, cleaning, decontamination, laundry and waste management. Staff will use N95/P2 masks where appropriate, along with fluid-resistant long-sleeved gowns, gloves and eye protection. No non-essential staff are permitted on-board at any time.

Franco, meanwhile, once healed from his surgery, is most looking forward to getting back on his bike and being able to pick up his younger children again.



Pictured outside the Rangiora Health Hub this morning: Mike Eager, Mobile Health Chief Executive and Nathan Kershaw, Anaesthetist

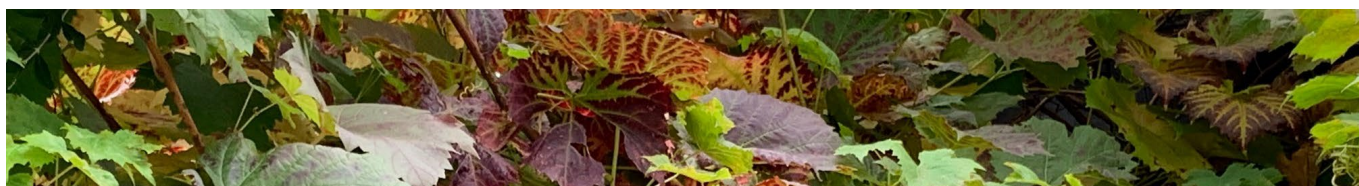
Haere ora, haere pai  
Go with wellness, go with care

**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

### Ward 20, Christchurch Hospital

The nurses on Ward 20 did an incredible and caring job of looking after me. They made my stay there for a week a lot less scary. Special shout out to Jess who helped me through the night when I was in intense pain, with empathy, professionalism and wisdom.

### Ward 12, Christchurch Hospital

A big thank you to the nurses and doctors in Ward 12 (the cardio ward).

### Ward 11, Christchurch Hospital

I had a brilliant nurse on Ward 11. Great food, and all the staff were fantastic.

### Ward 27, Christchurch Hospital

I appreciated the care I received before being transferred into Ward 27, and the staff in Ward 27 were excellent. I found them to be dedicated in all aspects of my care.

### Dr Helen Lunt and Nurse Marion Greenslade, Diabetes Service, Outpatients, Christchurch Hospital

During lockdown my husband was called in to see Dr Helen Lunt at the Diabetes Service clinic. We were there for a long time getting things sorted. Dr Lunt and Nurse Marion Greenslade were fantastic, teaching us how to do readings and the injections, as my husband has a massive needle phobia and now has to go on insulin. We also saw Steve and Helen Heenan and, together, they got him sorted out. Dr Lunt and Marion went above the call of duty, setting up apps, and also two weeks of scanner/sensor sessions. These two ladies have been our angels these last five weeks, taking time to talk and phoning even on weekends. They are a great asset to Christchurch Hospital. A huge thank you to all.

### From Project Facilitator, Quality & Patient Safety, Michelle Morland McRae:

Our patients continue to report feeling safe while in hospital and having access to family/whānau when they want to – it is pleasing to see these positive results in the March 2020 Inpatient Experience Survey. Extra questions were added to the March Inpatient Experience Survey to help us monitor the patient experience amid the changes to care as a result of COVID-19.

March 2020 results show 89 percent of inpatients felt safe while in hospital, with 91.6 percent reporting they were always able to contact family/whānau when they wanted to. Inpatients also told us that 88 percent of the time staff used hand sanitiser or washed their hands before they touched them or examined them.

Here's a little snapshot of what some of our patients had to say:

"The staff inspired confidence and communicated what was going on very well." (Ward 20)

"Nurses and other staff always ready to help." (Maternity Ward)

"I was informed all through my stay of where my recovery was at stage-wise and what measures were been taken in regards to COVID-19." (Ward GG)

"All needs taken care of – often before I anticipated them. Constant checks on wellbeing by doctors, nurses and nurse aides." (Ward GG)

"Staff obviously knew what they were doing. They were informative and explained all procedures." (Ward 12)

"With access to the Internet, I was able to video chat with my family back in the States. This also

allowed my wife to be involved in the consultations with doctors and staff. Thank you to them for their willingness to participate in the video chats. I had no reason to feel unsafe." (Coronary Care Unit)

The Patient Experience Survey results are available in Seeing Our System via this [link](#) – check out the patient experience feedback for your ward by going into 'What our patients thought'. There is also a 'How-to guide' to help you get started.

### Ward GG, Burwood Hospital

As a member of the New Zealand public, I just want to thank you all so much for your obvious care we have heard you have had for the people from Rosewood Rest Home and Hospital. It makes me proud to be a Kiwi when you hear of this compassion under incredible pressure. Thank you so much.

## Big Shout Out

### To: The Cleaning Team

Thank you to the wonderful cleaning staff who cleaned the carpets in Nutrition & Dietetics over the weekend. An absolutely amazing job and we just wanted to say a big THANK YOU!

From: The Dietitian Team at Nutrition & Dietetics

#carestartshere





## Embracing technology to keep our staff and communities healthy and connected



COVID-19 has changed the way we shop, travel, interact, spend our leisure time and, for many of us, how and where we connect.

Online connectivity, communication and collaboration have become part of our everyday lives to help keep ourselves and our communities safe.

Zoom is predominantly being used by Canterbury DHB staff for clinical meetings and patient consultations, utilising the recommended additional security features.

ISG is promoting the use of Microsoft Teams for internal meetings as this platform is part of the health sector's Microsoft Office 365 licensing package.

We are encouraging staff to use these tools for meetings even when they are in the office to maintain physical distancing.

Recent figures for Zoom show that:

- › We have 921 active users (2240 registered users).
- › There have been over 5250 meetings involving 25,925 participants.

- › 119 users have paid licensed accounts. In several cases, hospital services are using shared accounts to schedule patient consultations over Zoom.

- › There were 101 meetings in January, 161 in February, 1909 in March, and 5053 in April 2020.

Recent figures for Microsoft Teams show that:

- › We have over 3640 active users.
- › Over 18,130 channel messages have occurred (groups where people have been brought together to work on a particular project or talk on a specific topic).
- › Over 193,220 chat messages have taken place.
- › Over 4910 meetings have been held.

Microsoft Teams also provides our staff with access to one simple, secure solution that includes chat, video, voice and other tools all in one place.

We will continue to promote these types of secure platforms, as our people are finding them intuitive, easy to use and timesaving.



# Looking after yourself

## Managing uncertainty and anxiety around COVID-19



**Keep up to date** by sticking to credible information sources

- COVID-19 info on [max](#).
- Ministry of Health [website](#)



**Take a break** from watching the news and social media.



**Keep connected** to friends and whānau. There are lots of direct and non-direct options, such as texting, calling via facetime, skype.



**Focus on the things you can control**, such as washing your hands and getting your flu vaccination.



**Keep it in perspective.** For most people, COVID-19 isn't a severe illness.



**Head outside if you can.** Physical activity can help channel anxiety, and nature can be restorative.



**Keep doing things you enjoy** to make you feel good.



**Distract yourself.** Watch a movie online, explore the ChCh City Council's online resources at [Christchurch City Library](#)



**Consider asking to change the subject**, if you're finding the COVID-19 conversation unhelpful.

### SUPPORT OPTIONS

- **1737** - Text or call this national telephone counselling service available 24/7.
- **EAP** - Phone 0800 327 669
- **Workplace Support** - Phone 0800 443 445
- **Check out some mindfulness apps** such as Headspace, Calm, Insight Timer
- **If you have symptoms of COVID-19 call Healthline on 0800 358 5453.**



## Redeployed staff helping rural communities with COVID-19 response

Many people across our health system have been redeployed to different roles to support Canterbury's collective response to COVID-19.

Project Facilitators for the Canterbury Clinical Network (CCN) Koral Fitzgerald and Hiedee Harris were both called on to support the development of COVID-19 Community Based Assessment Centres (CBACs) in North Canterbury and Ashburton.

Koral facilitates the Rural Health Workstream and Hurunui Health Service Development Group and Hiedee facilitates the Ashburton Service Level Alliance.

"Literally overnight I went from doing my usual job, to helping to build a team, source equipment and set up two CBAC sites," Koral says.

Koral worked closely with Bill Eschenbach, Janetta Skiba and Rosie Carr from Waitaha Primary Health. She also worked with a local general practitioner, the wider health system, members of the Canterbury Primary Response Group (CPRG), Waimakariri District Council and the North Canterbury community.

The Rangiora CBAC presented a unique set of challenges, because the site was not previously a healthcare setting, Koral says.

"It took more work and more resourcing to ensure it was both clinically and practically suitable for the pandemic response in a short period of time."

This included internal building amendments, stringent daily cleaning, security onsite and all basic equipment acquired.

"It really has been a local response to a local need, with staff from the council and local tradespeople, such as plumbers, electricians and builders all chipping in to help."

The initial clinical team operating the CBAC received training and experience at the central Christchurch CBAC. They then were able to bring learnings to the additional CBACs. They also helped create the operating procedures relevant to the sites and inducted new staff.

Local clinicians and practice support staff were encouraged to advise CPRG of their interest in working at the CBACs.

Hiedee helped set up Ashburton's CBAC. She also helped to streamline the referral process for COVID-19 testing between the region's general practices and the Electronic Request Management System.

"I attended the 7am daily online meetings, which involved local GPs, a dentist, pharmacists, clinical lead and GP Sarah Clarke and the welfare team from Civil Defence and the Ashburton District Council."

These meetings gave Hiedee an oversight of the situation across the community and any issues could be worked through collectively, because everyone was online at the same time. She was also able to share information back and forth between the group and CCN.

An added service for the region is the Welfare Checks that Civil Defence and the Ashburton District Council have set up to support vulnerable people and help them with essential services, such as food and medication delivery.



Canterbury Clinical Network Project Facilitator Koral Fitzgerald



Canterbury Clinical Network Project Facilitator Hiedee Harris



Clinical staff at the Rangiora Community Based Assessment Centre in personal protective equipment



# Celebrating the work of midwives during lockdown

International Midwives Day tomorrow is a special occasion in the World Health Organization's Year of the Midwife to recognise, thank and celebrate the support and care midwives give to women and their families.

It was first commemorated on 5 May 1991, and has since been observed in over 50 nations around the world.

This year the Alert Level 3 and 4 lockdowns have brought into focus more than ever the vital work of midwives and the power of women to give birth confidently, "even with the world going mad around them," says Director of Midwifery Norma Campbell.

Christchurch mother Tia, who recently gave birth at Rangiora Maternity Hospital, says her midwife Shelley Hodges was "awesome, especially with being in Level 4 lockdown."

"She made me feel so comfortable and reassured and answered all my questions really well."

COVID-19 Lead Maternity Carer (LMC) Liaison Midwife Catherine Reitveld says midwives are extremely flexible in their daily practice but COVID-19 has taken it to another level and the pace of making these changes in the first few weeks could be overwhelming, as it was for everyone.

The need for using personal protective equipment was one of the biggest changes for midwives wherever they worked.

Norma says while it was hard for everyone being locked down things did settle into a different way of being. The number of homebirths increased during the four-week Level 4 lockdown.

"Women not only changed their plans about the place of birth but also about how long they stayed in our maternity units so it was quieter."

Nationally and locally midwives have been hearing from women of the good things about being locked down in a bubble with their new baby.

"They are enjoying the lack of pressure to go out and about and simply stay home, feed and sleep," Norma says.



From left, Charge Midwife Manager of Christchurch Women's Hospital's Birthing Suite Sonya Matthews and Charge Midwife Manager of the Maternity Ward Amanda Daniell

Charge Midwife of Christchurch Women's Hospital's Birthing Suite Sonya Matthews says women who needed their labours induced because their babies were overdue, were leaving it later than they normally would before coming in.

"And several commented that when here they have enjoyed just spending time with their partners without the wider pressures of the world coming into this special time."

Christchurch Women's Hospital Charge Midwife Manager Amanda Daniell says women missed having their support person with them on the postnatal ward but were able to use various forms of social media, telephone and video options to 'spend time' with their loved ones.

LMC Liaison Helen Fraser says mothers are more relaxed during the lockdown period, not worrying about housework or putting on a face for visitors.

"This in turn means more time just sitting with their baby and tending to their baby's needs resulting in a more settled baby with good weight gains."

Norma says Maternity Quality and Safety Coordinators in Canterbury and the West Coast will be sending women who birthed over the lockdown time a questionnaire.

"It will ask them how we did as a health system and what we can learn if we were to ever find ourselves in this place again."



# Communicating patient preferences and key medical information

With COVID-19 at the forefront of everyone's minds, the Shared Care Planning team has been exploring ways to encourage health care teams to have important conversations about medical decisions with their at-risk patients.

Clinical Lead for Shared Care Planning Rose Laing says these conversations are already happening in hospitals and in the community and include discussion around resuscitation and goals of care, and the patient's treatment goals and priorities.

"Acute Plans document and share important clinical information, and assist health professionals working across the health system with decision making. It means that when a patient presents acutely unwell and cannot easily speak for themselves, the teams at the general practice, emergency department, urgent care and hospital can all see the important information included in the plan electronically.

"People should consider having a plan if they are vulnerable and may present acutely unwell to emergency services and, in the current environment, those who are at risk of serious infections with COVID-19.

"There is now a window of opportunity to document and share this knowledge of patients with acute services," she says.

This information could include patient preferences and key medical decisions, such as:

- › unwanted and unwarranted treatment if their condition deteriorates, such as no resuscitation/ventilation/antibiotics

## My goals and actions for my health and wellbeing

Here are some things to think about when making a Shared Care Plan. Talk to your whānau / family too.

What are my goals?

What actions do I need to do?

What support do I need?

Will I reach my goals?  
How confident am I?

☹️ 1 2 3 4 5 6 7 8 9 10 ☺️

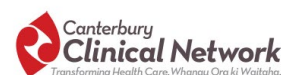
## Who should I talk to about Shared Care Plans?

Talk to your health care team, which might include your general practitioner (GP / family doctor), nurse, pharmacist or specialist about whether a Shared Care Plan would be good for you.

## Are there other Shared Care Plans?

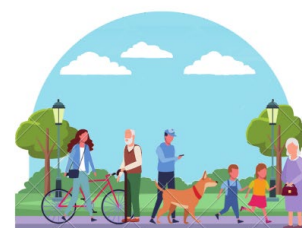
There is also an Advance Care Plan (ACP), which is about the type of medical care and treatment you want to receive in the future. An ACP is important towards the end of your life or when you can't make your own decisions.

Look up Advance Care Planning (ACP) on [healthinfo.org.nz](http://healthinfo.org.nz)



## SHARED CARE PLANS

Making a plan for your health and wellbeing



- › critical information about vulnerability that a very ill or delirious patient might not be able to communicate for themselves. For example:
  - › severe asthma which is likely to need a more urgent response than may be apparent
  - › mental health or social issues which could affect how a person seeks help and their response to treatment
  - › community supports which might allow a patient to be managed at home rather than admitted to hospital.

Creating an Acute Plan is free for the patient and now is an opportune time for general practices to talk to their patients about making one.

"In the current crisis, conversations about unwanted or unwarranted

treatments if their condition deteriorates, are being prioritised. These people may already have had these conversations with their whānau and health care team and made enduring decisions," Rose says.

If you work in a general practice and you would like to find out more go to the [CCN](http://CCN) or [HeathPathways](http://HeathPathways) websites.

For the general public wanting to know more, there is a brochure, which has recently been developed about shared care plans. This is available on the [CCN website](http://CCN website). You can also search for shared care plans on [healthinfo.org.nz](http://healthinfo.org.nz).



# Remembering with respect, Dr Jane Nugent

It is with great sadness that we have heard that Dr Jane Nugent passed away recently.

Jane began her career with Canterbury DHB as a cleaner in Burwood Hospital, trained as an enrolled nurse, and then completed her medical training. Postgraduate, she worked as a locum house surgeon at Christchurch Hospital as well as filling locum positions as a general practitioner.

Prior to her unexpected death she had been working in Adelaide as a GP for the homeless.

Jane was committed and passionate about ongoing professional learning and development for nurses. She taught from her rich experience and was able to communicate her own knowledge and understanding in ways that engaged others and enabled them to improve their own professional practice.

A particular passion for Jane was teaching pharmacology to nurses and she willingly gave her time to facilitate several pharmacology study days which were organised under the New Zealand Nurses Organisation.

Jane demonstrated qualities of humility, understanding, and kindness to all people she came in contact with. She tirelessly cared and advocated for the needs of others, including those who had no voice for themselves. She was a non-judgmental, knowledgeable, experienced



Jane Nugent

health professional to her patients and colleagues alike and communicated with all people with empathy and compassion.

Jane leaves behind an inspirational career journey with Canterbury DHB and will be remembered as an inspiring colleague, teacher and friend to many.

all  
right?

IT'S  
ALL RIGHT  
TO REACH  
OUT.





The World Health Organization's Hand Hygiene Day is tomorrow, Tuesday 5 May. The theme for 2020 is "Clean Care is in your Hands", which, during the COVID-19 pandemic, has been even more important to reduce the opportunity for infection and spread.

During Alert Level 4, 88 percent of inpatients told us that staff always used hand sanitiser or washed their hands before they touched them or examined them. This data is similar to the results for 'hand hygiene moments' observed by the Gold Auditors who found that 86.3 percent of moments were correct for the period from 1 March to 23 April 2020.



- It is essential that patients are enabled to self-manage. Remember to ensure they have access to soap and water and disposable hand towels and/or access to ABHR within arm's reach of their bed



# Lockdown helping some people reduce smoking levels

The latest issue of the Smokefree Canterbury News Ngahuru newsletter contains an update by Canterbury DHB Smokefree Manager, Vivien Daley:

The Te Hā – Waitaha service continues to support current and newly referred clients despite the additional COVID-19 burdens taken on by our partners in the Māori, Pacific and primary care areas.

“Support is provided via phone/online, nicotine replacement therapy is delivered weekly to the client's bubble location, and processes to ensure client access to varenicline (a prescription medication used to treat nicotine addiction) have been updated. Some clients are reporting success on their quit journey due to changes in their usual routines and less socialising.”

There has never been a better time to quit, she says.

“How many times do we try to motivate people to quit by promoting World Smokefree Day or New Year, or Matariki as the day they can put a stake in the ground and start their new ‘smokefree’ life? We can now truly say there has never been a better time to quit because smoking is a risk factor both for becoming infected with COVID-19 and developing complications if infected.”

Fortunately, Aotearoa's COVID-19 elimination strategy has kept infection



numbers very low, and so far, it has not made its way into high risk communities where poor heart and lung health are more prevalent.

“But as we hear from politicians and public health specialists – we are not out of the woods yet,” Vivien says.

“While being careful not to instil fear into communities where smoking rates are high, we need to inform people, in a sensitive way, that smoking is a risk factor for COVID-19 and that stopping smoking now can reduce that additional risk.”

Long term heart and lung damage will take some time to reverse, but there are immediate benefits to stopping smoking at this time. Cilia (little hairs) in the lungs are killed off by smoke, however, when people stop taking smoke into the lungs they grow back very quickly, providing protection from germs entering and settling deep into the lungs.

“It is very important that we accompany any messages about the risks of smoking during the pandemic with information about how people can seek help from a stop smoking service, even if they simply wish to quit temporarily, until the virus has been successfully eliminated,” Vivian says.

Some smokers may already be aware of these risks, as a recent survey of New Zealand smokers during the lockdown found that 27 per cent of those who are smoking less are concerned that smoking will increase their risk of COVID-19.

The main things to remember about smoking, as outlined by Respiratory Physician Lutz Beckert are that stopping smoking now will reduce the risk of becoming infected with COVID-19 and will reduce the risk of complications if you are infected with COVID-19.



# Online book resource for mental health and wellbeing

Bibliotherapy or 'reading therapy' has long been recognised as a tool to support people to better manage their mental health and wellbeing, especially for those experiencing low-to-moderate mental health issues like anxiety, depression, stress and worry.

It can help people better understand and self-manage their symptoms, and give them a 'lift' in their wellbeing, says Pegasus Communications and Marketing Specialist Tina Morrell.

The Reading in Mind book scheme for Mental Health and Wellbeing is proving especially relevant through the Alert Level 3 and 4 lockdowns.

Reading in Mind was created through a partnership between Pegasus Health, Christchurch City Libraries and the Mental Health Education and Resource Centre (MHERC). Pegasus Population Health Programme Manager Katie Brown

was instrumental in developing the book scheme, along with Jane Keenan at Christchurch City Libraries and Sheree Menzies at MHERC.

"With the closure of libraries and increased pressures on families, this can lead to an increase in demand for mental and wellbeing resources," she says.

Reading in Mind provides selected books on a variety of mental health and wellbeing topics, and links to the books (and other online resources) in Christchurch's (MHERC's) library, and the Christchurch City, Waimakariri, Hurunui and Selwyn district libraries.

Some books listed provide particularly powerful insights and self-management approaches from people who have lived experience of a low-to-moderate mental health issue, say Tina, who is continuing to develop the resource and its online aspects.



Sheree Menzies from the Mental Health Education and Resource Centre at a recent evening at Turanga library

"Many of the selected books are written by New Zealand authors."

There are also books specific to Māori Mental Health, children and young people, parents and caregivers, and new migrants/books in other languages – as well as on other mental health and wellbeing topics.

Many of the book resources are available as eBooks or audio books, and downloadable to mobile phones.

If you would like more information contact [Katie.Brown@pegasus.org.nz](mailto:Katie.Brown@pegasus.org.nz) or go to [www.readinginmind.org.nz](http://www.readinginmind.org.nz).



## Reading in Mind

### Book Scheme for mental health and wellbeing.

[www.readinginmind.org.nz](http://www.readinginmind.org.nz)





# Popular teddy bear idea nominated for award

The Communities Team at Community & Public Health have nominated Deb Hoffman's "NZ Bear Hunt" for the Golden Foot Walking Awards 2020.

The bi-annual awards ceremony is held by Living Streets Aotearoa to celebrate projects that help to promote walking – in cities, in the country and every day.

The NZ Bear Hunt started as a little idea which turned into a nationwide movement, while remaining local and community oriented. The concept is to put teddy bears or toys in a window facing the street and to pin your bear to an online map. Walkers explore their neighbourhood, tracking down households taking part.

The project was initiated prior to the Level 4 COVID-19 lockdown to make walking more interactive and interesting for people, especially children. Deb saw that some children may need a little encouragement to go out walking and thought that if it was turned into a game it may become more appealing.

She was also keen to promote mental wellbeing of the community at large and start the conversation about feelings (while uploading images, one can specify 'how your bear is feeling today'). Deb knew that connection, bringing joy and kindness would be a welcome distraction in a time of isolation and forced disconnect and can raise the importance of reaching out to others in times of crisis.

Public Health Promoter Meg Christie says it fits nicely into current mental health awareness work particularly in that it reflects the Mental Health Foundation's 'Five Ways to Wellbeing': take notice, give, learn, connect and be active.

Alongside the NZ Bear Hunt an online mini-series has been created called 'Anthony's Windows' – it brings the bears of the windows to life and was released to the public on 16



April. The story themes touch on issues that people may be facing in lockdown and in everyday life, such as conflict, isolation, friendships, identity and belonging.

People and groups of all ages are participating: New Zealand Police, St John and even Prime Minister Jacinda Ardern are all taking part. At the time of nomination there have been 30,000 bears pinned to the map and many more who aren't pinned, but are still popping up in windows and on fences.

The project has needed no funding with all services supporting it being pro-bono, such as website design, social media support, More FM advertising, and mapping.

The Facebook page "We're Not Scared - NZ Bear Hunt" has almost 24k followers, and can also be found on Instagram (NZ Bear Hunt) and at [www.bearhunt.co.nz](http://www.bearhunt.co.nz).



# One minute with... Awhina Tapiata, Registered Nurse, Child, Adolescent and Family Inpatient Unit (CAFIU), Specialist Mental Health Services



## What does your job involve?

I work with clients between the ages of six and 18 who are learning to navigate mental health issues alongside their whānau. There are a lot of education sessions about medication, specific diagnostic interventions as well as advocating for both client and whānau. There is a lot of risk assessment and de-escalation as we aim to minimise trauma and be less restrictive when possible. We help formulate client specific treatment, monitor significant changes in mental state as well as coordinate care within the team which also includes the onsite teachers.

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

Mental health was the only area that seemed to reflect my particular belief system for health. Being Māori with a Māori worldview, I felt an affinity to an area that treats the whole, not just one affliction. I've previously worked in adult inpatient services then desired a change which instigated a move to CAFIU.

## What do you like about it?

I enjoy building therapeutic relationships between whānau and team as well as advocating for the needs of the client. What I think the nursing team does well is follow clients from admission to discharge

with as much consistency as possible. I also enjoy rapport-building activities with our clients having become a master stick-boat builder during my time here.

## What are the challenging bits?

Challenging whānau dynamics always cause a bit of stress, especially if there are broken families or government service involvement. The bonus to the job can also be detrimental to personal health as only nursing specific clients can lead to burnout so knowing when to step back is important.

## Who inspires you?

My own whānau first and foremost. Emma Ogden, Craig Jamieson, Nancy Kerr and Gabrielle Nolan are my gold standards, each with their own quirks but all having skillsets that inspire me. Chrissie Muirhead and Stefan Sesante are nurses who have a strong sense of self as well as manage to keep me grounded and thoroughly entertained. The CAFIU nursing team on the floor are phenomenal.

## 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?

Accountability, transparency and availability to our young folk.

It's important to remember how vulnerable our young are so being accountable and transparent is vital whilst also being available to them when they're at their highest or lowest point.

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

Continuing on my one-week holiday around the North Island with my significant other. Otherwise it would be at Okains Bay, relaxing.

## What do you do on a typical Sunday?

If I'm not working, I'd (pre-lockdown) start the day at F45, eat out at Lemontree Café then relax or go for a beach walk. Exercise is important for my overall mental health and I particularly enjoy adventuring.

## What's your favourite food?

Monster Chicken for the treats. Otherwise, I love kaimoana (seafood).

## And your favourite music?

Beyoncé is everything. I also love Soul, R'n'B and anything with a beat when training.

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).



## Haka to unite New Zealanders online during COVID-19 pandemic

The Haka Experience is brought to you by Te Wehi Haka – Māori performing arts troupe people that aims to bring people together with its national message of aroha, strength and resilience. Watch Te Wehi Haka manager and kapa haka leader Tapeta Wehi talk about the idea in an interview with TV1 Breakfast on Facebook [here](#).

All Canterbury DHB staff have the opportunity to join in and participate in five online sessions for free via Zoom.

- › **Wednesday 6 - Tuesday 12 May (5 sessions)**
- › **12 noon for 30 minutes.**

Please let Telehealth Project Facilitator Nicole Redfern [nicole.redfern@cdhb.health.nz](mailto:nicole.redfern@cdhb.health.nz) know by 2pm tomorrow **Tuesday 5 May** if you are interested in participating and she will share the Zoom link with you.

### AN INVITATION TO JOIN US

As an extension of aroha and support towards rebuilding our nation, we've designed a **new online Haka workshop** program

Through a series of **online Haka workshops** we introduce a newly composed haka, written to uplift the spirit of our nation and build a strengthened sense of kotahitanga – unity. Lets spread the message that we are strong and we are resilient.



**The HAKA Experience**

## Celebrating primary health nurses

Pegasus Nursing 2020, a celebration of Pegasus Health nurses past and present, has added the nursing journeys of two more primary health nurses to its webpage.

Read about how Nursing Development Co-ordinator for Pegasus Health Di Bos and Acute Registered Nurse, 24 Hour Surgery Alicia Thackwell got into primary nursing and how they have adapted to working during the COVID-19 pandemic.

The page can be found [here](#).



# Nurses and midwives vigil to honour overseas colleagues

Nurses, midwives and carers are invited to contribute to a candlelight vigil to honour their overseas colleagues who have died treating and caring for COVID-19 patients.

To be part of the vigil, nurses, midwives and carers are invited to [submit](#) a photograph or video of themselves, with or without a candle, by 8.30am, tomorrow (Tuesday 5 May).

This is an initiative from the Federal Australian Nursing and Midwifery Federation (ANMF). The organisation is coordinating a candlelight vigil which will be pre-recorded and shared on social media at 7pm, 12 May, International Nurses Day.

More information [here](#).

