



District Health Boards are big complex organisations

With an annual budget of close to \$1.8 billion between the Canterbury and West Coast DHBs, multiple-levels of clinical and managerial governance are a necessity

Over the Christmas/New Year break and over the past few weeks a number of people have raised concerns with me about a range of health sector related issues that have been covered nationally and how those issues impact on the Canterbury Health System. Below I have outlined some reflections on the concerns that have been raised with me.

It has been disappointing to see high profile examples in other parts of the country of senior health leaders behaving in ways which erode public confidence in the leadership of New Zealand's health system. Abuse of public funds that should be supporting better care for communities is never ok.

While health is not alone in facing these types of challenges the trust and confidence of our communities and those who work in the health sector is fundamental. Every day we are collectively involved in decisions and treatments that will make a difference to peoples' lives. Where we get it wrong - either through a system failure or error - the impacts can be catastrophic.

In the wake of these examples of poor behaviour, there are inevitably questions raised as to whether existing structures are fit for purpose. Media commentary has focused on the question of whether New Zealand has too many District Health Boards, the lack of collaboration between DHBs and other agencies, and the costs associated with Boards and Executive Teams.

There are many people who struggle to understand the size and scale of DHBs. Generally any DHB – regardless of where they are in the country is the largest employer in their area. Across Canterbury and the West Coast, we provide health

services to a population of almost 600,000 New Zealanders from pre-birth to death, from prevention to complex surgical care, mental health, public health, aged care and everything in between.

To put the size of DHBs into perspective, the table below compares Canterbury and West Coast DHBs against some of the largest organisations in New Zealand. These figures are based on 2016/17 reporting of staff numbers in large organisations:

Fletcher Construction	18,600
Progressive Enterprises	18,500
Fonterra	18,000
Defence	13,930
The Warehouse	12,000
NZ Police	11,980
K-Mart	11,000
Air New Zealand	11,000
Oji Fibre (Carter Holt)	10,500
Spotless	10,000
Canterbury DHB	9,760 (10,769 including the West Coast DHB)
ANZ	9,600
McDonalds	9,000

In addition to those we employ, there are a further 9,000 people working across the Canterbury and West Coast health systems whose activity is either fully or partially funded by the DHB. When we consider them in these numbers, we emerge as one of the very biggest employers and funders of people in the nation.

In this issue

- » Wellbeing initiative in Radiation Oncology... pg 8-9
- » Hyperbaric chamber upgrade... pg 10
- » Gerontology Acceleration Programme increases understanding of the patient journey... pg 11
- » Leeston Pharmacy recognised for promoting medication safety... pg 12
- » Study looks at genetic risk factors in heart attacks and angina... pg 13
- » One minute with... pg 14
- » Highly regarded Dermatology staff member retires... pg 15
- » Pregnant women being recruited for vaccine trial... pg 16
- » Gifts cheer those in hospital at Christmas with sick children... pg 17

In anyone's terms, we are big. The nature of what we do is complex too. Ours is the business of caring. This is why it is critical that we have the right governance and leadership arrangements in place and robust systems underpinning what we do. These include the planning and funding of health services for our population (our current budget is circa \$1.8 billion per year), robust financial management systems, facilities management (the DHB owns approximately 200 structures), rostering and payroll systems that cater for 46 Multi-Employer Collective Agreements that support the almost 11,000 staff that we employ. Canterbury DHB could be considered one of the largest recruitment agencies in the country because we handle more than 28,000 applications for employment every year and we recruit over 1400 staff into the organisation each year. We also support and develop some of the most complex clinical IT systems in the country as they are also upgraded and replaced.

Every one of our systems is subject to extensive external audits, health and safety audits, credentialing and certification to ensure we meet the highest standards. This is important as it provides a level of assurance to our Governors and importantly, the public, that we have robust systems in place to support the delivery of care. Board Committees play a critical role in the monitoring of performance and ensuring we deliver to our plans.

To put things in perspective, in the last year the Canterbury Health System performed elective surgery on more than 21,456 people, 672,348 outpatient appointments took place, there were 1.3 million General Practice visits, 102,767 people accessed urgent care at Christchurch and Ashburton hospitals, 2.8 million lab tests were completed, and 6,540 people received up to five free sessions of psychological support in primary care. More than 115,300 people were admitted to Christchurch Hospital as an inpatient, while 34,000 people avoided a hospital stay by receiving personalised acute care in the community, 70 Non-Government Organisations provided vital services and 3,201,970 prescription items were dispensed. Aged residential care providers look after 4500 people funded by the DHB and at the other end of the scale on average 6000 babies are born each year.

Each and every interaction that occurs anywhere in the Canterbury Health System has the potential for great benefit or great harm to occur. This is also why it is so critical that our systems and processes are robust and that we have all the necessary checks and balances in place.

Health has some fundamental differences to many other businesses:

- We can't close our doors – health is a 24 hours a day/7 day a week operation.
- We can't put up our prices or generate more revenue.
- We prioritise care within the Canterbury Health System to balance demand and resource – but it's challenging when demand always outstrips our ability to deliver.

Sometimes health is challenged regarding a lack of collaboration across DHBs and other providers. Canterbury has had a long history of organised primary care, strong relationships between primary and community services and secondary care. This is what has enabled the Canterbury Health System to be recognised internationally as one of the best performing health systems. The Canterbury Health System is also underpinned by the Canterbury Clinical Network which has become an increasingly critical part of our ongoing journey to a truly integrated health system.

Increasingly the South Island through its South Island Alliance has continued to build extensive relationships that have enabled a shared electronic health record to now cover approximately one million people who live in the South Island of New Zealand. Disparate Hospital Patient Administration systems are being replaced right across the South Island with a single system as part of the South Island Alliance (where the South Island DHBs all agreed on one system).

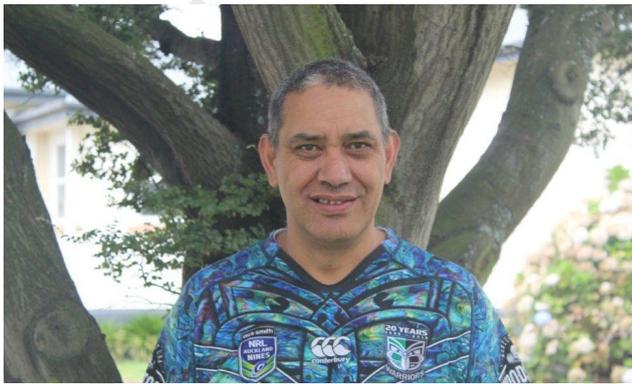
The working relationship between Canterbury and West Coast DHBs continues to demonstrate that DHBs can leverage off the very best of each organisation. The number of DHBs is less the issue. Rather it is the willingness and alignment of skills and expertise; be those clinical or clinical support structures that make the relationship between Canterbury and the West Coast so special. It is a partnership that is focused on providing the best possible care.

It is interesting looking back in history. Pre the 20 DHBs there were 23 HHSs (Hospitals and Health Services), one HFA (Health Funding Authority) and a Ministry of Health preceded by 23 Crown Health Enterprises (CHEs), four RHAs (Regional Health Authorities) and a Ministry of Health. Before that there were 14 Area Health Boards and before that 30 Health Boards. The one thing that is clear that it has been difficult to determine what is the right number!

Given the concerns raised of misuse of DHB funds in another DHB, the Canterbury DHB Board requested an Internal Audit review of both Board and Executive/General Management expenditure to ensure that all of the right checks and balances are in place. The results of this audit will be presented at the February Board meeting in the public open section of that meeting.

District Health Boards are some of the most complex organisations in New Zealand, and we take our responsibilities to provide safe, quality care seriously.

Congratulations Dean Rangihuna, Māori Consumer Advisor



We are thrilled that Dean Rangihuna has been selected to provide a consumer perspective on the [Government Inquiry into Mental Health Inquiry](#) panel.

Dean is a Māori Consumer Advisor (Te Kaihapai) of Ngati Porou and Ngāti Hei descent, and is a passionate advocate for consumer involvement in improving mental health services. He's grown in confidence through his various roles as a consumer advocate and become even more passionate about being a strong voice for those with a lived experience of mental illness. Dean has the full backing of his colleagues and we are justifiably proud of his selection for this important piece of work that will shape the journey to mental wellness for future consumers/ tangata whaiora.

As a former consumer of mental health services, his experiences have inspired his dedication to promoting quality services and better health outcomes for Māori mental health and addiction, and ensuring a voice for Māori health inequities. Past areas of focus include reducing seclusion in mental health at a national level and Te Rau Matatini workforce programmes. Dean has been in his Canterbury DHB role since 2005 and has been identified as a leader in identifying solutions required to make a change to systems and service delivery.

Dean says Te Korowai Atawhai has been his turangawaewae/ standing place and strongly contributed to where he is now. As you know, Te Korowai Atawhai is a cultural service with approximately 17 Pukenga Atawhai (Māori mental health workers), who are an integral part of clinical teams throughout the Specialist Mental Health Service. They work adjacent to other specialist services, inclusive of inpatient services, in providing a cultural response to the needs of tangata whaiora, whānau and clinicians.

General Manager Mental Health Services at Canterbury DHB Toni Gutschlag says: "We are thrilled that Dean has been selected to provide a consumer perspective on the Inquiry panel. He's grown in confidence through his various roles as a consumer advocate and become even more passionate about being a strong voice for those with a lived experience of mental illness."

Well done Dean. We are all behind you.

Beating the heat – some important tips



The beginning of the school term starts this week for many families, just as summer's hottest days arrive. A week of high temperatures is forecast and we're bracing ourselves across Canterbury with temperatures tipped to hit 40 degrees celsius in some inland North Canterbury areas. Waiiau is not only famous for being the epicentre of the November 2016 North Canterbury quakes, it also recorded a high of 37 degrees last Thursday – the warmest temperature recorded in New Zealand in almost seven years!

The internet is full of practical suggestions on how to keep cool – the simplest things are to stay out of the sun and keep up your fluids. Some members of our community, including older people, children and those with underlying medical conditions are most at risk from the impacts of heat stress. We've put together a one-pager of practical tips to help beat the heat, which I hope you find useful.

If you have friends or neighbours who are elderly or vulnerable, this is a good week to pop in and see how they are doing.

One of our medical officers of health advises drinking at least two litres of water a day when it's hot and avoiding drinking alcohol in hot weather as it speeds up dehydration. He says extreme heat can affect blood pressure and hydration, and he urges people to seek help if they feel dizzy, weak or have intense thirst or a headache. If you feel unwell and are concerned about your health, or someone else's, seek medical advice.

Remember in Canterbury you can call your own General Practice team 24/7 for care around the clock – after hours a nurse can provide free health advice. If it's urgent and you need to be seen, they will tell you what to do and where to go.

As we prepare for this week's weather, remember to be kind to yourself and those around you – as chances are there will be a lot of us tossing and turning and not getting a good night's sleep as 'The Big Hot' sets in. And remember to check in on those who may need a hand to keep themselves well during this run of warm weather. It can be as simple as showing someone how to run their heat-pump on cool, or dropping in a bag of ice so they can make iced drinks or ice packs throughout the week.

Keep cool and have a great week

David Meates
CEO Canterbury District Health Board

Facilities Fast Facts

Acute Services Building

Inside the building work continues on installing services, laying vinyl, framing low height walls and putting up plasterboard. Remaining exterior work includes the installation of windows on the ground floor and Level 1.

With around eight months of construction left, a look at these time lapse videos as seen from [Christchurch Women's](#) and [Riverside](#) shows how far the building has come.



Christchurch Outpatients

The curtain wall is nearing completion, and once the ground floor external walls and louvres are in place the building will effectively be closed up. Inside, work is continuing at pace on all levels to put in vinyl, ceilings, gib, doors etc.

Construction is progressing and detailed plans are underway for the migration of services into the new outpatients building later this year. This [time lapse](#) from the site blessing in October 2015 to today shows the dramatic change to the site.



Nurses' Chapel

Behind the plastic wrapping, work on the chapel is progressing well. It's time consuming work as each brick, roof slate tile or bit of masonry that is removed from the chapel needs to be numbered and stored, so every piece can be put back in exactly the same place once the internal strengthening and the repairs are complete.



Bouquets

Emergency Department (ED) and Gynaecology, Christchurch and Christchurch Women's hospitals

I came in with acute abdominal pain which was determined to be a twisted dermoid cyst on an enlarged ovary requiring emergency surgery. I want to express my thanks and gratitude to everyone who was involved. From the ED doctors (whose names I can't remember, sorry!) to the lovely nurse, Lucia, who helped calm and reassure me before surgery, to the surgical staff - most of whose names I can't remember either - everyone was very patient and reassuring. I was scared, having never been to hospital for anything in my life, let alone an emergency operation, and all those involved were wonderful and I am very grateful. My surgery went well and I also wanted to thank the surgeon, Dr Sherif Tawfeek. Then I was under the excellent care of nurses Ruth, Rose and Bernie - thank you so much for all your care and concern. When I had concerns post-op, Dr Lekha Diesing and Nurse Sue (I'm sorry I can't remember her last name) took all care, checking everything and explaining the situation fully. I know many people complain about the public system but my experience has been nothing but exceptional, and I know it's due to the wonderful staff who looked after me. I know the public system is underfunded and understaffed, which makes those who work in it even more awesome. A big, huge thank you to everyone involved in my case - I am very grateful and appreciative!

Christchurch Hospital, Ward 19

Excellent care. Thank you so much, Happy New Year.

Ward 28, Christchurch Hospital

Thank you to a great team of nurses.

Day of Surgery Admission and Day Surgery Unit, Christchurch Hospital

Super service, fantastic surgeon and aides. Please let them all know. Recovery Nurse Pip Roy was awesome. Please thank all for a wonderful first experience here.

Emergency Department and Acute Medical Assessment Unit, Christchurch Hospital

Thank very much for looking after me. A very thorough assessment.

Emergency Department, Christchurch Hospital

Excellent Dr Barai and Nurse Georgina, very thorough friendly and polite.

Brent, Security, Christchurch Hospital

On several occasions whilst waiting for the shuttle bus, I have observed Security Officer Brent who works at the hospital front entrance. I am most impressed by his helpful attitude to patients and visitors. He is always ready with a wheelchair when necessary and has a gentle and calm manner with people. Brent is a credit to his company.

Ward 24, Christchurch Hospital

Thank you for all your efforts, care, and expertise you showed in looking after our Dad. It is very much appreciated.

Plastics clinic, Burwood Hospital

I would just like to say thank you to all your staff in Burwood Plastics. Everyone from reception to the doctors and nurses were so kind, thoughtful and helpful. I was very nervous but they were all great at helping me relax. They were funny, professional and very caring. So thank you for making a scary hospital visit a nice time, so appreciated.

Ward 25, Christchurch Hospital

I am writing this compliment to thank Canterbury DHB for the great Intravenous (IV) Technician who helped me at a time in need. Last weekend I just got out of the Intensive Care Unit from a severe asthma attack. An IV Technician called Lisha managed with her first attempt to put in an IV line. Over the years I been in hospital a lot and my veins are difficult. IV technicians are a great asset to Canterbury DHB. Thank you so much.

Cardiology, Ward 12, Christchurch Hospital

Absolutely brilliant. The people, all of them, whatever they do, are absolutely brilliant. Thank you so much. Great food.

Security, Christchurch Hospital

I just wish to say a massive thank you to your hospital security and Ashley Tough who helped my family and myself. Firstly with our parking problem as we are out of towners and it was an emergency. Then Ashley helped my wife with her wheelchair, pushing her around the hospital as if nothing was a bother. Later he escorted my wife back to the car in the early hours, which she appreciated as she felt at ease having an escort with her. Thank you so much for your effort.

Ward 23, Christchurch Hospital

The staff on Ward 23 are absolutely fantastic as are the rest of the staff of Christchurch Hospital. Where would we be without you?! Thank you so much for all that you do, lives matter.

Day Surgery, Christchurch Women's Hospital

You were all fantastic. Thank you.

Surgical Progressive Care Unit, Ward 16, Christchurch Hospital

My husband was admitted suddenly with acute pancreatitis while we were visiting from Scotland. I cannot thank the staff (doctors, nurses and aides) enough for their care. Always ready to answer questions, friendly and willing to go beyond the call of duty to ensure we were both supported fully at all times. Thank you so much. Not out of the woods yet, but ongoing care is wonderful.

Administration, Psychiatric Emergency Service, Crisis Resolution, Hillmorton Hospital

Prompt, thorough, a much appreciated service. Standards are of a professional standard and it is evident that much is being done to provide this standard and service. Thank you very much.

Ear, Nose and Throat, Christchurch Hospital

Thank you very much for the friendly, kind and professional help with a minor emergency.

Emergency Department, Christchurch Hospital

So kind and compassionate, thank you all so very much. Abundant blessings.

Karen, Urology Unit, Christchurch Hospital

Nurse Karen Bruce-Jones was very professional, and culturally aware of my needs. Communication has been excellent and she has kept me up to date throughout. Karen is very positive and encouraging. Thank you for all your help.

Ward 24, Christchurch Hospital

Thank you to you all for the care that you gave to our Mum, Grandma, Great Grandma and my Dad's dearly loved wife. As a family we truly appreciated your kindness and your willingness to let us be part of your ward family for the week. To be able to trust the staff to care for Mum and to know they would phone if we were needed helped us get some needed sleep. Keep up the good work. You all made a difference. Warmest wishes to you all.

Louise, Ward 28, Christchurch Hospital

I was here as a visitor. I would like to commend Louise, Nurse Aide on Ward 28, for being so incredibly friendly, considerate and hard working. She is a credit to the hospital. You folk work so hard.

Ward 16, Christchurch Hospital

Thank you for the care I have received right from the surgical team to the nurses on the ward. The service and care is second to none, all staff show great professionalism, but also empathy and patience. Very reassuring when sick and vulnerable. I am very grateful for all your hard work.

Ward 24, Christchurch Hospital

The nurses are absolutely lovely and patient, Thank you very much.



The Library

Browse some of the interesting health-related articles doing the rounds.

- » [“Editing science for Māori health”](#) – gene editing technology offers hope and change for ethnic communities where genes put them at greater risk of certain conditions – whether its ethical is something that’s still debated. From *Newsroom*, published online: 24 January 2018.
- » [“Breakthrough blood test brings new hope for early detection of eight common cancers”](#) – researchers in the US have announced initial positive results for a non-invasive blood test used to detect eight common cancer types – five of which currently have no screening test. The test evaluates the levels of eight cancer proteins and the presence of cancer gene mutations from circulating DNA in the blood. Larger studies of the test are now underway. From *HealthCentral.nz*, published online: 19 January 2018
- » [“Here’s what you should know about the flu season this year”](#) – the Northern Hemisphere’s flu season is usually used as an indicator for what we can expect as the temperature drops for us. This article features some handy questions and answers – particularly on preventative measures. From *The Washington Post*, published online: 25 January 2017.

If you want to submit content to **The Library** email communications@cdhb.health.nz.

To learn more about the-real life library for Canterbury DHB:

- » **Visit:** www.otago.ac.nz/christchurch/library
- » **Phone:** +64 3 364 0500
- » **Email:** librarycml.uoc@otago.ac.nz

BETTER TOGETHER

Destination Outpatients



Well Organised Workplace the focus of Workshop 5

Planning is well underway for the next Destination Outpatients – Better Together workshop on Thursday, 22 February, 0830-1630 hours, at the Design Lab.

The aim of this workshop is to make the new building work for staff instead of hindering them in the delivery of care. This will include:

- Migration – preparation
- Relaunch of Dump the Junk
- Discussion on stock levels, layout and process
- Discussion on linen levels and process
- Other back of house processes such as waste, mail etc
- Discussion on standardised areas/trolleys with the ability to use mock ups in the Design Lab

If you wish for more information or to attend the workshop, please email Yvonne.Williams@cdhb.health.nz.

Please ensure that you have spoken to your line manager before booking onto the workshop.

Migration planning starts

A migration consultant is on board to begin work on the complex move of services into the new Christchurch Outpatients. Robyn Richards will be familiar to a few of you as she was involved with the move from The Princess Margaret Hospital to Burwood in June last year.

Robyn is the Director and founder of B&W Consulting, and has been managing large and challenging relocation projects for more than 12 years. She has an organisational development background in the telecommunications industry, and joined one of New Zealand's largest project management companies in the late 90s where she planned and executed the move of staff, approximately 400 patients and clinical and non-clinical services at Auckland, Greenlane, and National Women's Hospitals.

As part of the move planning, Robyn builds a high-level move programme out of which fall the more detailed move programmes for each service. These plans hold a lot of detail such as, for example, when a computer needs to move and where it needs to move to.

When the time comes to move, there will be daily activity schedules with what's happening, what time, what day, and whose responsibility it is. Ahead of the move there will also be a big Dump the Junk campaign so you're only moving things you need and that there isn't a big mess left behind for someone to sort out.

You will need to take personal responsibility for ensuring your current desk drawers, bookshelves, notice boards, walls etc are empty and that your desk is clear of personal items, stationery, files and loose paper.



The Christchurch Outpatients as at Monday, 29 January. Watch a timelapse of the build from July 2016 to January 2018 at <https://vimeo.com/252804725>

Wellbeing initiative in Radiation Oncology



The Southern Alps stretch for approximately how many kilometres?

Is the answer - A) 250km; B) 500km; or C) 1000km?

If you think B), 500km, you are correct (the Southern Alps stretch from Nelson Lakes National Park to near the entrance of Milford Sound).

By considering this question you have participated in one of the Five Ways of Wellbeing - Keep Learning - and taken part in a Radiation Oncology team initiative, a modified Air New Zealand-style quiz that is in the department's waiting room.

The quiz is just one of the ways the Radiation Oncology team have embraced the 'Five Ways to Wellbeing' to improve their own and their patients' mental wellbeing.

The team believe they should apply the simple strategies themselves before showing patients how to do so.

They have also joined the Dry July and Junk Free June campaigns.

The Five Ways to Wellbeing are:

- Give – your time, words, presence
- Be Active – do what you can, enjoy what you do, move your mood
- Keep Learning – embrace new experiences, see opportunities, surprise yourself
- Connect – talk and listen, be there, feel connected
- Take Notice – remember the simple things that give you joy

Oncology Informatics Specialist Cheryl Davies says staff are sharing photos of new activities or challenges, which will be made into a video.



A spectacular sunrise in Christchurch shared by Radiation Therapist Annie Sievers



A dolphin snapped by Oncology Informatics Specialist Cheryl Davies in Kaikoura after she swam with the dolphins

“This way the staff can live the ‘Five Ways’ by giving their photos, time and experiences.”

If the photo has a picture of them it can also build a connection (number four of the ‘Five Ways’) as the patient can say, “I’ve just seen your photo – what were you doing there?”

Staff members ‘Take Notice’ while out and about and often share their experience by taking a photo or by talking about something they saw.

“For ‘Be Active’ staff have been taking part in all sorts of physical activities and for patients we are hoping to add some ideas that are achievable for people receiving treatment,” she says.

Mental wellbeing is more than the absence of mental illness and it is more than feeling happy.

The World Health Organization defines mental health as a state of wellbeing in which every person realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, interact positively with others and is able to make a contribution to their community.



Radiation Therapist Tess Maitland running the Coast to Coast



Radiation Therapist Natalie Brown and Radiation Therapy Treatment Head of Section Joanne Maggs about to do their first parachute jump. They each raised over \$1000 for the Cancer Society for the jump



Radiation Therapist Olivia Dixon running the Taupo Marathon

Hyperbaric chamber upgrade

Over a six-week period the South Island's only hyperbaric unit at Christchurch Hospital underwent a major makeover and now has a touch-screen control panel.

Supervising Technician Warren Harper says operators are getting used to the new technology which also enables video monitoring of patients in the decompression chamber.

The new panel is a fraction of the size of the former control unit that was installed in 1996.

Hyperbaric Medicine Service Manager David Brandts-Giesen says it took some effort to remove the old panel and eventually it had to be cut into segments so it could fit through the door.

Several of the dials and valves were able to be re-purposed.

The decompression chamber has also been upgraded and Clinical Director Greg van de Hulst says the lighting, communications and safety improvements have resulted in a much better clinical working environment.

The upgraded unit is now in line with Australasian facilities and ensures quality standards are met and maintained into the future.

As well as treating divers for decompression sickness, also known as the bends, the hyperbaric unit assists in wound healing, the treating of carbon monoxide poisoning and arterial gas embolism.

Prior to its first use the new panel was blessed by the hospital's Māori Chaplain, and an official opening ceremony was held last week, attended by current and former Hyperbaric Unit staff.



Former Service Manager Lesley Owens, and Former Clinical Director Mike Davis, at the official opening of the revamped Hyperbaric Medicine Unit



Technical Officer Moira Rihari at the desk of the new control panel. Standing (l-r) Clinical Director Greg van der Hulst, Supervising Technician Warren Harper and Service Manager David Brandts-Giesen



CARE AROUND THE CLOCK

Call your GP team 24/7 for health advice

If it's after-hours a nurse is available to give free health advice




#carearoundtheclock

Gerontology Acceleration Programme increases understanding of the patient journey

Taking part in the Gerontology Acceleration Programme (GAP) has been an “amazing experience”, says Registered Nurse Rachel Leary.

“It has given me more of an understanding and appreciation of working in both a residential care facility and the acute setting. This increased knowledge can now be shared with my colleagues and current patients to facilitate a smoother transition between sectors.”

Rachel, who works in Ward D1 at Burwood Hospital, says as well as stepping out of her comfort zone to work in supportive environments to enhance her practice, she enjoyed the gerontology paper.

“We have so many knowledgeable people in Canterbury working in the gerontology field, who were so willing to share their knowledge.”

This has given her more of an understanding of gerontology as a speciality in nursing with unlimited opportunities for career development in the future, she says.

Rachel is one of three participants currently completing the 12-month programme. The others are Joe Senegan (Ward 24, Christchurch Hospital) and Michelle Bugayong (Bishop Selwyn Lifecare).

Applications for the 2018-2019 GAP are now open for registered nurses who have an interest in both career development and working with older people across the health care continuum.

The GAP aims to:

- Promote gerontology nursing as a specialty by providing skill acquisition and nursing knowledge in this area.
- Positively impact on clinical teaching, quality improvement and nursing leadership development in the sector.
- Provide an opportunity for collaboration across the system to foster a better understanding and positive relationships across different areas of the sector, both for the nurses undertaking the programme and their wider health networks.
- To retain talented Gerontology RNs, strengthening skill mix and flexibility within this workforce.

There have been 18 participants in GAP since its first cohort in 2013. A Ministry of Health evaluation of the GAP showed participants had developed confidence as leaders across the sector with an increased knowledge of the patient journey.



Registered Nurse Rachel Leary, who is taking part in the Gerontology Acceleration Programme

Participants go on to do quality roles, clinical coaching, and further work in the community, as well as enhancing day-to-day practice in their clinical environments.

Each of these participants has returned to their base clinical area to continue progressing their postgraduate study after completing two 12-week placements in each other's clinical areas.

To find out more about the GAP [click here](#)

The next GAP cohort commences mid-year 2018. Candidate applications are currently open and can be accessed here: [GAP Application Form 2018](#)

For any queries related to the GAP please contact Canterbury DHB Postgraduate Nursing Coordinator: Jacinda.King@cdhb.health.nz

Leeston Pharmacy recognised for promoting medication safety

Patient Safety Week way back in November may seem like an eternity ago and the theme of Patient Safety Week, as you may recall, was medication safety. The emphasis during Patient Safety Week served to highlight the issue – but medication safety should be part of our business-as-usual every week.

Surely there can be no clearer example of the benefits of people taking responsibility for their own health, than them knowing how to take their medications safely and to best effect.

The medication safety work at Leeston Pharmacy certainly deserves recognition (however belated) for their great efforts in helping promote some of the Patient Safety Week initiatives and messages.

A number of initiatives promoted by the Health Quality and Safety Commission (HQSC) during Patient Safety Week encouraged people to find out more about their medication by asking three simple questions (see below), by talking to a clinician in their care team, or by visiting the www.mymedicines.co.nz website.



To help get more traction during Patient Safety Week, the HQSC offered a generous \$200 prize for initiatives that effectively promoted Patient Safety Week. The Canterbury Community Pharmacy Group and Canterbury DHB together decided to run a competition to win morning tea which was won by Leeston Pharmacy for their Patient Safety Week display/promotional work.

To add a more local flavour, pharmacies were also asked to promote Canterbury's medicine returns initiative during Patient Safety Week.

As well as a striking window display, the team at Leeston Pharmacy wrote an article for *The Ellesmere Echo* explaining what patient Safety Week was about, and focusing on the importance of yellow medication cards.

Lynne Dunlop, pharmacist and owner of the Leeston Pharmacy, had previously provided information about medication disposal to *The Echo* and they helped publicise the free service that enables Canterbury people to return surplus or expired medication to their local pharmacy for safe disposal.

"I also sent copies to our local medical centres so they could be part of it too, as I had spoken to them earlier in the year," Lynne says.

The pharmacy placed information on the counter about Patient Safety Week, among other things encouraging patients to ask for a yellow medication card (useful for patient self-management). Here is an extract:

"The Yellow Medication Card or Information Chart enables you to have an up-to-date list of your medications, the time you take them, what they are used for and any other special instructions and pill pictures."

Lynne says, "We've been getting a good response too – I am going to leave the window display up for a while. It highlights what we can offer as a pharmacy, plus it took a while threading all the fishing line through the different posters and resources!"

These fantastic efforts certainly deserved a morning tea shout.



Part of Leeston Pharmacy's display



From L-R: Mike James and Mary Young (Canterbury DHB); Anna McCormick, Michael Sporke, Danielle Bishop, Rebecca Todd, Rachel McCormick, Lynne Dunlop (Leeston Pharmacy); Gareth Frew and Aarti Patel (Canterbury Community Pharmacy Group)

Study looks at genetic risk factors in heart attacks and angina

Ashburton Ambulance officer and Intensive Care Paramedic, Sharon Duthie, unexpectedly found herself a patient in her own ambulance recently.

Sharon suddenly became gravely ill while on a job last month.

“The person we went out to was quickly stabilised, but as we prepared to drive to the hospital I felt very sick and called for a back-up ambulance to help us out,” she says.

Without warning the 52-year-old, collapsed onto the second stretcher inside the ambulance. At the scene her shocked colleague suspected a heart attack and took the ECG leads (heart monitoring) from the call-out patient and put them on to Sharon.

“At the hospital I fully arrested and was brought back using the defibrillator. Thank goodness for my crew partner’s knowledge and colleagues who had arrived in the second ambulance.”

Sharon was transferred to Christchurch Hospital by Westpac Helicopter admitted to the Coronary Care Unit where she underwent a successful procedure, in which a stent was inserted in to her right coronary artery.

As an inpatient she volunteered to take part in the Multi-Ethnic New Zealand Study of Acute Coronary Syndromes (MENZACS). The study is being carried out by the Christchurch Heart Institute (CHI), a University of Otago Christchurch Research Centre, and the Auckland Heart Group.

Led by Vicky Cameron of CHI and Malcolm Legget from the University of Auckland and Auckland City Hospital, the research is looking into the genetic risk factors that play a part in heart attacks and angina, across a range of ethnic groups such as European New Zealanders, Māori and Pasifika.

Vicky, who is Head of the Genetics and Molecular Biology laboratory at CHI, says the study aims to get a picture of the main risk factors that contribute to heart disease in Māori, and Pacific Islanders, and if these differ from other New Zealanders.



Ashburton Ambulance Officer and Intensive Care Paramedic, Sharon Duthie

“This includes what influences their likelihood to recover well or to have further heart issues, by looking at genetics and lifestyle risk factors, including diet and exercise.”

In taking part in the study Sharon, who has an active lifestyle but has smoked most of her life, hopes others will benefit from her situation and become more aware of the big picture affecting heart health.

The study is funded by the Heart Foundation of New Zealand and the National Science Challenge Healthier Lives Programme.

Sharon’s story was also reported in the [Sunday Star-Times](#).

One minute with... **Aaron Hapuku, Māori Health Promoter**



What does your job involve?

My role as a Māori Health Promoter involves working in community settings where our whānau are supported and empowered to live longer, healthier, happier lives. It often begins with spending time with people and organisations defining what health and wellbeing (hauora) means at the community level. A part of my role involves Tāne Ora - Māori Men's Health promotion alongside a local roopū of passionate people who see the value in our men exploring what it means to be healthy sons, dads, brothers, and uncles and the aspirations we have to contribute positively to our families and communities. I also have a part-time role within Health Promoting Schools (HPS), which works closely with a number of our schools and kura here in Waitaha. And I have enjoyed collaborating internally with kaupapa such as All Right? and our wider Māori health teams within Canterbury DHB.

Why did you choose to work in this field?

I believe in the connection between strong, positive, cultural identities and health outcomes for our young people. Māori health promotion is an easy fit alongside my personal values.

What do you like about it?

I like talking discussing Māori health from a strengths base:

"Māori health promotion is the process of enabling Māori to increase control over the determinants of health and strengthen their identity as Māori, and thereby improve their health and position in society." (Ratima, 2001).

The promotion of equity and empowerment for people to make informed decisions about the choices that affect their lives, including the question of "what matters to people?" instead of "what is the matter with them?"

What are the challenging bits?

We all want to change the world right now. Health promotion often invests in long-term strategies, accepting that real and lasting change takes time.

Who inspires you at work and why?

I'm inspired right now by our Prime Minister and her partner. Our most important profession is being shared by a mother-to-be and a stay-at-home dad. What that means for the second most important profession as Prime Minister will encourage some really healthy discussion in Aotearoa about the mana of stay-at-home parents and what makes a healthy whānau.

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?

I think the DHB's core values sit well alongside manaakitanga, whanaungatanga and aroha ki te tangata. It's about taking care of people, looking after them while they are in our care and having a genuine regard for their wellbeing.

The last book I enjoyed was...

The Spice Box of Earth by Leonard Cohen.

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

With the weather we are enjoying lately I wish I was asleep somewhere on a beach beneath a palm tree.

What do you do on a typical Sunday?

Sunday is whānau day. Often as simple as a drive from home in Birdlings Flat up to the art gallery and café for lunch with our tamariki and an hour at the playground.

One food I really like is...

I love meat. I'll eat anything except for asparagus and brussel sprouts. Otherwise I'll try anything once and love the culture of food and sharing.

My favourite music is...

Depends on my mood. I like everything from Classical to Punk, through to love songs at midnight and Death Metal.

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

Highly regarded Dermatology staff member retires

When Shirley McTaggart started work at Christchurch Hospital in 1969 she had to be adept at shorthand and used a manual typewriter.

The much admired and respected Dermatology secretary retired last month after a 48-year career in health.

Shirley's first job was as Surgical Secretary. She was one of just two people in the role and the pair worked for six surgeons, four Ear, Nose and Throat surgeons, and six ophthalmologists, as well as doing typing for the Emergency Department and Clinical Records.

"Those were days of real hard work," Shirley says.

She also worked for the Medical Superintendent in Chief in the Corporate Office for four years from 1976 prior to leaving to have children.

About 1984 she got to know Dermatologist Ken McDonald and did typing for his private practice at home for a couple of years. This led to a two-year part-time secretarial job at St Andrew's Outpatients for the Combined Skin Clinic involving dermatologists and plastic surgeons.

In 1990 she was approached to apply for a new position that was being created – secretary in the Dermatology Department. Until then there had not been any dedicated administrative support for Dermatology, she says.

"And so began my career in the Dermatology Department!"

By that time there were electronic typewriters instead of the manual ones, and dictaphones gradually took over from shorthand.

"My first computer arrived in my 'office', which was a corridor outside the toilet upstairs in the old St Andrews building. I had no idea how to even turn it on!"

Over the years in Dermatology she always tried educate those with no dermatology knowledge on the complexities of the specialty. Most of all she always aimed to put the patient first.

"I thoroughly enjoyed my time with Canterbury DHB and will miss the challenges, the patients, and most of all my colleagues, many of whom have become good friends."

Past and present Dermatology staff say they would like to thank Shirley for the laughs, for her wisdom, for being utterly reliable, for keeping them sane and looking after them.

"Thank you for being the wonderful, caring, able and professional person that you are, for the tremendous work you have done for Dermatology, for patients and staff over the years – it cannot be underestimated."

Shirley has been the 'glue' that held everything together. The huge impact that she had is hard to put into words, and will never be forgotten.

"You will be remembered fondly by so many who have been involved with you throughout your career," they say.



Shirley McTaggart cutting the cake at her retirement 'do'



Shirley McTaggart, eighth from left, with Dermatology Clinical, Administrative and Booking Team staff

Pregnant women being recruited for vaccine trial

The University of Otago, in collaboration with Christchurch Women's Hospital, are currently recruiting pregnant women for a clinical trial of a new Respiratory Syncytial Virus (RSV) immunisation.

RSV is the virus that causes bronchiolitis in babies and infants, frequently leading to hospital admission. The vaccine or placebo is given to women during the third trimester of pregnancy to protect their babies from severe RSV infection.

This trial is an international study that will determine the efficacy of the vaccine for protecting babies against RSV. We in Christchurch are one of four New Zealand sites taking part in this global trial, now coming into its third year of recruitment.

Over 3000 women worldwide have received either vaccine or placebo to date, 150 of whom were recruited in New Zealand.

The trial team is looking to recruit interested, eligible pregnant women, from now until the beginning of July. Potential participants will need to be:

- Due to give birth between 3rd April – 1 August 2018
- Aged between 18-40 years old
- In good general physical health
- Singleton pregnancies

The team is keen to discuss the trial in more detail if you are interested in participating, or know someone who is, and answer all your questions.

Please contact Di Leishman, Research Midwife, to arrange a meeting:

Email: di.leishman@otago.ac.nz

Phone: 03 364 4631



RSV Vaccine in Pregnancy Study

Does Respiratory Syncytial Virus (RSV) vaccine in pregnancy protect babies against lung disease?

RSV is the leading cause of lung disease in infants and young children and can be serious.

By the age of two, almost all children have been exposed to RSV. RSV illness early in life may also increase the chances of a child developing wheezing and asthma when they are older.

This study is to find out whether giving an RSV vaccine during the last trimester of pregnancy will provide protection in new-born babies against RSV disease.

Who may be eligible to participate in this RSV Study?
Healthy 18-40 year old pregnant women.

Interested?

Contact: Di Leishman Research Midwife
Ph: 3644 631 Email: di.leishman@otago.ac.nz



Approved by the Central Health and Disability Ethics Committee

Version 2.0, 28 Jan 2016

Gifts cheer those in hospital at Christmas with sick children

One hundred mothers and carers who were with their children in Christchurch Hospital's Child Acute Assessment unit (CAA) over Christmas gratefully received gift packs full of donated goodies.

The gift packs were donated by One Mother to Another. The organisation provides about 50 gift packs a month to the unit but doubled their offering for Christmas.

CAA Charge Nurse Manager Warren Nairn says ward staff generally gave the gift packs out to those who seemed to be the most distressed but the extra bags meant that all mothers received one over the festive period.

"They were so pleased to receive the gift packs and we like to think it eased their stress a little bit."

One Mother To Another provide gift bags each month to distressed mums and carers who find themselves in either the CAA or the Neonatal Intensive Care Unit at Christchurch Hospital.

The organisation says their aim is to "let them know we care about what they are going through, acknowledge that this could be a very difficult time for them, and hopefully brighten their day".

Each pack is filled with practical and indulgent items that have either been generously donated from businesses or purchased using donated money. Other items are hand-made.

See www.onemothertoanother.org.nz to find out more.



Staff with the gift packs. From left, Registered Nurse Megan Coleman, Charge Nurse Manager Warren Nairn, Registered Nurse Kelsey Angus, Ward Clerk, Lynda Driscoll, Registered Nurse Rachel Boyes, Hospital Aide Deb Thomas and Registered Nurse Ann Moffat



ICCN 2018
International Conference
on Cancer Nursing

SKYCITY AUCKLAND CONVENTION CENTRE
23 – 26 SEPTEMBER 2018
Auckland, New Zealand
www.iccn2018.nz

International Society of Nurses
in Cancer Care

TENA KOUTOU, TENA KOUTOU, TENA KOUTOU KATOA

The International Society of Nurses in Cancer Care (ISNCC) is pleased to announce the 2018 International Conference on Cancer Nursing (ICCN 2018) from Sunday 23 September to Wednesday 26 September 2018 at the SKYCITY Auckland Convention Centre, Auckland, NZ.

ICCN is the world's premiere meeting for leaders, and future leaders, in cancer nursing research and practice. Our conference provides you with the opportunity to engage with leaders in cancer nursing from around the globe and to participate in the conversations that will shape cancer nursing research and translate evidence-based cancer nursing education, practice and research into patient-centered care.

All of this will be offered in style in Auckland, New Zealand, where you will share lively, innovative discussions with new and existing friends and colleagues.

We look forward to seeing you here!

DEADLINES

CALL FOR ABSTRACTS OPENS:
1 January 2018

REGISTRATION OPENS:
29 January 2018

CALL FOR ABSTRACTS CLOSES:
19 February 2018

ABSTRACT NOTIFICATION:
2 April 2018

CLOSE OF EARLY REGISTRATION:
23 July 2018

CONFERENCE
23 - 26 September 2018



CALL FOR ABSTRACTS OPEN NOW! Visit the conference website at www.iccn2018.nz.



Canterbury
Medical Research
Foundation

Research Saves Lives

Public Health Lecture

"Recovery from Stroke – what does current research tell us about what's possible? "

Professor Peter Langhorne – Glasgow University

Peter Langhorne is Professor of stroke care at the University of Glasgow and based at the Academic Section of Geriatric Medicine, Glasgow Royal Infirmary. He is trained in geriatric and general medicine in Aberdeen, Edinburgh and Glasgow.

Peter is the coordinating editor of the Cochrane Stroke Group and, together with colleagues in physiotherapy, Occupational Therapy and speech therapy has promoted evidence-based practice in stroke rehabilitation. He has authored and co-authored more than 200 scientific articles on cerebrovascular diseases in journals such as Stroke, Cerebrovascular Diseases, Lancet, the Age and Ageing, and the British Medical Journal



His main research interests focus on the management of stroke (such as stroke unit care and early supported discharge services) and early recovery after stroke. This has led to the use of clinical trial and systematic review methodologies.

Please join us at 6.30pm at the Rolleston Theatre, Otago Medical School, Christchurch. Thursday 1 February 2018, for this free public lecture.

Registrations essential

Please email

aleisha@cmrf.org.nz - call on 3531 243 or
visit www.cmrf.org.nz/events to register online