



## We can learn from our mistakes and do better

In the past year 115,318 people were admitted into and cared for in Canterbury DHB hospitals – that's almost one in every five people in our community spending time as an inpatient in one of our hospitals. In addition we provide hundreds of thousands of outpatient visits as well as around 96,800 Emergency Department attendances.

In most cases things are well coordinated and people's treatment and care go according to plan – we receive numerous thank-you letters, cards and emails from grateful patients and these are featured every week in our 'bouquets'. However, when things don't go well, it's vital that we learn from our mistakes, and so important that we remain open and transparent in reporting all near misses, and serious adverse events. Feedback from patients, both positive and negative, is a valuable source of information on how our patients feel about their experience of our services. We need to keep listening and learning in order to continue to improve the quality and safety of our services.

Last week the Coroner reported on the case of a man whose experience in Christchurch Hospital in 2013 fell well short of the mark. I'm not going to go into all the details again today, but I do want to acknowledge the impact the multiple failures in our systems had on this man's family, and on our own staff involved. It's been devastating for the family, and extremely difficult for the staff as well. I know that everyone who turns up to work in our health system, comes along to do their very best for patients who put their trust in us to do everything in our power to do our very best for them.

I provided a statement to media last week in response to the Coroner's report and in it I stated that as a system we failed this man and his family.

By not providing the right care in the right place at the right time we didn't meet his needs. While the focus of media attention has been on his discharge, there were a number of missed opportunities leading up to the events of 28 October

2013. Of course with the benefit of hindsight we can look back and identify many things we would do differently today.

Our systems at that time didn't support staff to do the right thing, and I have apologised for that. I have also stated that it's not fair to single out the actions of any individual team or staff member as the buck stops with me as Chief Executive. I take heart in the fact that a number of significant changes have occurred since 2013 that mean a repeat of this man's journey simply wouldn't be possible today.

This case has highlighted to me the importance for us all to keep striving to make it better – and one of the ways to do that is to keep reporting and speaking up when things go wrong.

Every year all DHBs publicly report their Serious Adverse Events. The investigations, reviews and analysis that take place into what occurred and the recommendations about what we can do differently to avoid a recurrence are so important and at the heart of being a mature, open, health system with a 'no blame' culture.

If you're involved in an adverse event, please recognise the importance of Adverse Event reviews and give them due priority, as behind every 'case' is a patient, their family and friends who are wanting answers and we owe it to them to expedite the review process, and contribute in an open and honest way so we can all learn and improve. Put yourself in their shoes and imagine how it must feel waiting weeks, months, and sometimes years to get answers.

We can, and will do better.

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## Māori language week

This week is Māori language week and I encourage you to have a go at greeting colleagues in Māori this week. See the poster on page 3 for some ideas.

In this issue of the CEO Update we feature a number of stories about our Māori staff. On page 8 read about the fortuitous reunion in theatre of childhood friends, Theatre Nurse Ariana Stirling (Ngāi Tahu, Ngati Porou, Te Whānau ā Apanui and Tainui) and Christchurch Women's Hospital Midwife, Tumanako Stone-Howard (Ngāi Tahu), attended the first kura kaupapa in Ōtautahi (Christchurch), together. We also cover last week's Te Whare Whetu graduation at Hillmorton.

And remember if you identify as Māori, you can now register your affiliations in the Yourself portal using a new drop down menu.

Heoi anō, noho ora mai



**David Meates**  
CEO Canterbury District Health Board

## Correct channel for patient information

A reminder that all requests for health information on patients – for example from a lawyer or Police – should go through the Patient Information Office.

There have been recent instances of requests for patient information being sent directly to a social worker and community support team.

These requests can be e-mailed to [patientinformation@cdhb.health.nz](mailto:patientinformation@cdhb.health.nz) or posted through the internal mail.

For Specialist Mental Health records, the request should go to [Medical\\_Records\\_TPMH@cdhb.health.nz](mailto:Medical_Records_TPMH@cdhb.health.nz)

The office has the knowledge to work through any issues, request proof of authorisation, and contact Canterbury DHB's legal team or other privacy officers if there are any matters that need clarifying.

The Patient Information Office is our central release office for Canterbury DHB.



**CARE AROUND THE CLOCK**

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

Canterbury  
District Health Board  
Te Pōwhiri Hauora o Wairarapa

 #carearoundtheclock



# General phrases

Have a go at these simple, everyday phrases.

## Hello

.....  
Kia ora

—  
Tēnā koe

## How are you?

.....  
Kei te pēhea koe?

—  
E pēhea ana koe?

—  
Kei te aha koe?

Did you know?

**Kia ora**

— means —

**Thank you**

— as well as —

**Hello**

## Good

.....  
Kei te pai

—  
E pai ana

.....  
Ka nui te ora

## Bye

.....  
Hei konā

—  
Haere rā!  
(speaker stays)

—  
E noho rā  
(speaker leaves)

▶ Check out our great audio tips to help with your pronunciation of Māori here: [www.tetaurawhiri.govt.nz/resources](http://www.tetaurawhiri.govt.nz/resources)



'Kia ita!  
Te Taura Whiri i te Reo Māori  
MAORI LANGUAGE COMMISSION

[www.tetaurawhiri.govt.nz](http://www.tetaurawhiri.govt.nz)



# Facilities Fast Facts

## Acute Services Building

With nearly 450 workers on site at the Acute Services Building, health and safety remain a high priority. Strict protocols are in place for everything from having tools such as hammers tethered to the user when working at heights to wearing gloves with appropriate cut resistance. The main contractor for the build, CPB Contractors, has initiated a regular award for workers on site who display behaviours that are above and beyond their core business. These workers are nominated by their colleagues and each month the best nominations are

awarded a prize. The first people to receive an award were Henry Malagar, who received a \$150 voucher from Gene Simmiss of Accessman, the scissor lift provider on site, and Amando Lucero of Equus Industries that provides the technical waterproofing, tanking, coating and flooring for the project, who received a gift pack from Callum McDougall. Tray Owen from Grace Developments and Marlon Apawan from Acrow Scaffolding also received awards.



Gene Simmiss of Accessman scissor lifts presents Henry Malagar with his award



Callum McDougall of Equus Industries presents Amando Lucero with his award

## Christchurch Outpatients

The Christchurch Outpatients has been designed with some key principles in mind. These include:

- » Long life, loose fit – this means planning by anticipating and building in flexibility for delivery that will allow future models of care to evolve.
- » Pods of eight consult rooms with associated support spaces, utility rooms and treatment/procedure rooms.
- » Maximising bookable rooms through standardisation of design.

Spaces such as meeting rooms and staff lounges are shared, while workspaces will be allocated and shared appropriately, with some services such as dermatology, dental, urology and diabetes having service specific consult rooms.

About 250,000 outpatient appointments will come through the Christchurch Outpatients building annually. The image below shows the (not to scale) layout of the Christchurch Outpatients and where the different services will be located and co-located within the building.

<b>Workspace</b>	4th	<b>General Outpatients 4 pods</b>
<b>Workspace</b>	3rd	<b>General Outpatients 4 pods</b>
<b>Workspace</b>	2nd	<b>General Outpatients 2 pods and Eye Outpatients 2 pods</b>
<b>Workspace and Staff Lounge</b>	1st	<b>Hospital Dental (12 surgeries)</b>
<b>Dock, staff change area and retail.</b>	Gnd	<b>Diabetes and Endocrine and Blood Collection Service</b>



## Bouquets

### **Interventional Radiology team, Thysje Waghorn, Ward 23, Andrew Sidwell and team, social worker, dietitian and physiotherapists, Christchurch Hospital**

My daughter was admitted to Ward 23. I am writing to express my thanks for the wonderful team work and care that we experienced. The interventional radiology team are fantastic. They are warm, friendly, sensitive and so professional. Thysje, the PEG (percutaneous endoscopic gastrostomy – a tube that enables long-term feeding, fluid and/or medication administration) nurse is amazing and made magic things happen for our daughter's PEG tube to be couriered from Auckland just in the nick of time and I'm so thankful. Her follow up is quick and thoughtful and I feel so blessed that she was here to make such a big difference for us. The Ward 23 nursing staff and carers are incredible. It's such a grotty old ward to work in but no-one complains, they are fantastic, they are kind, compassionate and really professional. They kept me informed and allowed me to care for my daughter as I would usually do at home but with as much support as I required. All ...'s care/meds/info was done and given promptly and well. Dr Sidwell's team are fabulous too. He and his team, so kind, informative and helpful ... And finally the social worker who organised accommodation, the dietitian who sourced extra feeds and answered my questions with real enthusiasm and the gorgeous physios and Occupational Therapist who loaned us that super chair so we could explore Christchurch on such a sunny week. Thank you so much.

### **Josie Todd and team, Christchurch Hospital**

Thank you so much to Josie Todd and her team. It's been five years since my breast cancer was found. Josie has

been absolutely fantastic and caring. I can't speak highly enough of her. Thank you Josie for your care over the last five years. She even made time to come into the exam room to personally say goodbye and sign me off to my GP. Amazing care!

### **Emergency Department, Christchurch Hospital**

On Saturday evening we brought our two-year-old son into the Emergency Department for assessment and treatment of a head injury/wound. We would personally like to thank the wonderful emergency department team for their kind, thorough and amazing care. I felt every staff member we met during our few hours there were thoughtful and compassionate towards both our son and us as parents. You are all doing a great job, keep it up!

### **Emergency Department, Christchurch Hospital**

My partner and I recently brought our baby to the Emergency Department (ED). Being staff and having worked in ED two years ago there is a degree of awkwardness about being on the other side of the system. However the experience was entirely a positive one, familiar faces were great with us, and were as thorough as usual. Everyone was very reassuring. Aishlinn Davis who brought us through to triage, Evan Cameron who quickly checked in on us to make sure there was no catastrophe taking place (there wasn't) and Heather Penman who took over and went through everything in more detail including discussing things with paediatrics - all were very much appreciated.

### **Ward 15, Christchurch Hospital**

Last week I was admitted to hospital. I would just like to say how impressed

I was with the service. The staff were fantastic, caring and friendly. I applaud every one of them. Could you please make sure the staff in ward 15 see this message. Keep up the good work.

### **Gordon Beadel, Josh Kempthorne, Wards 17 and 18, Christchurch Hospital and Physiotherapy, Burwood Hospital**

Dear Mr Meates,

I realise you are a busy person but I would like to explain to you what a wonderful hospital journey I have been on following leaving Ward 17 where I worked, which was fabulous. I had a fall, then got knocked over by a football! Mr Beadel and Mr Kempthorne have put me back together again fantastically well, their expertise is phenomenal. I am so grateful. Ward 18 cared for me with diligence, care and kindness. My ongoing care is at Burwood physio which has been hard work which I love but also amazing. I wanted to praise Nikki and her team for the hard work they do in motivating and encouraging people sometimes at their lowest ebbs, they show such compassion. They physios that have cared for me are Paul, Cindy, Michelle, the physio aides, Karen, Jane, Kath, have kept my spirits up. Their dedication and care has been awesome, I'd be so grateful if you could praise them. My journey has been one of discovery of myself and that by showing friendliness you receive it back. The kindness of everyone and the lengths they will go to assist another human being is awe inspiring. The world we live in is in turmoil but it's good to see the wonderful kind people around us in the health profession.

### **Ward 23, Christchurch Hospital**

Amazing staff. Both registered nurses and hospital aides. Special staff in Ward 23.

**Ward 21, Christchurch Hospital**

My nine-year-old daughter just spent 11 days in Ward 21. Her experience was that of a great big family of care and compassion. The nursing staff on Ward 21 went above and beyond their roles as nurses. An extra special mention to Sophie, Erin and Rachel. The team in the Playroom were awesome, so attentive and helpful. My daughter did not want to leave the hospital. Everyone we encountered, from surgical, doctors, nurses, cleaners, food staff, were professional and extremely helpful.

**Shelley, Supply Chain department**

Shelley came to the aid of an ill staff member for the second time in a short period of time. Thank you for acting so promptly and professionally. If we had a Supply Chain paramedic of the week, month or year you would be the winner. (From Jock Muir).

**Ruth, Community Dietitian**

Dear Ruth, Thank you so much for all your support during ...'s illness. He enjoyed your company and we very much appreciated your expertise and guidance through a difficult time. It seemed to us that nothing was too difficult for you and that helped give us confidence in what we were doing.

**Emergency Department and Child Acute Assessment Unit, Christchurch Hospital**

Amazing service in an awfully scary situation. Doctors and nurses were amazing. Level of care was class A. And kept us very well informed throughout. Thank you so much.

**Ward 11, Christchurch Hospital**

Thanks very much. Great people. Wonderful care, much appreciated.

**Urology Outpatients, Christchurch Hospital**

Alice, Sue and Jane were absolutely fabulous! Amazing care and communication. Thank you.

**Jaime, Social Worker**

The Palliative Care Team would like to thank Jaime Summers for her hard work with a mutual patient.

**Surgical Progressive Care Unit (SPCU), Christchurch Hospital**

Chris, the male nurse on SPCU was wonderfully caring of my mother, thank you.



## The Library

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

- » [“How bacteria might stop sepsis infection”](#) – sepsis is a potentially life-threatening complication which happens when your body's attempts to fight off an infection go badly wrong. Now scientists have found a way you can dramatically reduce this risk. From *Radio New Zealand*, published online: 2 September 2017.
- » [“Zika virus used to treat aggressive brain cancer”](#) – viruses have been known allies in cancer treatment, but a [study released](#) in the *Journal of Experimental Medicine* shows surprising promise using Zika virus to combat brain cancer. From *BBC*, published online: 5 September 2017.
- » [“Patient Decision Aids to Engage Adults in Treatment or Screening Decisions”](#) – are patient decision aids (PtDAs) associated with improved decision quality and better patient and health system outcomes compared with either usual care or a non-PtDA intervention? This Clinical Evidence Synopsis summarises a recent Cochrane review on patient decision aids. From *JAMA*, published online: 15 August 2017.

If you want to submit content to **The Library** email [communications@cdhb.health.nz](mailto:communications@cdhb.health.nz).

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

- » **Visit:** [www.otago.ac.nz/christchurch/library](http://www.otago.ac.nz/christchurch/library)
- » **Phone:** +64 3 364 0500
- » **Email:** [librarycml.uoc@otago.ac.nz](mailto:librarycml.uoc@otago.ac.nz)







# Eight days until NZEWS changeover – staff urged to complete e-module

In just over a week Canterbury switches to a new early warning score system and clinical staff are strongly recommended to prepare if they haven't already.

Over 1,100 staff have completed a 15-minute education module on [healthLearn](#) to understand how the change to the New Zealand Early Warning Score (NZEWS) system will affect their work. This should be the first stop for staff to learn more - particularly nursing staff and junior doctors who are the most affected by the changes. If staff aren't already registered with healthLearn they will be asked to when they try to login.

[Hospital HealthPathways](#) will be updated with the early warning score pathway in the next week and staff can get more information and ask questions this week at pop-up info stands at lunch time in Great Escape Café and underneath Medici Café at Christchurch Hospital. At Burwood, Ashburton and Hillmorton there will be displays and members of the NZEWS changeover team will be popping into wards and around the site to talk with staff.

Many staff attended workshops recently to support planning for the NZEWS rollout in their work area. Rachel Marshall, Nurse Educator at Burwood Hospital says, "We're looking at the how the red zone specifically applies to us at Burwood because we have different after hours staff coverage than Christchurch Hospital and we're adapting our operational policies for how that would work."

"We're also using the MyView function in Patientrack [an electronic observation tool] to improve information flow about deteriorating patients from the wards to medical staff and starting to use it in our handovers – this started the day after the workshops. Our Clinical Team Coordinators are leading it – they're using it to see where the sickest patients in the hospital are to help prioritise work flows for medical staff."

MyView is also used at Christchurch Hospital.

For more information on NZEWS visit the [Patient Deterioration Programme Page](#) on the intranet.

CDHB New Zealand Early Warning Score (NZEWS)	
In the case of staff, patient or family/whānau concern arrange for clinical review	
Total Early Warning Score (EWS)	Actions
<b>EWS 1-5 YELLOW ZONE</b>	<ul style="list-style-type: none"> <li>• Manage pain, fever or distress</li> <li>• Discuss with Nurse in Charge (NIC)</li> <li>• Consider *medical review</li> <li>• Increase frequency of obs if required</li> </ul>
<b>EWS 6-7 ORANGE ZONE</b> Acute illness or unstable chronic disease	<ul style="list-style-type: none"> <li>• Manage pain, fever or distress</li> <li>• Inform NIC</li> <li>• Consider Clinical Team Coordinator (CTC) or medical review</li> <li>• Increase frequency of obs to Q30 – 60mins</li> <li>• Document treatment plan, if not improving *medical review</li> </ul>
<b>EWS 8-9 or any vital sign in RED ZONE</b> Likely to deteriorate rapidly	<ul style="list-style-type: none"> <li>• *Registrar bedside review within 20mins</li> <li>• Document treatment plan</li> <li>• Discuss with Senior/Specialist</li> <li>• Inform NIC and CTC after hours</li> <li>• Increase frequency of obs to minimum Q30mins</li> <li>• <b>CHRISTCHURCH CAMPUS:</b> Contact ICU Outreach if not improving</li> <li>• <b>NON CHRISTCHURCH HOSPITAL SITES:</b> →</li> </ul>
<b>EWS 10+ or any vital sign in BLUE ZONE</b> Immediately life threatening critical illness	<ul style="list-style-type: none"> <li>• Immediate *Registrar and ICU Outreach review</li> <li>• Inform NIC and/or CTC after hours</li> <li>• Stay with patient</li> <li>• <b>CHRISTCHURCH CAMPUS:</b> Consider clinical emergency activation</li> <li>• <b>NON CHRISTCHURCH HOSPITAL SITES:</b> →</li> </ul>
<b>IF PATIENT NOT SEEN or NOT RESPONDING TO TREATMENT, CONTACT ICU OUTREACH</b>	

\* Patient's home team Reference: CDHB-23-9112 Authorised by: Executive Management Team August 2017

The new NZEWS pathway

**NON CHRISTCHURCH HOSPITAL SITES:**

- Activate clinical emergency
- Consider transfer to Christchurch Hospital or AAU (Ashburton Hospital)



# Operating theatre the location for unexpected reunion

An unexpected reunion of two young Māori health professionals in a Christchurch Hospital operating theatre recently led to a hug, a brief conversation in te reo and promises to keep in touch.



11-17 September  
**TE WIKI O TE REO MĀORI**  
Māori Language Week

Childhood friends, Theatre Nurse, Ariana Stirling, (Ngāi Tahu, Ngati Porou, Te Whānau ā Apanui and Tainui) and Christchurch Women's Hospital Midwife, Tumanako Stone-Howard, (Ngāi Tahu), attended the first kura kaupapa in Ōtautahi (Christchurch), together.

There they were schooled in te reo and are fluent speakers.

Kura kaupapa are Māori language (te reo) immersion schools (kura) where the philosophy and practice reflect Māori cultural values with the aim of revitalising Māori language, knowledge and culture.

Ariana, who started her nursing career in general practice five years ago, says the pair hadn't seen each other since they were children.

"It was like we were two little kura kids again."

Attending Kura Whakapumau, in Opawa, gave her a very different childhood experience compared to children who attended other schools.

"I was a little embarrassed at the time, as a kid you want to be like everyone else. But now I appreciate it, it made me who I am today."

Both women say they love their jobs and know they are making a difference for their patients, including when they are able to speak te reo with Māori in hospital.

Tumanako, who worked in hospitality and a bilingual preschool before studying midwifery, says Māori can have "walls up" when they come into hospital.

"When I kōrero (speak) with them and make a connection you see them relax."

Ariana says it is important New Zealanders know at least a little te reo as it is part of this country's culture, identity and heritage. She encourages people to "give it a go", even if they aren't confident or comfortable with their pronunciation.

"I really appreciate it when people at least try. It shows that they care."

Te Wiki o Te Reo Māori (Māori Language Week) is being celebrated from today, with the theme of 'Kia ora te reo'.

The theme was chosen to celebrate New Zealand's indigenous greeting, but also because the words 'Kia Ora' are an exact

description of the intent of the new partnership for te reo Māori revitalisation between the Crown and Māori, says Māori Language Commission Chief Executive, Ngahiwi Apanui.

The new Māori Language Act 2016 sets up a new organisation, Te Mātāwai, to lead revitalisation among Māori. The Māori Language Commission will concentrate on the public sector and wider New Zealand.

"Together we will ensure that the Māori language has 'ora' - life, health and vitality - which is what we convey every time we say 'kia ora,'" he says.



From left, Registered Nurse, Ariana Stirling and Midwife Tumanako Stone-Howard

# New programme for forensic mental health service consumers aims to build wellbeing

Six consumers proudly graduated last week from a kaupapa Māori based programme designed to help tangata whaiora in their wellbeing.

The graduates were presented with certificates at the ceremony which was attended by their whānau, Specialist Mental Health Service (SMHS) staff, and other SMHS consumers.

Tangata whaiora refers to a person who is the subject of care, assessment and treatment processes in mental health. It means 'a person seeking health'.

The initiative, called Te Whare Whetu, was run by the forensic area of SMHS for Forensic Community Team consumers and inpatients of Hillmorton Hospital's Te Whare Mauri Ora.

Many of the service's clients have been in and out of prison for most of their lives, and completing the course is a milestone for them, says Pūkenga Atawhai (Specialist Māori Mental Health Worker), Community Forensic Service, and the programme's facilitator, Taipari Mahanga.

"They may have presented with mental illness while in prison. When they come in here they can be quite anti towards clinical staff and taking their medication, and things in general.

"The course aims to help them on a pathway to wellbeing and provides a caring place where people can be honest."

The initiative was very much a team effort with Pūkenga Atawhai for the Forensic Community Team, Daryl Beattie and Forensic Clinical Psychologist, Stephanie Snelson, doing a lot of work to get it up and running, he says.

Clinical Psychologist, AnnMaree Kingi, and Occupational Therapist, Abby Roberts, have also played a vital role.

Nursing Director, Forensic and Intellectually Disabled Persons Health Services, Paul Kelly, says the team have been instrumental in developing this new and exciting programme for consumers.

"It is getting extremely positive results even in the limited time it has been running."

Taipari says one example of outcomes after just one session was a consumer who apologised to a clinician, and said, 'I know I have been a ratbag but I am now willing to work with you'.

The four-week pilot programme covered topics such as:

- » Who am I?
- » Do I stand alone?
- » My behaviour is that of chief



Tutors of the Te Whare Whetu project, Pūkenga Atawhai (Specialist Māori Mental Health Worker), Community Forensic Service, Taipari Mahanga and Pūkenga Atawhai for the Forensic Community Team, Daryl Beattie



From left, Forensic Clinical Psychologist, Stephanie Snelson, Clinical Psychologist, AnnMaree Kingi, and Occupational Therapist, Abby Roberts

The first week looks at a sense of belonging, week two covers values and beliefs, the third week is about enlightening the future, and the final week is on exploring emotions. The programme includes:

- » Kapa Haka
- » Whaikōrero ~ Speech Making
- » Te Tiaki Tinana ~ Healthy Bodies
- » Wellness Assessment
- » Wellness planning
- » Knowledge of Medications
- » Access to Specialist Mental Health Services
- » Linkages to Educational and or Tertiary Studies
- » Linkages to Employment and or Agencies.

The programme includes guest speakers from Ara Institute of Canterbury, and Maori mens' groups.



# Radiology win for RAGE initiative

A lot of RAGE in Canterbury's Radiology department has turned out to be a good thing. The RAGE (Radiology Get Exercising) challenge involved all 300 Radiology staff getting active for a 100-day exercise challenge.

Aimed not only at getting people exercising, but also as a way to develop team spirit and camaraderie in the Radiology Department, the RAGE challenge saw staff commit to 12,404 activities over 100 days. Between them all they logged up 627,000 minutes, or 435 days of exercise.

The team won the inaugural 2017 Team Award at the 59th New Zealand Institute of Medical Radiation Technology (NZIMRT) conference in Nelson recently. The award acknowledges teams that work together to make a difference whether it be in the workplace, in the community, on the national or international stage.

Also at the NZIMRT awards, Radiation Therapist, Amy Koskela, received an Achievement Award in recognition of services to the institute and professional, Charge MRI Technologist, Peter Dooley, was awarded Best Presentation and Ara Medical Imaging student, Yefei Jin, won Best Poster.

The Emergency Department (ED) ran the same exercise challenge as Radiology. Before the Challenge, nearly 70 percent of participants rated the "ED Team morale" as poor, below average or average. After the Challenge, over 80 percent rated the "ED Team morale" as excellent or above average. Staff comment that the difference has been that they work with people who used to be strangers and are now friends and better colleagues. Improved personal relationships all contribute to the improved care of our patients.



Charge MRI Technologist Peter Dooley accepts the inaugural Team Award on behalf of the CDHB Radiology Department for its RAGE 100-day exercise challenge



# Swapping chairs for wheels

Several high profile Cantabrians swapped their work chairs for wheelchairs last week to mark World Spinal Cord Injury Day, and the launch of the New Zealand Spinal Trust's awareness month.

Canterbury DHB Chief Executive, David Meates, District Police Commander Superintendent, John Price, of the New Zealand Police and General Manager of Older Person's Health & Rehabilitation, Dan Coward, were among a group of 12 people who all gave up their mobility for several hours to experience "wheeling in someone else's life".

All three admitted at the end of the day that the experience was more challenging than they anticipated and each remarked how appreciative they were knowing at the end of the day they would be able to walk away from the chair - three Kiwis a week who suffer a spinal cord injury aren't so lucky.

At a function at Burwood Hospital to mark World Spinal Cord Injury Day, NZ Spinal Trust CEO, Hans Wouters, announced the release of a new resource developed in conjunction with the Burwood Academy of Independent Living (BAIL) to help get conversations going around spinal cord impairment (SCI). "Our new Disability Iceberg shows how a SCI can impact a person. It helps explain that most of the effects of SCI are in fact unseen. Some of them have a considerable impact on energy and wellbeing, and other things that affect ones participation in the work place and life in general," says Hans.

The theme for this year's Spinal Trust Awareness month is "Yes We Can", which Hans says aims to highlight the 'ability amongst disabilities' of persons with SCI. Social integration and awareness amongst the general public helps to raise visibility of persons with SCI. With greater visibility, it is envisaged that people may understand the importance of prevention programmes better and disseminate widely.

A copy of the Disability Iceberg poster can be downloaded [here](#).

If you would like to donate to the NZ Spinal Trust's national appeal, you can do so at their [website](#).

Each year around 120 New Zealanders injure their spinal cord, and about half of those injuries are caused by vehicle crashes. "If we could prevent one crash where one person does not suffer from a spinal injury then I think that's a wonderful thing to do," says Superintendent Price.



Above: Liz Oliver (Service Manager, Burwood Spinal Service & Brain Injury Rehabilitation Service), Dan Coward (General Manager, Older Persons Health and Rehabilitation, Burwood) and Sally Nicholas (Operations Manager, Burwood Hospital)



Right: Superintendent John Price of the New Zealand Police



New Zealand Spinal Trust Board Chairman, Andrew Hall, cuts the Disability Iceberg cake to mark the launch of a new Disability Iceberg resource



Canterbury DHB Chief Executive, David Meates, meeting with Board Chair, Dr John Wood

## BETTER TOGETHER

### Destination Outpatients



## Solving the DNA puzzle

'Did Not Attends' or missed appointments represent a missed opportunity to intervene in a patient's health issue and cost Canterbury DHB over \$1 million annually. That's definitely money that could be better spent elsewhere in our health system. So as the DHB starts planning our transition into the new Christchurch Outpatients building, it's a good time to have a hard look at the Did Not Attend (DNA) problem and how the DHB can best approach it.

September is DNA Month and all our Outpatient teams are tasked with spending the month working on ways to reduce missed appointments.

Last year, in 2016-17, Canterbury DHB had approximately 40,111 DNA outpatient appointments, a rate of 4.2 percent overall. This rate hides the fact that DNAs are highest among Pacific peoples (12.2 percent), Māori (8.1 percent), and are twice as high at follow up appointments (5.1 percent) compared to first appointments (2.7 percent). Our rates are consistent with national trends.

Look on the intranet for [a DNA toolkit](#) to help get you started. This resource contains information for you to consider about why patients DNA. It also contains a form to outline any improvements you might try, and a questionnaire to ask patients why they DNA.

There is a useful background document on the demographics of the patients who are more likely not to attend and how DNAs affect our health system. There is also current DNA summaries for the different services. The graph below shows the DNA summaries for the past year for all surgical specialities.

Understanding the exact extent of the problem and the factors driving it, will contribute to how we resolve the issue.

For more information on how to try to reduce DNAs in your department, contact a member of the DNA workgroup: [melissa.kerdemelidis@cdhb.health.nz](mailto:melissa.kerdemelidis@cdhb.health.nz); [kenny.daly@cdhb.health.nz](mailto:kenny.daly@cdhb.health.nz); [hector.matthews@cdhb.health.nz](mailto:hector.matthews@cdhb.health.nz); or [susan.wood@cdhb.health.nz](mailto:susan.wood@cdhb.health.nz)

## By Health Specialty

Row Labels	Attends Count	DNA Rate % Bar	DNA %	DNA Count
<b>Surgical</b>				
S24 - Maxillo-Facial Surgery	5,420	<div style="width: 15.1%;"></div>	15.1	966
S20 - Dental Surgery	69,104	<div style="width: 11.6%;"></div>	11.6	9,076
S59 - Specialist Paediatric Surgery [Otl	1,841	<div style="width: 11.5%;"></div>	11.5	240
S40 - Ophthalmology	43,313	<div style="width: 8.1%;"></div>	8.1	3,816
S50 - Spinal Surgery	1,381	<div style="width: 8.0%;"></div>	8.0	121
S25 - Otorhinolaryngology (ENT)	19,403	<div style="width: 7.3%;"></div>	7.3	1,523
S70 - Urology	11,439	<div style="width: 6.3%;"></div>	6.3	771
S60 - Plastic Surgery [excluding burns]	13,472	<div style="width: 6.2%;"></div>	6.2	886
S05 - Anaesthesia Service(s) and Pain	4,472	<div style="width: 6.1%;"></div>	6.1	290
S30 - Gynaecology	17,201	<div style="width: 5.9%;"></div>	5.9	1,081
S45 - Orthopaedic Surgery	63,366	<div style="width: 5.7%;"></div>	5.7	3,841
S15 - Cardiothoracic Surgery	2,943	<div style="width: 4.9%;"></div>	4.9	152
S00 - General Surgery	15,835	<div style="width: 4.4%;"></div>	4.4	727
S35 - Neurosurgery	3,449	<div style="width: 3.8%;"></div>	3.8	138
S75 - Vascular Surgery	4,493	<div style="width: 2.7%;"></div>	2.7	126
<b>Surgical Total</b>	<b>277,132</b>	<div style="width: 7.8%;"></div>	<b>7.9</b>	<b>23,748</b>



# Steptember making great strides in Intensive Care

## Meet Nikki Carter, First class organiser!

The team in Intensive Care (IC) is participating in the Steptember project.

This is a charitable fund raising event, where teams of four sign up, pledging to each walk 10,000 steps a day raising funds for charity on the way.

This year's charity is cerebral palsy.

In Intensive Care, Staff Nurse, Nikki Carter, has organised 30 teams of four people - that's 120 staff in total - nursing, medical, technicians, physios, health care assistants etc!



Competition is fierce and groups can be seen ploughing around the park in the lunch break to boost the step number! It's great for morale and for team building.

A very big thank you to Nikki for all her energy in organising this for IC staff.

# Sit Less September

**Week 2: Standing up, sitting less and moving more is great for your mind and cognitive function.**

*Mauri tū mauri ora*

There is a lot of evidence that physical activity is good for mental health, wellbeing, motivation and positivity. People who move more are healthier and happier than those who sit for long periods of time. Sedentary lifestyles are associated with increased fatigue and depression. So move more to lift your mood!

## Sit Less September Competition

What have you done in your workplace to **STAND UP, SIT LESS AND MOVE MORE?**

Email your actions and ideas to [ann.vanschevensteen@cdhb.health.nz](mailto:ann.vanschevensteen@cdhb.health.nz) and be in for the draw to win a spot prize for your workplace!

Go [here](#) and [here](#) for more information on the problems of sitting too much and the advantages of standing and moving more.

To be entertained on the issues around breaking up with your relationship with your chair check out [The Home Office Breakup](#).

*Sit Less September...*

Tell us what you are doing to sit less and be in to win





## Pets bring cheer

Burwood Hospital has two new volunteers – of the furry canine kind.

The pet therapy dogs have been coming into the hospital to visit patients on the wards.

Sally Turner visits with McGee, a rough coated Jack Russell, and Lisa Brown visits with Stella, a chocolate brown Labrador-Spaniel cross.

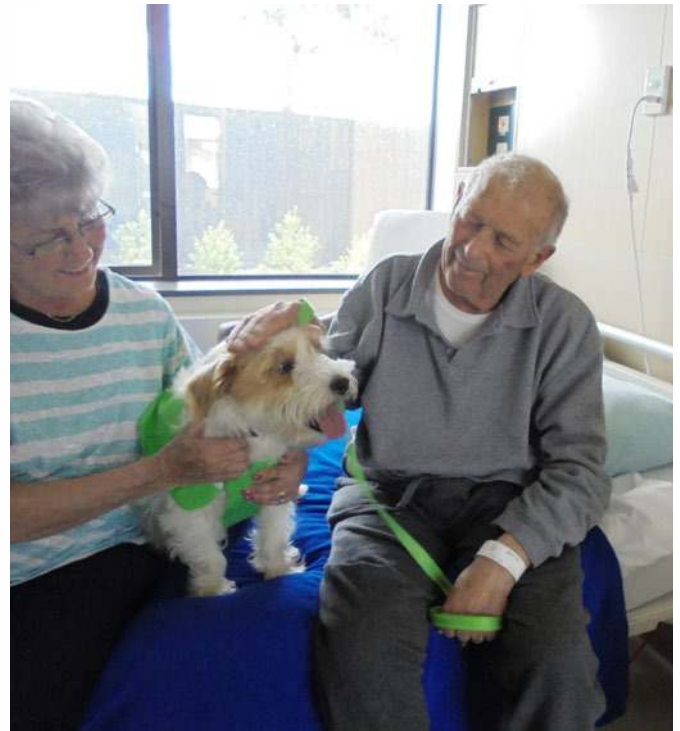
It is amazing to see the smile on the faces of the patients when they see the cheerful face of McGee or Stella peeking around the corner, says Volunteer Coordinator, Burwood Hospital Volunteers, Rachael Walker.

“They are both very friendly, gentle and patient dogs.”

Pet therapy has been reported to help with many physical and mental issues. It can help reduce blood pressure and improve overall cardiovascular health. It can also release endorphins that produce a calming effect which can help alleviate pain, reduce stress and improve a person’s overall psychological state.

“This means that whenever the dogs visit the wards, they will be helping with the rehabilitation of patients, while also bringing cheer to patients, visitors and staff.”

It often takes Sally quite a while to leave as she introduces McGee to many of the staff around the hospital.



Burwood Hospital patient, Alan, and his wife Meryl, enjoy the company of McGee

## The travel authorisation process is changing

The current travel authorisation software provided by Orbit is being phased out and will be replaced by a new authorisation portal which requires a new process for authorising travel bookings. The new system will go live on Monday 2 October 2017.

### The key changes:

- » The authoriser will need to authorise the travel within 20 hours after it’s booked.
- » The booking will be automatically cancelled if not approved within 20 hours – in line with airline ticketing policies.

### Travel bookers:

You need to attend a short training session and will have received an email from Rachael Burns, our Orbit Account Manager, with the dates and venues of the sessions. You don’t need to RSVP just turn up at a time convenient to you. Please email Rachael: [rachaelb@orbit.co.nz](mailto:rachaelb@orbit.co.nz) if you are a trained booker and didn’t receive an email.

### Authorisers:

You will see some changes, too – the process will be similar to approving an iProc order. More details will be sent direct to the authorisers in the next couple of weeks.

### Travellers:

You don’t need to do anything differently, simply contact your usual booker who will take care of your travel requirements for you. As always, the more notice you give the better.

# One minute with... Carol Limber, Programme Lead, Canterbury DHB

## What does your job involve?

It depends which day it is. I'm currently working with Canterbury DHB, Bay of Plenty and Northland DHB and the Ministry of Health (MoH). I've been involved in many roles with Canterbury DHB, starting with Acute Demand and the Chronic Obstructive Pulmonary Disease programme, the 100-Day Programme, Faster Cancer Treatment and more recently working in skin cancer, heart failure and the Choosing Wisely campaign. My roles with the other DHBs and the MoH tend to be around acute demand, kicking off programmes of work and sharing the good work from other organisations. So in essence, many of my days are currently spent driving to or from the airport!



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

I have worked in health for over 30 years and am passionate about making a difference to the health system. I thoroughly enjoy working with keen clinicians, managers and consumers who want to make a difference and who are prepared to try out new ways of working. I also thoroughly enjoyed my clinical days, particularly as a Charge Nurse at the Leeds General Infirmary in the United Kingdom – never a dull day.

## What do you like about it?

I love the fact that every day is different. I enjoy working with enthusiastic, energetic people to problem-solve and find new ways of working. I tend to be the 'stone in the organisation's shoe'... to challenge and hopefully change the system for the better. I thoroughly enjoy the opportunity to share learning across organisations and teams and this new Ministry role is a great opportunity to put people in touch and share projects, approaches and learnings.

## What are the challenging bits?

Hearing 100 reasons why we shouldn't try something new rather than one reason why we should.

## Who inspires you?

People like Nelson Mandela, Jane Goodall, and David Attenborough; they were passionate about changing world views and opinions and I admire that tenacity and stubbornness and sheer determination.

## 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?

Since coming to Canterbury I have always been impressed

with the drive and desire to do the right thing for the patient and the need to value the patient's time. I have also enjoyed that Canterbury has always been prepared to try new things and give something a go. It is not afraid to stand out from the crowd and support new ways of working that they believe will make a difference.

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

'Long Walk to Freedom' by Nelson Mandela. We were in South Africa at the time, it was very poignant.

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

At home in Governors Bay, best place on the planet, I love it here. This is the sunrise from my bedroom window... amazing.



## What do you do on a typical Sunday?



It varies. I love a good brunch. Often followed by farm duties. Feeding the new additions to the family, Highland Cattle calves Nina and Lizzie (pictured), has become my new favourite thing.

I'm also in my 4th and final year of a Graduate Diploma in Viticulture at Hawke's Bay so many weekends are currently spending learning about wine, and drinking a few glasses (in the name of revision).

## One food I really like is...

Curry...I can't resist chillies.

## My favourite music is...

Soul, funk, 70s & 80s. I'm an 80s girl at heart. And anything with good brass! I've been a sax player for over 30 years and currently play with a great band called 'The In Crowd'. Find us on Facebook @incrowdNZ. Ask us for gig dates or book us for your next party!

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).



# You are warmly invited to the University of Otago, Christchurch, Health Showcase

Sunday 1 October, 1 - 5pm, University of Otago, Christchurch, building at 2 Riccarton Ave (on the Christchurch Hospital campus).

You can tour our labs; visit our Simulation Centre where medical students and other health professionals practice skills, such as taking blood or suturing, before using them in real-life medical situations; watch a debate hosted by Gary McCormick - 'We can all live to 120 years' - the subject of our inaugural Showcase Debate; and talk to our researchers.

[Get details about the day](#)

## E-digest



The latest issue of Health Quality & Safety Commission's e-digest is out now. You can read about:

» **Workshops engaged communities on mental health and addiction quality improvement**

Consumers, family/whānau and health providers from across the southern and central regions came together recently this month at the mental health and addiction quality improvement workshops.

At the workshops, people interested in mental health and addiction services heard about the Commission's new quality improvement programme in this area, which supports continuous improvement of services so people can get the best care.

» **Patient Safety Week 2017 resources: Available for download and order**

Consumers, family/whānau and health providers from across the southern and central regions came together recently this month at the mental health and addiction quality improvement workshops.

At the workshops, people interested in mental health and addiction services heard about the Commission's new quality improvement programme in this area, which supports continuous improvement of services so people can get the best care.

» **New videos to improve safety of surgeries**

The Safe Surgery New Zealand team has released new videos to help improve teamwork and communication in operating theatres.

The Safe Surgery NZ team has released new videos to help improve teamwork and communication in operating theatres.

The videos show communication processes around sign in, time out, sign out, briefing and debriefing, as well as three interviews with hospital staff.

[Read more here.](#)



# Achieving a Smokefree Aotearoa by 2025

Seminar - 9th November 2017

Christchurch

A seminar to reflect on the ASAP report recommendations and discuss challenges and opportunities ahead.



## Keynote speakers:

- » **Emeritus Professor Robert Beaglehole, University of Auckland, New Zealand.**  
‘Key recommendations from the ASAP report and my reflections on how these could deliver a smokefree New Zealand by 2025’
- » **Prof. Richard Edwards, Co-Head of Department, Dept of Public Health, University of Otago Wellington and Co-Director ASPIRE 2025.**  
‘Overview of the NZ tobacco retailer landscape, why tobacco supply is so important to SF 2025’
- » **Prof. Janet Hoek, Dept of Marketing, University of Otago Dunedin and Co-Director Aspire 2025.**  
‘Marketing and Promotions of ENDS, (including POS). What is the rationale for a gateway argument?’
- » **Lindsay Robertson Research Fellow, Cancer Society Social and Behavioural Research Unit, University of Otago Dunedin.**  
Policy options to reduce tobacco retail availability and acceptability to retailers.

## Other topics include:

- » An update from the Ministry of Health
- » Priority populations in New Zealand and how we need to respond.
- » Do E-cigarettes have a place in smokefree policies?
- » E-cigarettes and smokefree policy: A workplace example.
- » The role of pleasure in public health - what does this mean for smoking cessation and smokefree advocacy?

**Please RSVP by October 26th 2017**

*Disclaimer : please note changes to the agenda may occur, the final and full agenda will be available mid October.*

Thursday 9 November 2017

9:30 – 3:30pm

Te Hāpua Halswell Centre  
341 Halswell Road, Christchurch

[Click here to register](#)

**ASPIRE2025**



**Canterbury**

District Health Board  
Te Poari Hauora o Waitaha



Working together to achieve a  
smokefree Aotearoa by 2025



# Great learning opportunities coming up

Click on the title links for more information or to enrol. If you do not have a healthLearn account you can create one here: [www.healthlearn.ac.nz](http://www.healthlearn.ac.nz)

» [Courageous Workplace Conversations – 3 October & 3 November](#)

We all find it difficult to have conversations with people whose behaviour or attitudes we find challenging. Have you heard these words, “I wish someone would say something”, then have a think – as you are someone and you can say something. **Courageous Workplace Conversations** will help you gain the skills and knowledge to feel comfortable and confident having a courageous conversations with the people you work with.

» [Expressions of Interest: The Art of Minute Taking – 12 October](#)

Do you cringe at the thought of taking minutes in a meeting? Our **Art of Minute Taking** course will offer you helpful tips and good processes for taking effective minutes - making it a simpler and more enjoyable task.

» [Elev8 – 20 October](#)

This one-day programme introduces you to principles of the Canterbury DHB **Process for Improvement**. This is an applied science that emphasises rapid cycle improvement through small scale testing in order to generate knowledge about what changes in what context produce improvements. Elev8 aims to start focussed improvement efforts on a small scale and leveraging the generated learning to plan for spread and scale up. The day covers a combination of expert subject knowledge with improvement methods, the Model for Improvement, drawing on clinical science, systems theory, the human side of change, and measurement.

**Courses already full for this and the following month:** [Understanding the Treaty](#), [Tikanga Māori](#), [Broadly Speaking](#)

Enrol now so you don't miss out on courses coming up in the future.

For enquires please contact the Learning and Development team on Phone: 03 337 7807, Email: [learninganddevelopment@cdhb.health.nz](mailto:learninganddevelopment@cdhb.health.nz)

## Canterbury Grand Round

**When: Friday, 15 September 2017 – 12.15pm to 1.15pm  
with lunch from 11.45am**

**Venue: Rolleston Lecture Theatre**

**Speaker 1: Hector Matthews, Executive Director, Māori and Pacific Health**

**“Māori: Equity, Bias and DNAs”**

Saying it's fair for everyone, doesn't make it so and the awareness that all systems have bias is the first step to understanding structural and institutional bias. Structural bias frequently exacerbates inequity and this is illustrated throughout our health system, particularly in our “did not attends” (DNA) rates. During te wiki o te reo Māori (Māori language week), we will explore Māori: Equity, Bias and DNAs.

**Speaker 2: Associate Professor Suzanne Pitama, Associate Dean of Māori, University of Otago**

**“The Role of Te Reo Māori in health services”**

This is Māori language week. This presentation will highlight the role of the Māori language in creating a positive work and health service environment.

**Chair: Mark Smith**

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

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

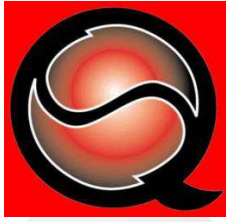
**Video Conference set up in:**

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

All staff and students welcome

**Next is – Friday, 22 Sept 2017  
(Rolleston Lecture Theatre)**

Convener: Dr R L Spearing, [ruth.spearing@cdhb.health.nz](mailto:ruth.spearing@cdhb.health.nz)



Christchurch Campus Quality & Patient Safety Team

## Invitation to all staff

# QUALITY & PATIENT SAFETY PRESENTATION

*Come and join us for 30 minutes*

## **TOPIC: Black Box Thinking and Systems Solutions**

Matthew Syed – Author and Olympian

*Highlights the need for a growth mindset in life... It advocates for changing attitudes towards failure, and understanding that the only way we learn is by trying things and altering our behaviour based on the results.*

## **Exceptional talks**

### **Sharing ideas on Risk, Human Performance, Teams and Leaders**

*Recorded at the May 2017 Risky Business in Healthcare Conference in London*



Venue: **Oncology Lecture Theatre**

Date: **Thursday 14<sup>th</sup> 2017**

Time: **1pm to 1.30 pm**

*An attendance record sheet will be provided.*

*A link to the presentation can also be provided*

*Please contact [Shona.MacMillan@cdhb.health.nz](mailto:Shona.MacMillan@cdhb.health.nz), Quality Manager*