



Our health system is made up of extraordinary teams, full of extraordinary people who turn up every day to do the very best for our community.

This has again been reflected in the final quarter for Health Target reporting where Canterbury DHB is one of only three DHBs to achieve five out of the six health targets set by the Ministry of Health (no DHB achieved all six).

The one target that we didn't achieve was Shorter Stays in Emergency Department (ED) in June. The target is to have 95 percent of patients admitted, transferred and discharged from our emergency departments within six hours – we achieved 94.4 percent of the target. Given the huge pressures that our health system has been under including extremely busy general practice teams' after hour services and the highest ED presentation days in Canterbury's history, the focus on ensuring that patient flow has been maintained has been outstanding.

We admit, transfer and discharge 80 percent of people who present to the Emergency Department in under four hours. From April 2016 to March 2017, the average time spent in ED was 2.7 hours per person.

It's by asking questions that challenge the way we do things that ensures we keep making our health services more efficient, and better for our patients. Take heart attacks for example. Heart attacks or Acute Myocardial Infarction (AMI), are the major cause of death and morbidity in New Zealand and the developed world. Patients with chest pain or other symptoms of a heart attack are encouraged to seek medical attention urgently, and consequently, they are amongst the most common patient groups presenting to the ED – 6,500 to Christchurch ED annually.

The traditional process to rule out heart attack has required admission for up to 90 per cent of these patients. This is

despite only about 10-15 per cent of them ultimately being diagnosed with AMI. Managing chest pain in this way is both time and resource consuming. It also adds a burden of stress to patients and their families, as many patients are exposed to unnecessary risk through invasive testing.

Using research that showed a simple blood test could rule out a heart attack diagnosis, the Christchurch Coronary Care Team committed to creating a health pathway that would allow AMI to be ruled out for as many patients as possible within the ED.

The process followed the principle of PDSA – the Plan, Do, Study, Act – cycle. Three observational studies and two randomised controlled trials followed a careful review of the literature. Each study involved multiple Canterbury DHB services including nursing, administrative and physicians of the ED, the nurses and clinicians of Cardiology and General Medicine, Planning and Funding, Decision Support and more recently, General Practice. Additional support came from Christchurch cardiologists, and Canterbury Health Laboratories through the Christchurch Heart Institute.

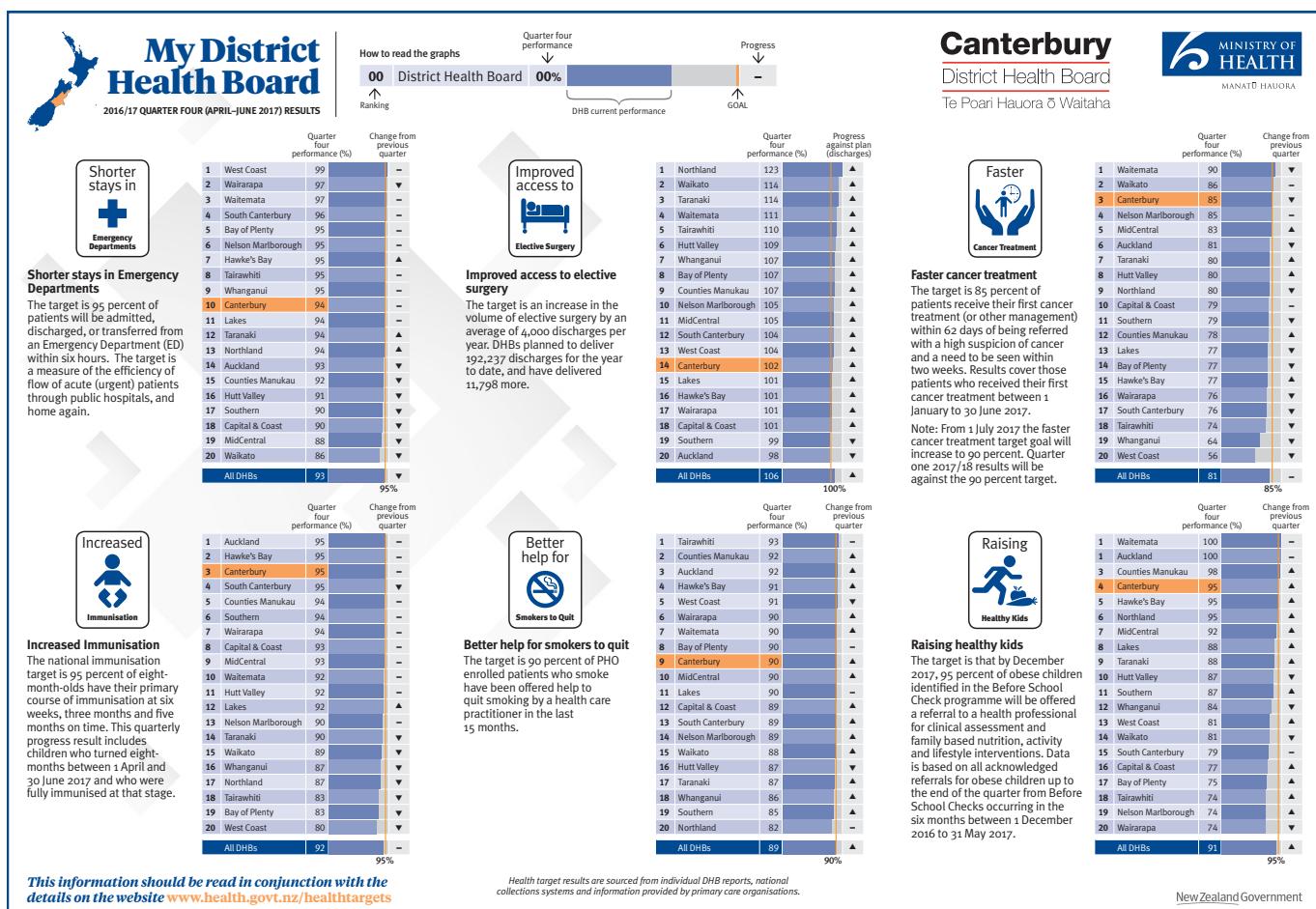
The research included a Christchurch ED-led multi-centre observational study of more than 3,500 participants in 14 urban EDs in nine countries, several randomised clinical trials, and the development and validation of the Emergency Department Assessment of Chest pain score (EDACS) and Accelerated Diagnostic Pathway (ADP).

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Facilities Fast Facts

Acute Services Building (ASB) and Christchurch Outpatients

Because construction has a language all of its own, some of the terms we use in our regular *Fast Facts* can be confusing. That is especially so as hospitals are incredibly complex building types. Each function of the ASB requires highly complicated mechanical, electrical and IT systems.

The Christchurch Outpatients is bringing together 23 different services. Some can share facilities, while others such as dental and ophthalmology will have their own technical requirements. The need in Canterbury for strict seismic engineering adds another level of complexity in both buildings.

Acute services:

Acute care is a branch of secondary health care where a patient receives active but short-term treatment for a severe injury or episode of illness, an urgent medical condition, or during recovery from surgery. In medical terms, care for acute health conditions is the opposite from chronic care, or longer-term care.

Bulkhead:

A fixed structure used to divide two compartments or rooms.



Photo showing the bulkheads in the roof space above the rooms

Curtain wall:

The curtain wall is typically defined as a thin, aluminium-framed wall that contains in-fills of glass or metal panels. The framing is attached to the building structure, so it doesn't carry the floor or roof loads of the building. It gets the name 'curtain wall' because it's much like window curtains, hanging from a supporting framework.



The curtain wall on the west side of the West Tower facing the Rose Garden

If you have come across any other terms you would like explained, please email the project team at itsallhappening@cdhb.health.nz

Building services:

These utilities such as steam, hot and cold water, air conditioning and ventilation, specialist piped services such as medical gases and telecommunication/IT cabling and electrical and lighting systems that run through ceiling spaces of the building.



Some of the copper pipes that will carry hot and cold water. The photo also shows loops of flexible steel mesh connectors that ensure services are protected during a quake

Seismic bracing/engineering:

Seismic engineering in the ASB includes base isolators that are designed to kick in during a significant event to reduce the shock on a building, bracing that will keep services in place during a shake, and expansion joints in stairwells to allow movement.



There are 129 base isolators on the lower ground floor of the ASB

The Library

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

[“Mosquito Wars”](#) – Bill Gates, the Microsoft co-founder and philanthropist, has teamed up with World Vision to pledge that for every reader that reads this story (click the title to access) and takes a quick quiz, he will gift a mosquito bed net to a family in need. Transfer a couple of minutes of online time from Facebook to fighting malaria and we promise you'll feel better for it. From *gatesnotes*, published online: 15 August 2017.

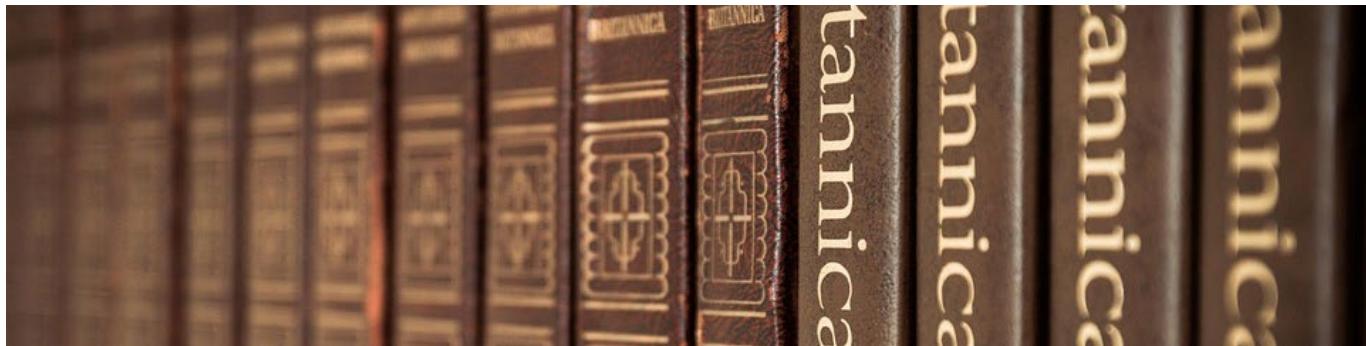
[“The Fight Against Antibiotic-Resistant Bacteria Might Start With Vaccines”](#) - we know that antibiotic use drives antibiotic resistance, a problem the United Nations calls “the greatest and most urgent global risk”. Vaccines reduce the burdens of diseases, including some that would require antibiotic treatment. Some studies suggest that development of new vaccines should be considered an important strategy in the fight against antibiotic-resistant bacteria and raising public awareness of the antibiotic resistance issue may help drive vaccinations. From *FiveThirtyEight*, published online: 15 August 2017.

[“Anne Tonner on parenting a child with anorexia”](#) – a mother of a child with anorexia nervosa has written an award-winning book on her experiences as her daughter, and the family, battled this disorder. You can play or download the recorded interview from Radio New Zealand's *Nine to Noon* programme. From *Radio New Zealand*, published online: 10 August 2017. Supplied by Child Health Nurse Educator, Becky Conway.

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



The Parking Spot

Afternoon staff car park on St Asaph Street reverting to its original smaller size

From Wednesday 23 August, the gravel extension to the afternoon staff car park on St Asaph Street will be fenced into the Metro Sports site. This land was on loan to the DHB and is now required for the development of the Metro site. The majority of staff affected by this move have already been informed and they will be moving into the recently vacated spaces in the Staff Multi-Storey Car Park.





Bouquets

Hagley Outpatients

Michael Burt and Cheryl Michaels (student doctor) were very pleasant and considerate to me at Dr Burt's outstanding gastroenterology outpatient session today. This is a great credit to them and staff. Very much appreciated.

Sarah Macfarlane, Community & Public Health

Sarah Macfarlane has been a great help to me since I took on this role. Sarah has enabled connection with people in the community who can help our students. I would be on my own without Sarah and the health of our girls would be worse off. (From Director of Kimihia Young Parents' College, Diane Atkins.)

Intensive Care Unit (ICU) South, Christchurch Hospital

Staff in ICU South deserve longer holidays and more pay! They rock! Canterbury DHB is blessed to have such a great team working for them.

Ward 27, Christchurch Hospital

The quality of care and compassion shown by staff is so much appreciated by me and my family. Thank you.

Minor Plastic Surgery, Burwood Hospital

Plastic Surgeon, Dr Eric Tan, and team, I would like to thank you all for the minor surgery on my back which is healing well. The kindness, care and professionalism of all the staff made my visit to your unit a good experience and the after care at home was explained well.

Community & Public Health

Annabel Linterman, Solicitor, at law firm, Meredith Connell, passed on the Government Inquiry into Havelock North Drinking Water's appreciation to the team at Community & Public Health for

the comprehensive and helpful work on the Havelock North Submission.

Ward 19, Christchurch Hospital

I find the nurses and nurse aides very hard working and caring, they've been absolutely wonderful and very professional in their treatment, care, work ethics and attitude. They have been nothing but respectful and patient towards me. Nurses Deb, Anna, Karen, Sydney, Laura, Kim, Fabio, Dave, Sven, Dan and Anu are amazing, and so are nurse aides Annabelle, Bridget, Karen and Jojo - all a delight to be around and engage with. A special thanks to the dinner lady Judy and cleaning lady, Kahu. Karen the charge nurse is pretty stern, firm but fair. She runs a tight ship with a good crew. And thanks to senior nurse Fran, lovely nurse. There are so many others who helped and supported me for my two week stay in Ward 19. Doctor Chris, nurses Shannon and Leanne, so many more that I can't remember but I will never forget their care and dedication to their job and what they have to put up with sometimes in the course of their work. So thank you all from the bottom of my heart, you're amazing people.

Cardiology, Christchurch Hospital

I wish to thank all the nursing staff and doctors who looked after me following multiple bypass surgery, they couldn't be faulted. Thank you for a great outcome.

Emergency Department, Christchurch Hospital

I brought my son to the Emergency Department ... He had an accident at school and bit into his tongue which resulted in stitches and a lot of pain. The care and support from your team was professional, supportive and calm. Thank you for caring for our community.

Bone Marrow Transplant Unit, Christchurch Hospital

I have had three of a probable six chemotherapy treatments. On each occasion I have been in the ward for five days, a total of 15 to date. I am privileged to have Dr Sean MacPherson as my consultant. His personable manner, honesty, sense of humour and professionalism are outstanding. His qualities enable the establishment of an excellent rapport, communications, and instil confidence in patients at a difficult time for patients and their families. An outstanding person! Secondly I should like to commend all professional and service staff working in the ward for their positivity, kindnesses and tolerance of the diverse needs of patients. The 'culture' is outstanding and reflects focused leadership by Sean and his fellow senior staff and an ethos which is rare in public institutions. Finally the food is of high quality. I suspect critics suffer from change in taste when the range and presentation is of such a high standard. Professionally I have spent 40 years as an educator and latterly as a change manager so have some clear understandings of the challenges in establishing and maintaining a culture as outlined. I should be happy to elaborate if that is useful. Suggestion: Maintain the current outstanding staff culture and team!

BETTER TOGETHER

Destination Outpatients



Destination Outpatients – positive feedback on our work so far

The Christchurch Outpatients Ambulatory Services Team (COAST) would like to thank staff for their commitment and constructive feedback from the second Destination Outpatients – Better Together workshop on 3 August. Several staff mentioned that it was a great chance for people from across the organisation – including admin staff, operational staff, nurses and senior medical officers – to network and engage with each other. The focus of the workshop was to consider our workforce requirements to [achieve our purpose and value our principles](#) in the new outpatients facility.

“Great to see processes underway and sharing of improvements”

“There was a lot of challenging conversations which was the point of the day”

“Lots to think about and take back to colleagues”

“Great to have the opportunity to partake in something that is going to happen”

Of course there are still plenty of questions to answer at this stage about our transition to the new outpatients facility at Christchurch Hospital. The work to identify where the administration staff will be located is yet to be undertaken

as we wait for the final office space layout. We do know that the new facility has the capacity to fit the current outpatient clinic demand and work has started on clinic room allocation by service. October is the month planned to focus on these aspects including shared office etiquette.

COAST is working hard with staff across outpatient services to answer everyone's questions and to define roles and ways of working in the new facility. The team will communicate their findings thoroughly, service by service, well ahead of the actual moves.

For more information, keep an eye on the [Destination Outpatients page](#) on the intranet – including links to all the presentations from the workshops. If you have any specific questions, please email itsallhappening@cdhb.health.nz and one of the team will respond.

The next Destination Outpatients workshop is on 12 October 2017 and will cover “Tools” such as Patient Status at a Glance, an update of SI PICS including the progress of the SI PICS readiness assessment and kiosks, and discussion of the feasibility of tools such as FloView and Cortex for the outpatients facility.

Window dressing

This week the façade panels for the Christchurch Outpatients building started to arrive on site. The first of the panels were installed for an architects' check.

Following sign off the scaffolding will gradually start to come down around Zone A of the building to enable the rest of the panels to be installed.



For more information on
Destination Outpatients:



Better Together, join the
Facebook page
www.facebook.com/groups/destination.outpatients/

National 2017 survey of quality and safety culture in DHBs

Encouraging clinical governance and leadership, and a quality and safety culture, are central to the work of our DHB. In the spirit of learning more about what we can do to improve clinical leadership and the safety culture, all DHBs have partnered with the University of Otago, led by Professor Robin Gauld, to undertake a staff survey of quality and safety culture in DHBs. This survey was previously undertaken 2012 and this latest survey will provide us information to compare results between this survey and the 2012 survey.

We expect to be able to use the results of this survey to improve clinical governance and our quality and safety culture. Because the survey is being undertaken nationally, DHBs will be able to co-operate and share information on what is working for them, so that the results can be used to inform both internal DHB processes and national efforts to strengthen clinical governance.

Please take a few moments to complete a short 20-question survey by clicking on this link:

<https://www.surveymonkey.com/r/HQSC2017>.

Responses are anonymous and the survey is being managed by the University of Otago. The survey is live now and closes on 30 September.

Any questions about the survey can be directed to the University of Otago team: hqscsurvey@otago.ac.nz

MAN FLU OR REAL FLU?

Call your GP team 24/7 for health advice
Even after-hours a nurse is available to give free health advice

#carearoundtheclock

Canterbury District Health Board Te Pae Hauora o Waitaha

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

Canterbury District Health Board Te Pae Hauora o Waitaha

#carearoundtheclock

More is not necessarily better

A useful medical test is one in which the result – positive or negative – may alter management and improve the outcome for the patient.

That's the philosophy behind the Choosing Wisely campaign, which is being rolled out at Canterbury DHB and other DHBs in New Zealand.

The Council of Medical Colleges is driving this work in New Zealand as part of its commitment to quality of care and serving the best interest of patients. Internationally, the leaders of the Choosing Wisely programmes in the United States and Canada have noted that the movement is spreading to countries around the world.

Choosing Wisely is about promoting a culture where low-value care and inappropriate clinical interventions are avoided, and patients and health professionals have well-informed conversations around their treatment options, leading to better decisions and improved outcomes.

The campaign is promoting four questions every health professional and patient should answer together:

- » Do I really need this test or procedure?
- » What are the risks?
- » Are there simpler, safer options?
- » What happens if I don't do anything?

In New Zealand, Choosing Wisely involves a number of professions, including doctors, nurses, midwives and allied health professionals. It also has strong consumer involvement and works closely with the Health Quality and Safety Commission and Consumer NZ <http://choosingwisely.org.nz>.

Members of the Choosing Wisely group at Canterbury DHB are: General and Hepatopancreaticobiliary Surgeon, Todd Hore; Clinical Director of the Medical Day Unit, Clinical Immunologist and Immuno-pathologist, John O'Donnell; General Practitioner, Clinical Advisor, Planning and Funding and member of the Canterbury Initiative, Graham McGeoch; Public Health Physicians, Melissa Kerdemelidis and Matthew Reid; Radiologist, Joel Dunn; Clinical Analyst working with the Canterbury Initiative, Nikki Elliot; and Service Improvement Lead, Carol Limber.

MORE ISN'T ALWAYS BETTER

HERE'S FOUR THINGS TO DISCUSS WITH EVERY PATIENT:

- 1 DO I REALLY NEED THIS TEST, TREATMENT OR PROCEDURE?
- 2 WHAT ARE THE RISKS?
- 3 ARE THERE SIMPLER, SAFER OPTIONS?
- 4 WHAT IF I DON'T DO ANYTHING?

Unnecessary tests, treatments, or procedures can be harmful, and costly. But by making sure your patients are well informed, you can make the best decisions about their health care, together.

Choosing Wisely provides specific resources, developed with specialist colleges across New Zealand, to help professionals and patients alike. Find out how your practice can benefit at choosingwisely.org.nz

A COUNCIL OF MEDICAL COLLEGES
IN NEW ZEALAND CAMPAIGN
and part of Choosing Wisely work internationally.

Canterbury
District Health Board
Te Poani Hauroa o Wataha

CHOOSE
WISELY

Chief Medical Officer, Sue Nightingale, says she is keen to create a Choosing Wisely culture across Canterbury and encourages clinical teams to embrace the programme.

"This campaign needs to be clinician-driven and we fully support clinicians and teams reviewing their current clinical practice and guidelines under which they operate to ensure we are using our resources appropriately and not exposing patients to investigations which will not change their management or outcome."

The process is to first identify potential issues, then investigate them using advanced tools such as Health Care Analytics Solution which allows complex searches on structured and unstructured data. The team are able to help out by reviewing key and current medical literature and can help to present the

findings with key individuals prior to the documentation of a new pathway.

"Once this is done education and communication about the changes will take place and it will be audited and data reviewed," she says.

The team are currently looking at several Choosing Wisely projects including:

- » Investigating the use of Magnetic Resonance Cholangiopancreatography (MRCP). MRCP is used to evaluate the liver, gallbladder, bile ducts, pancreas and pancreatic duct for disease. There are plans to redraft new clinical pathways for use of MRCP and all Magnetic Resonance Imaging usage will be reviewed.
- » Establishing clinical pathways for incidental pancreatic cyst follow up.
- » Six-week pregnancy scans for uncomplicated pregnancies. Accurate dating is useful but not required and 12 weeks is early enough. There is no evidence a six week scan improves outcomes for mothers and babies.
- » Reducing antibiotic usage across Canterbury, working with General Practice on antibiotic stewardship.
- » Routine and repeat blood testing.

The team would welcome discussing these or other potential projects with you and are able to support you with additional data searches and literature reviews.

We would be very happy to have a slot at your clinical or business meetings to demonstrate the tools now available to review pathways and outcomes or to understand where we could support new Choosing Wisely projects.

4 QUESTIONS FOR PATIENTS TO ASK

Some tests, treatments and procedures provide little benefit. And in some cases, they may even cause harm. These questions can help you make sure you end up with the right amount of care — not too much and not too little.

1

DO I REALLY NEED THIS TEST OR PROCEDURE?

Tests may help you and your doctor or other healthcare professionals determine the problem. Procedures may help to treat it. Understanding why your doctor is considering a test - and weighing up the benefits and risks - is always advisable, and is every patient's right and responsibility.

WHAT ARE THE RISKS?

If you have - or don't have - the test or procedure, what is likely to happen? Are there potential side effects? What are the chances of getting results that aren't accurate? Could that lead to more testing or another procedure?

2

ARE THERE SIMPLER, SAFER OPTIONS?

Sometimes all you need to do is make lifestyle changes, such as eating healthier foods or exercising more. Or an alternative test or treatment that might deliver useful information, while reducing any potential negative impacts for you.

WHAT HAPPENS IF I DON'T DO ANYTHING?

Ask if your condition might get worse – or better – if you don't have the test or procedure right away.

4

These questions have been Adapted from the Choosing Wisely international campaign after input from consumers in New Zealand.

ISG advises on changes to shared accounts and local administration rights for computers

Information Services Group is reviewing all shared (generic) accounts and users with local administration rights in light of the significant security risks they can pose.

Generic accounts

Generic network accounts are widely used throughout Canterbury DHB, with over 1,000 currently active. These accounts are commonly used to log into shared computers in common areas.

A report from Audit NZ has identified Generic accounts as a significant risk, as: there is no way to identify "who did what" with multiple users on the same account; credentials for Generic accounts are often displayed on a monitor\ computers and computers logged in with Generic accounts are often left unattended, increasing the risk of unauthorised use (i.e. member of public); and some Generic accounts have e-mail addresses attached to them, allowing the sending of "anonymous" e-mail messages.

The legitimate business need for a generic account is decreasing, given that most Canterbury DHB staff have their own individual computer login (and if they don't this is easily done). Use of VDI (swipe-card computer), which requires individual logins, is also increasing and generic accounts will not work on VDI.

Local Administration Rights

Users with Local Administration Rights have "full access" to any computer they log into. Unnecessary application of

these rights also represent a significant security risk to the Canterbury DHB network according to Audit NZ. For instance, users can: install any software (which can incur licensing infringements and penalty costs); access information and profiles of other users; change any computer settings; and access parts of the computer systems that are intended for use only by IT staff.

In addition, Local Administration Rights significantly increase the risk of spreading malware, viruses and ransomware.

Next steps

It has been recommended by Audit NZ that generic accounts and Local Administration Rights are reviewed and removed where appropriate.

ISG will be contacting owners/managers of Generic accounts to discuss options for moving to individual accounts, and talking to users with Local Administration Rights to discuss what they are needed for, and whether there is a more suitable solution available. ISG will undertake full consultation regarding the shared (generic) accounts and local admin rights before changes are made. All options will be considered but ISG recognises there may be instances where these accounts will remain active with increased security.

Have your say on the future of Occupational Health

Canterbury DHB is inviting you to have your say on the future of Occupational Health services.

The results of the 2016 Canterbury DHB Wellbeing Survey and subsequent focus groups indicated that more needs to be done to support the wellbeing of our people.

A review of Occupational Health services is now underway to help identify how Occupational Health can better support current and future staff health and wellbeing needs.

Occupational Health services focus on supporting and maintaining the health of people at work.

Capturing the views and experiences of our people is essential to ensuring Occupational Health services are fit-for-purpose. There are two approaches being used to capture the views

and experiences of our people – [an online survey which started today](#), and in-depth interviews that will build upon what is discovered in the survey.

The online survey questions explore the impact of work on health and wellbeing, how people are currently looking after themselves, the effectiveness of current approaches to supporting people, and the type of supports that would be valued in the future. The survey is voluntary and completely anonymous.

Everyone who completes the survey goes into the draw to win one of two Fitbit Alta HR activity trackers – we're giving away one this week and one next week. You have to be in to win!

To do the survey and have your say visit www.surveymonkey.com/r/CDHBOccupationalHealthReview

Cantabrians contribute to Alzheimer's understanding

Christchurch medical research centre, the CGM Research Trust, is tackling an elusive problem: the quest for a safe sleep aid for people with Alzheimer's Disease.

The Christchurch-based centre is the only clinical trial site in New Zealand taking part in a global research project to test a new medication that, if successful, could address Alzheimer's-related sleep issues safely and effectively.

Canterbury people are already taking part in the study, joining hundreds of others around the globe who will stay overnight in a research lab having their sleep monitored, and take either the medication being trialled or a placebo, for up to two months.

Nigel Gilchrist of the CGM Research Trust, is hoping more people will join them in the coming weeks.

"Cantabrians have traditionally been very keen to be involved in helping us advance Alzheimer's knowledge. Approximately 45 percent of patients with Alzheimer's are affected by sleep problems, and disturbed sleep can have a huge impact on their lives and health, as well as those of families and caregivers. So this is a study that a great number of patients and families will be interested in."

Disturbed or poor sleep worsens memory problems and can lead to a host of other problems, such as depression, heart conditions and decreased immune function for patients and partners alike.

Current available medications are far from ideal and can make Alzheimer's worse.

"What is needed is a medication that is safe for use in Alzheimer's patients, which can be active in the night, but not make them drowsy the next day," Nigel says.

To take part in this trial, people with Alzheimer's Disease and sleep difficulties need to have a 'study partner' who can come with them to appointments and provide information about the patient's sleeping patterns. Participants also have to meet a range of clinical criteria.

"People who take part may get the medication or they may get a placebo. However, everybody receives study-related medical care and monitoring," he says.

Participants are reimbursed for study-related costs.

Places in the trial are limited. Those who are interested in learning more can contact the Trust directly, or visit the [CGM Research Trust Facebook](#) page to get in touch.

eCALD News

The August edition of eCALD® News is out now and available to read online.

CALD refers to culturally and linguistically diverse groups who are migrants and refugees from Asian, Middle Eastern, Latin American and African backgrounds. This news edition includes:

- » Details on a Research Workshop run by Gary Cheung, Michal Lynn Boyd and Sarah Cullum on 27 June for their qualitative study 'Engaging with Asian People in Dementia Care and Research'. Find out more about this research workshop and obtain a copy of the recorded presentation in DVD or power-point.
- » An evaluation of a support group for Chinese families of patients with major psychiatric disorders.
- » Information for people working in CALD Child Health & Disability.
- » eCALD® Services launching a newly designed website.
- » Mental health screening tools in multiple languages.

Read it [here](#).



One minute with... Paddy Holbrook, Nurse Practitioner (NP), Emergency Department (ED), Christchurch Hospital

What does your job involve?

A lot more than I expected!

My scope as a practitioner is Acute Care (Lifespan), a clinical role which allows me to assess, diagnose, and order diagnostics and treatments for patients who present to ED. I work closely with the senior medical officer and senior resident medical officers who provide me with mentorship and advice, whilst I am in my first year of this role. Initially my scope had been limited to more minor injury and illness, but has begun to broaden to the undifferentiated moderate acuity patients throughout the department.

I work closely with all nurses providing support and guidance, teaching new skills, sharing knowledge and encouraging advanced nursing practice. I also assist with skill acquisition of medical students who work in our ambulatory area, which is really enjoyable as often this is their first real experience.

I also provide supervision and mentoring to the three clinical nurse specialists who are training to be nurse practitioners in ED, supporting and guiding them through the potholes and pitfalls of advanced nursing roles.

Why did you choose to work in this field?

I came to ED about 15 years ago and have never left! I haven't finished learning yet and everyday there is something new to experience. I've had a variety of roles both clinical and non-clinical, but in the last few years I realised that the hands on clinical area is what makes my heart buzz. ED work is hard, it never stops, but it is really rewarding, it's different every day, my work colleagues are amazing and supportive it's a weird kind of addiction I guess.

What do you like about it?

I believe advanced nursing practice makes a difference in the patient's journey as it expedites decision making and provides a different experience for our patients. I decided our ED needed more formal roles and I wanted that role. Being an NP here is

awesome although rather stressful at times, no day is ever the same.

What are the challenging bits?

Being a new NP is very challenging, once you finally get the qualification and title it can be a bit lonely. What do you do? A frequent question from nurses, multi-disciplinary teams, the public, my family. Being a role model whilst consolidating my own role, finding my place and trying to "do no harm" is a constant challenge.

Whilst I work within the medical model and have many skills, clinical knowledge and experience that you may expect from a doctor I am not a doctor and like most NP's don't aspire to be one. I'm an advanced nurse, I have extra responsibilities but first and foremost I am a nurse.

I think the greatest challenge is providing the best and most appropriate treatment and care for my patients and remaining staunchly a nurse.

Who inspires you?

Whilst I was completing a couple of papers at Otago University for interest (turned out to be my practicum papers for NP), I met several nurse practitioners from Christchurch and around New Zealand. Their amazing knowledge, experience and skills in hugely difficult locations sometimes, made me realise maybe I could make a difference to our patients.



The ED Advanced Nursing Team, from left, Morag Lawson, Carla Turnbull, Paddy Holbrook and Frances MacDonald

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?

It is these values that make my role so rewarding. Respecting our patients as being important individuals, acknowledging they are more than a symptom or complaint. Integrity and Responsibility is the cornerstone for my work as an NP. I am responsible to follow through with patients in my care, I have to own the decisions I make and focus on the best possible outcome.

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

I like murder mysteries and 'who-dunnits' but also like non-fiction (not just text books). One book I really enjoyed was 'The Dressing Station', by Johnathan Kaplin, and anything by Atul Gawande – makes you think.

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

Italy, anywhere near the water, may include a glass of wine even.

What do you do on a typical Sunday?

I still work shifts, so 50 percent of Sundays I am working but on my days off I spend as much time with my 11-year-old whilst he still likes me! As a family we like getting out and about depending on the weather, skiing at this time of the year but walking in the hills, biking anywhere really and anything to avoid the housework and garden chores!

One food I really like is...

All food, probably a really good cheese platter with lovely little accoutrements and probably that glass of wine again.

My favourite music is...

I like strong female vocalists but as there is an 11-year-old in house we often have to listen to the likes of Maroon 5, Twenty One Pilots, and Taylor Swift. I like a bit of classical too – drives them outside.

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

Canterbury Grand Round

When: Friday, 25 August 2017 – 12.15pm to 1.15pm
with lunch from 11.45am

Venue: Rolleston Lecture Theatre

Speaker 1: Andrew Dodgshun, Paediatric Oncology

"Omics and paediatric cancer – the brain tumour experience"

The age of big data and 'omics' is well and truly here. With so much genetic and epigenetic data available so cheaply now, and such a public hype, what is the place of molecular testing in the oncology clinic? This is a story of true translation in the field of paediatric oncology, specifically brain tumours. This field is still changing rapidly but the place it is finding is quite different from what was expected at the outset.

Speaker 2: Heather Gray, Director of Nursing

"Acute Services Building – let's get ready to move!"

With just over a year to go before services and wards move into the Acute Services Building, it's time for staff to start the migration planning process. In this talk, Heather Gray outlines how the transition will be managed to the new facilities and to new ways of working.

Chair: Melissa Kerdemelidis

It is requested out of politeness to the speaker(s), that people do not leave half way through the Grand Rounds

This talk will be uploaded to the staff [intranet](#) within approximately two weeks

Video Conference set up in:

- » Burwood Meeting Rooms 2.6
- » Wakanui Room, Ashburton
- » Administration Building, Hillmorton
- » The Princess Margaret Hospital, Riley Lounge

All staff and students welcome

**Next is – Friday, 1 Sept 2017
 (Rolleston Lecture Theatre)**

Convener: Dr R L Spearing, ruth.spearing@cdhb.health.nz



**HEALTH QUALITY & SAFETY
COMMISSION NEW ZEALAND**

Kupu Taurangi Hauora o Aotearoa



The latest issue of the Health Quality & Safety Commission (HQ&SC)'s E-digest is out now.

Read it [here](#). Topics include:

- » **Mental health and addiction quality improvement programme regional workshops** being held in Christchurch, Rotorua, and Auckland, 17–30 August. The HQ&SC's new five-year mental health and addiction quality improvement programme will see consumers and health agencies working together to continue to improve mental health services so people get the best care. Regional MHA programme workshops being held in August are your chance to have input into the new programme.
- » **Live Stronger for Longer website** online now.

This new website for older New Zealanders has a focus on reducing the incidence and severity of falls and fractures. The new livestronger.org.nz site is easy to navigate, designed by older people for older people, and compatible with all electronic devices.

- » **A team of surgical providers** has agreed to take part in an initiative to develop a standardised national pre-operative anti-staphylococcal bundle, between August 2017 and June 2018. The initiative aims to reduce surgical site infections caused by *Staphylococcus aureus*. The bundle will include components of pre-operative interventions and be developed using collaborative methodologies. [Find out more here](#)
- » **Culture survey 2017** to improve clinical governance and leadership. Encouraging clinical governance and leadership and a quality and safety culture is central to the work of the health sector. In the spirit of learning more about what we can do to improve clinical leadership and the safety culture, DHBs are partnering with the University of Otago and the Health Quality & Safety Commission to survey health professional staff.

THE NZ EARLY INTERVENTION IN PSYCHOSIS SOCIETY AND TOTARA HOUSE PRESENT THE 2017 EARLY INTERVENTION IN PSYCHOSIS TRAINING FORUM:



RESILIENCE, REBUILDING AND GROWTH: PROMOTING WELLNESS AND RECOVERY FOR YOUNG PEOPLE, FAMILIES AND COMMUNITIES AFFECTED BY PSYCHOSIS

Monday 6th and Tuesday 7th November 2017
Post Conference Workshops Wednesday 8th November

The Atrium, Hagley Park, Christchurch

Save the date and join us for the biennial EI training forum. It will be a great chance to hear about the latest developments in Early Intervention in Psychosis, both nationally & internationally. We hope to deliver a programme that has broad appeal to clinicians working with people & families who have been affected by psychosis, both in & out of dedicated EI settings. We are excited that we will have input from Orygen, The Australian National Centre of Excellence in Youth Mental Health & world-renowned experts in EIP. We will be strongly promoting service user involvement, showcasing creativity in recovery & highlighting the value of Peer Support throughout the event.

New Zealand Early Intervention in
Psychosis Society (NZEIPS) Inc.



Te Pou
o Te Whakaaro Nui

Canterbury
District Health Board
Te Poari Hauora o Waitaha

CALL FOR SUBMISSIONS:

WE WOULD LIKE TO INVITE YOU
TO CONSIDER A TOPIC THAT YOU
COULD DELIVER A POSTER,
PRESENTATION OR WORKSHOP
ON DURING THE CONFERENCE

TOPICS COULD INCLUDE:

- Cultural perspectives on recovery
- Promoting physical health
- Working with families
- Peer support interventions
- Resilience & posttraumatic growth
- Psychosis & co-occurring conditions or substance use
- Psychosis & cognitive or neurodevelopmental issues
- The delivery of EI Services
- Promoting functional, social & vocational recovery
- Current research in EI
- The pitfalls & potential uses of technology
- Talking therapies for psychosis
- Resilience & wellbeing for young people, families, staff teams & communities
- Suicide prevention

PLEASE CONTACT TOTARA HOUSE TO
DISCUSS ANY IDEAS YOU HAVE

TEL: 03 335 4525

Eleanor.Baggott@cdhb.health.nz
Gaynor.James@cdhb.health.nz

Get the latest conference developments and find more details about the programme, speakers and workshops at:

www.earlypsychosis.org.nz

www.facebook.com/NZEIP

Registrations will open in July

Please support the



Child Health Walking Challenge Fundraiser

Spring into September

1st - 30th September 2017

Entry cost: \$10 (use your own device) or \$20 (including a pedometer).
Funds will be used to purchase equipment for the children's wards through
the Countdown Kids Hospital Appeal.

To register and pay: elana.breytenbach@cdhb.health.nz Tel: 80742
Registrations close on **Friday 25th August @ 2pm**

Jo Starr, Māia Health Foundation will email further details of the rules and step counts.

Prizes:

1. Individual with the highest number of steps in the month of September.
2. Department with the highest number of steps in the month of September.
3. Highest percentage of staff in a department that participate.

Step up to the challenge!



By registering to be a part of Spring into September you agree to participate to the terms and conditions of this promotional fundraiser for Child Health. You agree to partake in this competition in good faith, understanding that the validity of each individual pedometer or measuring device may differ slightly. This is a fundraiser event, designed to improve the health and well-being of the participants by encouraging you to be more active during the month of September. Child Health Services and Māia Health Foundation accept no responsibility for discrepancies in the calculation of individual steps.