



Immunisation Awareness Week – focus on teenagers and older children

Immunisation is one of the simplest things you can do to help keep yourself and your family healthy. In Canterbury we're pretty good at getting babies and toddlers immunised on time and have been meeting the Health Target that sees 95 percent of all eight-month-olds having their various [childhood immunisations](#) on time.

This year Immunisation Awareness Week is looking to raise awareness of the importance of ensuring teenagers and older children are fully immunised.

Immunisations at age 11-12 years provide protection against tetanus, whooping cough, HPV and other serious diseases.

Many teenagers missed out on measles, mumps and rubella (MMR) immunisation as young children, and now need protection against outbreaks. The National Immunisation Schedule is changing to include chickenpox immunisation for children at age 15 months from 1 July this year. Your General Practice Team is the best place to find out which immunisations your child may need.

Children born during the 1990s and early 2000s may have missed out on measles and other important immunisations because they were born before the National Immunisation Register reminded health professionals and parents when immunisations were due. As a result, older children and teens are at particular risk of measles, which spreads quickly in schools when we have outbreaks.

More than 34,000 Canterbury children received their childhood vaccinations in the past year. In the first two quarters of this year, we achieved the national health target with 95 percent of all children in Canterbury fully immunised by eight months. It is now two years since the target for immunisation at eight months was increased to 95 percent and Canterbury has achieved the target in all but two quarters during this time. As well as being above the national average we have also achieved the target for Māori, with 95 percent of Māori tamariki also being fully immunised by eight months of age in the first two quarters of this year.

Earlier this year a change in the immunisation schedule saw the Human Papillomavirus (HPV) vaccine eligibility widen to include males aged 11-26. In Canterbury boys can receive the vaccine from General Practice teams from 11 years of age – in the rest of the country this programme is being offered via a school programme in Year 8 (age 12) which means our boys are getting the chance to receive this earlier.

[HPV](#) can cause cancers in both men and women.

immunise for life

Don't forget your immunisation milestones

Give your loved ones the best protection against 11 serious diseases with FREE Immunisations available from your general practice.

immuniseforlife.co.nz

Canterbury District Health Board

0-15 Months Early Childhood Immunisation

4 Years Pre-School Immunisation

11 Years Pre-Teen Immunisation

45 & 65 Years Adult Immunisation

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Habit Sticks

The All Right? team launched their latest campaign today encouraging people to do more of the things that make them happy and healthy.

Central to this campaign is the creation and distribution of free 'Habit Sticks' – you may see them around our facilities (and our region) throughout May.

All Right? Manager Sue Turner, says Habit Sticks makes it easier to make good habits stick.

"If you've ever struggled with a resolution or maintaining a healthy habit then our free Habit Stick is for you!" says Sue.



"All you need to do is write down the habit you want to adopt and give yourself a tick on the stick every time you achieve it. Before you know it, your Habit Stick will be full of ticks and your new habit will be something you do every day without even thinking about it," says Sue.

"It sounds simple, but it works."

Research shows that you're much more likely to successfully adopt a new habit if you make it small and achievable, write it down, do it daily, and track your progress.

"The Habit Stick brings all the science on successful habit formation together, helping dramatically boost your chances of success."

Sue says good habits are important because it's the little things we do every day that shape our lives.

"While a habit can seem completely insignificant in isolation, when we do it day in and day out, year after year, the impact

can really add up. Small things like getting outside more often, or eating your lunch away from your screen, make a big difference."

People can order their own free Habit Stick, and register their new healthy habit, at www.allright.org.nz/habits.

Community & Public Health and Disability Support Advisory Committees heading for Cheviot on Thursday

Two of Canterbury DHB's advisory committees are hitting the road and heading for Cheviot this Thursday 4 May. Two of our advisory committees have teamed up and are hosting a joint meeting, which will be open to the public.

On the agenda are items including the North Canterbury population, Alcohol Challenges and Water quality in Kaikoura and North Canterbury and the All Right? campaign. Also included are presentations from the Cheviot Police, Hurunui District Council, the North Canterbury Rural Support Trust and Psychosocial Support: Response and Recovery.

The public are welcome to attend the meeting, which starts at 10.30am and is expected to run until about 3.30pm. At the end of the meeting, there will be a light afternoon tea and an opportunity for locals to chat with Board and Advisory Committee members.

The [meeting agenda](#) is available on the Canterbury DHB website.

Meeting details:

Thursday 4 May 2017, 10.30am

Cheviot Fire Station Hall, 6 McQueen Rd, Cheviot (entry & parking off Hutchison Street)

Have a great week.

A handwritten signature in black ink, appearing to read "D Meates".

David Meates
CEO Canterbury District Health Board

Facilities fast facts

Acute Services Building

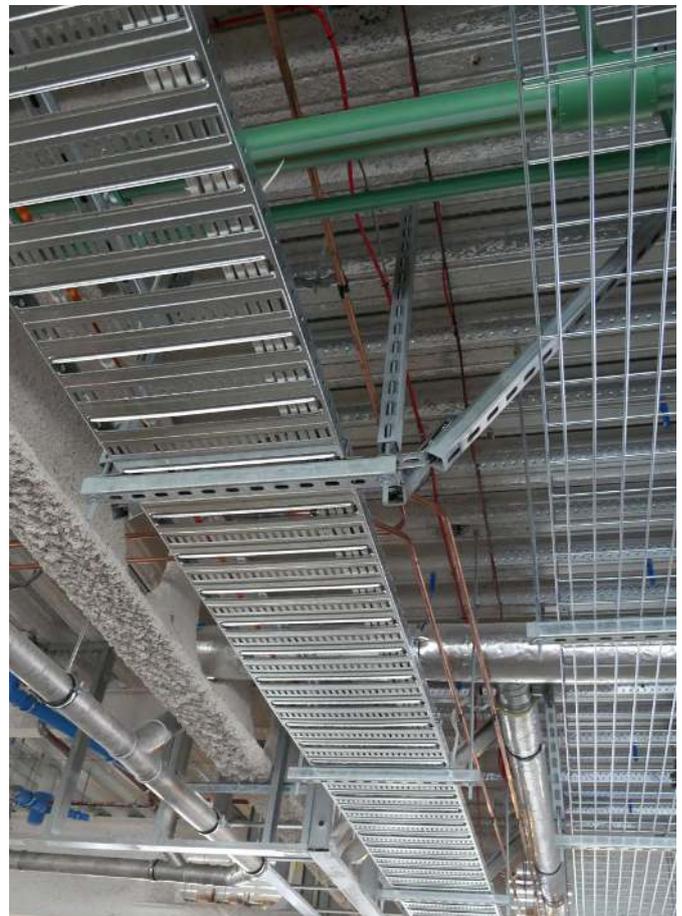
The Acute Services Building (ASB) has been designed to withstand an earthquake greater than the February 2011 event that rocked the city. The ASB is engineered to have an IL4 rating. This means it has features that are designed to perform in a certain way in the event of an earthquake so as to protect lives, minimise damage and allow it to carry on operating as a hospital.



Photo shows the sliding joint in the stairs that allows the stairs to move during a seismic event

These features include among others, isolated plans for seismic movement, base isolators, extra bracing on the structures that carry the services such as steam, hot water, electricity, etc and sliding joints in stair cases. The steel in the building is specially designed to perform in a certain way in an extreme event (i.e. something stronger than the February 2011 quake) that guarantees safety when exiting the building. Internally, the walls have the ability to move to minimise damage.

The base isolators work by reducing the impact of the force on the building that is above the lower ground floor. They are designed to kick into action after an extreme event (so something similar to or bigger than the February 2011 quake) and absorb between a third to two-thirds of the impact of the load. The building will still move, but the shaking will be minimised and all services will continue to operate.



You won't see it once the ceiling panels are in place, but above your head the services are held in place with substantial bracing



A base isolator being installed on a column on the foundation slab



A base isolator in place on the lower ground floor

Left: Workers install a window section on the West Tower. By the time the ASB is complete there will be 10,000m² of curtain wall and glazing in place



Bouquets

Ward 17, Christchurch Hospital

Very good nursing, good meals, and you would not get better service.

Emergency Department and Ward 15, Christchurch Hospital

Everyone was very lovely and helpful. As soon as we walked through the Emergency Department (ED) doors I was helped. ED doctor and nurses were great. Very personable. Updated me as soon as they knew anything. That helped me immensely. Everyone in the ward has been amazing too.

Outpatients

Very friendly staff, acceptable waiting time. Happy patient.

Tamara, Radiology, Burwood Hospital

The Radiographer, Tamara, was so sweet, gentle and kind. Made me feel very relaxed.

Christchurch Women's and Burwood hospitals

Care is great. Services provided are great. Staff are wonderful and reception staff very helpful. Thank you.

Radiology, Burwood Hospital

Absolutely fabulous.

Ward 11, Christchurch Hospital

I had my tonsils out. The staff were absolutely brilliant. Big thanks. You guys really made something that isn't very enjoyable – enjoyable. Love to you all.

Receptionists, Radiology, Burwood Hospital

The ladies at reception are amazing, despite having a difficult patient they kept their cool and stood their ground. I just wanted to say that throughout this they were nothing but professional. That in itself was customer service.

Radiology department, Burwood Hospital

I would like to express my satisfaction and compliment the staff on firstly the warm welcome and the reception desk, secondly, the volunteer who showed me to the X-ray department and thirdly, the X-ray staff who were superb. An excellent experience.

Older Persons Mental Health and Outpatients, Burwood Hospital

Love (and pink lemonade) is all we really need – and at critical times – the amazingly compassionate, wise, funny (!) staff of Burwood Clinic. Thank you for being here and steering me on to the right path again.

Sophie, Surgical Progressive Care Unit, Christchurch Hospital

The nurse looking after my sister has been absolutely amazing. Her name is Sophie. She's been so patient and caring of my sister's anxiety, as well as being really good at keeping us updated and explaining what's going on in a very calm way. I'd give her an 11 out of 10 for her bedside manner, as well as just in general. Please let her know.

Celine and Dan, Ward 19, Christchurch Hospital

Celine and Dan are a good team. They work well together, listen to patients and nothing is too much for them to do. I am very impressed with them both. Made me feel at ease.

Christchurch Women's and Christchurch hospitals

Incredible service from everyone at CDHB. Friendly, caring, clear explanations. Well done – very impressed.

Comprehensive clinical resource 'UpToDate' now available as app

The wealth of knowledge of a substantial medical encyclopaedia can now rest conveniently in your pocket with the new UpToDate Anywhere mobile app.

Canterbury DHB has renewed its subscription to UpToDate, which will be familiar to staff as the online support resource with over 10,000 topics in 24 specialities to assist with clinical point-of-care decisions.

Previously this evidence-based, physician-authored resource was available via the UpToDate website through the Canterbury DHB intranet. Now, all clinical staff can register for free to get the UpToDate Anywhere app and gain remote access to the resource from any computer with an internet connection, providing another tool to assist with timely, quality patient care.

You can also gain free continuing education credit (CME/CE/CPD) when you research a clinical question using UpToDate onsite or remotely – including on your mobile device.

Chief Medical Officer Sue Nightingale says, "I'm really excited this is now available for all of our clinical staff. Computers for wards are often in hot demand and this makes it possible for staff to research symptoms and conditions and explore related topics, and find patient education pieces as and when they need."

UpToDate complements the existing Hospital HealthPathways resource. Sue says that while HealthPathways provides a step through process for specific complaints, UpToDate offers wide-ranging information on different clinical topics

To register for the App and remote access go to www.uptodate.com/online. After you follow the registration instructions you will receive a confirmation email with information about installing the UpToDate Mobile App.

A training event for using the app is being considered and dates will be advised when this is confirmed.

Workshops underway

The People and Capability team has kicked off its series of co-design workshops to gather feedback on our HR processes and systems.

The workshops are being held over the next two weeks and cover employee administration, recruitment, wellbeing and staying safe, and talent management.

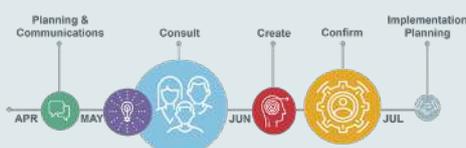
This is the **Consult** phase. After the workshops, we'll move on to the **Create** phase to come up with ideas for improvements, and then we'll **Confirm** those ideas with the people who attended the workshops.

We'll use the feedback from these sessions, combined with industry standards to come up with ideas for improved and new processes, so we hope you've given your views to your designated nominee to share with us.

If not, you still have time – we have another week of workshops ahead of us. We want to hear about the below:

- What's working well and you don't want to change.
- What isn't working well and why.
- Your ideas for improvements and new initiatives.
- What 'quick wins' you can think of that will help you save time.
- How you think we can encourage our top talent to stay working for us.
- What you think of our current health and safety culture.
- What training and professional development you think our people need.

There is a full list of nominated representatives for each are available online [HERE](#).



People Lifecycle Review
Transforming HR

Canterbury
District Health Board
Te Pūnui Hauora o Waitaha

New skin cancer surgery technique “significant step forward”

Canterbury DHB has begun providing a ‘gold standard’ surgery for people with high risk non-melanoma skin cancer.

Called “Mohs micrographic surgery”, the first patient was operated on by Dermatologist Tom Middelburg in mid-February. This is the first public Mohs service in the South Island, the only other one in New Zealand is at Greenlane Hospital in Auckland.

Clinical Director of Dermatology, Victoria Scott-Lang, says with New Zealand having the highest rate of skin cancers in the world it is important this huge problem is properly addressed.

At present the service is outplaced in the private dermatology and skin surgery facility Avenue Health on Bealey Ave, but hopefully there will be a ‘home’ for the service in the new Christchurch Hospital building.

“Given the burden of skin cancer in New Zealand we recognised the pressing need for this surgical procedure for patients. We worked closely with a number of specialities, the CDHB and Avenue Health to get the service up and running with the new appointment of Tom to our dermatology team,” says Victoria.

People with skin cancer who may otherwise had to have multiple surgeries can now be treated in one session by Tom, which is a significant step forward.

“He is a great asset to our department and to the CDHB as a whole,” she says.

During Mohs surgery, thin layers of cancer-containing skin are progressively removed and microscopically examined until only cancer-free tissue remains.

The precise surgical technique is internationally recognised as the gold standard for treatment of high risk non-melanoma skin cancer, says Dermatologist and Mohs surgeon, Tom Middelburg.

“Mohs surgery allows complete removal of skin cancer while minimising the amount of healthy tissue that is removed. Its superiority over other forms of treatment is undisputed.”

Many studies have shown that Mohs is also a cost effective procedure when compared with surgical excision, mainly because incompletely excised tumours can become very costly when they recur and need additional and generally larger operations, he says.

“In standard surgery for skin cancer a lesion is removed and the wound is closed without knowing if all cancer has been removed. It takes a number of days before the tissue is examined under the microscope.”



Mohs team of that day (the team varies from week to week). From left: Biomedical Scientist, Kirsty Sewell, Medical Receptionist, Sarah Cook, Consultant Dermatologist, Tom Middelburg, and Registered Nurse, Kerry Gerken



Surgical removal of tumour. From left: Registered Nurse, Kerry Gerken, Medical Receptionist, Sarah Cook and Consultant Dermatologist, Tom Middelburg

In Mohs surgery the tissue examination takes place by the surgeon during surgery, and the wound is only closed after all cancer has been removed.

One Canterbury DHB patient who has undergone Mohs surgery after three previous incomplete surgical removals said it would have been so much better if the Mohs surgery had been done initially.

“Then I wouldn’t have needed multiple surgeries. Given the high skin cancer rate in New Zealand I imagine a lot of patients would benefit from Mohs surgery.”

Patients with high-risk non-melanoma skin cancers may be suitable for Mohs surgery, especially around sensitive areas, such as around the eye, nose or ear.

“Also, if a large reconstruction is required it can become very problematic if it turns out that not all tumour has been removed. Mohs surgery is able to avoid such situations,” Tom says.

Tom trained as a consultant Dermatologist at the prestigious Erasmus Medical Centre in Rotterdam, The Netherlands.

He has worked in prestigious teaching hospitals in The Netherlands, and also helped develop a new successful Mohs service in the eastern part of The Netherlands. He moved to New Zealand with his partner Marijke in June 2016 where he joined the Canterbury DHB as consultant Dermatologist. Tom is a certified Mohs micrographic surgeon and Mohs trainer with the European Society for Micrographic Surgery and has a strong clinical and research background.

If you would like to learn more about Mohs surgery here is a [video from the American Society for Mohs Surgery](#).

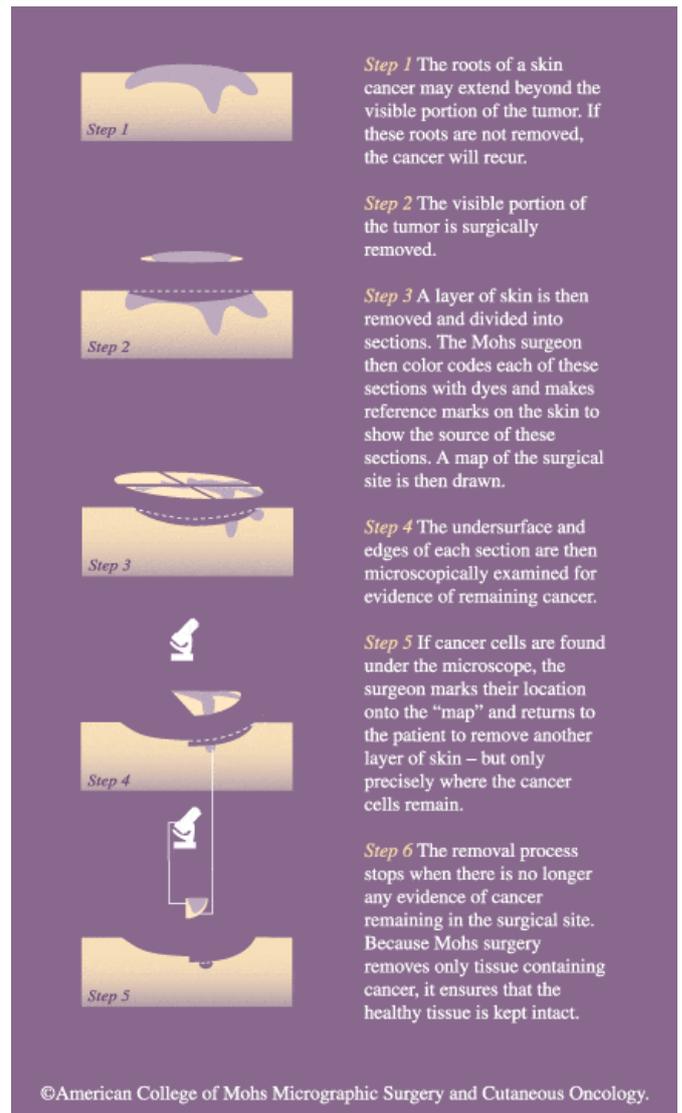


Diagram from the American College of Mohs Micrographic Surgery



Consultant Dermatologist Tom Middelburg examines the excision margins of removed tissue

Recognising excellence in nursing practice – a New Zealand first



Congratulations to Steve Cotterell and Cleo Chisaka on this New Zealand first outstanding achievement for Registered Nurses: Credentialed Advanced Clinical Practice in the insertion of tunneled central venous access device.

Tunnelling Peripherally Inserted Central Catheters (PICCs) and Chest Inserted Central Catheter (CICCs) has become the new frontier of the expansion of nurses' competence in central venous access.

The 2011 position paper developed by the Association of Vascular Access (AVA) says: *"the internal jugular veins may be considered peripheral approach for vascular access, and are thus acceptable for cannulation by appropriately credentialed registered nurses."*

Both Steve and Cleo practice at Expert Level PDRP in line with the Nursing Council of New Zealand Scope of Practice.

Steve has been placing PICCs for 20 years and progressed his skill to include paediatrics.

Cleo has been placing PICCs for the past seven years and also progressed his skill to include paediatrics.

Both nurses have now completed and met the requirements for tunnelling PICCs (TPICC) and CICCs. Being able to offer patients alternatives for their vascular access to ensure the safest and best outcomes for patients has been the driving force for these Registered Nurses.

The process has taken a number of months, involving both practical and theoretical elements. This has included working under the supervision of an Interventional Radiologist, and a written assignment demonstrating their advanced knowledge, critical thinking, clinical decision making and response to complex and unpredictable events. Both nurses reviewed and contributed to the Tunnelling Section of the Canterbury DHB Vascular Access Training Manual for Radiology Nurses (2016).

The mantra for both these nurses can be best summed up in the following quote:

"As patients transition through the labyrinth of outpatients, hospital and post-acute care settings, it is imperative to do what's right in their vascular access voyage." V.Chopra 2016

Acknowledgements:

Heather Gray DON, Philippa Francis CM Radiology, Janette Dallas NM PDU, Elizabeth Culverwell NE CVAD

Dedicated and cherished senior ED doctor retires

Suzanne Peddie (Sue) retired from her work in the Emergency Department (ED) on Friday 28 April after a 31-year career in health, most of this time working as a member of the senior medical team.

Sue trained in medicine in New South Wales and came to New Zealand as a medical student for an elective at Greymouth, during which she met her future husband, David. She then returned to New Zealand after completing her medical training and worked as a house surgeon in Christchurch from 1972 to 1973, during which time had her first contact with ED.

She and David then spent time in Canada and the UK. Sue worked in anaesthetics during her time in Canada and then held a 12-month position in anaesthesia in the UK.

David completed his training in obstetrics in 1982 and they continued their experience in the UK before returning to New Zealand in 1986 where Sue began her future career in ED – a very different ED to the one that exists today.

The construction of the new ED and location occurred in 1989. Sue worked with all the previous clinical directors: Duncan Scott, Shailer Weston, Alan Chirnside, and Angela Pitchford and says she has thoroughly enjoyed her clinical work.

She continued to work evening shifts in ED, even in her last week.

ED Clinical Director, Scott Pearson, says Sue has always been dedicated to providing compassionate care to the many and varied patients that attend ED.

“Sue is extremely well read and a literary oracle and can be relied on to provide points of grammatical accuracy. She has a quiet and respectful manner that patients really respond to and has been very reliable and loyal over her long history with the ED,” he says.

Sue has five children and life will be busy with her involvement in their lives and the lives of her grandchildren. We wish her the very best in the next part of her journey.



Dr Suzanne Peddie presented with flowers from ED Charge Nurse Manager Anne Esson



Dr Suzanne Peddie with ED Charge Nurse Manager Anne Esson and ED Clinical Director Dr Scott Pearson

Don't let the flu get you

Thanks to the over 4,000 staff who've already stepped up and had their flu vaccination this year. Not only are they safer for it, but so are their colleagues, their families, and our patients.

For those of you who haven't had their flu vaccination yet... there's still time! The flu hasn't arrived yet, but it is coming. It takes around two weeks for the vaccine to become fully effective, so please don't put it off any longer.

Details of free staff flu vaccination clinics can be found [here](#), as well as below and on the following page. If clinic times don't suit you then please contact your authorised vaccinator.



Health and Safety Manager Marilyn McLeod gets her flu shot

1st May – 5th May 2017

Burwood Campus

Date	Location	Time
Thurs 4th May	BWD 2:1	09:00 -11:30

Christchurch Campus

Date	Location	Time
Thurs 4th May	Oncology tutorial RM, GF	10.30 – 11.30
	Great Escape Cafe	14.00 – 15.30
Fri 5th May	Canterbury Health Labs	13.00 – 14.00

Kaikoura

Date	Location	Time
Wed 6th May	Parish Centre Ludstone Road	8.30-11.15am

Hillmorton

Date	Location	Time
Tuesday 2nd May	Ground Floor Treatment Rooms – Fergusson	10.00am – 3.00pm
Weds 3rd May	Clinical Services Unit	2.30 – 3.30pm
Thurs 4th May	Clinical Services Unit	2.30 – 3.30pm
Fri 5th May	Ground Floor Treatment Rooms – Fergusson	8.30 – 2.30pm

8th May – 12th May 2017

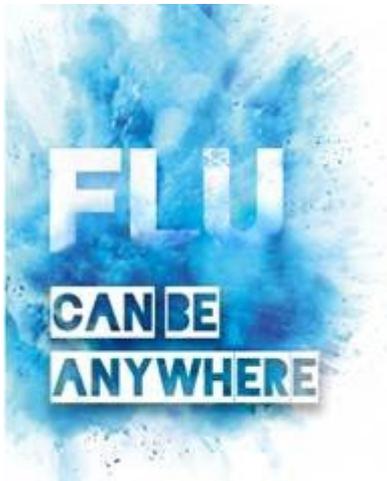
Christchurch Campus

Date	Location	Time
Wed 10th May	Oxford Terrace -walkabout	To be confirmed
Thurs 11th May	Great Escape Cafe	09.00 – 11.00
Frid 12th May	Great Escape	09.00 – 14.00

Hillmorton

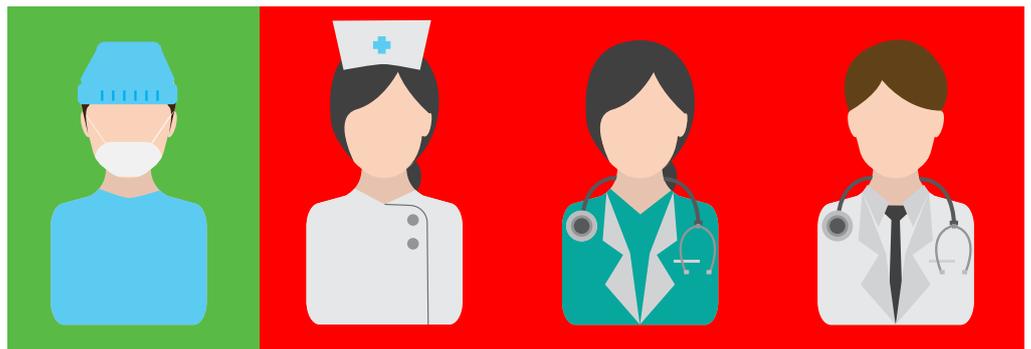
Date	Location	Time
Weds 10th May	Clinical Services Unit	2.30 – 3.30pm
Thurs 11th May	Clinical Services Unit	2.30 – 3.30pm

42 percent of our people have had their flu vaccination so far.



Safety Advisor Tui Theyers celebrates hitting the 40 per cent mark for staff vaccinations

New research suggests that around one out of four New Zealanders are infected with influenza each year. While around 80 per cent of those infected have no symptoms, they can pass it on.



Sponsored study making a big difference

Melody Tuliau says getting a grant to study will help her pass on knowledge to her colleagues and family.

Melody, who is Administrator/Hauora Māori Project Coordinator for Pegasus Health, got the grant after applying to the Health Workforce New Zealand Hauora Māori training funding.

The scheme makes study funds available for Māori staff working either directly for a DHB or in the community in a DHB-funded workplace.

Melody says applying for the grant was an easy process and she is at Canterbury University studying Māori and Indigenous Studies, and Te Reo Māori.

The study is relevant to her role at Pegasus Health and she has a personal interest in all things Māori.

“Although I have a good base knowledge, by increasing my knowledge of the Māori language, tikanga (customs), and history, my studies have already helped me to explain Māori-related topics to others in a way that is interesting and easy to understand.”

Her ultimate aim is to pass on enough knowledge to her colleagues at Pegasus Health, so that at the beginning of a project or service design, consideration is given to Māori in regards to the service relevance and suitability.

“By explaining Māori customs to my colleagues, my aim also is to give them confidence when going into a Māori setting, and some understanding around our customs and why we do things the way we do.”

Her studies have also helped her to support her children in their learning and understanding of their culture, “something I find a little difficult with living away from my family and birthplace”.

For the first time Canterbury DHB has exceeded its annual target for Hauora Māori training funding applications set by the Ministry of Health and done it by the first semester. However there is still funding available for new applications.

The increase in applications from Canterbury DHB is largely thanks to Māori Pacific Portfolio Manager, Ngaire Button, who promotes the fund through her existing networks including Te Kahui o papaki kā Tai and the Māori Provider forum.

“It has taken up quite a bit of my time but it is exciting to see Workforce Development Funding being taken advantage of.”

Ngaire says it is a great opportunity to step out of our comfort zone and learn new skills we might not had a chance to do before and the experience is making a big difference to creating an opportunity for people to reach their potential.



Melody Tuliau

“One of our big challenges for Māori in health is workforce development. We have intelligent, capable people who have never had the opportunity to do training. This fund is designed to help address that.”

The fund includes support for the employer to release staff to do the training, covering costs for a replacement staff member to cover hours the staff member is away for study reasons.

“This is important because many of our Kaupapa Māori Providers do not have the capacity to have staff away from work for any reason. There should be no cost to the employer to release staff to do courses using this fund.”

Fields of study could include Te Reo, cultural development, leadership, or anything that may be related to health in some way. The study course must be from an NZQA provider.

“If you want to do a course, and have not studied before or want to encourage a person around you who hasn’t had the confidence and who maybe feels it’s too late for them to study because they have a family now, it’s never too late.

“Education is never wasted, the skills you learn just by studying are valuable. A lot of support is available from mentors.”

For any Māori person who has a field of study they want to pursue – whether it’s a longer course or a one-day course Ngaire has one message:

“Give me a ring!”

Ngaire can be contacted on extension 62152 or 364 4152.

Final dates for submissions to be reviewed are 19 May 2017 for Semester 2.

Enhancements to employee payslips on YourSelf

Did you know you can view your entire payslip history on YourSelf? Employee payslips now show details of pay rates, and, if you have multiple positions, show detail of each position. Payslips are available by 6pm each Wednesday of your pay fortnight.

You can also view your leave balances and leave history on YourSelf to help you plan your next holiday, and quickly and easily update your personal details.

YourSelf is available here yourself.cdhb.health.nz/signonnew.aspx – your log in and password is the same as your network ID.

Hand Hygiene Focus for May

World Hand Hygiene Day approaches on Friday 5 May 2017.

Canterbury DHB staff want to build on all the work they have been doing to improve and sustain practice and the Canterbury Hand Hygiene Governance Group (HHGG) is once again supporting a month-long campaign to get staff talking and sharing their hand hygiene improvements.

The [World Health Organisation theme](#) for the day this year is: “Fight antibiotic resistance – it’s in your hands”.

Director, Quality and Patient Safety, Susan Wood, says the evidence is clear that hand hygiene saves lives and cleaning your hands at the right times can help stop the spread of infection.

“It was great to pass the national target of 80 per cent in the last period. Health professionals and those working in the system take patient safety seriously, and hand hygiene is fundamental. We are ensuring that the Frontline Hand Hygiene Programme is in all inpatient areas and will continue to support a focus on sustaining practice.”

Resources to share information and tips on hand hygiene are available on the [intranet](#) and include the new ‘environmental culture’ posters, the patient information pamphlet, and ordering details for the “It’s OK to ask” badges from last year’s Hand Hygiene campaign.

The new posters showcase the environmental risk in both clinical and patient environments with visualisation of bacterial contamination on everyday items like staff IDs and clinical area keyboards. The posters are designed to increase awareness of contamination in the environment and provide specific education opportunities. Teams are strongly encouraged to print and display the posters in their work areas to start conversations with their colleagues around potentials for contamination.

To inspire staff to show their commitment to hand hygiene the Canterbury DHB HHGG is also running a competition for staff asking “What’s your hand hygiene culture?”

Share your team’s frontline initiatives planned to promote and improve hand hygiene in your areas/wards. There is also an opportunity to provide your best catchy slogan for remembering to clean hands.

Entries will be judged by Mary Gordon and Sue Nightingale, and the winners will win a delicious afternoon tea and the respect and envy of your peers. Get your entry form [here](#).

Handy Hand Hygiene Hints: Spotlight on MRSA

The most common mode of Multi Drug Resistant Organism (MDRO) transmission in health care facilities is via the hands of health care workers. Let’s educate ourselves and our patients. Read Infection Prevention and Control’s [MDRO policy](#) for detailed guidelines on controlling MDROs. Our MDRO focus this week is Methicillin-resistant Staphylococcus aureus (MRSA) – for information on MRSA for newly diagnosed patients visit <http://www.healthinfo.org.nz/> and either go to “A-Z of health topics” and put in “MRSA” or use the search box at the top of the page.



Roving Grannies

A visitor to Christchurch Hospital has expressed his appreciation for the Roving Grannies.

“Yesterday we bumped into the ‘Roving Grannies’ three times and all three times they had swarms of people around them with smiles from ear to ear.

“They both took us away from the reality of why we are here (to visit both my mother and sister). Even if it was for just a couple of seconds it was much appreciated. The work they do not only lifts spirits of the visitors, but also the patients. We didn’t know about the ‘Roving Grannies’ but have told our extended family about our encounter with them.

“In conclusion, they were brilliant and absolutely appreciated – when we needed a cheer up they did the job oh so well.

“Thank you ‘Roving Grannies’ for putting a smile on not only our faces but several other patients and visitors, keep up the great work.”



Canterbury Grand Round

When: Friday, 5 May 2017 – 12.15pm to 1.15pm
with lunch from 11.45am
Venue: Rolleston Lecture Theatre

Speaker 1: Jennifer Randle

“Staff Awards” (first 10 minutes)

In the first presentation of the year, CMSA is taking the opportunity to highlight fantastic Canterbury DHB staff members. These recipients have provided individual students with great teaching and clinical experiences throughout the beginning of 2017.

Speaker 2: Professor John Young, Geriatrician

“Should we screen for delirium in routine care?”

Delirium is a common and serious condition in sick older people. Evidence suggests we miss about two thirds of cases in routine care. Recent years have seen many screening tools for delirium developed and tested. Has the time now come to incorporate and embed a delirium detection tool in your department?

Chair: Melissa Kerdemelidis

Video Conference set up in:

- Burwood Meeting Rooms 2.6
- Wakanui Room, Ashburton
- Administration Building, Hillmorton
- The Princess Margaret Hospital, Riley Lounge
- Pegasus, 401 Madras Street, Christchurch 8013, Room 1.02 – **Not available this week**

All staff and students welcome.

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

Next is – Friday, 12 May 2017, (Rolleston Lecture Theatre).

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

One minute with... Joseph Bebbington, Psychiatric Nurse at Crisis Resolution, Specialist Mental Health Services

What does your job involve?

I am a psychiatric nurse who for the past three years has worked in Crisis Resolution (CR) within a team of multi-disciplinary, dedicated professionals with varying degrees of experience and skills. The main function of my role is to provide immediate and short-term psychiatric/psychological care focusing on assisting individuals in a state of personal crisis with the intention of reinstating symmetry to their biopsychosocial functioning, as well as reducing the risk of long-term mental distress. The number one priority of CR is to maintain safety and increase stabilisation for the individual, their loved ones, whānau and their carers. I assess people in the most appropriate environment, depending on the acuteness of the presenting problem and the potential risk of harm towards the client, public and staff.

Why did you choose to work in this field?

I came to New Zealand in 2009 and I applied for the job in CR after spending five years working in the South Island Eating Disorders Service. Although I enjoyed my time with the Eating Disorders Service I realised that I was missing the challenge of acute psychiatric nursing and applied for the position that I was fortunate enough to get. In the late 1990s I lost a very good friend who committed suicide. I could never understand why he took his own life and more upsettingly why he never told me how he was feeling. One of the reasons I became a psychiatric nurse was to gain a better understanding of what pushes people to such despair. A psychiatric illness or disorder can affect anyone at any time and I believe that it is paramount that as health professionals we should always ensure the individual has a voice even when the individual is unable to – for whatever reason – speak for themselves. A philosophy that I carry with me is...

"I disapprove of what you say, but I will defend to the death your right to say it."

Evelyn Beatrice Hall

What do you like about it?

I enjoy listening to the story of the patient journey. The intricacies of endeavouring to comprehend the presenting problem/s of the individual in their crisis as well as the development of the nurse client therapeutic relationship during the recovery journey is both challenging and rewarding for me. The support the crisis team offers to not only the individual but also their family, whānau and carers is an integral part of my role and one which gives me great satisfaction. I work in a very supportive and flexible team where my colleagues assist, guide and support me during the course of my shift.



All members of the CR team are completely dedicated, unbiased, magnanimous people who face adversity and listen to personal trauma without complaint on a daily basis. Would I work anywhere else? No!

What are the challenging bits?

Never knowing who or what is around the corner. There are numerous times that myself and my colleagues instantly problem solve a situation with very little information at hand. I have learned to think quickly on my feet while at all times considering the values and rights of the client. As a nurse I am expected to absorb someone's personal trauma and respond accordingly and quickly. Although crises are temporary I have to intervene at the drop of a hat and in an array of locations. Shortage of staff is also a challenge and I am always in awe of my colleagues who frequently step up to the mark and work extra, long hours to ensure a safe practice is being delivered.

Who inspires you?

The individual who has had a lifetime of suffering but on a daily basis gets out of bed, gets dressed and faces the world with a smile on their face. Never fails to impress me. The late great boxer, philanthropist and social activist Muhammad Ali. He was never afraid to face his fears both inside and out of the ring. Former President Barack Obama said of Ali, he had a "unique ability to summon extraordinary strength and courage in the face of adversity to navigate the storm and never lose his way". So true!

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?

The CDHB commitment 'the right care and support, by the right person, at the right place, at the right time and in the right way' is exactly what we do in CR. Every one of us in CR treats others with respect, dignity, compassion, consideration and empathy while listening to the client, whānau and to colleagues. We work as a cohesive team, apportion knowledge and wisdom, support and encourage others to develop to their optimum potential, explore new concepts and ways of working, while promoting a just culture and provide a safe, clean and tidy environment.

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

All of the Godfather books by Mario Gianluigi Puzo. Love them.

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

New Zealand. Why would I want to be anywhere else? For me it's the most beautiful country in the world that contains jaw dropping scenery and sights that blow me away every day. Kiwis are friendly, polite and down to earth.

My ultimate Sunday would involve...

I don't often get to have a Sunday off work but it would have to be sitting on the deck, while playing the blues on my guitar after spending the day in the country or near the sea.

One food I really like is...

When it comes to food, most of my colleagues would say I like "Anything". I do, however, enjoy herbed garlic chicken with roast vegetables as well as traditional lamb Rogan Josh followed by a Chardonnay.

My favourite music is...

Pink Floyd, Led Zeppelin, the Blues and all sorts of genres, I guess.

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

Māia Health Foundation newsletter

In the latest Māia Health Foundation newsletter read about their upcoming 'feast'.

Other stories include plans for a new children's playground at Christchurch Hospital, and Māia's brave supporter: Harry, 8, who is battling Cystic Fibrosis. Read more [here](#).

It takes a community, to be interested.

Have a read —




Māia Health Foundation
feast

It's Canterbury's greatest and newest Feast.
Save the date.

Gather 'round in the heart of the city to help Māia Health Foundation enrich Canterbury's health services.

Saturday 19th August, 2017 - 6pm

Food – Jonny Schwass and White Tie Catering
Music – Bic Runga
Tickets – \$315pp



#goodtogreat

South Island Alliance update



In the latest issue of the South Island Alliance newsletter you can read about Jan Barber who is leaving for new adventures; how health professionals across the South Island now have access to e-learning platform healthLearn; and that South Island cancer multi-disciplinary meetings have been the subject of an extensive review by the Southern Cancer Network, and a set of recommendations and areas for further action have been identified as a result. Read more [here](#).



Lecture on Vitamin C in cancer and infection

Tuesday, 2 May from 7pm – 8pm.

Vitamin C is vital for human health but New Zealand's recommended daily intake is among the lowest in the world and does not result in optimum levels in the blood. What are optimal levels for the healthy and unwell? And what evidence is there for the use of vitamin C in cancer patients and those with serious infections, including current Christchurch studies to answer these important questions?

Rolleston Lecture Theatre, University of Otago, Christchurch, building at 2 Riccarton Ave, on Christchurch Hospital campus. No booking required.

Queries to kim.thomas@otago.ac.nz or www.otago.ac.nz/chch-lectures.

Our final Health Lecture for 2017 – 3D-bioprinting

Tuesday, 9 May from 7pm – 8pm.

You might be surprised to hear that Canterbury is home to world leaders in 3D-bioprinting. This is where human cells are 3D-printed into pieces of tissue, cartilage, bone – and one day possibly into viable organs for transplant. This lecture will explain current technology; how far off we are from printing new hips and knees; and the world-leading work our scientists and engineers are doing to get there.

Rolleston Lecture Theatre, University of Otago, Christchurch. Queries to kim.thomas@otago.ac.nz or www.otago.ac.nz/chch-lectures.



working with

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District Health Board
Te Pōari Hauora o Waitaha

Vaccine trial

The University of Otago, in collaboration with Christchurch Women's Hospital, is currently recruiting pregnant women for a clinical trial of a new respiratory syncytial virus (RSV) immunisation. RSV is the virus that causes bronchiolitis in babies and infants, frequently leading to hospital admission. The vaccine is given to women during the third trimester of pregnancy to protect their babies from severe RSV infection.

This trial is a multi-national study that will determine the efficacy of the vaccine for protecting babies against RSV. We in Christchurch are one of six New Zealand sites taking part in this global trial, now coming into its second year of recruitment.

We are looking to recruit interested, eligible pregnant women, from now until the middle of June. Potential participants will need to be:

- » Due to give birth between 20 March – 11 July 2017
- » Aged between 18-40 years old
- » In good general physical health
- » Singleton pregnancies

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

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

Email: di.leishman@otago.ac.nz

Phone: 3644 631

We look forward to meeting you!



RSV Vaccine in Pregnancy Study

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

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

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

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

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

Interested?

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



Approved by the Central Health and Disability Ethics Committee

Version 2.0, 28 Jan 2016

The Calderdale Framework

Invites you to a foundation training day for health professionals

Presenters:

Angela Kennedy, Physiotherapist CST
Bridget Law, Allied Health Team Leader, Physiotherapy
Vicki Prout, Physiotherapy Professional Leader

This session is an introduction to a structured, patient focused workforce development model that has been used in the UK and Australia. The Calderdale Framework focuses on helping service areas evaluate what are the profession specific tasks for their clinical area, and what can be skill shared or delegated to best meet the needs of the patient.

When: **WEDNESDAY 17th MAY 2017**

Time: **9.00 am – 3.00 pm**

Location: **The Sharing Shed, Print Place**

Morning tea will be provided. Please bring your own lunch.

Be quick - Spaces are limited!

RSVP for a space to Jill.wreford@cdhb.health.nz.

University of Otago, Christchurch

POSTGRADUATE

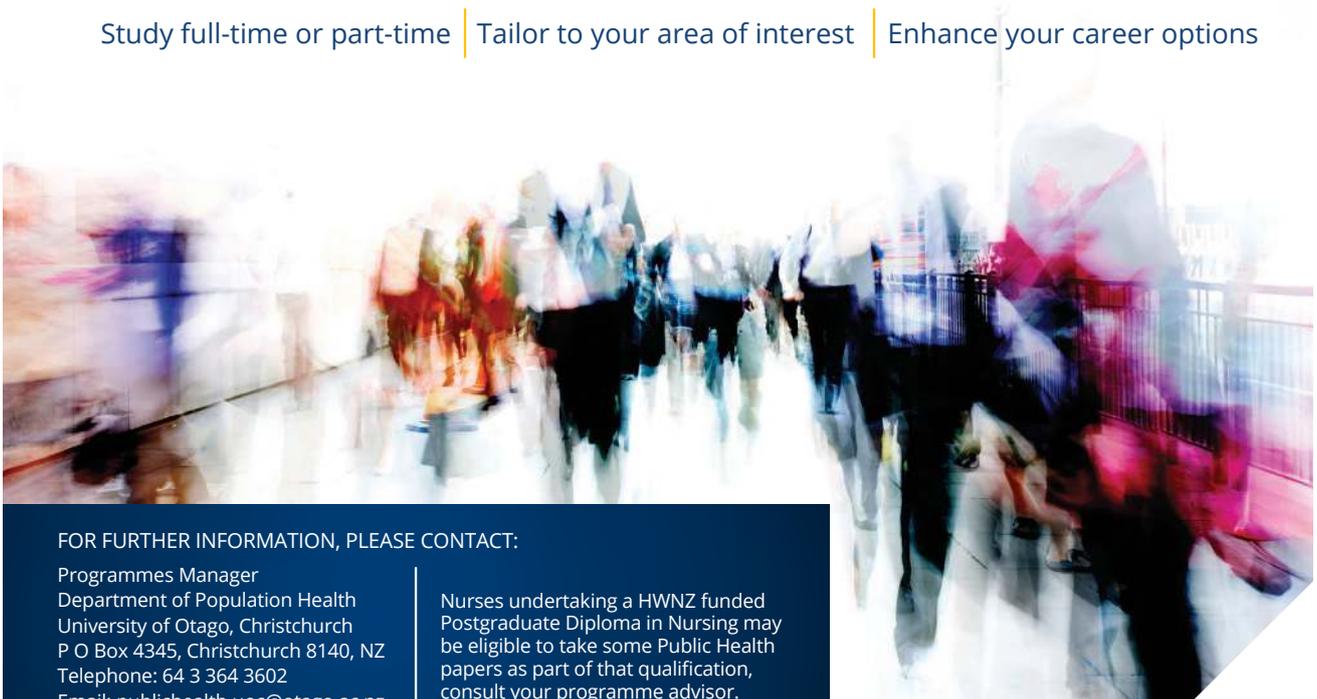


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FOR FURTHER INFORMATION, PLEASE CONTACT:

Programmes Manager
Department of Population Health
University of Otago, Christchurch
P O Box 4345, Christchurch 8140, NZ
Telephone: 64 3 364 3602
Email: publichealth.uoc@otago.ac.nz

Nurses undertaking a HWNZ funded Postgraduate Diploma in Nursing may be eligible to take some Public Health papers as part of that qualification, consult your programme advisor.

otago.ac.nz/publichealth



Canterbury Collaborative Simulation Interest Group (CCSIG)

Date: 22nd May 2017

Time: 1400-1630hrs

Venue: *Oncology Lecture Theatre, Ground floor, Christchurch Hospital.
Christchurch*

Registration fee: *No charge*

Book a seat

TO REGISTER PLEASE CONTACT: [Professional Development Unit](#)

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Te Poari Hauora Ō Waitaha

