



Celebrating the success of a young leader in our health system

Congratulations to Hannah Laughton, Canterbury's *Open for Leadership* Award Winner. Last Friday I was delighted to be part of a celebration event honouring a young nurse who has already made her mark on our health system. Hannah started her nursing career with Corrections as a nurse in one of our prisons, and is now the sole Neighbourhood Nurse working for the Aranui Community Trust Incorporated Society (ACTIS).

The Aranui Community Trust has a motto on their newsletter – Aranui: A proud community of hope and opportunities where people stand tall. I can tell you that Hannah, along with her parents and colleagues certainly stood tall when Associate Minister of Health Hon Peter Dunne presented Hannah with her award for emerging leadership.

The awards are co-ordinated by the Health Quality and Safety Commission. They recognise, celebrate and share the work of emerging health care leaders who have made a difference to patient care.

As a neighbourhood nurse Hannah has worked hard to build relationships in the Aranui community. She works alongside people to understand and improve their health.

Hannah works with those who can't access health services, with those who have disengaged, and with individuals and families to stop people 'falling through the gaps'. Her role is holistic and patient-centred. On any given day, you might find her in an early childhood centre, in someone's home, or in a school.

She's an advocate, a facilitator, a health promoter and links in with practice nurses, doctors, health promoters, teachers and anyone else who can help. Hannah leads the Aranui health networking forums which encourage collaboration, networking, professional development and resource sharing.

Hannah embodies the Canterbury Health System's values by keeping health consumers and their families at the centre of everything she does.

Hannah has developed links with a multitude of local providers, including General Practice teams, schools, Non-Government

Agencies, Public Health, Social Welfare providers and most importantly the families of the community themselves, and all the while as the sole registered nurse in an area that has unique challenges.

Hannah completed her nursing degree three years ago at Ara. She was nominated by her mentor, Director of Nursing for Pegasus Health Michael McIlhone, who praised her initiative.



Associate Health Minister Peter Dunne (left) and Hannah Laughton, Aranui Community Trust Incorporated Society (ACTIS) nurse with the 'Open for Leadership Award' she was awarded at a special ceremony in Christchurch last Friday.

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“As a young RN, Hannah has actively sought out mentorship and inclusion in to a multitude of forums and as a result of this she has established significant links and presence in the local community, no easy task,” Michael says.

Michael said Hannah was a very good listener, and when she made mistakes she owned them, learned from them and moved on. He commented that Hannah had well and truly graduated from being a graduate nurse.

Hannah received a trophy presented by Mr Dunne and will be sponsored to attend a Health Quality and Safety Commission event.

In presenting Hannah with her award, Minister Dunne challenged Hannah to use her skills and this award as a spring board to even greater things, for herself, for her family and for the future of her community.

Check out one of Hannah's Healthy Tips [videos](#)

Key city agencies agree to urgently address parking around Christchurch Hospital

Last Friday I met Christchurch City Council chief executive Karleen Edwards, and Ōtakaro Limited chief executive Albert Brantley to urgently address the lack of car parking around Christchurch Hospital.

We all agreed that there will be a joined up approach and consistent messaging regarding parking options. We all recognise that parking around the hospital is going to remain challenging with construction happening across many sites at the same time. This is creating additional pressures in terms of access and additional traffic volume, including contractors.

With the following construction projects all happening concurrently, maintaining access in and around the hospital will require a number of interim parking options to be in place over the next two to three years.

- » Health Research Education Facility (HREF) – CDHB/ARA/ University of Canterbury due for completion 2018
- » Outpatients – Ministry of Health completion 2018
- » Medcar - Private Research Centre
- » Acute Services Building, followed by the next stages of the Christchurch Hospital developments – Ministry of Health
- » Metro Sports Centre – Ōtakaro Limited
- » Tunnels (Hospital Corner) – Ministry of Health
- » Energy Centre – Ministry of Health

Alongside the construction is an increasing number of roading projects in the vicinity which have come together to create a perfect storm.

We had a positive meeting, with all agreeing on a number of actions aimed at helping relieve the car parking constraints affecting patients, visitors and staff coming into the city, especially to Christchurch Hospital. I'm confident we've come up with some good solutions and we all agreed that they need to be fast-tracked and underway as soon as possible.

We are finalising leases for several sites near the hospital to provide around 240 additional parks for staff. We are also exploring the feasibility of a number of other options which came to light last week. The Council have agreed to second a staff member with parking expertise to work with Canterbury DHB and Ōtakaro to bring the solutions to life as soon as possible.

As mentioned last week we are also looking to extend our Park & Ride service to include staff and a range of sites are being explored. Ōtakaro and the Council have agreed to help with this process including exploring alternative locations.

All agencies have acknowledged that it's not easy for anyone coming and going in and around the Health Precinct side of the city but in order for it to be resolved, we need to all be working together to come up with some solutions.

What has really concerned us all for some time and has come to head in the past week, is that people's safety has been compromised because of the parking situation. We want to get this sorted as soon as possible.

Tips to stay safe

We have stepped up our security measures, and there are some simple reminders for everyone – whether you're heading to or from work or going out at night.

Wherever possible:

- » Walk with others
- » Be very aware of who is in front or behind you
- » Keep to busy paths and roads where other people are
- » Have your phone ready to call someone
- » Have keys for your car ready to get in quick
- » Lock car doors immediately
- » Phone 111 if you notice anyone acting suspiciously.

Our own security team, the police and community patrols – boosted by many people who have volunteered to help are patrolling the areas around the vicinity of the hospital and areas where staff park. For more tips from our team and the police, check the Security Team's [intranet site](#).

I encourage clinical teams to talk about parking and personal security with colleagues. I'm aware some teams have come up with their own car-pooling solutions to get around the current parking challenges.

As the additional parks we are leasing become available we will be asking non-clinical staff who work regular office hours to transfer from the staff car parking building to one of the new parking areas to free up space for clinical staff who work shifts. You will be contacted individually and advised of the changes once details are finalised. You will pay the same rates as you do now.

NEW NIGHT SHIFT SHUTTLE STARTS ON WEDNESDAY NIGHT 12 APRIL 9PM – 1AM

A new staff shuttle service is being trialled for three months. One of the Park & Ride Vans will be driven by a security guard on a circuit from the main entrance at Christchurch Hospital, to the staff car park in Antigua Street– where we will pick up and drop off staff, then on to the afternoon staff car park in St Asaph Street where staff will be dropped off and picked up. It will then drive back to the main entrance. We expect the circuit to take 15 minutes and the van will depart the main entrance every 15 minutes – on the hour, quarter past, half past, and quarter to. It will be first in first served, with a maximum of 11 passengers at a time.

This is in addition to escorted walking to the car parks, and in addition to the roving and walking security patrols.

LOOK OUT FOR 'THE PARKING SPOT' ON PAGE 6

This week we're starting a new regular feature in the CEO Update – *The Parking Spot*, this is the place for tips on

parking, security and getting to and from work. We'll publish your Frequently-Asked Questions and Answers. It's also the place we'll share information about the new parking options as they become available. Thanks to those of you who have sent in suggestions and questions. We'll also share staff stories about your solutions to the parking challenges.

Parking is very much on the radar again this week as we work to introduce more options over the coming weeks.

Have a great week, and if you're getting away for the long Easter weekend, take care and enjoy the break.

David



David Meates
CEO Canterbury District Health Board

A welcome breakthrough in our Hand Hygiene* performance

I am delighted to be able to tell you that we have met the national compliance standard for hand hygiene of 80 per cent for the first time for the quarter just ended.

It is with more than a little pride that I offer my sincere thanks and appreciation for everyone who helped us get there – it's a tremendous achievement, and we didn't just squeak over the line, we smashed our way through to a very respectable 83.3 per cent!

We have truly come a long way since October 2014 when our score was a pretty average 61.8% – I remember expressing my disappointment at the time, but I much prefer being the bearer of good news.

Once again, well done! But remember we don't do complacency here in Canterbury and our job in health is never done. My expectation from here is that we will sustain and build on this great achievement. I have every confidence in you, and your ability and commitment to keep building on our successes, with the patient at the centre of all we do.

World Hand Hygiene Day is on 5 May this year. Let's give ourselves a reason to celebrate it!

Here is a reminder of those five moments:

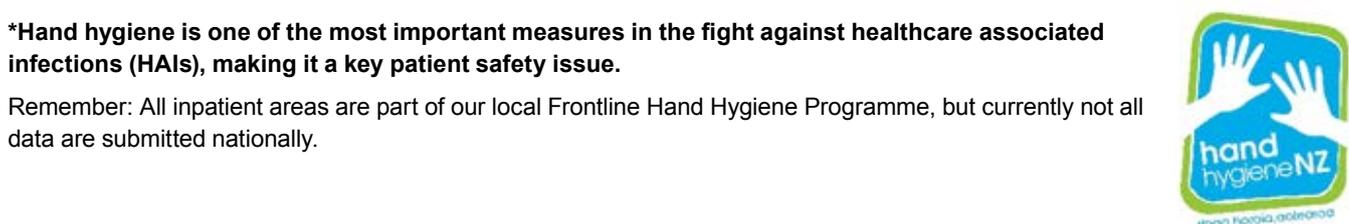
1 Before Patient Contact	WHEN? Clean your hands before touching a patient when approaching him/her. WHY? To protect the patient against harmful germs carried on your hands.
2 Before Procedure	WHEN? Clean your hands immediately before any procedure. WHY? To protect the patient against harmful germs, including the patient's own, from entering his/her body.
3 After Procedure or Body Fluid Exposure Risk	WHEN? Clean your hands immediately after an exposure risk to body fluids (and after glove removal). WHY? To protect yourself and the health-care environment from harmful patient germs.
4 After Patient Contact	WHEN? Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side. WHY? To protect yourself and the health-care environment from harmful patient germs.
5 After Contact with Patient Surroundings	WHEN? Clean your hands after touching any object of furniture in the patient's immediate surroundings, when leaving - even if the patient has not been touched. WHY? To protect yourself and the health-care environment from harmful patient germs.

***Hand hygiene is one of the most important measures in the fight against healthcare associated infections (HAIs), making it a key patient safety issue.**

Remember: All inpatient areas are part of our local Frontline Hand Hygiene Programme, but currently not all data are submitted nationally.



Clean Hands save Lives



Let it be just leaves that fall in Canterbury this autumn

The Canterbury Health System has made great progress in reducing the harm caused by falls but it's still a major cause of harm, both in hospitals and in the community. So what are we doing about it?



Along with other District Health Boards and with the backing of the Health Quality and Safety Commission, Canterbury DHB is promoting a number of April Falls initiatives.

Susan Wood, Canterbury DHB Director Quality and Safety, says staff have been challenged to come up with clever ways to raise awareness about how to reduce the risk of a vulnerable person having a fall.

"We want staff to come up with clever and creative ways of highlighting falls as an issue, and raising awareness of how to make them less likely to happen. So far we have displays and videos. In the past we have received poems, and even songs," Susan says.

Canterbury DHB has recreated new graphics to support the falls prevention message, thanks to Waikato DHB, who shared their idea for an autumn leaves theme.



"The key message is that our ultimate aim is that nothing but leaves should fall this autumn," Susan says.

"We have also put huge effort into communicating what needs to be done to prevent harm to at-risk adults through our Releasing Time to Care bedside 'Patient Status at a Glance' Mobility Plans. Handover at the bedside and frequent checks by nurses are a really effective strategy for helping keep patients safe in our hospitals."

Ken Stewart, clinical lead for Falls Prevention in Canterbury, agrees but also stresses the importance of falls prevention initiatives in the community as part of a whole health system approach.

"We have an internationally acclaimed Community Falls Programme that makes use of referrals mainly from General Practice and the hospital to identify those most at risk in the community and connects them with a Falls Champion," Ken says.

"Many of those most at risk are frail elderly, and they aren't just more likely to fall, the consequences can be devastating to their independence – broken hips are all too common and sometimes fatal."

A Falls Champion visits a person's home to assess and help minimise home-based hazards: things like trailing cables, checking footwear has grip, securing mats or carpets, moving furniture that might be blocking where people walk most often, and increasing lighting levels.

There are other simple but less obvious actions that can help someone avoid a fall, such as placing the phone where it can be reached easily so older people don't fall hurrying to answer it, and making sure there is a light by the bed so that a person can go to the toilet safely during the night.

A Falls Champion, often a physiotherapist, will usually recommend an individually-tailored exercise routine to help build strength, balance and confidence. Over the past five years, Falls Champions have helped keep more than 6000 older Cantabrians living independently in their own homes.

"Other health professionals can help too: a pharmacist or GP team can help review medications to make sure they are taken at the right time and don't cause dizzy spells, and an optometrist can review a person's glasses prescription to make sure poor vision doesn't contribute to a fall."

Since the programme began five years ago and compared with the figures expected for people 75 and older, Canterbury has had:

- » 2253 fewer ED attendances
- » 590 fewer broken hips
- » 37,683 more hospital beds days available for the care of others, due to reducing the number of older people needing hospital care due to a fall.

Since Canterbury DHB's Older Persons Health moved to Burwood, our data shows there has also been a 22 percent reduction in falls in just the first six months, which equates to 121 fewer falls compared to the same period in previous years.

"All of our work in preventing falls, whether in hospital or at home, is part of our health system's integrated approach to reducing the risk of harm to some of our community's most vulnerable people. When combined with other initiatives to prevent avoidable injuries and manage people's health in the community our overall strategy of helping keep people well and at home is really working," Ken says.

Facilities Fast Facts

Acute Services Building

Works continuing through the building include installation of high level services, fire proofing (intumescent paint and the vermiculite coating) on the steelwork, insulation on the underside of Level 2 and 3, and the installation of louvres and glass to Ground Floor and Level 1 Podium.

Ongoing fitout works include framing of bulkheads (see photo) and walls on lower ground, ground, Levels 1, 2, 3 and 4, and timber framing to ceiling height walls on Level 3.

Steel erection on the entrance way, and curtain wall installation to the East Tower continue.

Installation is also continuing on Lift 1, one of 13 lifts in the building.

With just a few small concrete pours remaining, installation of the comflor – a composite steel flooring material – has finished.

The Fixtures, Fittings and Equipment team is hard at work establishing the quantities of equipment needed for the new building. There are approximately 3,000 spaces (rooms, corridors, bays etc) in the building that need kitting out. Wherever possible we will be bringing across equipment that is still fit for purpose, however a few things have been ordered such as 37 blanket warmers – a unit that works like a fridge but in reverse and is stocked with blankets, 87 medical pendant lights in theatres, ICU, ED and Radiology and 157 ceiling track hoists.



The view looking out across Christchurch from Level 8 of the East Tower.



Construction of the bulkheads that will enclose the services is underway from Lower Ground up to Level 4.

Outpatients

Steel deliveries are still coming in. The first bay of four main columns has been erected and the next stage next week will be to pump concrete into the central core of the columns. This will involve one concrete truck on site and take about two hours. The concrete is pumped in to the columns from the base.

Noise monitoring shows work on the site is staying within permitted noise limits, but further testing will take place this week.



Bicycle parking around the Christchurch Hospital campus

Cyclists have several options for parking their bikes around the Christchurch Hospital campus.

Secure swipe card cycle parking is available outside the front entrance to the hospital, at the rear of the hospital (the Mortuary cycle park) and also on the ground floor of the staff car parking building on Antigua Street. If you have problems accessing the secure cycle compounds with your swipe card, ask at the Security Office.

There are also many cycle racks around the hospital grounds.

Cyclists are advised to use a strong lock (preferably a D-lock – thin wire locks are next to useless) and to lock their bike to something unmoveable, not just to itself.



Email address for staff parking queries

If staff have any parking queries please contact carparking@cdhb.health.nz.

Or visit the Intranet page <http://cdhb.intranet/corporate/FacilitiesDevelopmentProject/SitePages/The%20Parking%20Spot.aspx>

Frequently-asked Questions and Answers about Parking

Parking FAQs

The following FAQs and answers have been collated from public and staff comments, letters received and other feedback. We hope that they provide you with a better understanding of the current challenges with providing parking around Christchurch Hospital for staff and patients.

Why can't the CDHB use Hagley Park for car parking?

The CDHB does not own Hagley Park. Decisions about Hagley Park are taken by the Christchurch City Council. Ever since Hagley Park was first laid out in the 1860s, there has been strong local opposition to any building on the park or any proposed alternative use. It is not an option open to us.

Why don't you let staff use the existing Park & Ride shuttle buses?

We have considered this option. There are several reasons for not allowing this.

First, the needs of patients are a priority. The shuttle buses are nearly always full transporting patients to and from their appointments. The three 11-seater buses now transport around 1400 people per day. Moving hundreds of additional staff would completely overwhelm the service.

Second, the shuttle buses only run between 7.15 am and 8.30 pm. They do not run at two of the three main shift changes (at 7 am and 11 pm). Providing extra shuttle buses and extra drivers to run the service at these times would add additional complexity and cost.

From a staff perspective, the Park & Ride does not make sense for shift workers, who arrive at and depart from the hospital en-masse around 6-7 am, 3-4 pm and 10-11 pm. They would probably have to queue at the beginnings and after the end of their shifts to catch a ride since the buses are only

11-seaters and a round trip takes 15 minutes.

Staff can park and pay at the Park & Ride and walk across the park if they feel safe doing so. If it's dark and you're walking alone, it's advisable to stick to the footpath around the park (rather than the faster route through the park). The afternoon car park is much closer to the hospital.

Why don't you run a Park & Ride just for staff?

Again, we are working with the Christchurch City Council and Otakaro Limited to assess available options.

A Park & Ride for staff will require many large buses to cope with peak passenger volumes at the beginnings and ends of our three main shift changes and at the beginning and end of the normal working day. We have around 2000 staff coming on site each day at Christchurch Hospital, as well as around 2000 public/visitors/patients.

11-seater vans are too small to carry such volumes. Operation of larger buses requires specialised drivers with Public Service Vehicle licences. The buses will also require wait areas close to the hospital that would take up on-street parking.

The buses would be very busy for around 3 hours per day but otherwise standing idle. This is not a sustainable business model without significant charges being incurred, which is why we are looking at a range of options.

Why don't you run a Park & Ride for staff from the old Christchurch Women's Hospital site on Durham Street?

We have looked into this option. However, several additional factors mean that it is not immediately viable:

- » The land is not zoned for car parking. To do this would require a change to the District Plan.
- » Even simply resurfacing and installing lights etc would cost well over \$1 million.
- » The location of this site is not ideal, mostly because it is quite remote from Christchurch Hospital and takes quite a while to drive there and back. It is also counterintuitive for staff who live south and west of the hospital to drive right past the hospital, park some distance away in the wrong direction and catch a bus (taking around 15 minutes at peak times) all the way back to the hospital. Feedback suggests people would rather attempt to find a parking space closer to their workplace. A similar situation occurred with our trial of an oncology-specific shuttle bus based at the Court Theatre off Lincoln Road in 2014 – patients tended not to use it as it was too far from the hospital, so we discontinued the service after 6 months.
- » Because of the remote location, it would also cost a great deal to provide security to this site.

Why can't you use the old blue car parking site for parking as it's sitting empty?

To begin with, please note that all planning and decisions about the provision of a long-term parking facility to service the hospital have been taken over by the Ministry of Health.

The short answer is that this area won't be sitting empty for long.

Additionally, it is not really large enough to provide any significant solution to the problem – "at grade" (i.e. without building a parking building) only around 90 cars could be safely squeezed on to the site at present.

Shortly the site will be needed as a contractor drop-off zone for the tunnel work (to fix the tunnel that runs under Oxford Terrace to the hospital and that supplies steam to the hospital for hot water and heating). This work is due to start in April 2017, as advised by the Ministry of Health.

After this, the Ministry of Health has advised that work on the energy centre will be starting at the end of 2017. This will require a significant part of the St Asaph campus (which includes parts of the blue car parking space) to be used as a drop-off and access for contractors etc.

In addition, ongoing construction and space pressures on the Christchurch Hospital site will also require us to build further decanting options, with no space other than where the blue car park was. This may require portacoms or some other structures to accommodate staff who need to be close to Christchurch Hospital.

Also note that the site is bounded on both street frontages by a busy bus route and therefore there are some access issues to the site in terms of where cars and pedestrians can and cannot enter and exit.

On top of this, the site is currently surrounded by a number of large construction projects including a private Research Centre, the Health Research and Education Facility (HREF), new Outpatients facility and Metro Centre development.

To develop a temporary "at-grade" car park in the middle of so many construction developments (and that excludes the bus superstop) becomes a logistical nightmare as well as becoming a major health and safety challenge. It would also require temporary structures to deal with vehicle "run off" (petrol, washer fluid, brake fluid, oil, etc) into unsealed ground and hence into the groundwater system, which would incur additional costs.

Does the CEO have his own reserved parking space?

No. He pays for his own parking.

Do 9-5 administrative staff have preferential access to parking?

No. Some alternative car parks will soon be available within walking distance of the hospital, which will allow us to prioritise clinical staff and essential services in our car parking building on Antigua Street. Non-clinical staff who work regular office hours will be asked to transfer to one of the alternative parking sites. We also provide afternoon staff parking for shift workers on St Asaph Street.

Why don't you escort staff back to their cars at the end of their shift?

Where possible, we do offer this service. We provide the following:

- » A known safe walking route for staff back to the afternoon car park, monitored by a security patrol.
- » A mobile security car patrolling surrounding streets at night
- » Staff can ask for an escort back to their cars. They may have to wait until a security guard is available.

From Wednesday 12 April we will be trialling a free Park & Ride shuttle as an additional option to take staff back to their cars parked in CDHB Car-parks between 9 pm and 1 am.

Why doesn't the CDHB make the surface of the Deans Avenue Park & Ride better?

The Deans Avenue car park is not Canterbury DHB land and the Canterbury DHB does not collect any revenue from the Park & Ride service. Any issues relating to the Park & Ride car park itself are passed on to the developer, who is responsible for maintaining the car park. This includes asking the developer to mend potholes etc whenever we receive a report that there is a problem.





Bouquets

Urology Ward, Christchurch Hospital

I would just like to take the opportunity to compliment the wonderful Sophie who has been described by my elderly, grumpy and upset grandfather as an angel, because she takes such great care of him in the Urology Ward. And all the team on Ward 19 that my Nana can't stop raving about whenever we visit. Knowing they're both being so well cared for makes this time so much easier on our family. Thank you all so much.

Dental Services

I was seen by Jason, Dental Surgeon, and Raewyn, Assistant, both were very professional and both worked very well together. I was impressed ...by his demeanour and politeness. I just wanted to thank them both for the new tooth, help and advice. Thanks again... They are both fabulous.

St John Ambulance and Plaster Service, Christchurch Hospital

I would like to thank the ambulance people of St John's (Will) and the Plaster Service, Sin Mei and Anna, and the plasterer, who did such an amazing job so that today (the day after) I feel no pain. Very professional and very friendly. I had broken my left wrist badly.

Eye Department, Christchurch Hospital

I have recently completed the processes associated with eye surgery and I am pleased to advise it was a complete success. The client services at all stages within the eye clinic and the day

surgery unit were superb. I particularly appreciated the procedural explanation and assurance given at every stage. This was an experience that deserves to be called world class.

Sexual Health Clinic, Riccarton Road

Keith made me feel really comfortable and relaxed about coming in for a check. From our phone call I felt like I'd known him forever because of how lovely he was. He's very easy to talk to and you can tell he is a genuinely kind man. After meeting him today and seeing his bubbly personality and smile I was relaxed and will definitely be using these services in the future.

Security, Christchurch Hospital

I left my car in my work car park and had an unplanned stay overnight at the Emergency Department (ED). If I didn't move my car it would have been towed. A nurse suggested asking Annie from security if she could pick it up and park it in the ED car park for me. The security officer walked to the corner of Montreal and Cashel streets to move it for me. How awesome is that?! What a wonderful service. I am filled with gratitude and appreciation.

Ward 15, Christchurch Hospital

Just want to thank the lovely staff on Ward 15. I was in for seven days and had many different nurses, orderlies, doctors and food service people. They all treated me with respect and listened to any concerns I had. The medical team

I had was Mr Hore and they were just lovely, professional and made everything clear to understand, particularly Maddie. I can't remember the names of all my nurses but Caitlin, Anne-Marie, Jess, Orla, Morven, Chris, Philippa, Sophie and three students, Anna, Nichole, and Maddy were brilliant. They really cared for me. Thank you. Note -another compliment for the food service... The food was great, and the ladies who served it were lovely and friendly. So well done as the hospital food often gets bad press. Happy to go home now but sad to leave an outstanding group of people.

Surgical Assessment and Review Area and Ward 17, Christchurch Hospital

Really great service. Nurses were just lovely and helpful.

Ward 18, Christchurch Hospital

The care I was given was excellent. The nurses are brilliant and caring. Meals were great. From the time I arrived I had great care and explanations were given clearly. Ward 18 gave me nothing but respect, patience, and exceptional care, managing my pain and made me feel happy instead of getting down and depressed about my accident... Volunteers, tea lady, everybody working on this ward, I hope gets recognised for the work they give. Big 'shout out' to awesome Ward 18.

Ward 28, Christchurch Hospital

Doctors and nurses – you are the best!

Day Surgery Unit, Christchurch Hospital

Gorgeous lovely kind staff (everyone), thank you for looking after our daughter.

Fifth floor, Christchurch Women's Hospital

Awesome work guys, did amazing, my wife couldn't be in a better place.

Ward 27, Christchurch Hospital

A thousand thank yous to all the wonderful staff in Ward 27. It was lovely meeting you, sorry I cannot remember your names.

Urology Ward, Christchurch Hospital

To Mr Buchan, Dr Vincent Chan and your amazing team. Thank you. May the almighty God be never outdone in His generosity to you, and bless you and your families with peace, good health, and prosperity. I am lost for

words honestly to thank each one of you who kept on attending to the many needs of us, the patients, day in and day out, round the clock, with those ever smiling faces...I cannot understand where we will be without you all...

More often than not your invaluable services go unnoticed or are taken for granted. Thank you ever so much for your outpouring of hospitality, selfless service, handling sometimes the most menial tasks...I remember the first night when I couldn't sleep due to severe heart burn, how Lu tirelessly attended to me the whole night hour after hour...Then how the awesome young lady, Courtney, patiently stood by me after helping me to stand on my feet for the first time. Thank you dear Courtney. Then Amanda, thank you for all your help...so professional.

Sophie, Ashleigh and Tata, Urology Ward, Christchurch Hospital

To Sophie, Ashleigh and Tata, thank you so very, very much, for the professional and compassionate care you provided for ... and myself...We are extremely grateful to have had such wonderful people care for us. Best wishes to you and your families.

Emergency Department (ED), Christchurch Hospital

Thank you to ED staff who were in on Saturday the 26th of March in the afternoon for wonderful support and help. In particular Dr. Joseph Chen and Marg. Thank you, from Lee Tuki, Staff Wellbeing Coordinator.

Using a clinical pathway to prevent future falls

The Post Fall Clinical Pathway (PFCP) was introduced to improve care and standardise the process that follows a fall, and has been in use within Older Person's Health and Rehabilitation (OPH&R) for nearly two years.

The standardised follow up begins with recording the most useful data in a form which in turn is used to support a multidisciplinary approach to preventing falls. It encourages open disclosure with patients and their families, and promotes critical thinking for staff to prevent a patient from having another fall.

This year, as one of our Burwood Hospital April Falls initiatives, we are running a competition which focuses on the critical thinking required to complete section three of the PFCP.

Since the introduction of the PFCP in OPH&R, two audits have been completed to look at compliance, and a third audit is currently underway. These audits have highlighted that section three, the post fall review, is often poorly completed.

The first audit showed that section three was only completed for 36 per cent of patients who fell. While the second audit showed an increase of 8.4 per cent, this section was still only completed for 44.4 per cent of patients.

Section three was designed to encourage staff to think critically about why 'this patient' has fallen, and if completed well, can help mitigate the risks for individual patients – especially people who could potentially fall more than once during an admission.

It is this group of patients who can really benefit from a well completed PFCP which is the key to preventing another fall.

Another key component of the PFCP is to ensure that all patients have a medical review following a fall, with the time frame being dependent on injury severity. Within OPH&R the results of the first audit, in March 2016, showed that a medical review had taken place for 70 per cent of people who fell, with no documentation to indicate whether the review was timely.

The second audit, in July 2016, showed that 66.7 per cent of patients who fell had a medical review, but there was an increase of 20 per cent in reviews recorded as taking place within the specified timeframe.

Follow the first link to see an interesting example of a thorough root cause analysis. The second one takes you directly to the PFCP form.

[5 Whys. and The Jefferson Memorial](#)

[Post Fall Critical Path](#)

Kaikoura GPs receive rural health's Peter Snow Award

The 2017 Peter Snow Memorial Award has gone to Kaikoura general practitioners (GPs) Chris Henry and Andrea Judd.

The award was announced at a ceremony at the New Zealand Rural General Practice Network's annual conference in Wellington on March 31. The pair were presented with the award by last year's recipients Ivan and Leonie Howie, both rural GPs on Great Barrier Island.

Chris and Andrea were nominated for their 'Innovations to patient management under difficult circumstances', following last year's 7.8 magnitude Kaikoura earthquake (November 14, 12.02am).

In accepting the accolade, Chris and Andrea, who are based at Kaikoura Health Care, paid tribute to the efforts of their wider team, as well as the various other community and emergency groups involved in the quake aftermath.

Chris was in Kaikoura on duty at the time the quake struck and Andrea was in Christchurch when she heard the news.

"Once I realised the extent of the quake I rang St John and said I needed to get up there [to Kaikoura] in one of their helicopters and they obliged. It was an unreal scene when I arrived and something akin to a war zone," she said.

The new Kaikoura medical facility is the health hub in Kaikoura and there was very much a focus on that facility to provide health care as well as a reasonable amount of the social support needed. There were daily and constant interactions between the district council, civil defence, St John, district nursing and teams from Canterbury.

Chris said the medical centre was the very first emergency base until it was devolved and even afterwards it remained a key centre. As an unintended consequence it was about the only internet provider in the town that survived, so it was also a hub for all the businesses, who gathered at the health facility.

"We already had a community based team who arrived right after the quake. Admin staff for example just came in and collated extremely helpful data. We didn't ask anyone to come in they just turned up and got on with it in spite of the fact their own homes were in complete disarray."

The District Nursing team knew most of the vulnerable members of the community and within minutes were able to check on them and get them out if necessary. Without that much discussion we just split up and said 'right, you cover that



Drs Andrea Judd and Chris Henry with their Award

Photo courtesy of New Zealand Doctor Newspaper

patch, I'll cover this patch.'

"You can't do that if you don't know the community well," he said.

Andrea said the support from Canterbury was phenomenal and "very, very fast".

"They had been through it and had this immediate understanding of what the complexities were going to be."

The pair also acknowledged the huge support from the network of rural doctors and nurses.

"We were so confident in these people's skills and they also practise medicine the same way we do," Andrea said.

About the award:

The Peter Snow Memorial Award was set up to honour the life and work of Peter Snow who passed away in March 2006. Peter was a rural GP based in Tapanui.

As well as caring for his patients, Peter was Past-President of the Royal New Zealand College of General Practitioners and was a member of the Otago Hospital Board and District Health Board. He was enthusiastic and active in seeking knowledge to improve the health and safety of rural communities.

His work contributed to the identification of Chronic Fatigue Syndrome and he was influential in raising safety awareness on issues related to farming accidents.

Invitation to rural nurses

Rural nurses, in practice longer than 15 years or retired, are invited to consider participating in a research project to capture their rural nursing story. Anyone interested who would like further information can contact Jean Ross on jean.ross@op.ac.nz or 0276408353.

The flu – don't get it, don't give it

Canterbury Medical Officer of Health, Ramon Pink, is urging all staff to get their flu shot before winter truly hits.

"Last week was a timely reminder that winter is on our doorstep, and that means it's flu season," he says.

It's important that people working in health get their flu shot."

Not only do you protect yourself when you get vaccinated, but you protect your whānau, your colleagues, and our patients.

Many patients come to us at a time when they are at their most vulnerable, and this is when the impact of the flu is the most severe, he says.

"Getting vaccinated is a simple thing we can all do to protect our patients from the serious health threat of influenza.

One in four people who get the flu don't have any symptoms. But everyone who has the virus can pass it on.

"Please stop the flu from spreading by getting your flu shot," Ramon says.



Upcoming Flu Clinics

Burwood Campus

Date	Location	Time
Wed 12th April	BWD 2:1	08:00 – 11:00
	BWD 1:4a Outpatients	13:00 – 15:00

Ashburton Hospital Chapel:

Tues 11th April	10:30 – 11:30am
Thurs 13th April	2 – 3pm

Tuarangi Home:

Tuesday 11th April 3 – 4pm

Hillmorton – Clinical Services Unit

Wed 12th April	2:30 – 3:30pm
Thurs 13th April	10:00am – 12:00pm

Chch Campus

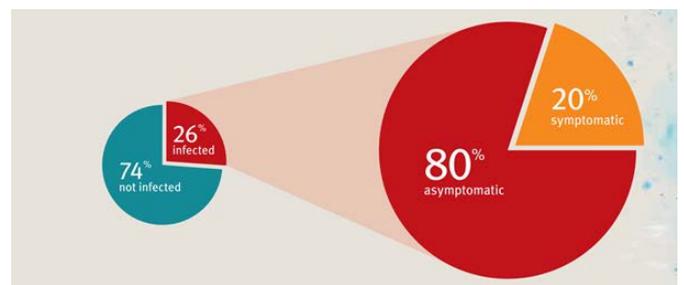
Date	Location	Time
Tues 11th April	Otago Seminar Room, Ground Floor	09:30 – 11:00
	Conference Rm, Parent Ed Room LGF CWH	09:30 – 11:00
	Great Escape Cafe	13:00 – 16:00
Wed 12th April	ED	21:30 – 01:00
Thurs 13th April	Surgery Seminar Room L1	12md – 13:00
	ED	14:00 – 15:00
	Great Escape Cafe	12:00 – 15:00

Check the [intranet](#) for the full calendar of flu clinics.

New data: Four out of five people infected show no symptoms of influenza

In 2015, the Southern Hemisphere Influenza and Vaccine Effectiveness Research and Surveillance (SHIVERS) study started to help us understand the immunity people in the community have against influenza.

The latest results showed that 26 per cent of people were infected with influenza and four out of five influenza carriers were asymptomatic. These carriers could have spread the virus among their family, co-workers, classmates and patients without even realising it.



Retirement of Taua Elsie Roder

Long serving staff member Taua Elsie Roder retires from Canterbury DHB and the Specialist Mental Health Service (SMHS) on Thursday 13th April.

Taua Elsie has spent the past five years based at Te Korowai Atawhai in support of the cultural service provided across SMHS.

She has previously worked in other areas of the hospital system here in Christchurch. In 1956 she was employed as an Enrolled Nurse and worked in several wards including Geriatrics and Orthopaedics and the Burns Unit at Burwood Hospital.

In 1967 she first joined the staff at Sunnyside Hospital and also worked at Hornby Lodge. Following her years of raising her family she returned to work in community agencies and eventually returned to work at Christchurch Hospital.

Initially she worked in the team focused on Kaupapa Tukino Tamariki, the Child Abuse Programme, in its initial stages of policy development, then more latterly in Te Whare Mahana. This unit is a joint initiative with the Maori community which houses people visiting from both New Zealand and other parts of the world whose family members had the misfortune to have had an accident and/or were undergoing treatment in Christchurch.

As she departs from her role as Taua of Te Korowai Atawhai SMHS, Taua Elsie says:

"It is with great pride that I pay tribute to each and every one of you who I have worked alongside of for the past many years. You have all been an inspiration to me. I marvel at the professional and skilled and committed teams who I have had the pleasure to meet".

Taua's farewell function will be held on Wednesday 12th April at Te Korowai Atawhai.

Thankyou Taua, for the commitment you have shown in support of our teams across SMHS and we wish you well in your retirement.



Appointment to new Clinical Director of Service Improvement role

Richard French, currently Clinical Director (CD) of Anaesthetics, will be joining the Office of the Chief Medical Officer (CMO) as Clinical Director of Service Improvement.

This role combines the advertised roles of the CD of Quality Improvement and Patient Safety and the Facilities role, says Chief Medical Officer, Sue Nightingale.

"Richard will be working with Rob Ojala and the Facilities team, the CMO Office and the Quality teams."

The Quality and Improvement and Patient Safety role is not designed to be a replica of the previous Patient Safety SMO role but rather one that helps embed Quality Improvement processes into our everyday practices and responsibilities, Sue says.

Richard will start on June 6 on a two year secondment.

"We are very much looking forward to him joining us," Sue says.



Staff don active wear to raise funds for Cancer Society

Swapping keyboards for kicks, staff from the Information Services Group (ISG) pounded the track in a bid to raise vital funds for the Cancer Society earlier this month.

The Relay for Life, held at Brookside Park in Rolleston, attracted more than 40 teams who walked or ran in relay for 19 hours.

The aim was simple – to stand in solidarity with anyone touched by cancer, celebrate survivors and carers, remember loved ones lost to cancer and all importantly, raise funds for the society.

ISG's team, 'The IT Crowd', raised a whopping total of \$1,500 through individual sponsorship, bake sales and morning teas. The event raised a total of \$45,000, some of which will be used to provide a Cancer Society presence within Rolleston in the near future.

ISG Programme Director, Matt Long, who organised The IT Crowd's participation, said he wanted to take advantage of this event to get staff from across ISG together to have fun, team build and help raise money for a valuable cause.

"The event is family-friendly and lots of fun. It's suitable for all ages and fitness levels, although some of our team took it as a chance to really challenge themselves – clocking up a number of kilometres and working up a sweat!"

One in three New Zealanders will be affected by cancer in their life so it's a charity that's close to the hearts of many and in addition to the ISG team a group of CDHB radiology students also took part.

For more details, visit www.relayforlife.org.nz



19 hours done! The IT Crowd team

From left, SIPICS Application Support, Karen Dodgshun; SIPICS Communications Lead, Eily Edwards; SIPICS Business Process Analyst, Lesley Long; ISG Project Manager, Keith Hawker; ISG Programme Director, Matt Long; Chief Information Officer, Chris Dever; George Long; ISG Project Manager, Dave MacKay; Brendan Rudland; Senior Business Systems Analyst, Nizar Ali Gilani



Zumba!

From left, SIPICS Business Process Analyst, Lesley Long and Application Support Analyst, Kelly Maaka take advantage of the free Zumba session at hour 17!



Making it look easy

From left, Senior Business Systems Analyst, Nizar Ali Gilani and Brendan Rudland ran a whopping 49 kilometres between them over the course of the 19-hour relay, but still had energy for a chat!



Walking into dusk

From left, SIPICS Business Process Analyst, Lesley Long; SIPICS Application Support, Karen Dodgshun and ISG Project Manager, Keith Hawker walked as the day turned to twilight.

My Medicines website allows patients free access to information

Learning about their medicine helps people get the maximum benefit from what they are prescribed, which improves efficiency within the health system.

A major barrier to this is a low level of health literacy in the general population, leading to a lack of knowledge and understanding about medicines and how to take them.

For many years the Clinical Pharmacology and Pharmacy departments have produced Patient Information Leaflets (PILs) about medicines.

These provide people with key information about their medicines, supporting appropriate use, and therefore ensuring that both people and the health system get the most out of prescribed medicines.

Access to this information is being expanded. The information in these sheets has been transferred from a MS Word/PDF library to the MyMedicines content management system and mobile-friendly website (<http://www.mymedicines.nz/cdhb>) designed by the development specialist at Community and Public Health.

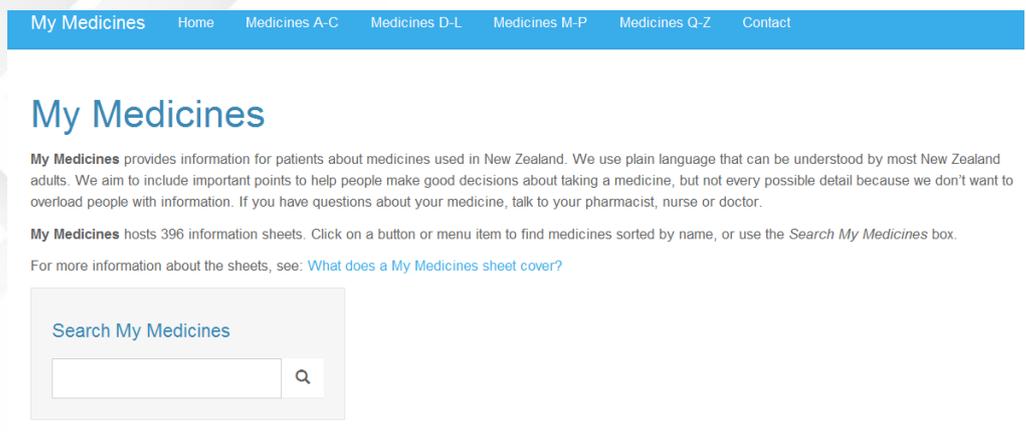
Instead of this resource being restricted to subscribers such as DHBs and community pharmacies, the New Zealand public can now access information whenever they would like to engage with learning about their medicine.

They can also revisit the information they received from their health professional at any time, especially if they have lost the piece of paper they were given.

Work continues to update HealthInfo and HealthPathways links to the MyMedicines website, and the service is working to integrate this database into the New Zealand Formulary (NZF) (<http://www.mymedicines.nz>).

The team are also working on updating the format of the sheets, including displaying how often side effects might occur according to consumer feedback from CDHB's Consumer Council.

If you have any feedback on the website or the sheets, please contact the MyMedicines team via their mobile friendly website (<http://www.mymedicines.nz/cdhb>).

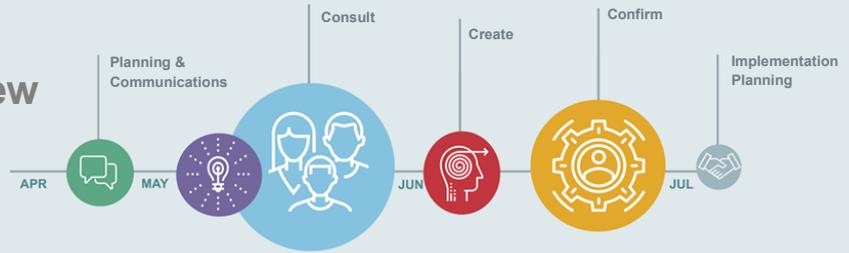


The screenshot shows the top navigation bar of the My Medicines website with links for My Medicines, Home, Medicines A-C, Medicines D-L, Medicines M-P, Medicines Q-Z, and Contact. Below the navigation is the heading 'My Medicines' followed by a paragraph explaining the site's purpose: 'My Medicines provides information for patients about medicines used in New Zealand. We use plain language that can be understood by most New Zealand adults. We aim to include important points to help people make good decisions about taking a medicine, but not every possible detail because we don't want to overload people with information. If you have questions about your medicine, talk to your pharmacist, nurse or doctor.' Below this is another paragraph stating 'My Medicines hosts 396 information sheets. Click on a button or menu item to find medicines sorted by name, or use the Search My Medicines box.' and a link 'For more information about the sheets, see: What does a My Medicines sheet cover?'. At the bottom of the screenshot is a search box with the text 'Search My Medicines' and a magnifying glass icon.



From left, Pharmacist Stephanie Firth, PA/Administrator, Maddy Riddle, Clinical Pharmacologist, Matt Doogue, Registrar, Richard McNeill, Pharmacist, Elle Coberger, Registrar, Niall Hamilton, Pharmacist, Marie-Claire Morahan, and Pharmacist Louisa Sowerby. Absent: Pharmacist, Sherryn Fox.

People Lifecycle Review Transforming HR



- Have you ever had a brilliant idea about an HR people process that could make your work life easier?
- Is there an HR administration process that frustrates you?
- Did you think “this could be done better” when we hired you?
- Do you have an opinion on how we could attract new talent and make our best people want to stay forever?

If so, now’s your chance to be heard and help us to streamline and improve all of our people processes and systems.

Our People Lifecycle Review relies on your feedback to help us pinpoint what we need to change and how we can save you time.

We’re holding a series of workshops in the first two weeks of May and a number of people have been nominated to attend. Their mission is to gather everyone’s feedback, as well as their own, and share it with us.

The workshops will cover:



**Talent
Management**



**Wellbeing &
Staying Safe**



Recruitment



**Employee
Administration**

After the workshops, we’ll use your feedback and suggestions to come up with ideas for improved and new processes using industry standards as a guide. Then consult with the nominated people to check that these ideas will lead to the outcomes that everyone wants.

We know that these decisions affect your work life, so we urge you to get involved. Give your feedback to your designated nominee. A full list of nominated attendees is available **HERE**.

If you have any questions, email us at people@cdhb.health.nz.

Canterbury

District Health Board

Te Poari Hauora o Waitaha

Christchurch nurse's role in drug resistant tuberculosis treatment programme

Christchurch Hospital
Emergency Department
Nurse Frances MacDonald saw first-hand how poverty breeds disease during her time working in a Tuberculosis programme in Tajikistan.

The central Asian country has a high burden of Tuberculosis (TB), a significant portion of which is Multi-Drug Resistant (MDR) disease.

She was in Tajikistan from October 2015 to April 2016 working with the humanitarian organisation, Médecins Sans Frontières (MSF).

Frances was part of a team of international and national staff working to coordinate a comprehensive treatment programme for children with both drug sensitive and drug resistant disease.

Accurate epidemiological data on the global prevalence of paediatric MDR tuberculosis is poor, she says.

"TB specific interventions and diagnostics remain largely unavailable to children suspected of having the disease in under resourced countries."

She chose to work with MSF because the organisation is targeting these issues in countries such as Tajikistan.

Strategies include working with national doctors, nurses, pharmacists and lab staff to develop diagnostic testing facilities, introduce paediatric specific TB guidelines and build capacity through strengthening contact tracing practices, inpatient and outpatient treatment, nutrition, medication side-effect management and accurate data collection.

"We would receive a notification of a sick child through local clinics and visit homes to assess the child in conjunction with attempting to identify an index case and assess other family."

In the middle of winter with heavy snow cover on the ground Frances describes frequently being met by three generations of a family living in one cramped room of a mud brick dwelling.

"Windows would be covered with plastic in a desperate



attempt to keep heat generated from a tiny stove from escaping, an ideal breeding ground for the mycobacteria we were trying to eradicate."

In the past 50 years there have only been two new medications developed to target TB, neither formulated specifically for children, she says.

MSF were the first to introduce these new medications into Tajikistan while also compounding other TB medications specifically for children.



Through her role in supervising this process, alongside managing pharmacy stocks and the distribution of medications, she developed a new respect for anyone logistically responsible for managing stores, prevention of stock ruptures and maintenance of an accurate stock record.

Frances says her greatest learning came from recognising that as a nurse in New Zealand critical thinking is a key component of daily practice.

"Discussion of diagnoses and involvement of the multi-disciplinary team to optimise patient care and management is the norm."

This was not so in Tajikistan. A significant part of her role became facilitating discussions with doctors and nurses around patients' progress, response, or not, to treatment, recognition of red flags in individuals failing treatment and discussion of factors confounding poor compliance with medication.

Frances says she would recommend working abroad in such environments to any health professional interested in using their skills to contribute to the health of the global population.



One minute with... Jane Thwaites, Hospital Play Specialist

What does your job involve?

I am part of a team which provides therapeutic play and recreation programmes for infants, children and young people, while they are in hospital. We also provide activities to maintain learning and development goals, prepare children for medical and surgical procedures and help children express feelings and master and cope with anxieties.

Why did you choose to work in this field?

I have always been interested in the health profession and before becoming a qualified Early Childhood Teacher I thought of either being a nurse or a police officer. This job allows me to work alongside the nurses in a non-clinical role so I feel I am getting the best of the careers that appealed to me.

What do you like about it?

I love that no day is the same. I really enjoy working with an array of different aged children and their families.

What are the challenging bits?

Realising that I can't be in 50 places at one time and that I cannot help everyone.

Who inspires you?

My three children. They inspire me to provide the best I can for the children that find themselves in the unfortunate situation of being in hospital. The paediatric nurses are pretty inspiring too!

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?

Maintaining that the children are advocated for, they receive the care they are entitled to and their voice is heard.



Jane Thwaites

My ultimate Sunday would involve...

Pancakes with freshly picked wild blackberries for breakfast, then the day spent with family and friends.

One food I really like is...

Prawns.

My favourite music is...

Anything playing on the radio.

One of the best books I have read was...

The Lovely Bones, by Alice Sebold

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

On a beach with my family.

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

Carol Weir celebrating 30 years at Canterbury DHB

The Corporate Finance team would like to acknowledge and congratulate Carol Weir on three decades of service with Canterbury DHB.

Carol started on April 6 30 years ago, based originally in the Mental Health Division. After many iterations of her role and of the organisation itself, Carol now spends half her week working at Hilmorton Hospital as cashier and accounts clerk and the other half of the week based at Oxford Tce in the Corporate Finance team looking after CDHB fixed assets and capital work in progress projects.

Carol has worked diligently for CDHB for all these years and her warmth and friendliness are very much appreciated by her colleagues.

A big thank you Carol from CDHB!



New free online sign language learning initiative

Disability Issues Minister Nicky Wagner is welcoming a free online initiative to help New Zealanders learn New Zealand Sign Language (NZSL).

Learn NZSL is an e-learning resource developed by the Deaf Studies Research Unit at Victoria University of Wellington. It covers everyday vocabulary, phrases and conversations, supported by interactive tasks and 660 videos.

The Government contributed \$230,000 through the NZSL Fund, administered by the NZSL Board.

“Since NZSL became an official language in 2006, we’ve seen an increase in the number of people wanting to learn how to sign,” Nicky says.

The Government is absolutely committed to maintaining and promoting NZSL. This free online initiative will enable New Zealanders to learn anywhere and at any time.

“Congratulations to the Deaf Studies Research Unit and to Sara Pivac Alexander, the project lead, for driving and developing such an important resource.”

Learn NZSL will be available from 6pm on 6 April 2017 at: www.learnnzsl.nz



Abstracts called for 2017 Public Health Association conference

In October of this year Ōtautahi Christchurch will be the destination for the 2017 Public Health Association of New Zealand (PHANZ) Conference.

The conference theme forms the basis for a focus on place and environments, people and communities, knowledge and wellbeing, to build a healthier, stronger, connected Aotearoa New Zealand.

The conference will only be as strong as the people who participate, says Conference Convenor, Lee Tuki.

‘We want people to come and contribute, to feel inspired and motivated, we want them to be connected, most of all, we want people to leave with a vision and actions for change,’ she says.

Abstracts opened early March and close May 2. People are encouraged to share their knowledge and skills in four broad and overlapping areas:

- » Connections with place and environments – toitū te whenua
- » Connections with people and communities – toitū te tāngata
- » Connections for knowledge – toitū te māramatanga
- » Connections for wellbeing – toitū te ora

Learn more about the conference at the website: www.pha.org.nz/conference/conference

You can also follow the local branch on Facebook: www.facebook.com/PHACWC



April e-digest available

Canterbury DHB's ICNet Software features in the latest edition of the Health Quality & Safety Commission's e-digest.

The story says infection rates and potential infection issues at Canterbury DHB are now immediately available to infection prevention and control staff. This is due to the introduction of ICNet Software, an electronic surveillance system Canterbury DHB started using in 2012, the first DHB in New Zealand to do so.



HEALTH QUALITY & SAFETY
COMMISSION NEW ZEALAND
Kupu Taurangi Hauora o Aotearoa



Other stories in the April edition include:

- » Safe Surgery New Zealand's auditor training resources are now available online to support auditor training within hospitals
- » The latest quality and safety marker data available (October–December 2016)
- » Two reports from the Commission's Surgical Site Infection Improvement programme

Read the full newsletter [here](#)

Youth Advisory Council drop in session

Canterbury DHB's Youth Advisory Council are having a drop in session at the Great Escape café on April 12.

It's a great time to come along and get to know some of the team and share your input on youth health. Council members will be there from 11am-1pm and there will be a raffle running during that time with prizes such as Tin Man art, easter eggs, coffee vouchers, and swimming with the dolphins vouchers.

Raffle tickets are only \$1 and if there are left over tickets they will be offered around the wards.

Health professionals urged to undertake asthma and chronic obstructive pulmonary disease (COPD) training

Respiratory disease continues to make a substantial contribution to New Zealand’s health burden.

The recently released *Impact of Respiratory Disease in New Zealand: 2016 Update*, commissioned by the Asthma and Respiratory Foundation NZ, reported that respiratory disease accounted for one in 10 overnight hospitalisations.

Over 521,000 people take medication for asthma, and over 35,000 New Zealanders are estimated to be living with severe COPD.

Due to the staggering statistics in New Zealand, the foundation urges all registered health professionals to undertake training in Asthma and COPD.

“Today we launched the most current Asthma & COPD Fundamentals course available in New Zealand,” says Teresa Demetriou, GM – Education and Research at the Asthma and Respiratory Foundation NZ.

The course aligns latest research with specific information for the New Zealand context, such as recently funded medications, treating Māori and Pacific peoples and best practice health literacy.

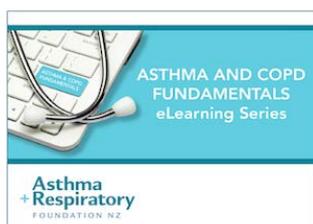
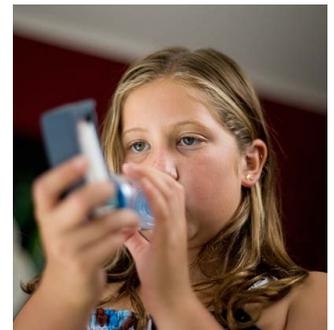
The course consists of two parts - an online e-Learning series and a classroom based MasterClass.

Course content is interactive and engaging, and “the online modules can be accessed on any device, allowing participants to complete them at their own pace,” says Demetriou.

Feedback from course pilot participants has been positive – “I think an excellent job has been done here as everything is clearly explained in a range of ways that make it interesting to complete, well done!”

The Asthma & COPD Fundamentals course awards a total of 19 Continuing Professional Development (CPD) hours.

The e-Learning series is now available. Visit <https://cpd.whitireia.ac.nz/> to enrol. The first MasterClass will be available in June 2017.



e-Learning series	MasterClass
<ul style="list-style-type: none"> » Four online modules including: <ul style="list-style-type: none"> 1) asthma fundamentals 2) asthma management 3) COPD management 4) health promoting practice. » 12 Continuing Professional Development (CPD) hours. » Learn foundational and important material outside the traditional classroom setting. » Was developed in conjunction with Whitireia NZ. » Cost: \$180. 	<ul style="list-style-type: none"> » One-day classroom based MasterClass. » 7 Continuing Professional Development (CPD) hours. » Uses scenarios to put knowledge into practice. » Utilises health literacy and cultural competency. » MasterClass is to be completed within six months of the e-Learning Series. » Was developed in conjunction with Health Literacy NZ. » Cost: TBC.

For further information contact:

Marketing, Asthma and Respiratory Foundation NZ

Phone: 04 495 0097

<https://cpd.whitireia.ac.nz/>

Email: marketing@asthmaandrespiratory.org.nz

Recruitment

Nurse Coordinator – Nursing Workforce Development Aged Residential Care (ARC)

Are you looking for the chance to step in to an exciting new senior nursing role? Then we have the role for you!

About us

Working for the Canterbury District Health Board – working for the Community. At its core, our vision is dependent on achieving a truly collaborative, 'whole of system' approach where everyone in the health system works together to do the right thing for the patient and the right thing for the system and our community as a whole.

About the role

- » Nurse Coordinator – Nursing Workforce Development Aged Residential Care (ARC)
- » Brand new role – Permanent full-time, Mon-Fri with flexible hours
- » Will provide leadership and support to the Gerontology Acceleration Programme
- » Will engage with fundamental internal and external stakeholders and aid in linking all functions together providing professional advice, education and support and linking up support for funding
- » Help support continuity in student placements and transitioning into the NetP programme
- » Participate in the review and evaluation of nursing development programme delivery
- » Adhere to guidelines of Cultural Safety and the Treaty of Waitangi
- » Based on Christchurch Campus in the new Corporate Office across from Christchurch Hospital

Skills and experience

- » You will be an experienced Senior Registered Nurse with a current NZ practicing certificate and proven clinical ability
- » You will hold a current NZ driver's licence
- » You will hold, or be working towards a relevant post-graduate (level 8) qualification
- » Min 5 years' experience in older person's health advantageous
- » You will have proven understanding of superior customer service orientation and delivery
- » You will have the ability to collaborate and participate as an active team member/ kotahitanga
- » Will be unafraid to go the extra mile, break down any barriers confronted with and support those necessary/ manaakitanga
- » You will have proven ability to engage, relate and involve others/ whakawhanaungatanga

Our culture

- » Care and respect for others. Manaaki me te whakaute i te tangata.
- » Integrity in all we do. Hāpai i ā mātou mahi katoa i runga i te pono.
- » Responsibility for outcomes. Te Takohanga i ngā hua.

Benefits

- » Something For You is an employee benefits programme available to all staff of the CDHB. CDHB staff are entitled to preferential rates at a wide selection of partners either on a permanent basis or at exclusive events throughout the year. For both the things you need and the things you just want, as a CDHB employee you will be sure to enjoy being able to choose a little Something For You.
- » We will work with you to further your own Professional Development Pathway.

How to Apply

Apply online, or to find out more information, please contact Karli Te Aotonga, Recruitment Specialist – Nursing, Phone: (03) 3377923 or email karli.teaotonga@cdhb.health.nz.

Applications are only accepted online so please visit our website at www.careers.cdhb.govt.nz to complete an application.

Location: Christchurch

Closing Date: Sunday, 16 April 2017



open for
**LEADERSHIP
AWARDS**

congratulations



HANNAH LAUGHTON
NURSE, ARANUI COMMUNITY TRUST

Nominated for her initiative, understanding the local needs of her community, seeking out mentorship and networking opportunities, and continuously developing her leadership skills.

Canterbury

District Health Board

Te Poari Hauora o Waitaha

newzealand.govt.nz



HEALTH QUALITY & SAFETY
COMMISSION NEW ZEALAND
Kupu Taurangi Hauora o Aotearoa

Feb 2017

Rongoā Kākāriki
GREEN
PRESCRIPTION



Be Active is an eight-week programme for people wanting to increase their level of activity and have fun along the way.

BE ACTIVE

Term 2 2017



Papanui

North City Church
95A Sawyers Arms Road
Monday 1:30 – 3:00pm
Starting 1st May

Spreydon

St Martins Church
60 Lincoln Rd
Monday 1:30 – 3:00pm
Starting 1st May

Upper Riccarton

Christchurch West Methodist
3 Brake St
Wednesday 6:15 – 7:15pm
Starting 3rd May

Bromley

Bromley Community Centre
45 Bromley Rd,
Thursday 11:00am -12:30pm
Starting 4th May

For more information and to register please contact:

Anna Wilson
P 03 373 5045

E anna.wilson@sportcanterbury.org.nz
www.sportcanterbury.org.nz

Suitable for all ages (18+) and levels of ability. Join us each week to try a range of low-impact activities, e.g. circuit, badminton, Tai Chi and Zumba. Discuss ways of maintaining a healthy lifestyle, and enjoy the support of others in the group. Cost is \$3 per session.





International, Multidisciplinary Rehabilitation Conference Christchurch, New Zealand | 29th – 31st January 2018

Stroke Rehab: From No-Tech to Go-Tech

Stroke Rehab: From No-Tech to Go-Tech will include keynote addresses and panel discussions, covering principles of neuroscience and neural recovery, and multidisciplinary engagement in clinical stroke management. The conference is open to all researchers, clinicians, engineers, physiologists, and students with an interest in cortical, corticobulbar or corticospinal rehabilitation.

With an emphasis on incorporating emerging technology into rehabilitation practices, this conference will provide a wide range of educational offerings that cross multidisciplinary boundaries but also target the needs of subspecialties in stroke rehabilitation.

CONFERENCE VENUE

Te Puna o Waiwhetu (Christchurch Art Gallery) is centrally located in downtown Christchurch, New Zealand. The conference will be held in the beautiful, modern lecture hall and is just a few blocks from the Botanical Gardens, lovely cafés, and restaurants.

Address: Cnr Worcester Blvd and Montreal St, Christchurch

REGISTRATIONS NOW OPEN!

Receive a reduced rate by registering before the 'Early Bird' date: 1st November 2017.

REGISTER ONLINE:

www.science.canterbury.ac.nz/stroke-rehab

ABSTRACT SUBMISSION DEADLINE:

15th September 2017.



KEYNOTE SPEAKERS



PROFESSOR JOHN KRAKAUER
Johns Hopkins University, USA



PROFESSOR LEEANNE CAREY
LaTrobe University, Australia



PROFESSOR PETER LANGHORNE
University of Glasgow, UK



PROFESSOR DIANE KENDALL
University of Washington, USA



DR. PHOEBE MACRAE
University of Canterbury, New Zealand

Opening event

Family Recovery Garden - Te Oranga Ra

Please join us for afternoon tea to celebrate and learn about this space.

Wednesday April 12th, 4:00-6:00pm
253 Cambridge Tce

RSVP appreciated for catering by Monday April 11th, to sophie.n@odysseychch.org.nz

Bringing together individuals affected by addiction, their whanau and the community, this garden is a place for meaningful activity, reflection and gathering in support of peoples' journey to wellbeing.



FLU CAN BE ANYWHERE

YOU COULD COME IN CONTACT WITH INFLUENZA ANYWHERE, ANYTIME GET IMMUNISED THE VACCINE IS FREE FOR STAFF

VIEW CLINIC TIMES