



## Safety reminder – witnesses sought to incident on Saturday morning

Staff are being urged to be extra vigilant when parking their cars near and around Christchurch Hospital after a registered nurse was suspiciously approached at around 6am last Saturday morning (1 April).

I would like to commend this nurse for doing absolutely the right thing – screaming loudly and getting away to where other people were located across the road. Her actions under pressure were spot on.

The nurse believes the offender sounded male but because they were wearing a mask concealing their face at the time, it was difficult for her to determine any specific features.

The nurse had just parked her car on Riccarton Ave, near the Hagley Oval entrance, when the offender approached her from behind pushing an object into her head and telling her not to turn around.

She screamed and pulled away, and the man ran off.

The offender is described as slim with dark hair, under 160cm tall, and aged in his 30s or 40s.

He was wearing a baggy grey hoodie, dark trousers and a beige Halloween-type mask, and was carrying what appeared to be a small dark-coloured firearm.

Immediately following the incident the nurse ran across the road to where other nurses were parking their vehicles. She

was taken to Christchurch Hospital shaken but unhurt and is being supported following this incident.

Police and Canterbury DHB's security team have stepped up patrols in the area around the hospital.

Canterbury DHB and Police are very concerned by the 'brazen' nature of this incident and recommend staff are extra vigilant and stay safe by staying in groups wherever possible when walking to and from their vehicles, or to contact the security office and request an escort to and from your car.

Staff safety is paramount at all times. There are some tips for keeping safe on the Security Team's [intranet](#) site.

Saturday's incident is considered an isolated case and officers are focused on catching the person responsible.

Police would like to hear from anyone who may have been in the area at the time as well as anyone who recognises the offender's description, or who has any information about this incident.

Please contact Christchurch Police on 03 363 7400, quoting reference number **P029029690**.

## Additional Security Patrols around Christchurch Hospital

Security have upped their patrols of the area around Christchurch Hospital at shift change times and we also have a mobile patrol in the areas surrounding the hospital and where staff park in the evenings.

We are making plans to extend these patrols for the early morning shifts as well.

Staff are reminded that there are still spaces available in the Staff Carpark for weekend use only, for more information please contact [Carparking@cdhb.health.nz](mailto:Carparking@cdhb.health.nz)

We are starting a staff shuttle service which will take night staff from the hospital to the staff car parking sites. This will use our existing Park & Ride shuttle vans from 9pm at night until 1am in the mornings. It will leave from Christchurch Hospital front entrance every 15 minutes and be driven by a security guard. We will let you know via the global email and nursing communication books when this service starts. Details are being finalised this week. This shuttle will be driven by a security guard and will be trialled to see if there's a demand for this service.

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We have four permanent security guards on at night but also a pool of casual security guards working every night as well – usually around six additional security staff are on the premises each night. We can flex up numbers if needed.

We all know that parking is important to staff, patients and visitors and acknowledge that the current situation is far from ideal. We also know that it is becoming increasingly challenging for anyone to find a parking space near or around the hospital, be it for a morning shift, for a daytime appointment, or for a normal 9am-5pm working day.

With Accessible City work underway we're losing a further 150 street parking spaces in Oxford Terrace and Tuam Street, adding more pressure to the situation.

The current staff parking building (440 parks) and our afternoon staff car park (around 260 parks) are unchanged.

We are working with other parties across Christchurch – the Council, Otakaro as well as the Ministry of Health and others – to investigate all possible options for parking for our staff, patients and hospital visitors.

With further changes occurring around Christchurch Hospital almost on a daily basis, and uncertainty as to when an

appropriate parking facility will be developed, the Canterbury DHB has been exploring a number of parking solutions with inner city developers. Options being explored include Canterbury DHB leasing a block of car parks in an existing parking building and decanting staff who currently pay for parking in the DHB staff car park – but who don't work shift work. This could free up some secure parking closer to the Christchurch Hospital campus.

A permanent parking solution is not likely to be available until after 2019.

We are working in a very tight fiscal environment. It's a challenging time for the Canterbury DHB and any parking solution is likely to come at a significant cost. Already we spend about \$300,000 a year on the Deans Ave shuttle Park and Ride for patients and visitors. People pay \$5 a day for parking and the shuttle ride to and from hospital is free of charge. The Deans Ave carpark is operated by a private developer – not the DHB.

We are looking at opportunities to develop a Park & Ride service for staff. Proposals are currently being worked through – I hope to have more information on this next week.

## It's time to fight flu

Our staff vaccination clinics began today and I strongly encourage you to get in early and have your free flu shot before winter arrives.

Influenza is a serious illness that can put anyone in hospital or even kill them, including young and healthy people.

Around one in four New Zealanders are infected with influenza or 'flu' each year. Many won't feel sick at all, but can still pass it on to others. Getting an influenza vaccination before winter offers you, your family, your workmates and our patients the best protection.

Thank you to everyone who takes the time to have their flu shot. There are two important reasons for getting vaccinated every year:

- » because protection lessens over time
- » because the circulating influenza viruses can change and the strains in the vaccine usually change each year in response to the changing virus pattern.

The vaccine being provided to Canterbury DHB staff protects against four strains of influenza viruses:

- » A/Michigan/45/2015 (H1N1)pdm09-like virus
- » A/Hong Kong/4801/ 2014 (H3N2)-like virus
- » B/Brisbane/60/2008-like virus
- » B/Phuket/3073/2013-like virus

It takes around two weeks for the vaccine to become fully effective, so it's great to get vaccinated early before the flu season arrives.

Details of all vaccination clinics can be found on the Canterbury DHB [intranet](#). It's a comprehensive programme

and a real team effort – thanks to all of those who make the clinics happen every year, and especially our nurse vaccinators for their support of the clinics.

Please look after yourself and our community by getting your flu shot before winter hits. Thank you for being a flu fighter.

### Why get a flu shot?

The first flu vaccination clinic was held today and this is exactly the question we asked attendees. We got some pretty awesome answers.

See if you can spot some of your colleagues in this [video](#) shot at this morning's clinic held at Christchurch Hospital



## Conversations that Count day



Conversations that Count Day is coming up this Wednesday, 5 April 2017. The day is coordinated by the Advance Care Planning Cooperative and the Health Quality & Safety Commission.

Conversations that Count Day aims to raise awareness about advance care planning to encourage people to think about, talk about and plan for their future and end-of-life care.

In Canterbury we've been doing a great job of this.

To date, we have more than 1200 electronic Advance Care Plans (ACPs) in place for Cantabrians. March has been a record month with 100 ACPs alone!

A massive congratulations to General Practice teams who have stepped up efforts over the last few years and engaged with patients to get an ACP in place – particularly those who may be nearing end of life.

Essentially what that means is that these people have a plan in place for how they would like to live before they die. It's not always an easy conversation to be had. We don't naturally feel particularly comfortable talking about the end of our life but it's something that happens to us all.

Canterbury has been the first region to ensure people are making sure their ACP is put on their electronic medical record. This makes it readily available to healthcare professionals to know what to do if the patient presents to any part of the health system in end of life stages. For example, if you, or your loved one presents critically to the Emergency Department, medical staff will be able to access the electronic records and see that there's an ACP in place – which means they will know what you, or your loved one's wishes are.

Not surprisingly, most people want to die at home surrounded by their loved ones.

Advance care planning is about exploring what matters to you when you near the end of your life. This information is shared

## Earthquake-Prone Building notices going up over the coming weeks and months

Over the coming weeks we will be displaying a number of Earthquake Prone Building signs on some of our buildings. Displaying these notices in a prominent place on the building is required by the Christchurch City Council. This is a legal requirement under section 124 of the Building Act 2004. We have 15 years to either complete strengthening or demolition.

The fact we are working in EQ-Prone buildings isn't new information. The status of our various buildings was shared at

## our voice to tātou reo

Advance  
Care  
Planning

with your loved ones and your health care team so treatment and care plans can support what matters to you.

An ACP includes what is important to you and gives your life meaning. This might include people and pets, your values and the ways you would like those caring for you to look after your spiritual and emotional needs.

Having a plan is particularly important if you become too unwell to tell your loved ones and health care team what you want yourself. It's an important gift for your loved ones as it can relieve the burden of them having to make decisions on your behalf.

Start a conversation that counts today. It's easy to get an ACP in place. There's five simple steps:

1. Thinking about an ACP – what is important to you and gives your life meaning; is there any treatments or types of care you wouldn't or would want; who would you want to make decisions on your behalf if you weren't able to; if there was a choice, how and where would you like to spend your last few days?
2. Talking about it – who do you need to talk to and share this with: family/whanau; friends and loved ones; doctors, specialists and healthcare teams, enduring power of attorney?
3. Planning for – what do you need to write down – when you know what's important and what you want others to know, it's time to write it down so that anyone can refer to it when you can't speak for yourself. Putting it in writing saves families/whanau and healthcare teams any worry if and when they have to make a decision on your behalf
4. Sharing – once you have written down what's important it's important to give a copy to your General Practice team, family/whanau, and your enduring power of attorney
5. Reviewing – it's good to review your plan regularly to make sure nothing changes.

**More information on Advance Care Planning can be found [here on the website](#).**

numerous staff-briefings and updates post-quakes. Many of our buildings have been-reassessed numerous times following after-shocks. Most of the Detailed Engineering Evaluations (DEEs) for all our sites are available on the [intranet](#).

If the area you work in is in one of the Earthquake-Prone Buildings owned by Canterbury DHB, someone from our Site Redevelopment Team will be able to answer any questions you may have. Email [buildings@cdhb.health.nz](mailto:buildings@cdhb.health.nz)

With the new Acute Services Building and Outpatients buildings on track for completion next year, there are also business cases underway for new mental health facilities (Child & Youth, Eating Disorders, Mothers & Babies), the

next stage of the Christchurch Hospital Campus (Parkside/ Riverside, Clinical Services Building) and a new energy centre, staff will progressively be moving out of affected buildings.

## Well done to our Community & Public Health team

I'm proud to see so many of our public health programmes being presented at the World Congress on Public Health. Well done to everyone involved – it's fantastic to see six presentations being accepted at this year's Congress. More details are available in the poster below.

Have a great week

David Meates



**David Meates**  
CEO Canterbury District Health Board

# WORLD LEADERS IN PUBLIC HEALTH

Six presentations submitted by Community and Public Health staff have been accepted at this year's World Congress on Public Health in Melbourne in April:

## ALL RIGHT?

An evaluation of a wellbeing campaign following a natural disaster.



You're warmer than a onesie

*Kristi Calder, Sue Turner, Ciaran Fox*

## TE MATATINI

Using Maori health models as a vehicle to health and wellbeing in our communities.



*Gail McLauchlan, Aaron Hapuku*

## WHĀNAU WELLBEING

A cultural partnership approach to supporting the wellbeing of families in post-disaster Christchurch, NZ.



*Anna Thorpe, Vaea Hutchen, Terisa Tagicakibau, Sue Turner, Aaron Hapuku, Ciaran Fox*

## THE WHO SAFE HOSPITAL INITIATIVE

Applying the revised global tool in four hospitals in the Philippines.



*Dr Alistair Humphrey*

## PUBLIC HEALTH LEADERSHIP

Engaging with local government to influence healthy food and beverage environments.



*Holly Hearsey*

## A RECIPE FOR SUCCESSFUL CULTURAL ENGAGEMENT

A recipe for developing culturally responsive family wellbeing resources.



*Anna Thorpe, Vaea Hutchen, Terisa Tagicakibau, Sue Turner, Aaron Hapuku, Ciaran Fox*

# Facilities Fast Facts

## Christchurch

The ASB windows get their first big wash this week. The process enables the contractors, CPB, to check there are no issues with the glazing. Windows are also being installed on Ground Floor and Level 1 of both podiums.

The last few concrete pours take place during April. These include Level 1 of both the East and West podium.

Structural steelwork is ongoing in the entry structure. Prefabricated stairs have been installed in this section.

The install of Lift 1 has begun.



The framing for the ensuite in the ward bedrooms has started.



The curtain wall is almost complete on the West Tower.

## Outpatients

The first of several 27m columns have gone up on the Christchurch Outpatients site. Like a giant Meccano set, these columns will form the framework for the building. Steel for the framework is arriving on site daily.



## Work around Hospital Corner

**Avon River Precinct** – Work starts on the Oxford Terrace - City Promenade section of the Avon River Precinct next week. The work will be done by Hawkins and entails Oxford Terrace being closed to traffic. All parking will be removed. The precinct work is expected to be finished by the end of the year.

**Accessible City** – Downer will be partially closing the Stewart St / St Asaph St intersection for three weeks as part of the storm water pipe installation. Work on the kerbs, channels and roading on Hagley Ave is also planned.



## Bouquets

### **Intensive Care Unit (ICU), Christchurch Hospital**

Please pass on my heartfelt thanks to your wonderful staff in ICU. They were so caring and attentive during the difficult time of my father's hospitalisation. My family loved each and every one of your medical staff, whose warmth and empathy was so apparent. I really appreciated being able to play music to my dad when we knew he wouldn't survive. Your staff made this time a bit easier to bear.

### **Urology Unit, Christchurch Hospital**

In my 20 years of life in New Zealand this was my first hospitalisation... I thank you (Mr Buchan's team) from the bottom of my heart. As for any negatives/improvements – none.

### **Burwood Radiology**

What caring staff you have here.

### **Park and Ride drivers and Christchurch Hospital volunteers**

Just wanted to pass on our thanks to the Park and Ride team of drivers. My husband has been in Christchurch Hospital for the past week and the Park and Ride service made it much easier for me to visit him as I have a disability. The drivers were all very helpful. It is a terrific service. Please pass on my thanks to the fabulous team of lovely helpful people, this includes the lovely volunteers who help people at the entrance of Christchurch Hospital. Thank you all very much. Your help made a very stressful week more bearable.

### **Maria Rusbridge, Pukenga Atawhai**

It is always great to hear about 'colleague to colleague' compliments within our teams and services. Alex Filsell, Occupational Therapist at South Adult Inpatient has taken the time to share praise for the hard work and efforts of Pukenga Atawhai, Maria Rusbridge. Alex reports that Maria has been running some amazing groups on the ward and states that her input is of considerable value to the ward wellbeing programme. He says Maria works hard to incorporate culture, values and beliefs into treatment and she is very well liked and appreciated by consumers on the ward. Thanks for the feedback Alex and keep up the good work Maria.

### **Srijana, Cleaner**

All of the staff in Portacom 3 would like to recognise the hard work that Srijana puts into keeping our workspace beautifully clean. She is very thorough and does a phenomenal job. Srijana is always bright, friendly and considerate. It is a pleasure to have her working in our area. Thank You Srijana

### **Ward 18, Christchurch Hospital**

From orderlies to tea ladies like Tala, to the X-ray and scan folk, to students like Emma Davies, who does a lot extra, to cleaning ladies, to nurses, to doctors, to surgeons, to consultants, etc etc. Sorry to those wonderful folk that I am sure to have missed. Thank you.

### **Gabby, Ward 20, Christchurch Hospital**

This is to compliment my nurse Gabby on Ward 20 during my stay. Gabby was the most professional, helpful, courteous and caring nurse I had during my stay. She made sure I was comfortable, cared for and really helped me during my recovery. Gabby really stood out as one of the best nurses I had had during my trips and stays at the hospital and I greatly appreciate her care for me whilst on Ward 20.

### **Nathan, Orderly Services, Christchurch Hospital**

Nathan, Orderly Services, was extremely helpful and friendly. Much appreciated.

### **Ear, Nose and Throat, Christchurch Hospital**

I would like to thank the wonderful nurses. They are the nicest, child friendly, welcoming people. Thank you.

### **Linda O'Neill, Clinical Specialist, Allied Health, Christchurch Hospital**

A big pat on the back for Linda O'Neill, for her help in my rehabilitation after surgery. She has been marvellous. Great job Linda.

### **Orthopaedic Outpatients, Christchurch Hospital**

We cannot praise the service which we received highly enough. All staff were efficient and friendly and took care to explain every step. Thank you so much - excellence begins at the top! Please keep Dr Svetlana – lovely!

## Paediatric High Dependency Unit

You guys are amazing! Have made our stay as easy and stress free as possible. All the nurses are one of a kind!

## Ward 18, Christchurch Hospital

The staff, from doctors to nurses, student nurses, nurse aides, orderlies and the food service lady were terrific. They were friendly and most helpful and nothing was too much trouble. The food, while not 'five star' was filling and the variety of choices was good. Many thanks for the attention I received.

## Food service and Ward 18, Christchurch Hospital

Great variety, and choice of dishes within meals; lovely quality of food – tasty but suitable for most tastes given the wide audience; very pleasant ladies to serve and collect dishes etc, polite, helpful and cheerful. Staff on Ward 18, all helpful, friendly, cheerful, kind, willing and knowledgeable. Thank you team.

## Ward 19, Christchurch Hospital

So impressed by the attitude and service provided by the nurses in this ward. Friendly, helpful and an absolute pleasure to deal with. Thank you so much.

## Gastroenterology, Hagley Outpatients

Consultation went well, engaged well with me. Very good at explaining what I have to do for treatment. Very open person, friendly face and smiles. Very efficient service each time I have attended.

## Ward 15, Christchurch Hospital

Just wanted to say thanks for the amazing care I have received during my stay. The nurses in Ward 15 practice with a great level of professionalism and work as a tight team with a fantastic sense of humour. Special thanks to Christine, Courtney, Nathan and Sophie.

## Ward 18, Christchurch Hospital

The staff have been truly wonderful. All have gone out of their way to help patients and each other. I is extremely pleasant to have such a lovely atmosphere amongst everyone.

## Ward 10, Christchurch Hospital

Olivia, Katherine and Christy rock! Could not have had a better experience. Many thanks for going above and beyond with a great result.

## Acute Medical Assessment Unit and Ward 27

Thank you so very much for the kindness and respect that you generously gave to my Nanny and to our entire family during her stay with you. Everyone watched the love and dignity that the nurses gave to her with every interaction and it was so appreciated. Thank you for going above and beyond.



# Hikoi visits Ōtautahi to advocate for a Māori voice in health

Last week our Consumer Council welcomed members of [Te Huarahi o Te Kete Pounamu](#), two of them all the way from Te Tii Marae in Waitangi, Northland.

They were stopping here while on their hikoi across the length and breadth of Aotearoa to advocate for Māori having an active voice in health. The hikoi is sponsored by [Te Rau Matatini](#).

In particular their goal is to speak for those who may not be able to speak for themselves, and to ensure the appropriate mix of mental health services and support for Māori. The group have lived experience of mental health and addiction issues.

The group was led by kaumatua Kingi Taurua and included kaiwhakahaere Tui Taurua, Michele Rolton and Delft Klootwyk, supported by Darryn Williamson, Mental Health Representative on our Consumer Council.

According to protocol, Henare Edwards welcomed the team with a mihi whakatau on behalf of the Canterbury Health System and, following a short mihi from each of the visitors, Kingi spoke of his family's experiences with mental health issues, of the unacceptably high suicide rates among Māori, and about his own experience of Post-Traumatic Stress Disorder (PTSD).

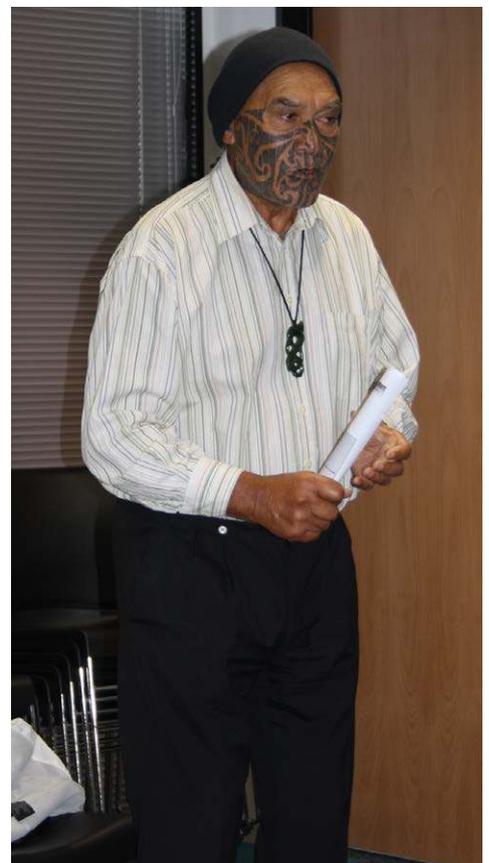
His context was as a Vietnam veteran and on behalf of his mates who also served and experienced PTSD since their return.

Because PTSD is recognised after natural disasters and has largely the same symptoms, the experiences of Cantabrians through numerous earthquakes and aftershocks meant the Consumer Council very much related to his story. Kevin Murray in particular shared his personal experience through his friendship with other veterans.

Trish Adams, chair of the Consumer Council, thanked Te Huarahi o Te Kete Pounamu for coming and sharing their unique knowledge and experience. Later that day they met with Tā (Sir) Mark Solomon, our current Board chair.



Henare Edwards gives the mihi whakatau



Kaumatua, Kingi Taurua



Te Huarahi o Te Kete Pounamu's waiata

University of Otago  
**Research Radar**  
 Christchurch

## ‘Quake brain’ affecting our memory and ability to do simple tasks

Cantabrians cognitive abilities – or their ability to do simple tasks – appear to have been significantly affected by exposure to earthquakes, new research from the University of Otago, Christchurch, has shown.

Research by the Department of Psychological Medicine showed that a group of people affected by the traumatic events of the February 2011 quake made 13 per cent more errors on tasks involving learning the way through a maze compared with those who had not experienced the disruptive and ongoing natural phenomenon.

Psychiatrist Richard Porter, Head of Psychological Medicine, says the ‘quake-affected group’ identified as having experienced a degree of trauma during the February 2011 quake, and included emergency responders, those who were injured or had a family member injured during the quake or whose property or neighbourhood had been badly damaged.

Despite having experienced trauma, this group of people all identified themselves as being ‘resilient’.

They were tested two years after the February quake, and their results compared with a group of people who had done the same test but had no experience of quakes. The findings of the research are preliminary, meaning they have been analysed but results have not yet been published in any scientific journal.

Richard says the research shows the ongoing impact of quakes even two years after the February event and that there is likely to have been a significant effect on memory for a large percentage of the population, since many were exposed to these types of traumas.

This problem was even greater for people who developed post-traumatic stress disorder after the earthquakes. The research emphasises that these problems are common and others should make allowances for these sorts of difficulties.

“We do not know how long this effect is likely to have lasted. We are currently seeking funding to re-test the group of people to see if their memory has now returned to normal,” Professor Porter says.

The research was funded by the University of Otago and Canterbury Medical Research Foundation (CMRF).



Richard Porter



working with

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



# How delirium can contribute to a fall

As we focus on preventing falls this April, now is a good time to consider the link between delirium and the increased risk of falling while in hospital.

Delirium presents as an acute change in a person's mental status and may come on over hours or days. Patients in hospital are at high risk of presenting with or developing delirium, which can result in a slower recovery, a longer hospital stay and even death.

Encouraging patients to keep moving safely in hospital can help to prevent delirium.

The most common contributing factor for falls at Burwood and Christchurch Hospitals is impaired patient cognition, for example, being aggressive, agitated, confused or having diminished capacity.

These symptoms are often due to delirium.

Take the case of Mabel (name changed) who was admitted to hospital at 91 with diarrhoea, vomiting and abdominal pain. On admission Mabel was assessed as a high falls risk, was alert and orientated and taking 11 regular medications.

Mabel was independent with most activities and moved with the help of a low walking frame or stick.

Fall prevention strategies were in place which included: being encouraged to use the call bell which was kept handy, the bed set low, frequent checks by nurses, keeping her environment clutter free, non-slip footwear, all supported by the appropriate mobility bracelet and signage.

On day five, Mabel was assessed as needing a frame with wheels. By day 12, Mabel's mobility had deteriorated and she was reluctant to move around, needing encouragement to use a gutter frame and the assistance of one person to go to the toilet.

Throughout her hospital stay, Mabel was in a lot of pain and received increasing doses of pain relief. Being in a multi-bedded room made sleeping difficult and Mabel was often found in the lounge for a bit of "peace".

On day 13, Mabel's family reported noticing that she had been making the odd bizarre comment. That evening, Mabel was increasingly confused and agitated and on the night shift had been verbally and physically aggressive to the point that security was called.

A hospital aide special (one on one care) was initiated.

Mabel was asleep in lounge when she suddenly woke, tried to move forward and had a fall. Mabel had a fractured neck of femur and went to another hospital for rehabilitation.

Sound familiar? It shouldn't - but if you are a doctor or nurse in older persons' health, it probably will.



## What you can do

- » Make the link between those patients at risk of falls and possible delirium.
- » Assess on admission and throughout the stay for delirium. The 4AT tool can help with this.
- » Know who is at risk of developing delirium.
- » Look at the Community and Hospital Health Pathways for further information on delirium.
- » Talk to the patient's family/whanau or support people and provide the Preventing Delirium resource that is available on the Canterbury DHB website.
- » Access the ThinkDelirium intranet site for staff resources.

# Mental Health Teams make a splash in Cass Bay with a fun Raft/Waka Race

Specialist Mental Health Services Child Adolescent & Family Team-South, the Forensic Team and Te Korowai Atawhai staff gathered for a fun teambuilding event on Saturday at Cass Bay organised by Taipari Mahanga. The four teams raced out and around buoys, returning as fast as possible in order to gain the coveted Pounamu Prize.

Rafts/waka were made to strict specifications including needing to be home built with home-made paddles. The subsequent prize-giving ceremony allowed crews the chance to catch up and discuss “torque, pressure, load” and improvements for next year’s entry as well as tactics. This was the second time the

event has been held and judging from the photos and fun had, it will continue to grow in numbers over time.

The “CDHBees Team” (CAF South) said they thoroughly enjoyed both the preparations and the event itself and will definitely be back next year to defend their title after taking out the ‘Supreme Award’, given to the crew brave enough to follow through with the strict specifications. The event was also enjoyed by the many family members and locals who attended to cheer the teams on. Many thanks to Lisa O’Connell for these wonderful photos and well done to all the teams.



Mental Health teams Raft Race at Cass Bay

# How do we decide what to do that's new?

Mary Olliver, Clinical Director Special Projects, led a busy and interactive Grand Round on Friday March 24th about the development and implementation of a new process for introducing new treatments, technologies and models of care.

The session can be viewed on the intranet: <http://cdhbintranet/SitePages/Canterbury-Grand-Round-Videos-2017.aspx>

The aim of the session was to find out if staff really feel the need for Canterbury DHB to have such a process, and if so to identify key features and people to contribute to its creation.

The format was that of a 'brainstorm' of current issues, frustrations, perceived obstructions, and aspects that currently work well.

"I will collate all the information from the session to act as checklist against which any proposed new process should be assessed," Mary says.

The summarised information will be published on the Senior Medical Officer intranet page, due to be in place next week.

Mary's vision is of a distributed model, like that developed for Health Pathways. The process would empower all staff to take a leadership role and make meaningful decisions, and involve a transparent set of rules.

It would be designed by a small multidisciplinary taskforce at a small number of highly organised meetings.

How well the current process works depends on who and where you ask, she says.

"Some departments say 'if we want something new we get it'. Others say they don't bother as they can't get it, they can't win."

There is a current prioritisation framework but it is not widely known by the medical community, and experiences vary widely on how to go about introducing new technologies and treatments, and whether innovation is truly supported.

There will need to be an effective interface with research, consideration of the operational impact and financial implications, health economic analysis, interaction with Planning and Funding and compliance with Ministry of Health requirements, she said.

The meeting heard presentations from: Team Leader, Service Transition, Planning and Funding, Greg Hamilton; Intensive Care Unit Specialist and Deputy Chair of the Research Committee Geoff Shaw; Palliative Care Physician Kate Grundy; Radiation Oncologist Iain Ward; Radiologist Martin Krauss; and Cardiologist David Smyth, as well as contributions from the floor .

Common themes that emerged from those who spoke were of frustration at the lack of a clear process, difficulties in identification of criteria; lack of clarity about who and how decisions are made and by whom; lack of timelines; repeated requests for the same information, and that innovation is effectively stifled.

There was unanimity regarding the need for a process, which needs to be:

- » Developed in partnership with stakeholders. These are identified as clinicians, operational managers, research leads, finance, and Planning and Funding.
- » Clear
- » Fair
- » Transparent
- » Agile
- » Timely
- » Have an integrated audit process
- » Fit with other initiatives, such as "Choosing Wisely"
- » Have an appeals process
- » Embrace /take account of innovation, health economic analysis and ministerial priorities.

Mary invites those interested to contact her via [mary.olliver@cdhb.health.nz](mailto:mary.olliver@cdhb.health.nz) to provide feedback and ideas, or to join the taskforce to provide clinical leadership in the development of the new process.

# Ashburton community donates \$1.5m to make new facilities possible

Once they held hands around the hospital to keep it open, now they've dug deep into their pockets to help make state-of-the-art facilities a reality in Ashburton. The local community has raised \$1.5 million, which was handed over to Canterbury DHB CEO David Meates on Friday.

Advance Ashburton trustee Gary Fail presented Mr Meates with a giant cheque for \$1.5m that will go towards the upgrades of Ashburton Hospital. The donation is in conjunction with the Mackenzie Charitable Trust, the Lion Foundation, the Ashburton Licensing Trust and the Trevor Wilson Charitable Trust.

The funding is part of \$8.7m of improvements underway at the hospital which includes the new 1040sqm Acute Assessment Unit (AAU) and Day Procedure Theatre.

Mr Meates thanked the community for its generous contribution. "It's remarkable how supportive and engaged the community has been right from when we first announced the upgrade to the facilities here in Ashburton after the Canterbury quakes."

The new AAU replaces an older, smaller unit and is designed to allow staff to assess, stabilise and provide short-term care for people with acute conditions. Greg Robertson, Canterbury DHB Head of Surgery, says the AAU provides "state of the art" facilities allowing specialists from Christchurch to perform day procedures for people in Ashburton in its new theatre and recovery suite.

"The new facilities together with an additional \$450,000 pledged by the generous community funders to establish a rural health academic centre allows Ashburton Hospital to build its status as New Zealand's first rural centre of medical excellence.

"It also allows us to offer a wider range of procedures than at present, and has enabled more efficient transfer of patients to and from Christchurch Hospital."



CDHB CEO David Meates accepts a \$1.5m fundraising cheque from Gary Fail of Advance Ashburton Community Foundation (representing the Foundation, the Lion Foundation and Ashburton Licensing Trust, Lochhead Charitable Trust, Wilson Bulk Transport, and Mackenzie Charitable Foundation)



Front sitting (from left): Margaret Rickard (Advance Ashburton Community Foundation), Alma Lochhead (Lochhead Charitable Trust), Elizabeth Ashford (Advance Ashburton Community Foundation and Bernice Marra (CDHB Ashburton Health Services Manager)

Front standing (from left): CDHB CEO David Meates, Gary Fail (Advance Ashburton Community Foundation), Janette Balfe (Allied Health – Clinical Manager), Jane Brosnahan (Director of Nursing – CDHB), Krupal Shukla (Finance and Business Manager – Ashburton and Rural Health Services) and Dr John Lyons (Clinical Director – Ashburton and Rural Health Services)

Rear standing (from left): Robert Reid (Ashburton Licensing Trust), Rob Harnett (Lion Foundation and Ashburton Licensing Trust), Graham Kennedy (Mackenzie Charitable Foundation), John Acland (Mackenzie Charitable Foundation), Keiran Breakwell (Lion Foundation and Ashburton Licensing Trust), Jim Lischner (Lion Foundation and Ashburton Licensing Trust), Trevor Croy (Lochhead Charitable Trust), and Roger Paterson (Lion Foundation and Ashburton Licensing Trust).

# Gastro staff take part in City2Surf



Some of the staff from the Gastroenterology Day Unit, who took part in the City2Surf to raise awareness and funds for the Bowel and Liver Trust. The team was called the Gutsy Heroes. Staff say it was a great day and lovely to be together as a team and want to thank Richard Geary and Margaret Fitzgerald for getting them organised and providing the well-earned barbecue at the end.

# Jason Gunn and his family become ambassadors for the Māia Health Foundation

The Māia Health Foundation is pleased to welcome the Morrell-Gunn family as ambassadors to the newly established charity, raising money for projects to make improvements to Christchurch Hospital.

They're in good company, alongside former Black Caps Captain Brendon McCullum, New Zealand Music Hall of Fame singer/songwriter Bic Runga, and former Christchurch Boys' High School Head Boy who is a cancer survivor, Jake Bailey.

The family – Kiwi broadcasting legend Jason Gunn, Janine Morrell-Gunn and their children Eve, Grace, Faith and Louis – are excited to support a venture that has been recently very close to their own hearts.

In January, Jason suffered a heart attack and was rushed to Christchurch Hospital where he experienced first-hand what it's like to be in hospital.

"I was looked after so well by the brilliant staff working in the hospital. I couldn't be prouder of the care available in Canterbury and of the care I received. It was the little things that made it better for me while I was in hospital, so if we can support a foundation that's making things better for others – we're right behind them," said Jason.

A little can go a long way. If you have a child in hospital, you want to be right by their side the whole time. One of the many things Māia is fundraising for in the children's ward is parents' beds next to every child's bed.

The family are no strangers to supporting great family causes in Canterbury. Janine is on the board for Cholmondeley Children's Home and was founder of Adopt-A-Christchurch-Family.

"We were talking before Christmas about getting involved with Māia because the projects are 'no-brainers'.

"Then my heart attack happened and now it's even more relevant. As a Canterbury family, we believe these projects just simply have to happen. A rooftop helipad instead of landing in Hagley Park will reduce the time the patient receives treatment by around 13 minutes, and from my own recent experience, 13 minutes can make a lifetime of difference.

"If a lot of people gave a little, we could have the best hospital. Let's just do it, Canterbury!"

Māia's first two projects are for a future-proofed rooftop helipad and clinical support unit, and major enhancements to the children's wards at the new Acute Services Building being constructed at the Christchurch Hospital site. The Foundation is committed to raising \$5.2m to be raised by 2018.



Jason Gunn and Janine Morrell-Gunn and their children

# One year on, a day in the life of Patienttrack

Happy first birthday to Patienttrack! The observation and assessment tool in use across Medical and Surgical Services at Christchurch Hospital is one year old.

The rollout to all areas within these services started in February 2016 and was completed in September 2016.

Patienttrack is a system designed to capture patient observations electronically and make them available to an entire clinical team anywhere in the hospital system.

Susan Wood, Director Quality and Patient Safety, says Patienttrack is really beginning to prove its worth in providing more integrated care, but more importantly, in making sure all clinicians involved in a patient's care are on the same 'virtual page'.

It makes a major contribution to patient safety in other ways too: Patienttrack uses the patient's vital signs to calculate an early warning score (EWS) and quickly alerts the appropriate clinicians if there is a deterioration.

"Time is critical in ensuring the best possible outcomes for the patient, and having good quality information earlier, clinicians can respond with an appropriate care plan sooner," Susan says.

One year on, Patienttrack has a rich database of information and we can now start using it to support our decision-making and patient care:



## Events recorded on Patienttrack

	Last week	Last month	Last year
 Vital sign observations entered	2,459	17,714	666,782
 Temperature above normal	61	357	12,867
 Oxygen observations	309	2,294	98,615
 High level Early warning score	14	166	5,081
 Neurological observations taken	103	761	29,522
 Bowel assessments completed	152	1,374	65,520

To give these stats some context, each entry represents on less piece of paper that could be lost in the system, and the fact that data is captured electronically means there is only one version of the clinical truth.

This data has already started to contribute to the refinement of the national NZ-Early warning score. The DHB Deteriorating patient project team are able to see what this change will mean to us without having to change to a new chart. This gives us a much better ability to implement the NZ-EWS in a way that benefits both our patients and our clinicians.

## People Lifecycle Workshops

There will be opportunities for you to provide feedback which we will advise you of in coming weeks.

Until then, any questions please direct them to [sarah.carnoutsos@cdhb.health.nz](mailto:sarah.carnoutsos@cdhb.health.nz)

### Talent Management

We'll look at how we train our people to ensure we have enough trained people to meet our needs, and make sure the top talent we recruited keep working for us.



#### We'll include:

- Assessing the learning needs of our people
- Managing training and learning
- Creating individual learning plans
- Making sure the training we offer is suitable for our learners
- Gathering feedback e.g., expectations and tools
- Making sure we have enough skilled people

### Wellbeing & Staying Safe

We'll look at how we look after the health and wellbeing of our people and keep them safe at work. We'll cover administration processes, such as incident reporting, but also bigger picture issues like our culture and how we get people involved.



#### We'll include:

- Leadership in safety, health, and wellbeing
- Induction training for health and safety
- Making sure our people are fit for work
- Identifying hazards and managing risks
- Workplace injury claims and return to work

### Recruitment

We'll look at how we attract and hire new talent and what we do when a new person starts working for us.



#### We'll include:

- Approval process for new positions – approvals etc
- Our employment 'brand'
- Advertising vacancies and making a job offer
- Selecting new people e.g., criteria and tools

### Employee Administration

We'll look at the nuts and bolts of employee administration, such as paperwork, payroll, benefits, and rostering.



#### We'll include:

- Contracts and letters
- Managing employees' files
- Managing information at the end of employment
- Something for You
- Managing competency e.g the tools we provide

## Recovery newsletter

A newsletter has been developed to keep people updated on transport infrastructure recovery in North Canterbury following the November earthquake.

Click here to read the full [newsletter](#).

### DID YOU KNOW?

There are **10** towering slips blocking the SH1 north of Kaikōura. The tallest is **400** metres high.

Up to **150** people are working on the ground daily, and more are expected to join in the coming weeks.

One of the biggest slips by volume, is at Ohau Point with **110,000** cubic metres of debris and it is **300m** tall, and very wide.

Access tracks have been built around the bottom of **8** of the **10** slips.

There's about another **20** secondary slips north of Kaikōura, to be cleared.

South of Kaikōura on SH1 there are **32** slips that still need further repair.

On **16 January** the first post-quake train ran from Blenheim to Lake Grassmere.

Between Cheviot and Clarence there are about **200** damaged sites. These include slips, bridges, road damage, embankments, tunnels, culverts:  
More than **50** retaining walls damaged. **100+** structures damaged with **9** significantly damaged.

The Inland Road (Route 70) has at least **40** damaged sites and at least **9** major slips, plus as many secondary sites.

**700+** sites on the Main North Line railway, including rail tracks, slopes, embankments, tunnels, bridges, culverts and communications systems are damaged. This includes: **20** damaged tunnels and **7** bridges with major damage.

# One minute with... Rachael Jack, Corporate Receptionist

## What does your job involve?

Greeting visitors, answering phones, editing the daily global email and other general administration duties. We are responsible for the smooth flow of traffic that comes and goes through the corporate offices.

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

I enjoy this type of work as I like meeting people and it involves being organised. This is a new role which is still evolving so I have enjoyed the challenges that this presents. The staff here have been really welcoming and quick to help me out when I find a new task a bit too challenging.

## What do you like about it?

Learning new tasks, Working with Juliet (she makes me laugh), greeting people and all the new challenges I get to face.

## What are the challenging bits?

When large groups of people arrive for meetings, dealing with different personalities and keeping up with learning new computer skills.

## Who inspires you?

Mother Nature, she takes on everything and still keeps going. She reminds me to take care of my areas (don't litter, respect beautiful old trees) She reminds us all that we are not in charge of this planet and we need to share and take care.

## 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 means to me that I treat everybody with respect regardless of position, it also reminds me to expect nothing less for



Rachael Jack

myself from other people. I feel proud to be part of the 'wheel' that is the CDHB as no matter what happens along the way we all try to do the best we can.

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

First They Killed My Father, by Loung Ung. It's about a young survivor of Cambodia's Pol Pot regime.

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

Ho Chi Minh, Vietnam.

## My ultimate Sunday would involve...

Playing at the river with Earl my dog, then dinner out with Brent.

## One food I really like is...

Birthday cake!

## My favourite music is...

80s and 90s rock.

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

# International Multidisciplinary Rehabilitation Conference 2018

The second Stroke Rehab: From No-Tech to Go-Tech conference will be held in Christchurch on 29-31 January 2018.

This conference will provide a wide range of educational offerings that cross multi-disciplinary boundaries but also target the needs of subspecialties in stroke rehabilitation.

Stroke Rehab: From No-Tech to Go-Tech will include keynote addresses and panel discussions, covering principles of neuroscience and neural recovery, and multidisciplinary engagement in clinical stroke management. Targeting a broad audience of rehabilitation specialists, engineers and

physiologists, content will be easily translatable across disciplines with a focused emphasis on technological applications to clinical practice. Peer-reviewed research platform presentations will be targeted to subspecialties including speech-language pathology, physiotherapy, and occupational therapy.

The conference is open to all clinicians, engineers, physiologists, and students with an interest in cortical, corticobulbar or corticospinal rehabilitation.

[Check out the website for more information.](#)

# Dementia The Basics Course

For health and other professionals working with people with dementia our [registration form](#) for our next Dementia the Basics course to be held on Wednesday 12th April 8.30am – 4.00pm.



# Canterbury Grand Round

**Friday, 7 April March 2017 – 12.15pm to 1.15pm**  
with lunch from 11.45am

**Venue: Rolleston Lecture Theatre**

**Speaker 1: Dr Deborah Mason, Lecturer, Neurology**  
“Multiple Sclerosis: a new treatment era”

Multiple sclerosis is a chronic inflammatory neurological condition affecting the brain, spinal cord and optic nerves. Pregnancy may influence the disease itself and the increased use of newer disease-modifying drugs means the neurologist is now involved in family planning. This talk covers a number of issues including pre-conception counselling, fertility, the use of disease modifying agents and other MS medications.

**Speaker 2: Judy Ormandy, Obstetrician and Gynaecologist**

“Optimising Midwife & Medical Student Encounters in the Birthing Suite: A New Zealand Study”

Judy has recently completed a Master of Clinical Education thesis that investigated medical student and midwifery interactions in the delivery suite. A summary of her study findings will be presented today.

**Chair: Anthony Butler**

**Video Conference set up in:**

- » Burwood Meeting Rooms 2.3a and 2.3b
- » Wakanui Room, Ashburton
- » Administration Building, Hillmorton
- » The Princess Margaret Hospital, Riley Lounge
- » Room 1.02, Pegasus, 401 Madras Street

**All staff and students welcome**

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

Next is – Friday, 21 April 2017 – **No Grand Round on 14 April as it is Good Friday**

Convener: Dr R L Spearing  
email: [Ruth.Spearing@cdhb.health.nz](mailto:Ruth.Spearing@cdhb.health.nz)

## SCHOOL HOLIDAY PROGRAMME Christchurch 17th - 28th April 2017



### WHAT WE OFFER

Every school holiday The Mind Lab by Unitec morphs into a haven for young makers, doers, thinkers and tinkers. Here, they discover the importance of creativity, teamwork and perseverance by experimenting with the very latest digital technologies. Whether it's their first session or their fiftieth, they'll be faced with new, engaging challenges in a supportive, encouraging environment. Our classes run from 9:15am to 4:30pm weekdays (drop off from 8:30am and pick up by 5:00pm).

DATE	7-9 YEAR-OLDS	10-12 YEAR-OLDS
Mon 17th April	<b>EASTER MONDAY</b>	
Tues 18th April	3D Design and Printing & Science and Engineering	Science and Engineering & 3D Design and Printing
Wed 19th April	Robotics & Film Making	Film Making & Robotics
Thur 20th April	Augmented and Visual Reality & Animation	Animation & Augmented and Visual Reality
Fri 21st April	Coding & Electronic Engineering	Electronic Engineering & Coding
Mon 24th April	3D Design and Printing & Electronic Engineering	Electronic Engineering & 3D Design and Printing
Tues 25th April	<b>ANZAC DAY</b>	
Wed 26th April	Coding & Science and Engineering	Science and Engineering & Coding
Thur 27th April	Web and Graphic Design & Robotics	Robotics & Web and Graphic Design
Fri 28th April	Augmented and Virtual Reality & Animation	Animation & Augmented and Visual Reality

### BOOK NOW

at [themindlab.com](http://themindlab.com)  
or give us a buzz  
on (03) 666 0088.

**1 Day Camp:**  
\$150 incl. GST

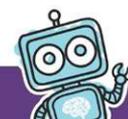
**5 Day Immersion\*:**  
\$114 incl. GST/day  
Promocode : 5daydeal

\*The 5 day immersion option can be used for different children or 1 child.



Mind Lab Kids is an online portal that lets kids take their Mind Lab experience home with them. Seven to 12 year-olds across New Zealand (and beyond) will soon have access to a wide range of home-friendly challenges and experiments that're just as exciting and educational as those they conquer in our labs.

Sign up now at [mindlabkids.com](http://mindlabkids.com)



### CONTACT US

24 Walker Street  
Christchurch Central, Christchurch

03 666 0088 [themindlab.com](http://themindlab.com)  
[christchurch@themindlab.com](mailto:christchurch@themindlab.com)



/themindlabnz



@NZMindlab

# Latest Key Messages from the Canterbury Clinical Network

[Click here](#) to read this month's key messages from the [CCN Alliance Leadership Team \(ALT\)](#), including:

- » Farewell to Dr Gayle O'Duffy, who has provided a strong rural and patient centric voice to the alliance since its inception.
- » A GP's views on what can be achieved through the Integrated Family Health Service (IFHS).
- » Progress towards e-ordering of laboratory tests in Canterbury.
- » Work towards a sustainable and appropriate after-hours service for the Waimakariri region.
- » Workshop explores the opportunities to enhance and better align Canterbury's falls and fragility fracture prevention strategy.

## Canterbury GP Professional Education 2017 Series

The "Canterbury GP Professional Education Series 2016" - has been endorsed by The Royal New Zealand College of General Practitioners (RNZCGP) and has been approved for up to 1.0 credit CME for the General Practice Educational Programme (GPEP) and Maintenance of Professional Standards (MOPS) purposes.



### VENUE:

Oxford Women's Health at Forté Health building.  
Ground Floor Meeting Room, 132 Peterborough Street, Christchurch.  
On-site car parking available.

### 6.30pm start

Each presentation will last for 1 hour. Beverages and finger food will be available prior to the talk.

Date	Topic	Speaker
Thursday 6 April	HRT – Has the dust finally settled on best practice recommendations	Michael East, O & G Specialist
Wednesday 17 May	Controversies with IVF	Richard Dover, O & G Specialist
Thursday 15 June	Periods: What is normal?	Janene Brown, O & G Specialist
Wednesday 5 July	Microbiology in Gynaecology	John Short, O & G Specialist
Thursday 17 August	The Pelvic Floor, the Core and Exercise	Julee Binns, Physiotherapist
Wednesday 13 September	The Psychology of Endometriosis and Pain	Hannah Blakely, O & G Specialist
Wednesday 18 October	TBA	Simon Jones, O & G Specialist
Thursday 15 November	Menopause – HRT or is it MHT and is it safe to prescribe	Nicola Carey, GP – Menopause Specialist
Thursday 7 December	Risk reducing surgery – weighing up the odds	Olivia Smart, O & G Specialist

It is essential that colleagues RSVP to [karen.richardson@oxfordwomenshealth.co.nz](mailto:karen.richardson@oxfordwomenshealth.co.nz) or telephone DDI (03) 363 7096, in order to ensure CME certificates are available.

# General Manager – South Island Alliance Programme Office

## The Opportunity:

The South Island District Health Boards are working together in a Best for People, Best for System Alliance framework. We are offering an exciting opportunity to be involved in this collaborative approach with the key health leaders across the South Island and to lead our passionate and supportive South Island Alliance Programme Office Team.

The role of the General Manager is to work with the South Island Alliance Board, Alliance Leadership Team and Strategic Planning & Integration Team to identify and support delivery of key opportunities to further the South Island Alliance framework and vision. The General Manager leads the South Island Alliance Programme Office team and manages the resources allocated to deliver an efficient and quality service.

The role is busy and varied with no two days the same.

## What we are looking for:

You will be a person who has a huge passion for working in health, and you really care about the job you do. You will have management experience preferably in the health sector and an understanding of the funding and delivery models of healthcare. Experience in the management of service development projects and/or programmes will be an advantage

## We also need you to have:

- » Exceptional inter-personal relationship and teamwork skills, supported by excellent oral and written communication skills
- » The ability to enthuse and effectively lead a team
- » Experience with dealing with management and staff at all levels within an organisation
- » Outstanding organisational and project management skills
- » Demonstrated experience in working independently
- » Strong experience in managing the implementation of strategy
- » Experience in leading change and supporting innovative models of care for future delivery
- » A clear understanding of information and analytical issues, preferably in the health sector

## Why us:

We have a collective team approach and are open and willing to share knowledge and expertise. The General Manager role offers a unique opportunity where you will work with leaders across the health system and lead a team of enthusiastic staff who work to improve the health system for the people of the South Island.

To find out more contact Anna Hunter on (03) 337 7954 or email: [anna.hunter@cdhb.health.nz](mailto:anna.hunter@cdhb.health.nz).

To apply or to view a job description please go to our careers website <https://cdhb.careercentre.net.nz/>





# Southern Cancer Network Manager

The South Island District Health Boards are working together in a Best for People, Best for System Alliance framework.

We are offering an exciting opportunity to be involved in this collaborative approach and to join our passionate and supportive South Island Alliance Programme Office Team.

The Southern Cancer Network Manager works with the Steering Group and Lead CEO to identify, develop, plan and report the annual workplan for cancer services across the South Island. The Manager is responsible for coordination of the Network management team, and, in association with the Clinical Director, provides leadership to the steering group and associated groups.

The role is busy and varied with no two days the same.

### What we are looking for:

You will be a person who has a huge passion for working in health, and you really care about the job you do. You will have management experience preferably in the health sector and an understanding of the funding and delivery models of healthcare. Experience in cancer services will be an advantage.

We also need you to have:

- » Good inter-personal relationship and teamwork skills, supported by excellent oral and written communication skills
- » The ability to enthuse and effectively lead a team
- » Experience with dealing with management and staff at all levels within an organisation
- » Outstanding organisational and project management skills
- » Demonstrated experience in working independently
- » Strong experience in managing the implementation of strategy
- » A clear understanding of information and analytical issues, preferably in the health sector

### Why us:

We have a collective team approach and are open and willing to share knowledge and expertise. The Southern Cancer Network Manager role offers a unique opportunity where you will work for an organisation where your contribution is appreciated and recognised.

To find out more contact Anna Hunter, Recruitment Specialist on (03) 337 7954 or [anna.hunter@cdhb.health.nz](mailto:anna.hunter@cdhb.health.nz)

Applications are only accepted online so please go directly to our careers website <https://cdhb.careercentre.net.nz/> where you can also view the position description.

# Nursing education opportunities

The Professional Development and Recognition Programmes (PDRP) office is offering a variety of education over the next year.

If you find a workshop/study day that you are interested in then please contact [Aoife.Sweeney@cdhb.health.nz](mailto:Aoife.Sweeney@cdhb.health.nz) (the PDRP administrator) to book in.

## PDRP Workshop – 12th April, 12th July, 4th October

- » Are you are interested in putting together your PDRP portfolio?
- » Do you know what evidence is required to ensure your portfolio showcases your practice at the level submitted at?
- » Want to understand a simple way of writing up the Nursing Council Competencies as part of your portfolio requirements?

## Postgraduate Equivalency Application Process – submission required on or before the 17th May, 17th August, 1st November

Are you considering submitting an Expert level portfolio and have not got the required Level 8 postgraduate qualification?

Have you had a conversation of support with your Line Manager and been encouraged to submit your portfolio at Expert level?

Our Regional PDRP advisory committee has established an educational equivalence committee to provide an option for nurses who have not had the opportunity or access to level 8 education (completed postgraduate qualification) but have achieved the equivalent knowledge, skills and attributes through other pathways. This process must be done prior to submitting an expert portfolio.

For more information about Postgraduate Equivalency please see the link to the [PDRP website](#).

## Current Assessor Update

All PDRP assessors should attend one current assessor update per year. The next updates are on the **20th April & 12th September**.

## New Assessor Training – 10th & 11th May and 29th & 30th August

Are you interested in becoming a PDRP assessor? If the answer is yes then [follow this link](#) and read up on the requirements and responsibilities of being an assessor.

## Resource Person Training – 21st March, 8th June, 6th September

Are you interested in becoming a PDRP resource person? Or are you a resource person already and need a bit of a refresher? If you would like to assist your colleagues through the PDRP process then this workshop is for you. It is 2 hours long, from 1300 -1500hrs.

If you are interested in any of the above courses please contact [Aoife Sweeney](#), the PDRP administrator.



## IMPROVE TODAY, TRANSFORM TOMORROW!

Clinicians' Challenge 2017 | Call for entries

Do you have an innovative idea for using IT to improve health care today, or to transform tomorrow?

**Enter the Clinicians' Challenge and tell us about it!**

**ENTRIES CLOSE 16 JUNE 2017**

The Clinicians' Challenge is your chance to show us your vision and creativity, and how you are using information and technology to revolutionise patient care.

Winners receive \$8000 and runners up \$2000. They will be announced at the HiNZ awards lunch, 3 November 2017.

To enter and for more information, go to [hinz.org.nz/page/CliniciansChallenge](http://hinz.org.nz/page/CliniciansChallenge) or [moh.govt.nz](http://moh.govt.nz)

There are two categories.

### NEW IDEA

Share your idea for a disruptive innovation for a digital system or application to deliver health services in new ways. The goal is to improve patient outcomes, improve workflows, bring efficiencies or support better integrated care.

### ACTIVE PROJECT/DEVELOPMENT

Share an innovation for a system or application you are developing, or have already developed. It should improve the way you work, support better patient care, and deliver efficiencies and better integrated health services.

▲ Clinicians' Challenge 2015 winner Dr Hong Sheng Chiong examining a patient with his retinal device, which attaches to a smartphone.