



# ceo update

## Monday 14 July- It's all about the person and a seamless flow through our health system

I attended a great presentation earlier this week where teams from our medical service at Christchurch Hospital and our older person's service at The Princess Margaret Hospital and Burwood Health Campus talked about what they're doing to improve patient care for frail older people who are admitted to our hospitals.

### Improving care for frail older people is one of Canterbury DHB's priorities

This is our biggest patient group and we want to ensure a seamless pathway in and out of our hospital system. Our goal is to achieve the best outcome for the patient, in a timely way with no delays, while avoiding harm and optimising their independence. Importantly patients should know – at all times - what their care plan is.

To achieve a truly patient centric service we need to continuously be looking at how we deliver care and make changes now to make it better for our patients and community tomorrow, next week, next month and next year. Planning for a patient's discharge should be a priority from day one of their admission.

There are many touch-points when someone comes in to hospital, this presents many opportunities for patients to become stuck in the system. Recent work has looked at identifying the various points in a patient journey and how the patient journey can be streamlined. What are the barriers and hold-ups? What elements in our system slow down a patient's care?

Sometimes delays in referrals, assessments, results or decision-making have caused patients to spend longer in hospital than necessary. This isn't the best thing for patients, nor is it best for our health system. We have embarked on a concerted and significant process to improve the way we work together for the benefit of our frail older patients. We are now starting to do things differently and working towards developing a true seven day a week service and matching resources with demand.

There's more of an emphasis on 'front loading care' so the first day of a patient's stay may be busier with more active case management and assessments to plan what will happen for the remainder of a person's stay.

Assertive Board Rounding is one of the new activities which is making a positive difference. Assertive Board Rounding is like a mini interdisciplinary team meeting held while standing around a whiteboard which lists patients, their CCD and EDD. It also lists how many days they've been in your ward, and their total length of stay.

These stand-up meetings are held daily and take a proactive approach to case managing each patient. This meeting ensures everyone involved in a patient's care knows what needs to happen for a patient on a particular day. They also know who's responsible for what – and who the 'go to' person is if there are hold ups.

### What's the most frequently-asked question in hospital?

"When can I go home?" It's a fact that most people are happiest in their own home environment, and our job is to ensure their hospital stay is no longer than it needs to be. We all have a role to play in ensuring that we deliver a health service that creates no harm, no wait and no wastage.

For the whole system to work, the whole system has to be working. Whether you're a booking clerk, cleaner, orderly, doctor, nurse, pharmacist, allied health, or work in a community service, general practice, aged care or a NGO provider you're all part of our health system. And doing your job in the most efficient and effective way possible contributes to our overall goal.

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## Acronyms of the week – CCD, EDD, CGA and the 4Qs

If you work in one of the areas where Assertive Board Rounding is up and running you'll be familiar with these acronyms and abbreviations. To the uninitiated:

**CCD** stands for Clinical Criteria for Discharge. These are the criteria that must be met before a patient can be safely discharged.

**EDD** - the patient's Estimated Date of Discharge

**CGA** – Comprehensive Geriatric Assessment. This is a systematic evaluation by the multidisciplinary team (that's the MDT) to assess the medical, cognitive and social aspects of a person together with their level of function.

**The 4Qs** – These are the four questions patients should be able to answer:

1. What is wrong with me?
2. What is going to happen today, and tomorrow?
3. What needs to be achieved to get me home?
4. When is this going to happen?

## Using resources wisely

Doing the right thing for patients, means making the most of the resources (and that includes people) working in our health system. Improving the flow and coordination of care to this large group of patients will have significant flow-on benefits for the rest of the system.

I will talk more about the Frail Older Person's Pathway in future updates. In the meantime, I encourage you to talk with your colleagues and manager about what your team is doing to help enhance the flow of patients through our health system.

I'm always keen to hear from people who have ideas about how we can do things better to create a seamless pathway for patients with no delays along the way. I'll be focusing on various aspects of this work over the coming weeks.

In the meantime, if you'd like to know more about any aspect of the work underway please contact general managers, Dan Coward or Pauline Clark.

## Farewell & thanks to Betty Wallcroft after 47 years on the job



I had the pleasure of catching up with Betty on her last day at work, last Friday. What a legend! From junior clerk to ENT team leader, you've risen up through the ranks over the past 47 years.

Thanks for all your hard work and good humour over the years Betty – you made a real impact on those who had the pleasure of working with you. You can read more about Betty and her better work stories on page 11.

Enjoy your retirement.

Have a great week  
David

### Burwood

Concrete pours continue at Burwood. Two happened this week and two more are scheduled on Tuesday and Thursday this week. The pour on Tuesday 15 July is for the Back of House building, in the centre of the site, and will begin at 4 am.

Concrete trucks will be travelling via Burwood Road from that time until around 1 pm. It will be a big pour, so the finishing works will run from 1 pm until approximately 7 am on Wednesday – that's quite a long shift!

The picture shows a smaller concrete pour from this week, with the precast columns for the ward blocks being assembled in the background.



### Christchurch

The AMAU User Group was at the Design Lab this week to test the reception space. The Emergency Department User Group has mocked up the Emergency Department public entry and is testing the optimal location of the triage and reception areas. The Intensive Care User Group mocked up its Operations Room – a central space from which to run the day to day operations of the unit.

User groups have also been reviewing new sketches for the central area between the wards – known as the “D Space”.

Issue 5 of our Facilities Development newsletter is now available online. Click [here](#) to read.

A presentation from Digital Hospital Week is also available on the staff intranet, [here](#).

### HR Management Team Transition

Following the departure of Allan McGilvray (last week), I have asked the HR Management Team (comprised of Di Lynes, Ed Waddington, Kim O'Keefe, Marilyn McLeod, Mary-Ann Farr and Nic Coom) to operate under a shared leadership model while we work through a HR Leadership Proposal for Change. To support the transition and ensure continuity, the following GM HR responsibilities have been temporarily reassigned as follows

#### ***Representing GM HR at various meetings***

- EMT and National GMs HR – Nic Coom
- West Coast EMT and GMs meeting – Kim O'Keefe
- Remuneration Governance Group – Nic Coom
- HRMS Steering Group – Robbie Gerrard

If there is any HR matter you would like clarification on and aren't sure who to contact, please contact Nikki Hunter in the first instance.

# Bouquets



Tena koutou katoa,

I wish to express my extreme gratitude to the staff of the Oncology, Radiation and Chemotherapy departments, and my Consultant Dr Ian Ward.

Nga Ratonga Hauora Maori team Christchurch Hospital, The Princess Margaret Hospital Maori team, and Te Korowai Atawhai team Hillmorton Hospital for karakia and waiata during my recent cancer diagnosis, names too numerous to mention.

All your presence at my side will be treasured forever as you all brought your own expertise to me and because of your skills, you gave me a second chance in life. I am 79.

I returned to work of May 5, just six months after diagnosis so my recovery has been remarkable, naku kei runga nga mihi.

**From: Taua Elsie Roder Te Korowai Atawhai Hillmorton Hospital, Specialist Mental Health Service.**

## **Michael Gill Orderly, Transfer from AMAU to Ward 27, Christchurch Hospital**

This evening has been a gift to me to be transferred by Orderly Michael Gill. I have been very ill at home and spent a painful and unhappy day in hospital. This state is no reflection on the attending staff who have been all that they should be – kind, informed etc. However, at the point that Mr Gill transferred me I was in considerable pain, close to tears and feeling most unlike my happy self. I told Mr Gill of my pain and he promised to move me gently. Not only did he do this but in addition spoke with the greatest courtesy not only to myself but to all colleagues and visitors on our route: a humorous, smiling, pleasant, gracious gentleman. A model, I think, for other staff.

## **Ward 11, Christchurch Hospital**

Thank you for the care and consideration shown me during my stay.

Radiology and Oncology, Christchurch Hospital

I thought Dr James had an excellent tableside manner.

Eye Clinic, Christchurch Hospital

Just a big thank you to Dr Lewis Lam for the best examination he did on my eyes, his experience and manner was first class.

## **Ward 14, Christchurch Hospital**

Tea lady, Julie and nurse Susan – both really lovely and cheerful.

## **Ward 14, Christchurch Hospital**

Thank you to the nurses and doctors for the care and kindness shown to our whānau member and all of us. Also for the kindness shown to the many visitors as we are sure this was a disruption to the ward. Kia Ora.

## **Ward 15, Christchurch Hospital**

Thanks for everything to everyone.

Plastic Surgery Outpatients, Christchurch Hospital

Wonderful team – patient and empathetic. What a wonderful public health service we have.

## **Ward 11, Christchurch Hospital**

Outstanding service, great staff, excellent food.

## **Orthopaedics, Christchurch Hospital**

On Monday night over a week ago I slipped and broke my wrist at about 7.30pm. By the time I made it to the orthopaedic ward it was late, about 9 or 10 o'clock. But the nurses and doctor (Chloe) who looked after me were absolutely brilliant. I was thoroughly impressed with the care and attention I received and the work they did that night. I believe the nurses were due to finish but stayed longer as there was a lot to do. The radiologist was also brilliant and stayed a little later until everything that needed to be done was complete. By the time I left it was past midnight. I think this team deserves a big thank you for their excellent care and hard work, it's much appreciated.



How's your Dry July going? With only 18 days left we can safely say we are almost half way through. At time of writing the Canterbury Regional Cancer and Haematology Service has 1348 DJs and has raised \$81,786. This puts us in second place behind Auckland.

In addition to the funds coming in via the website we are also raising funds through the sale of Seán MacPherson's Dry July song. The song can be downloaded from Bandcamp <http://seanmacpherson.bandcamp.com/track/gonna-be-a-dry-july> for as little as \$1 although the amount you pay is up to you. Let friends, family and colleagues know about it too.

You can also now download a clip of the song as a ringtone for your iPhone. You'll find instructions on [www.cdhb.health.nz/dryjuly](http://www.cdhb.health.nz/dryjuly). There is no charge for this but you can always show your appreciation via the Bandcamp link and buy the song.

The song has featured on Campbell Live and Newstalk ZB and was part of a very special Canterbury Grand Round held in the Rolleston Lecture Theatre on 4 July.

If you are a DJ don't forget that there is a new update for you every day throughout the month at [www.cdhb.health.nz/dryjuly](http://www.cdhb.health.nz/dryjuly). You'll find everything here from video messages from our ambassadors to mocktail making demonstrations.

So hang on in there – it's such a great cause. And if you are not a DJ – how about donating to someone who is? Donate now at [www.dryjuly.co.nz](http://www.dryjuly.co.nz)



*Above: Consultant Haematologist and song writer Seán MacPherson (on piano) leads the singing of 'Gonna be a dry July' at the Canterbury Grand Round on 4 July.*

### Reminder - we are in the pre-election period (SSC guidelines)

Just a reminder to you all that we are well and truly into the pre-election period, and as public servants we need to remain politically neutral. There are a range of activities which should not take place in the lead up to a general election. The State Services Commission has produced comprehensive guidelines for staff which are outlined [here](#).

## Implanted device controls high blood pressure



Above: Jo Dearsley

Jo Dearsley has experienced hypertension since she was in her late thirties and has been hospitalised because of it twice since –she is now in her fifties.

Besides the acute episodes that landed her in hospital, Jo had been suffering from smaller headaches almost daily. The headaches limited what she could do and had reached a point where the headaches were just part of her life and she was resigned to having to put up with them permanently.

In October 2012, her blood pressure peaked at 250/160, despite five anti-hypertensive medications, and she had to take four months off work. Despite prescribed morphine and other medication, during that time she had such bad headaches she couldn't move out of bed and describes feeling like "her head was going to explode".

Dr James Blake, Jo's cardiologist conducted a battery of tests, but they all came back inconclusive, so her condition could only be somewhat controlled and her systolic pressure was still far above acceptable.

Then, out of the blue, Dr Blake called Jo about taking part in a clinical trial. Valencia Technologies had been working with Christchurch clinicians on a Neuromodulation for Hypertension Study and keen to help Jo, Dr Blake thought she would be an ideal candidate for the study.

Dr Blake explains that neuromodulation therapy requires two small devices, each the size of NZ 50c piece, to be inserted below the skin of the forearms under local anaesthetic. ([See photos below.](#))

"The devices are designed to regulate nerve impulses that potentially affect the body's natural response in controlling blood pressure," says Dr Blake.

"Our particular interest is in people matching the trial eligibility criteria who have not responded to medication. Jo is one of 11 study participants we are monitoring here in Canterbury, each for a two year trial period."

Jo is delighted she agreed to take part. "It's been amazing, I feel a million times better!"

"I have hardly felt any headaches since then. Before, it sometimes felt like I single-handedly kept Panadol in business but now - I can't tell you the last time I took some."

Jo describes the implant as feeling 'a wee bit uncomfortable' but far better than having headaches daily."

"I never expected to be talking about 'my implants' in my fifties, and certainly not ones in my wrists," quips Jo.

Being constantly monitored by Dr Blake and research nurse Sara Prue gives Jo huge peace of mind and she is delighted that her blood pressure is now routinely in the 140s. "Who would have thought that such a small and unobtrusive implant in my forearm could make such a difference to my hypertension? While I personally feel very lucky to have benefitted, I'm also very excited for other people with the same condition. This could be a real life-changer for them too."





Rebecca Clayton, the lead Business Analyst responsible for the éclair results repository, passed away on 28 June after battling leukaemia. In her last moments she had family and close friends at her bedside. Our thoughts and condolences are with all of those people she left behind.

After completing her enrolled nurse training in Dunedin in 1986, Rebecca worked at Cherry Farm and Dunedin hospitals, before moving to Christchurch in 1990 where she worked in Burwood Hospital's brain injury unit. After sustaining a back injury she was reassigned to administration roles at CDHB and in 1997 took up the role of Y2K coordinator. In 2007 Rebecca began work as a Business Systems Analyst and immersed herself in the laboratory system, (éclair) to which she brought a wealth of knowledge.

Rebecca developed leukaemia and over the past two years spent many months in the Bone Marrow Transplant Unit receiving treatment, yet she continued to work on her DHB computer, fixing other people's issues. In true Rebecca style she always put other people and her work ahead of herself and her problems.

Rebecca was an active member of the Altrusa Club, and had held various positions including club president, treasurer, secretary and communications chair. As part of her fundraising efforts for the club, she was often seen around TPMH selling jams, juices and cards.

**Ruth Spearing – Haematology Consultant** - after a very long illness which she has fought with amazing strength of character, Rebecca Clayton continued to work from her computer on the e-ordering project for every day of her first stem Cell Transplant bar 1, and was still working on this and labs e-ordering until a couple of weeks ago. Quite exceptional. She was really proud to be an active part of what is probably the best clinical IT system in the country. I would like to acknowledge the leadership within CDHB which enabled her to contribute right up to the very end. The organisation gained a lot - and it meant a lot to Rebecca.

**Susan Wilford – PA to the CIO** - I got to know Rebecca (or "Biscuit", as my daughter would call her "Becky Biscuit") when I was newly pregnant. We became quite close initially as she was my web backup whilst on maternity leave. She bought as a surprise, my daughter's first bed which had a princess castle attached to it and a bedroom suite. Becky was the most generous person I've ever met. She loved my daughter, and other children, who flocked to her because she got down to their level and let them be kids. I will miss her feistiness and sense of humour.

**Lisa Bee, Nurse Educator Orthopaedic Service** - I am devastated by her loss and in my heart I have dedicated the song "Count on Me" by Bruno Mars to Rebecca as we counted on each other a lot in life and were very dear friends. I got to know Rebecca 14 years ago when Rebecca worked on the Stargarden rostering system. We had many catch ups, involving work and shared life stories and lots of laughs. Rebecca was passionately dedicated to CDHB. In one of our last conversations she spoke of how exciting the future for CDHB's IT system is. Naturally she expressed how sad she was to miss this.

**Michelle Laurie – Business Analyst** - Rebecca was always trouble, especially if she was in a mischievous mood. Everything on your desk would be turned upside down, and the 'who was who' on the office door would be get her graffiti mark. Grapes were never safe if you left them on your desk. Rebecca was one of those people who never judged. You were always made to feel comfortable in her presence. She was one of those rare kind hearted souls who you are very lucky to meet at least once in your lifetime.

**Karen Hawke – Referral Centre Manager** - Post the earthquakes and the offices at TPMH being returned to wards, and not one to work in isolation, Rebecca set up base in our office. Rebecca used to have a competition with the team to be first in the office in the morning. Other team members would have had to stay overnight as one thing Rebecca didn't do a lot of was sleep and once awake would head to work. We were privileged to have her as part of the team, and share part of her journey.



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**Carroll Manickam** - Rebecca was a very knowledgeable person at work whom I could approach at any time for help, she never said no. She always put on a smile even when she was in pain at work which made me admire her a lot, she took pain killers and carried on with her work without complaining. She was a fighter right till the end. Sadly missed.

**Meeling Lee** - Where many would have thrown in the towel long ago, Becks never let her illness get in the way of giving her best in her work and her various interests.

Sharyn MacDonald, Chief of Radiology on behalf of the Radiology team – Rebecca was an inspirational person. She was passionate about her work, continuing to provide clinicians in general and the Radiology team in particular with support and advice throughout her illness. She was a patient teacher, who guided us through learning about éclair and the other IS systems we had to work with. She was generous with her time and energy, even when she had little left. Above all else, she was a lovely person who humbled us with her courage and tenacity.

## Alarm system created to monitor patients on breathing machines

Sleeping can really be a matter of life and death for some people and why a number of Cantabrians require the extra support of a breathing machine.

However, up until now, early detection of when a machine's airflow might suddenly become interrupted has been difficult as most do not have an inbuilt alarm system.

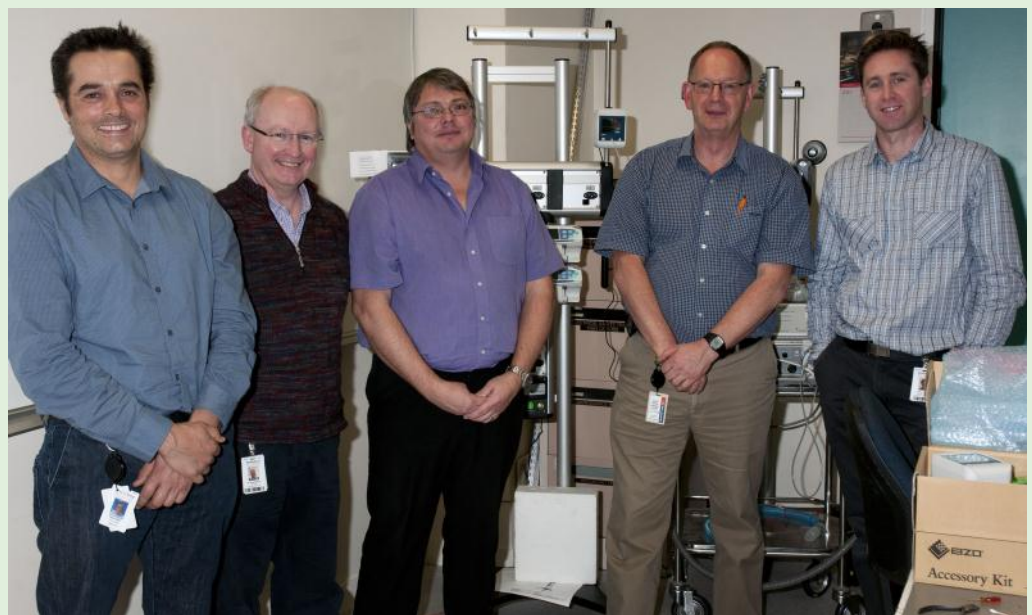
Intensive Care Unit (ICU) Specialist and Institute of Professional Engineers of New Zealand (IPENZ) Fellow, Geoff Shaw, says for patients on a Continuous Positive Airway Pressure Machine (CPAP) or a non-invasive ventilation machine, if the mask becomes loose, isn't fitting properly, or the connecting airway hose falls off while a patient is asleep, there is no obvious sign of a problem until the patient is distressed.

Geoff recognised the need for some sort of alarm while working with patients using CPAP machines in ICU. He got together with Alex Lowings from CDHB's Medical Physics and Bioengineering (MPBE) team and the Sentinel monitor and alarm device was created.

The Sentinel is designed to help monitor people who rely on breathing machines while recovering in intensive care in hospital as well as those who suffer from sleep disorders and need help to breathe at home when they are asleep.

"There's been a real gap in the market because the ventilator masks with alarms are for people who are not spontaneously breathing on their own and cost more than \$40,000 each," Geoff says.

*Left: Paul Kelly (Sleep Unit), Geoff Shaw (ICU), Alex Lowings, Alistair McTaggart and Stefan James.*





"I saw a need for something connected to the CPAP machine itself and all the parts, like the mask, that are connected to it. I knew we had a specialist team with the skills, experience and creative bent that could find a more effective solution."

A proof of concept device was created around a year ago. Following a discussion on patient and clinical needs Alex wrote the specifications for the final device, including the use of an embedded software architecture suitable for safety critical applications. Once this was agreed the hunt was on for elements of the design such as a pressure sensor, electronics and display. A prototype was produced and the needs revisited to make sure it was still on task.

Clinical analysis followed in ICU and the Paediatric High Dependency Unit (PHDU) with patient and family approval.

"The enablers for this project have really been Alex's ability to communicate across the organisation, with staff, with clinicians and to build those relationships to see the project through," Geoff says.

Alex says the MPBE team are lucky to be based on site where they can engage with clinicians and see their devices in action in real time.

"We can just go up to the ward and see how things are going; talk to the doctors and nurse; get their feedback and see the devices working in real patient situations – it's unique as a lot of other hospitals around the world do not have the expertise of clinical and bioengineering all under one roof."

Since developing the first prototype the Sentinel device has been made smaller with a touch screen display. The devices and software are made completely in-house using a combination of off-the-shelf components and custom made electrical circuits and mechanical fittings. The MPBE team is currently making 10 units for the Sleep Clinic and are expecting to make an additional seven for ICU and PHDU.

Paul Kelly, Sleep Unit Team Leader, picked up the first six devices from MPBE this week and says the Sentinel device is a vital piece of equipment for many of their power dependent patients who use a non-invasive ventilator in their own homes.

"In the event of a power failure, it is not only essential to have a backup power source, but also a smart alarm to notify the caregiver of a critical situation. The sentinel device helps reduce risk in the event of an emergency."

MPBE is now working with Geoff and Via Innovations to look at the potential to market the product to other DHBs and potentially worldwide.

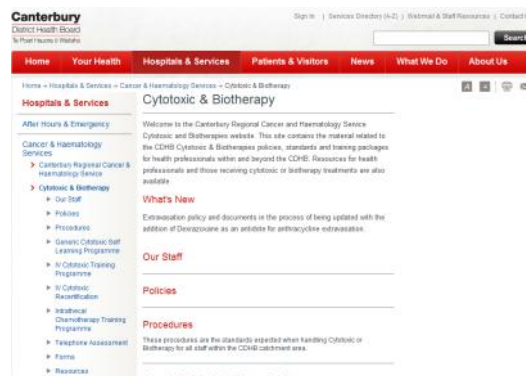
## Cytotoxic Spill Kits

Any area handling cytotoxic drugs are required to have a spill kit readily available for use. Spill kits are no longer available or replaced from the pharmacy at Christchurch Hospital.

If you require a spill kit it may be obtained from Ward 26 (Oncology ward), Oncology/chemotherapy day ward in Oncology Outpatients or from the BMТУ. The kits are now fully disposable.

Other cytotoxic resources are available from:  
[Canterbury District Health Board - Cytotoxic & Biotherapy](#)

If you would like an education refresher on cytotoxic management please contact Jo Laws or Michaela Jamieson, Nurse Educators for the Canterbury Regional Cancer and Haematology Service.



### What does your job involve?

I am a medical doctor specialising in Anatomical Pathology which means my job involves things related to body tissues, from the smallest endoscopic biopsy to the ultimate "whole body biopsy," the autopsy.

The pathologist's main job is to make the right diagnosis. We get biopsies and specimens from patients: examine them, process them and eventually receive ultra-thin sections of tissue on glass slides we which look at under the microscope to determine if there is any abnormality.

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

A large proportion of our work is diagnosing cancers. I love being part of the team of clinicians, oncologists, radiologists and many others that work together to reach the right diagnosis and treatment plan for individual patients.

I especially appreciate that I never have to sit down with that patient and give them bad news directly.

### What do you love about it?

It's a fascinating job, you get to see so many interesting conditions and there's the academic challenge of keeping up with all the latest information.

It's a bit like detective work, putting together all the pieces from the patient's symptoms, their x-ray findings, the clinician's differential diagnoses and what it looks like under the microscope to arrive at the right diagnosis.

Very little on-call work and no night shifts is a big bonus too!

### What are the challenging bits?

Sometimes it can be a bit smelly. And there can be a lot riding on the decisions we make: will the patient have chemotherapy, will they have a leg off, what happens if I've made a mistake? Luckily we have a good team around to help with those difficult decisions and avoid too many sleepless nights.

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

Santa Claus. He's hard working, obviously very efficient, and always jolly.

**The last book I read was...** *The Rosie Project* by Graeme Simsion, a very funny and sweet tale of an autistic man's search for true love.

**If I could be anywhere in the world right now it would be...** on the Orient Express from Istanbul to Paris, first class of course.

**My ultimate Sunday would involve...** a sleep-in, eggs benedict and a good book. With two small children, my sights are set pretty low so I'll take any one of the three.

**One food I really dislike is...** kidneys. Enough said.

**My favourite music is...** pretty much anything except death metal and Kenny G.

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



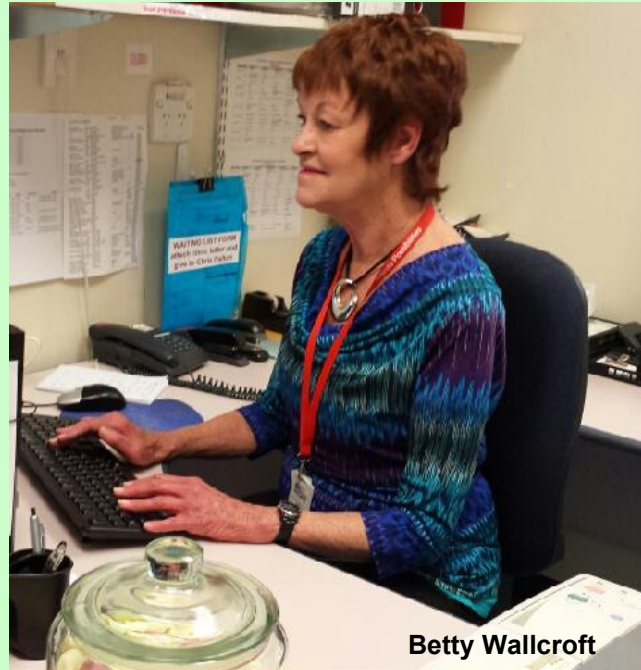
Ear, Nose and Throat (ENT) Team Leader, Betty Wallcroft, began work at Christchurch Hospital when manual typewriters were in use and over her 47 year career has worked for six Clinical Directors.

Betty's sister was a medical secretary at the hospital and one day over dinner told their father that there was a position available and he should "let Betty leave school".

"This was half way through my last term – I was an avid sportswoman and spent most of my time at Hagley Park, hence my dad said yes and that is how I arrived at CDHB," Betty says.

Her first role was as junior clerk in the office of the Pathology Department.

"I was totally ignorant. One day I asked my supervisor what VD was and she said go home and ask your mother. I never did I might add."



Betty's task was to open all the histology specimens and ensure they were labelled. The specimens arrived in a cardboard box with a plastic bag inside filled with formalin and the specimen.

"After a few weeks I was banned from talking at the dinner table about it because I would tell my family what I had opened that day, all with no gloves and no protection."

Her job also included emptying the old hoist which led down to the morgue.

"It was pitch dark and I had to put my arm in and find the old rope and pull this thing up to empty the specimens for the histologists," she says.

From there she was promoted to secretary (at last, my Dad said!). Betty worked mainly for the haematologists. There were four typists in the pathology office. Every single pathology result was typed, except for the comments from the haematologists on bone marrow results which Betty hand wrote as she had the smallest writing.

"We worked every Tuesday evening and every Saturday morning. I was the runner, delivering all the path results to the wards. There was an old concrete corridor down the back of the hospital that we used to hold bike races down, until old Sister Bruce (Orthopaedic) put a stop to it."

Betty recalls that the tea tin was filled with freshly buttered bread which was delivered to all departments for the staff tea room. She also remembers the old café where nurses had to line up in the corridor until there was a spare seat.

"Working at night we ate in the nurses hostel dining room and no one would dare sit down until Matron had entered and had her dinner in front of her."

At Christmas most staff would gather on Christmas Eve in the old main corridor of the hospital, holding candles and walking through every ward singing Christmas carols.

In Oncology, staff played indoor cricket and went on tramping trips together.

"There were amazing Christmas functions. I remember walking back to the boat ferry from a night at the restaurant in Diamond Harbour when it was pelting with rain, dark, and we were covered in mud and singing all the way. Chris Atkinson would be shouting 'follow me troops', as he slid down the muddy bank!"

"We all became friends and are to this day."

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Betty moved from Oncology to ENT and says she was lucky to again work in an amazing environment and become great friends with her colleagues there. She was in awe of the skills of the surgeons there.

"The College/teaching side of my role has been most enjoyable. I have also got to know all of the Registrars who have come through, about to sit their finals, have met their babies (some now children) and their partners. I became a bit of a 'motherly' figure for those registrars who are away from their families."

Service Manager, Otolaryngology, Head and Neck surgery, Audiology, Neurology and Neurosurgery, Rosey Doyle, says Betty had a key role in the service.

"She was a very speedy, efficient, knowledgeable Medical Secretary and with these talents soon became the Team Leader Medical Secretary PA to the Clinical Director. Betty has also been very supportive to me in my Service Manager role and a great asset in implementing any changes we needed to make, more recently the change-over to WinScribe and Windows 7."

Betty was adamant in ensuring that the standalone ORL clinical audit database came through this process smoothly to protect all the excellent historical data.

"Betty has been fun to work with, there will be many things I will miss including the cheery calls in the morning to let me know how beautiful the sunrise was or it's snowing come and have a look.

We wish Betty a fun filled retirement spending more time with her much loved grandchildren, travel, gardening and returning to join us on occasions," Rosey says.

Ruth Spearing, Haematologist who has known Betty some 35 years commented that Betty epitomises the very best of the CDHB- the patient was always her first concern and she would move mountains to get an urgent patient seen promptly. She has a real art of always making everyone around her feel good and the environment a really fun place to work in.

Scott Stevenson, Clinical Director, Otolaryngology Head and Neck Surgery, says Betty (and everyone else in the ORL service) knows how much I respect her abilities and value her friendship. She has been 'mother' to so many of our junior staff over the years - and many of them hope to return to a farewell 'knees up' in 10 days time. I was delighted I was able to persuade her to resume a PA role eight years ago and she has been a pivotal team member during my time as CD of our service. We will keep up her approach to life at work and look forward to seeing her back from time to time.

Betty says she has had lots of fun and enjoyed every minute.

"All the very best to all of my CDHB friends, keep well and keep up the good work."

Plant & Food  
**RESEARCH**  
RANGAHAU AHUMĀRA KAI



**DO YOU ENJOY  
EATING KIWIFRUIT?**

Plant & Food Research is looking for volunteers for a study looking at the effects of kiwifruit on gut health. This is a 16 week study which involves eating kiwifruit and psyllium (fibre).

We require people aged 18 to 65 years who are generally healthy, suffer from constipation or suffer from irritable bowel syndrome.

You will be required to visit 40 Stewart Street, Central Christchurch for periods of 30 minutes on six occasions. You will be reimbursed for your participation.

To find out more about the study contact Sarah Eady on (03) 325 9671 or 027 476 6137.

Email: [sarah.eady@plantandfood.co.nz](mailto:sarah.eady@plantandfood.co.nz)

[www.plantandfood.co.nz](http://www.plantandfood.co.nz)

There is no grand round next week, it has been replaced by the University of Otago, Christchurch (UOC), Midwinter Dialogues. The Dialogues feature speakers selected by UOC Dean Professor Peter Joyce. This year all Dialogue speakers are politicians.

Details are:

**Friday, July 18. From 12.15 to 1.15**

Kevin Hague, Green Party Health Spokesperson.

Held in UOC Rolleston Lecture Theatre

Kevin Hague will be discussing:

**Good Lives, Healthy Futures; Resetting the focus on prevention.**

We all know that poor health status leads to poor life outcomes, and vice-versa. In this chicken and egg situation, how do we make sure that we are getting the most bang for our buck when setting health policy and goals? Are we right now investing in the best programmes and delivering to those who need it most? And what if we don't have the luxury to wait for clinical results?

Kevin will answer these questions from a Green perspective, based on both his career in the health system and his experience working with the realities of politics.

Other Grand Rounds this year will be replaced by Midwinter Dialogues. Health Minister Tony Ryall and Labour Party Health Spokesperson Annette King will also give lectures. For any enquires about Midwinter Dialogues contact [kim.thomas@otago.ac.nz](mailto:kim.thomas@otago.ac.nz) or 027 222 6016.

### Latest from the Consumer Council

1. The Consumer Council is engaged in helping identify areas in the Maori Health Framework where consumers could make a difference in achieving health equity and improved quality of life for Maori clients of the Health System.

2. Consumer Council members have accepted an invitation to provide feedback into the Information Use & Management Group's (IUMG) consultation document "*HealthSafe framework for sharing health information*" before the end of July.

3. This month Consumer Council members have also been asked for feedback and involvement with:

- MedChart Electronic Medication Management
- The Strength & Balance Exercise Magnet – patient information
- National Training Day: Child Trauma
- Planning for Education and Training Development workshop for Consumers to be held in September.

4. Recruitment is underway for a Refugee/Immigrant Consumer Representative and a Physical Disability Representative.

If you have any questions regarding the Consumer Council or would like to engage a consumer representative for work you are involved in please contact Wayne Turp, [ConsumerCouncil@cdhb.health.nz](mailto:ConsumerCouncil@cdhb.health.nz); Phone (03) 364 4130



A REWARDING CAREER

**Canterbury**  
District Health Board  
Te Pōari Hauora o Waitaha

139739 Patient Information Care System Functional Planners

139831 - Coordinator – Oncology

140361 - Clinical Pharmacist

WC135629- Physiotherapist (Paediatrics) – West Coast

[Click here to see more opportunities on the careers website](#)

## Staff Wellbeing Programme: Resiliency Challenge (win \$1000 travel voucher)

### Tracksuit-inc **RESILENCY CHALLENGE** – win \$1000 international travel voucher

The Resiliency Challenge involves two weeks of brief daily challenges to get you thinking about the sources of your own personal stress and to develop strategies to manage the effects that stress has on you, your health, and your enjoyment of life in order to become more resilient! The challenge starts on July 14. To register click on the following link [www.tracksuitinlive.co.nz](http://www.tracksuitinlive.co.nz) and enter the CDHB company code: dhbstaffwellbeing. More information is available on the Staff Wellbeing Programme intranet page.



### CDHB Earthquake Support Coordination Service

Our Earthquake Support Coordinators (ESC) are dedicated to helping CDHB staff deal with issues related to EQC, insurance, accommodation etc.

Contact an ESC directly on **371 5598** or visit the new [Staff Wellbeing Programme](#) intranet page for more information.

The ESCs are running 'drop-in' sessions from 10am-3pm over coming weeks as follows:

CHCH Campus - Great Escape Café 10 July

TPMH 17 July

Burwood hospital café 24 July

Hillmorton hospital café 31th July

### Wellbeing Workshops for managers/supervisors

Register now to attend one of these very popular workshops!

For more information on what the workshop covers visit the [Staff Wellbeing Programme intranet page](#)

or click here to register [https://docs.google.com/forms/d/1wkYwlqejKx5RQOLfHdXG6yvSe35VNBAJ\\_oewU64sP0/viewform](https://docs.google.com/forms/d/1wkYwlqejKx5RQOLfHdXG6yvSe35VNBAJ_oewU64sP0/viewform)

### Staff Wellbeing Programme intranet page - Zumba, Yoga, Mindfulness, Retirement seminars...

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

Check out this page for information on yoga, Zumba, Pilates, mindfulness, 30 minute walk 'n workout groups, Earthquake Support Coordinators, Finance/Retirement seminars, Employee Assistance Programme (EAP - free counselling for staff), and more...

### Something for You - employee benefits – new intranet page containing up-to-date information on discounted products and services for CDHB Staff

<http://cdhbintranet/corporate/EmployeeBenefits/SitePages/Home.aspx>

#### Andy Hearn

Staff Wellbeing Coordinator  
Canterbury and West Coast DHB

Phone: 03 337 7394 | Ext: 66394 | Mobile: 027 218 4924

[andy.hearn@cdhb.health.nz](mailto:andy.hearn@cdhb.health.nz)

The banner features a woman on the left with a wide, joyful smile, wearing a pink shirt. A circular logo with a star and the text 'TRACKSUIT-INC' is overlaid on her image. To the right, a dark rectangular box contains the text 'RESILIENCY CHALLENGE' in large, white, bold letters. Below this, it says 'YOU COULD WIN A \$1000 INTERNATIONAL TRAVEL VOUCHER!' in smaller white text. At the bottom of the banner, a black bar contains the text 'STARTS MONDAY 14TH JULY' on the left and 'REGISTER NOW' on the right. The background of the banner shows a blurred image of another person's face.

Go to the CDHB staff wellbeing intranet or [www.tracksuitinlive.co.nz](http://www.tracksuitinlive.co.nz) and enter code: dhbstaffwellbeing

**STARTS MONDAY 14TH JULY** **REGISTER NOW**



Canterbury  
Medical  
Research  
Foundation

Research  
saves lives.

Now available via VC for CDHB staff

This lecture is now available via video conference on the VSL Network.

Please connect to the CDHB Grand Round or at your video conference unit.

Dial 08050577.

Please ensure your microphone is muted unless you are asking questions

Any queries please contact Nicole at [telehealth@cdhb.health.nz](mailto:telehealth@cdhb.health.nz).

The Canterbury Medical Research Foundation  
proudly presents

## *The 2014 Athol Mann Lecture*

### *“The Future of Health Depends on Delaying the Ageing Process”*

Professor David Le Couteur

David Le Couteur is Professor of Geriatric Medicine at the University of Sydney, Director of the Centre for Education and Research on Ageing (CERA), Director of the Biogerontology Laboratory of the ANZAC Medical Research Institute and Senior Staff Specialist Physician in Geriatric Medicine at the Concord RG Hospital in Sydney.

His research is translational gerontology, spanning from biogerontology (nutrition, liver pharmacology and physiology, liver endothelium and ageing); clinical research (geriatric pharmacology and the application of evidence based medicine to older people) and epidemiology (chief investigator and pharmacoepidemiologist on the Concord Health and Ageing Male Project CHAMP).

Please join us at 5.30pm at the Rolleston Theatre,  
Christchurch Hospital  
24th July 2014

*Complementary refreshments will be served*



# HAZARD ALERT



## Reminder about dangers of frost and ice

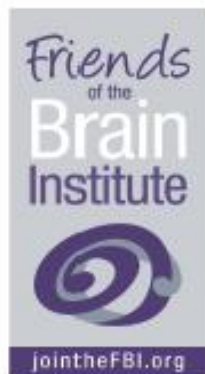
Last week a staff member slipped on black ice and fractured her wrist.

Please take care and remember that cold weather will freeze puddles of water and your footwear will slip very easily.

Keep a look out for signs of frost and remember that conditions can be different in different areas. For example, your home may not be susceptible to frost but parts of your workplace may have shaded, frozen and slippery areas well into the morning.

There is always potential for frost and ice in winter so please try to avoid the accident and have a safe and healthy chilly season.

## Music for the Mind



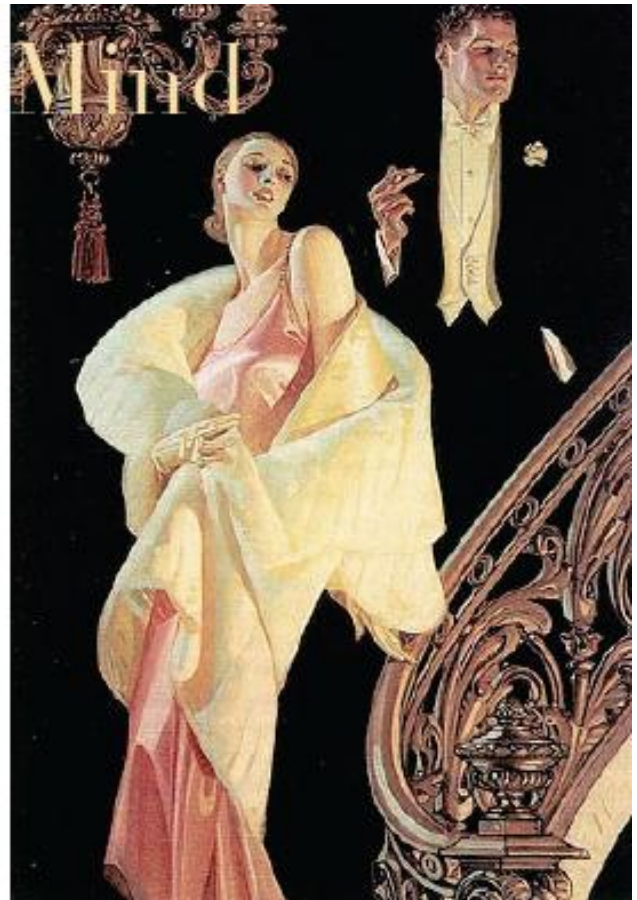
The Friends of the Brain Institute invite you to this wonderful fundraising concert with all proceeds going to neurological research

Starring members of The Opera Club in a special performance of popular opera

Omarino Wine Park  
638 Harewood Rd,  
Christchurch  
Saturday 23<sup>rd</sup> August 7pm  
(concert commences 7.30pm)

Tickets \$65.00 includes  
cheeseboard Cash bar will be in  
operation.

For further information and ticket sales,  
contact Fiona Bellett on 378 6347 or  
[fiona.bellett@nzbri.org](mailto:fiona.bellett@nzbri.org)





**WE NEED NEW DONORS**

**Come and Give Blood at..**

**CHCH Hospital  
Annex / Great Escape Cafe  
Weds 23<sup>rd</sup> July  
10am – 3pm**

Appointments phone 0800GIVEBLOOD  
(0800 448325)

Or online at [www.nzblood.co.nz](http://www.nzblood.co.nz)

Please remember your photo ID or Donor Card

PLEDGE YOUR SUPPORT ON THE "NEW ZEALAND BLOOD SERVICE"

 FACEBOOK PAGE OR [www.nzblood.co.nz](http://www.nzblood.co.nz)

**I PLEDGE**

**TO SAVE LIVES**

**0800 GIVE BLOOD**

**0800 448 325**  
[www.nzblood.co.nz](http://www.nzblood.co.nz)

**NZBLOOD**  
By Red Cross New Zealand





## Dietetic Training Programme

University of Otago, Christchurch

### 'The NEEDNT Food List

### Intake Assessment Research Study'

Did you hear about the list of foods we **NEEDNT** eat?  
...Or that **Blacklist of Foods to Avoid?**

*Are you intrigued to know what it's really all about?*

Otago University researchers have developed a questionnaire to assess people's intake of certain high calorie foods that tend to promote weight gain & poor health when eaten habitually.

We are seeking 60 people to complete this questionnaire taking approximately 15 min. You will also be asked to keep a record of what you eat for 7 days so we can assess whether the questionnaire measures NEEDNT food intake accurately.

#### ***What's in it for you?***

- The chance to validate a questionnaire that may improve weight management for others like you.
- A one-on-one consult with a final year Student Dietitian to explain your results and assist you with weight loss after the study period.
- Learn about how much 'treat' food you can actually eat.

#### ***So, if you are:***

- 18-65 years of age, with a BMI of 30 or above, and have not lost a large amount of weight in the last 6 months, we would love to hear from you. If you're not sure what your BMI is, Google search 'BMI calculator' or feel free to contact us.

**For more info or to register your interest**

**Please contact Hayley Maxwell on**

**0273268224 (texts welcome) or [needntfoodlist@otago.ac.nz](mailto:needntfoodlist@otago.ac.nz)**

The University of Otago Ethics Committee has approved this study: Reference 12/343

This study is being conducted by Masters in Dietetics Candidate Hayley Maxwell under the supervision of Dr Jane Elmslie, Department of Psychological Medicine, University of Otago, Christchurch, Phone 03 364 0480

## Wellbeing workshops

“  
The greatest  
wealth is health  
-Virgil”

For CDHB Managers/Supervisors

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

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

Two hours to focus on YOUR wellbeing!

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

#### Workshop Overview:

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

#### Workshop Details:

- All workshops run for 2 hours and conclude with a further 30 minutes for refreshments and informal conversation
- For dates and to register for a workshop – [click here](#)

Facilitated by Alison Ogier-Price MSc Psych, B.Comm, BA Hons, C.AT, MINZAPP

[Click here to register](#)



**Canterbury**  
District Health Board  
Te Poari Hauora o Waitaha

 **MHERC**  
Mental Health Education & Resource Centre

For more information contact:

Lee Tuki

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

Andy Hearn

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





## RESILIENCY CHALLENGE PARTICIPANT GUIDE



### DURATION

The Resiliency Challenge runs for two weeks (10 days) Monday-Friday, excluding weekends.

### START DATE

The Challenge begins on Monday, 14 July 2014.

### WHAT IS INVOLVED?

The Resiliency Challenge involves two weeks of daily challenges to get you thinking about the sources of your own personal stress and to develop strategies to manage the effects that stress has on you, your health, and your enjoyment of life in order to become more resilient!

### PRIZES

**Every participant who enters each daily activity will be entered into a final individual prize-draw to win a \$1000 Travel Voucher!** Throughout the challenge there will be prize-giveaways for those that participate in the daily activities which include iPod shuffles, Prezzy cards, Supermarket Vouchers, Red Balloon Vouchers, and more!

### SIGN ME UP!

Register for the Resiliency Challenge from Monday 30 June on [tracksuit-inc](http://tracksuit-inc) (please go to the Staff Wellbeing Programme intranet page or [www.tracksuitinc.co.nz](http://www.tracksuitinc.co.nz) and enter the company code: [dhbstaffwellbeing](http://www.tracksuitinc.co.nz)). Enter your email address and you will receive a confirmation email with your login details.

**Register before Friday 11 July and you'll be entered into a prize-draw to win a \$100 Prezzy Card!**

Remember, family members are welcome to participate in the challenge!

### CHECK IN

Log on to the Health Challenge website ([www.healthchallengelive.co.nz](http://www.healthchallengelive.co.nz)) on the day that the challenge begins (14 July) for details of your first activity and then every day thereafter for the two-week duration. Enter your responses to the activity each day onto the site to score points and receive feedback.

### CHECK OUT

Log on to the website each day to check out:

- The Challenge calendar – flick back through the days to enter your scores for previous challenges.
- The Noticeboard for any special messages including the prize winners.

### CHECK YOUR EMAIL

Every day we'll send you an email which will include a link directly to the website and updates on the daily activities, prizes and special announcements. Check your inbox each day from 14 July for more info.





...ARTIST DOCTORS PRESENTS...



*Last night of the*



# PROMS

25 YEAR ANNIVERSARY

WE ARE CALLING FOR PERFORMERS  
TO TAKE PART IN THIS YEAR'S  
VARIETY CONCERT

4TH OCTOBER 2014

Singers, dancers, comedians, soloists, groups, instrumentalists  
- Get your act together!

To find out more contact Ros McCarthy on 364 1104,  
mobile 027 353 2639 or email us at [enquiries@artistdoctors.org.nz](mailto:enquiries@artistdoctors.org.nz)

[WWW.ARTISTDOCTORS.ORG.NZ](http://WWW.ARTISTDOCTORS.ORG.NZ)

