



## Mother Nature is exercising her powers with fire, snow and flooding

It's been a busy year on the emergency management front, with the Port Hills fires in February, snow last week, and now flooding - not to mention the odd quake between 'events'.

I would like to express my thanks to everyone who went to great lengths to get to work during the floods, and to those who worked extra shifts, longer hours, and in the case of Ashburton Hospital staff, thanks too to those who relocated to stay closer to work when floodwaters cut off access to their homes. The community spirit was evident and morale was high, despite the conditions.

Special thanks to those who helped out at Ashburton Hospital and Tuarangi Rest Home in Ashburton. Berni and Krunal report that their Ashburton teams were superstars, and the champions of 'keep calm and carry on'.

Special thanks also to all our nursing, medical, allied health and admin staff, also along with general practice teams and home care staff who went to great lengths to ensure Cantabrians continued to receive the care they need – even if a 4WD vehicle was needed to reach some patients.

Our emergency management, public health and maintenance and engineering teams were all part of the multi-agency response, which has become second-nature to us when disaster strikes in Canterbury.

Thankfully the rains stopped on Sunday, the sun came out, and the massive clean-up tasks began.

Below are some tips from public health for those faced with a soggy, silty, muddy mess to clean up:

- Contact your **insurance** company and **take photos**.
- **Treat all water as contaminated** - so **wash your hands thoroughly** after you've been in contact with floodwaters and mud/silt from inside your house.

- **Do not move back into a damp house**, particularly if you have young children/babies.
- If you had a power cut **food in your freezer will stay safely frozen for up to 24 hours** as long as the freezer door is kept closed. After 24 hours the food should be discarded.
- **Check your local council's website** to see if it has a 'boil water' notice in place.
- Please **limit the amount of waste water** your household is generating, i.e. - from flushing the toilet, using the washing machine - as waste-water systems are struggling to cope with the deluge. Even though the rain has stopped run-off from hill areas is adding to the load the storm-water systems have to cope with.
- If you're **finding it hard to cope** at the moment ask friends and family for help, call your usual general practice team - even if it's after-hours and they're closed - a nurse is available 24/7 and can provide free health advice. Just call your usual general practice phone number and follow the instructions on their answer phone for #carearoundtheclock.
- Please **check on your neighbours** - particularly if they live alone, are elderly or vulnerable.

If you've been affected by the floods and are finding it hard to cope talk to your manager or you can make a time to speak confidentially with someone from our [Employee Assistance Programme](#) or [Workplace Support](#).

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## Acknowledging excellence



GP Avastin Injector  
Leeanne O'Sullivan (back)  
with eye clinic nurses  
Paula Couprie (left) and  
Joy Farbric (right)

One of the challenges in the health sector is stretching the health dollar to cover everything we need it to. I'm always proud of the stories, of which there are many, that show our staff take seriously a commitment to reducing waste in the system and actively do something about making the best of our resources.

One of these stories is the Avastin Intravitreal Injection Service that treats wet age-related macular degeneration (Wet-AMD). The service redesigned its processes three years ago and the results have been nothing short of phenomenal.

In 2011-12 Canterbury DHB's budget provided for about 750 Avastin injections, and because these were delivered in a theatre setting, the unit cost rose to \$1,500 – a six-fold increase in the budgeted cost of treatment.

Thanks to a service redesign driven by the Eye Clinic, in 2016, there was a 400 percent increase in the number of patients to 4,300 with a drop in the unit cost of Avastin Intravitreal injections from \$1,500 to \$454.80. This is an effective saving of 75 percent on each treatment and the project has eliminated waiting lists for Avastin injections.

This service redesign happened because a group of dedicated health professionals weren't satisfied with sticking to the status quo, after a 2012 review showed systemic problems including inadequate capacity, unsafe practices, unacceptable waiting times, and an unsatisfactory patient journey.

A key reason for the backlog of patients was that Avastin injections were given in the main theatre at Christchurch Hospital. Twelve Avastin injections were given in a half-day

theatre session, which occupied the equivalent of two of the Department's thirteen weekly theatre sessions

Because the admission arrangements were made to suit the DHB and not the patient, Avastin injections were usually done at the end of a routine eye theatre list. Patients were admitted first thing in the morning and had to wait four hours for a 15-minute procedure.

Staff in the Eye Clinic questioned whether just because they had always done things one way, it meant they had to keep doing it that way. They reviewed everything from the administration of eye drops to the administering of the injection, and improved and standardised the process to create a one-stop-shop Avastin clinic for assessment and injections in the Eye Clinic.

In yet another first for the Canterbury DHB, we became the first DHB in New Zealand to use a GP injector after Leeanne O'Sullivan was accredited as an Avastin Injector in November 2014. By the middle of this year, she had done over 4,000 injections and trained the DHB's second GP injector, Phil Hamilton.

Moving the Avastin injections to an outpatients setting has freed up the main theatres at Christchurch Hospital for an equivalent of two sessions per week, and an SMO ophthalmologist from a weekly injection session.

Establishing an Avastin Injection Service pathway means a single clinic can now be 'scaled up' with resources to perform between 18 and 48 injections.

The waiting time for the injection has also reduced from 4 hours (waiting) to 30 minutes (turnaround), and is now saving an estimated 15,000+ hours of unnecessary patient waiting per year.

An added benefit from the Avastin Service review is that a similar treatment models can be used for the treatment of diabetic macular disease.

The team at the Eye Clinic needs to be congratulated for its willingness to adapt and improve, and for the hard work that helped deliver the redesign. Such results demonstrate that if we pull together as a health service we can develop new ways of working that, not only make the best use of our resources, but also make it better for people that use our services.

Thanks for everything you do to make it better for people who use our health system.

Have a great week,

**David Meates**  
CEO Canterbury District Health Board

# Facilities fast facts

## Acute Services Building at Christchurch Hospital

Fit out and installation of services, and timber framing continues throughout the west tower. The photo (below left) shows how the steel framing is beginning to shape rooms and a ward corridor on Level 3 of the west tower.

The ward block in the below right photo is the east tower and the work happening in the foreground on the east podium is the external structures for the plant (including air conditioners, compressors and water boilers) that is on Level 2 below.



Steel framing in the Acute Services Building



A great view of Canterbury's northwest arch captured on Thursday last week by the webcam on Riverside that is tracking construction of the Acute Services Building ([www.cdhb.health.nz/webcamchristchurch](http://www.cdhb.health.nz/webcamchristchurch))

## Christchurch Outpatients

Early morning concrete pours are a regular feature at the site of the Outpatients building with two scheduled for this week to finish off Level 1 and the Ground floor of Zone B, before the pours for Zone C start.

In Zone A, intumescent paint application and service installation continues on all levels, and the roof and guttering are going on.

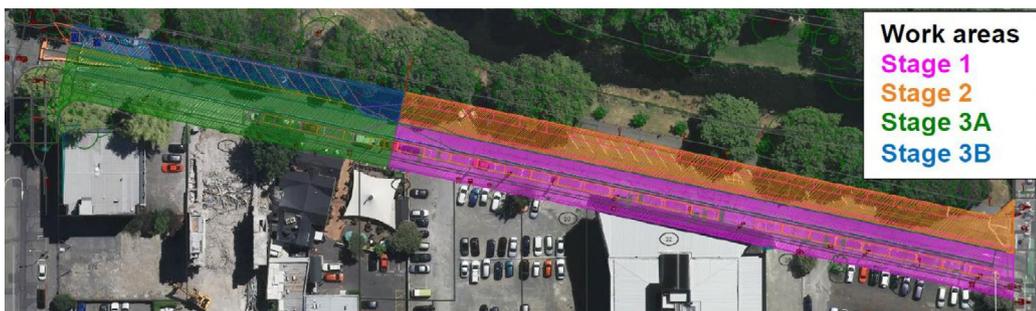


Zone A of the Christchurch Outpatients building showing the roof being installed

## Other site work

**Food Services** - Preparation for work on the cabling that will run between Food Services and the Acute Services Building starts this week. Noise will be monitored to ensure it stays within acceptable levels and any services affected by the work will be contacted directly.

**Oxford Terrace** – Ōtākaro starts work on the section of Oxford Terrace between Montreal and Antigua Streets in early August to finish the Te Papa Ōtākaro/Avon River Precinct City Promenade. Stage 1 (shown below) will begin in early August 2017. Access to the off-street Wilson car parks at 18 Oxford Terrace and 38 Oxford Terrace will be off Tuam Street. Oxford Terrace will be closed to traffic where construction is taking place. There will be no parking within the work areas. Road closures will apply to all vehicle traffic except emergency service vehicles. Pedestrian access around these areas will be maintained throughout the construction, although routes may be altered. Further details will be released as they are made available.



# The Parking Spot

## Staff Park & Ride from Deans Ave

Last week saw the start of a three-month trial Staff Park & Ride service between Christchurch Hospital and Deans Ave carpark. It has been great to see the service attracting some regular users and it's hoped that staff are finding this trial useful.

The DHB has already started reviewing the feedback and looking at some changes to make the service meet as many needs as possible. All indications are that the last two buses of the day at 6.45pm and 7pm are not required; so the DHB has asked Red Bus to stretch the afternoon timetable out starting at 3.15pm from the hospital with the last departure at 6.30pm also from the hospital.

Canterbury DHB is working with Red Bus to find ways it can "stretch" the service within the already agreed operating parameters.

This week Red Bus will work out a new timetable for the DHB that will then start on Monday next week (31 July) and be published as soon as its received. In the meantime please continue to send your feedback about the service to [Rachel.cadle@cdhb.health.nz](mailto:Rachel.cadle@cdhb.health.nz).



# The Library

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

“[Interrupted sleep may lead to Alzheimer’s, new studies show](#)” – significant connections between breathing disorders that interrupt sleep and the accumulation of biomarkers for Alzheimer’s disease were shared in a study presented at the Alzheimer’s Association International Conference in London last week. From *The Washington Post*, published online: 18 July 2017.

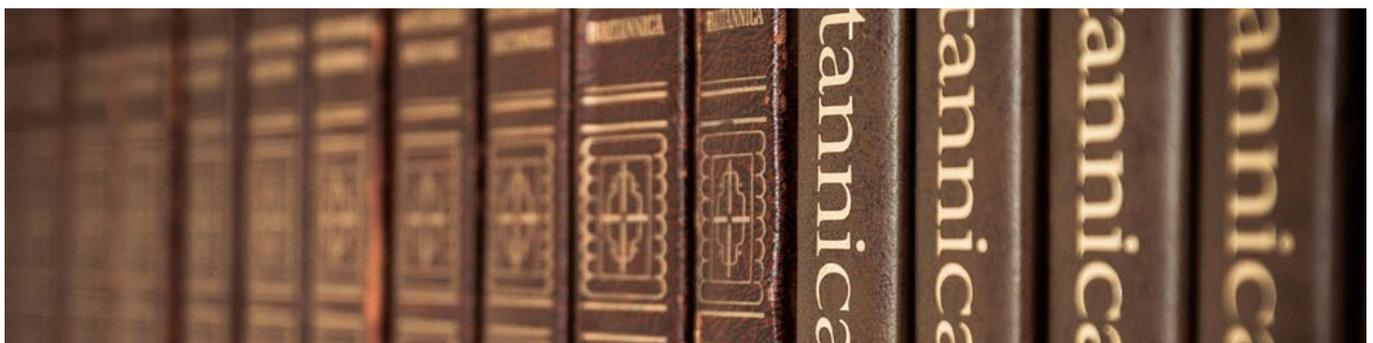
“[Learning together](#)” – after a nurse received a diagnosis of secondary progressive multiple sclerosis, the close working relationship with his neurologist and care tailored towards his personal goals made all the difference. He shares tips for medical professionals on patient care. From *BMJ*, published online: 19 July 2017.

“[To the Bone: creating eating disorder awareness or doing harm?](#)” – psychologists weigh in on a new film about a young woman’s turning point in her struggle with anorexia nervosa that has attracted both praise and censure. From *The Conversation*, published online: 19 July 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)





## Bouquets

### Paediatric Dental, Day Stay Unit, Christchurch Hospital

My son has ADHD and Autism. His anxiety is more challenging than any medical procedure, so a tooth extraction under general anaesthetic was nerve wracking for the whole family. The anaesthetist who was watching over him did such a great job. Please make sure she knows how special she is. The mask became part of my son's 'pilot suit', the theatre screens became his 'flight deck controls'. For the first time my son went off to sleep with a smile. Thank you.

### Oncology Suite, Christchurch Hospital

Major compliment. The nurses who work in the Chemo Suite are awesome. They make what could be a horrible experience something I look forward to. I am treated as an individual they care about and the quality of nursing care is excellent.

### Emergency Department, Christchurch Hospital

We used the Emergency Department service ... when ... became unwell suddenly with his type 1 diabetes. The nurses and doctor were all so helpful, competent and caring. It was such a positive experience and great to know you are there. Living with this chronic condition means it can be unpredictable and to know help is close by is very reassuring. The staff were friendly, professional and very skilled. Thank you to all.

### Pathology staff, Christchurch Hospital

When I was there for a fasting test for about six hours I was very well looked after. The staff were very nice and friendly to me, and other patients too, which gave me comfort and made me feel relaxed. Thank you so much for your help.

### Cancer Ward, Christchurch Hospital

I would like to pass on my immense thanks to my mum's Cancer Nurse, Ruth, and also her Oncologist, Dr Struthers. Mum was diagnosed as having terminal cancer in February this year and I cannot thank them both enough for their professionalism, support and caring manner during this time. Nothing will bring Mum back but it was truly the little things that mattered. Thank you both, you are a credit to your team.

### Ward 11, Christchurch Hospital

The doctors and all the nursing and support staff have behaved very professionally, especially at difficult times. My treatment has been marvellous in Ward 11. Thank you to everyone.

### Maddi, Ward 26, Christchurch Hospital

I was in Ward 26 ... I was looked after by a RN Maddi... She had only been working on the ward for four months. Maddi was kind, caring, interested and bubbly. She had a lovely smile and a great attitude. She took the time to listen to me. Maddi is a great RN and Christchurch Hospital should be very proud of her. I wish her all the best for her future.

### Day of Surgery Admission and Ward 20, Christchurch Hospital

Every staff member was brilliant. The nurse who first took me up to the ward and looked after me late afternoon was lovely. The morning nurse was hard case. Thanks to all staff. Food was good. No complaints.

### Ward 15 and Oncology Team, Christchurch Hospital

I would like to compliment Canterbury DHB, specifically the team at Ward 15. My wife spent one month with this crew

of amazing people, no matter what discipline or area they worked in, they certainly looked after my wife. Obviously the nursing team is very competent however I would like to single out a couple for huge praise: Lucy, Lauren, Chris, and Miguel. The surgical team under Mr Flint were also exceptional, special thanks to James, Rory, Margriet and the wizard himself, Mr Flint. Last but not least the Oncology Team down underground. Amazing caring personalities. So, well done Canterbury DHB.

### Ward 19, Christchurch Hospital

I was very well looked after by very cheerful, competent, caring people... The meals were great. I was very well cared for by knowledgeable, hardworking, competent people. Christchurch has every right to be proud of its hospital.

### St John Ambulance Service, and Emergency Department, Intensive Care Unit South, Coronary Care Unit and Ward 12, Christchurch Hospital

My partner had a cardiac arrest at home... Ambulance officers and paramedics responded promptly. They kept him alive and stabilised him enough to be transported to the Emergency Department where the doctors and nurses took over very quickly. They got him ready to go to the Intensive Care Unit (ICU). All the staff from ICU did a wonderful job of keeping him alive and treating the complications successfully. After his health improved enough he was transferred to the Coronary Care Unit and then to Ward 12. The staff in both of these departments also took great care of him. I can't thank all of these wonderful people enough for saving ...'s life. The words are small but the sentiment is huge.

**Intensive Care Unit, Special Care Unit and Ward 10, Christchurch Hospital**

Thanks so much for the amazing care of Mum. We have been overwhelmed by kindness and consideration shown to our whānau during this time.

**Ward 27, Christchurch Hospital**

Just wanted to say what a wonderful vibe this ward has – like a home away from home. Staff are so nice. Thank you.

**Intensive Care Unit North, Christchurch Hospital**

My mum has been in Intensive Care Unit North so far for 16 days and I would like to say that the nurses have been

amazing. In particular, Chantelle, who is an asset to your team, a spectacular nurse and great person to have around at such a hard time. Also, Dani, Christine, Lily and Imogen were also amazing. Kimberley, the social worker, has made this tough time easier as well with her friendly manner.

**Urology Department, Christchurch Hospital**

Amazing service and people. Keep up the excellent work.

**Ward 20, Christchurch Hospital**

Thanks to everyone, especially Nurse Hannah. Well looked after.

**Radiology Department, Christchurch Hospital**

I would like the department manager to note the excellent service I received from Stacey Day and also would like noted the lovely manner in which the ladies at reception dealt with not only myself but other clients/patients whom approached their desk. Stacey was professional and kind, putting me at the centre of your service. Excellent client-centred care! Well done.

## Two months until new early warning score system introduced

Monitoring of deteriorating patients is set to get a boost when Canterbury DHB rolls out a new system to help clinical staff.

On 19 September, Canterbury DHB will be switching to a new national standard for early warning scores (EWS) – the New Zealand Early Warning Score (NZEWS).

An EWS pathway defines standards for measuring and recording vital signs, calculating a score based on that data and how and when to escalate, i.e. what nursing staff should manage themselves and when they should call a doctor or an intensive care unit response team. The score values correspond with coloured ‘zones’ allowing for quick and easy communication of a patient’s status – such as “X patient is in the orange zone”.

Internationally and in New Zealand, there are issues with EWS pathways being followed consistently. Currently there are also different EWS systems for local areas. The new national standard means there will be one system for all DHBs, fine-tuned to be more sensitive to patient deterioration. All DHBs are on a deadline to adopt the system by July 2018 and Canterbury DHB is one of the earliest adopters.

Chief Medical Officer and Executive Sponsor, Sue Nightingale, says, “The changeover to a new national standard will improve our ability to recognise and respond to acute physical deterioration in our patients and so reduce harm.

“Followed correctly, the NZEWS will help make sure all deteriorating patients are identified and treated early, wherever they are and whatever the time of day.

“It will also help improve communication between patients, families, clinicians and across the country around patient deterioration.”

Executive Director of Nursing and Executive Sponsor, Mary Gordon, says switching the early warning score systems is a significant change for clinical staff and it’s important to get it right and make sure patient care is not compromised through the changeover and implementation.

Planning for the changeover at Canterbury has been in train over the past year, led by the [CDHB Patient Deterioration Programme Steering Group](#). The group is made up of representatives across disciplines, professions, consumers and Canterbury DHB sites.

Changes from the existing EWS include different zone colours, slightly higher score values and ranges for escalation, and four response levels with different staff responding based on the zone.

An extensive education period will support the changeover, including training workshops for staff that will lead planning for how to implement NZEWS in their area, e-learning modules, a Grand Round presentation in September and drop in sessions in the final two-week countdown before 19 September.

“Making sure the new system helps us save patients’ lives is down to us. My message to staff is: learn it, follow it and support your colleagues to get it right,” says Mary.

The protocol change applies to adult inpatients only, with the exception of maternity and obstetrics.

More information is available on the [intranet](#).



# New project to improve care of frail elderly

Improving the care of frail older people is the aim of a joint University of Otago and Canterbury DHB project starting in January next year to be funded by the Health Research Council.

Called 'Using the InterRAI to improve identification and management of frailty', it will be led by the University of Otago in collaboration with Canterbury DHB.

Senior Lecturer in Medicine at the University of Otago and Consultant, Older Persons Health, Hamish Jamieson, is behind the Health Research Council funded \$1.2 million project, on which General Manager, Planning and Funding, Carolyn Gullery is a named investigator.

The team includes a Gerontology Nurse Specialist, Richard Scrase, who is currently on secondment in Planning and Funding and Lead Researcher in the Psychiatry of Old Age Academic Unit, Susan Gee.

The InterRAI (International Resident Assessment Instrument) Homecare Tool is a comprehensive assessment which contains over 230 questions to identify the medical, rehabilitation and support needs and abilities of older people.

New Zealand is the first country in the world to have put this tool in place nationwide with detailed statistical information about the needs of older people in the community and in care. About 32,000 home care assessments are done each year in Canterbury.

This information helps health staff to write tailor-made care plans.

The focus of the project is on older people with frailty, Hamish says.

"Older people with frailty are more vulnerable to sudden declines in health in response to seemingly small trigger events such as drug side effects or overmedication."

The InterRAI Homecare Tool helps identify people at risk and provides an opportunity to delay these adverse events.

The first phase of the project will look at combining all the information into one frailty score that represents the frailty of the individual.

"This means health staff can look at one score rather than a whole lot of different scores all with different cut offs and levels. This will simplify it and make it much easier to follow."

The second part of the project is pharmacist-led and focuses on reviewing patient medication and reducing it where possible so that unnecessary medication complications and hospitalisations for older people with frailty can be prevented.

It is hoped that the project will help to clarify how the routinely collected InterRAI information can be used more effectively to identify those who would most benefit from a medication review.

Carolyn says she is pleased Canterbury DHB is collaborating with the InterRAI research. There is a lot of potential in using InterRAI to further improve patient care.

Hamish says some of the biggest progress in health care in the next decade will be in using large datasets to help understand ageing. This will allow better targeting of interventions to people who need it the most.

# Flu vaccination update

## Staff vaccination clinic

Staff can get a free flu vaccine at Christchurch Hospital on Wednesday 26 June between 1.30 – 3.00pm in the Endo room – outside Ward 26, Level 2.

## Contact your authorised vaccinator

Staff can also get their flu vaccine by contacting their authorised vaccinator. If you're not sure who your authorised vaccinator is please ask your Clinical Nurse Manager or [read the list of authorised vaccinators on the intranet](#).

## Had your flu shot somewhere else?

If you had your flu vaccine at your general practice team or at a pharmacy, please let us know by [clicking on the button on the flu intranet page](#).

**INFLUENZA**  
**FACTS**

- ▶ Influenza isn't just a bad cold – it can be serious and can kill
- ▶ Over a million kiwis get influenza immunisation yearly
- ▶ Immunisation prepares your immune system to fight influenza
- ▶ You cannot get influenza from the vaccine
- ▶ Influenza immunisation is FREE for those most at risk

## Graeme Nuttridge passes away



Graeme Nuttridge

Physiotherapy Liaison with the Canterbury Initiative, Graeme Nuttridge, made a significant contribution to health in New Zealand.

Sadly he passed away recently after a short illness. He was 57.

Graeme joined the Canterbury Initiative team in 2012. His extensive knowledge of physiotherapy and his track record of 'getting things done' made him an ideal person to join the new Allied Health team.

From the outset Graeme's positive, 'can-do' attitude was evident and infectious. He was totally focused on getting better

outcomes for patients. Years of interacting with clinicians from across the community, general practice and secondary care gave him an understanding of the opportunities and he was eager to turn ideas formed over many years into actions.

When Graeme was in the room energy levels were high. He was likened to the Energiser battery guy in television ads.

"Lead, follow or get out of the way" was one of his favourite sayings. He initiated a range of activity including Exercise is Medicine and PhysioFITT. He championed the development of pathways for Allied Health to match Community HealthPathways.

The new Allied Health pathways site will be launched within the next few months.

Graeme was a key figure in the acute lower back pain activity that the Canterbury Initiative progressed during 2016. Multi-discipline input led to the development of new back pain pathway which was launched on HealthPathways earlier this year.

Many across the Canterbury Health System will have interacted with Graeme – either as a patient of PhysioSouth, the practice he and his wife Marie started in 1984, as a clinical colleague, or through cycling.

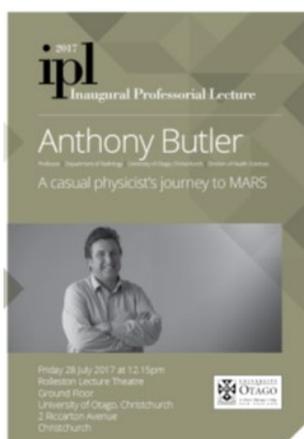
Graeme was keen to leave a legacy. The reflections from the 400-plus people who attended his funeral on Wednesday confirmed that he has. He will be missed by many.

## Canterbury Grand Round

**When: Friday, 28 July 2017 – 12.15pm to 1.15pm  
with lunch from 11.45am**

**Venue: Rolleston Lecture Theatre**

**Speaker 1: Prof Anthony Butler, Radiology, Otago**  
**"A casual physicist's journey to MARS"**



**Chair: David Murdoch**

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

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

**Video Conference set up in:**

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

All staff and students welcome

**Next is – Friday, 4 August 2017 (Rolleston Lecture Theatre)**

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

# High-tech equipment will benefit children with respiratory conditions

Twelve year old Tylah-Ray Davidson enjoys swimming, riding his bike, playing guitar and a bit of computer gaming.

He is in a rock band, is looking forward to starting secondary school next year, and takes his regular hospital visits in his stride.

Tylah-Ray has cystic fibrosis (CF) and every three months requires lung function tests. CF is a genetic disorder that affects a number of organs in the body, especially the lungs and pancreas, by clogging them with thick, sticky mucus.

In the lungs this can cause shortness of breath, a chronic cough and repeated chest infections.

Last Thursday Tylah-Ray demonstrated a new piece of high-tech equipment unveiled at the Respiratory Physiology Laboratory, Christchurch Hospital, designed to help children who have respiratory conditions with their breathing tests.

Previously lung function could only be tested via spirometry, where children have to blow into a tube as hard as they can.

“This is way easier,” he says.

The \$123,000 paediatric body plethysmograph was bought with funds from last year’s Countdown Kids Hospital Appeal.

The new body plethysmograph, or body box, is the only one in New Zealand using the latest ultrasonic technology to measure a child’s lung performance. It allows for a fully integrated procedure that tests airway resistance and lung volumes.

The body box is housed in a paediatric testing room within the laboratory that has recently been decorated in the same theme as the paediatric department on the lower ground floor.

The machine can measure the size of a child’s lung, how well the lung can take in oxygen, and the resistance to airflow.

It will also allow medical staff to measure the effect of medication given to help breathing, says Respiratory Laboratory Scientific Director, Maureen Swanney.

“With three trained paediatric respiratory physiologists and this new equipment we are establishing a centre of excellence in the respiratory physiology laboratory which will benefit many children and their families.

“The body box will also allow us to set up paediatric clinics to ensure more children have better access to the appropriate testing and assessment of their respiratory function.”

In addition to the body box, the purchase of an Airwave Oscillometry System (AOS) allows us to test children as young as three years old because minimal patient cooperation is needed, she says.

The Countdown Kids Appeal has helped raised more than \$10.4 million over the last 10 years.

Appeal Chairperson, Ruth Krippner, says she is thrilled that the plethysmograph will benefit Canterbury families.

“At Countdown we’re proud to help make a positive difference in the communities we’re part of, and are delighted to see this important piece of equipment being purchased thanks to our appeal and the fundraising efforts of our team, particularly here in Christchurch.

Service Manager, Respiratory Services, Robin Rutter-Baumann, said as a result of the “incredibly generous” donation Canterbury DHB now has a world class paediatric respiratory facility.

“This is an expensive piece of equipment and we are so grateful for it.”



From left, Clinical Respiratory Physiologist, Emily Ingram, Tylah-Ray Davidson, Wayne Davidson, Respiratory Laboratory Scientific Director, Maureen Swanney and Respiratory Physiologist, Rachel Kingsford

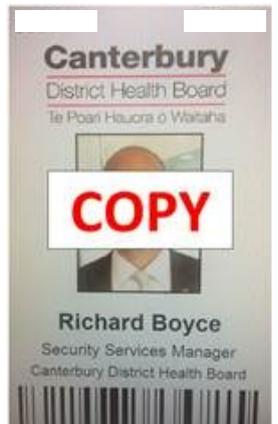
# Security Services rolls out new access card

Staff at Burwood Hospital are first in line to receive the new Canterbury DHB security access cards. The roll out starts today ahead of the physical change of card readers on the doors of the old part of the Burwood site (doors at Surgical, Ward GG and the old Ambulance Entry (near physical medicine) and the temporary Ambulance Entry (now the container staff rear entry) to the new readers.

Because the whole upgrade is a very intricate piece of work that requires a number of steps to be achieved prior to moving to each phase, the old cards will still be required for a short period until all the new readers are activated. Staff will need to keep and carry both cards with them.

Burwood staff can collect their new access cards from security staff based at the old Orderlies Lodge this week, while next week (Monday 31 July – Friday 4 August) security will be at the main reception. Please check the [intranet](#) for dates and times and check with your line manager if you are not sure of the process.

The table below shows the different types of cards in use, and those that will be changing. Many staff have been issued with intermediate card (Burwood, Rangiora, Ashburton and Corporate) as the new buildings were completed. The roll out of cards to other sites will be advised closer to the time.

Old TIRUS Card (First to go)	Intermediate Mifare Card (Second to go)	New DESFire Card (Currently used in Ashburton and will become the final card)	ID Card (Not an access card) (This stays the same)
			
<p>Thick card with five or fewer digits in the number.</p>	<p>Intermediate card that was issued after the new build. Will usually start with a #2 and have six digits.</p>	<p>This is the new card and will replace existing two access cards. The number will be prefixed by a 'DF'.</p>	<p>Doesn't open any doors - it's just an ID Card. This remains the same.</p>

There are a list of frequently asked questions on the [intranet](#). These cover off answers to questions such as what to do if you can't collect a card, what happens with "follow-print", your PIN number, and why you have a separate photo ID card. It also details instructions of when, and how, old cards will be collected. These will only be recalled once all the readers across the Canterbury DHB have been replaced and activated. Once the upgrade is complete, you will be left with only one access card.

Please see the [intranet](#) for more details.

# Throat cancer – an easy one to miss

Ear ache and a lump in her throat turned into an unexpected cancer journey for Cosette Calder.

The 42-year-old Christchurch woman was diagnosed with throat cancer two years ago – a common, yet mostly unmentioned cancer that falls into a number of other cancers that can occur in the head and neck area.

One of these cancers is diagnosed in Canterbury/West Coast/Nelson Marlborough regions up to six times every week.

Head and neck cancers often go undetected, because many people don't recognise the early warning signs and symptoms, says Christchurch Hospital Head and Neck Surgeon, Robert Allison.

"Since these cancers occur in a range of sites, they can cause a range of different symptoms, such as an ulcer on the tongue, a one-sided sore throat, a husky or hoarse voice, a painless lump in the neck, swallowing problems or changes to your skin in your face and neck area."

For Cosette, she was coughing a lot, and sometimes had the taste of blood in her mouth.

She experienced pain when yawning. A sensitive throat made swallowing food uncomfortable. A visit to her general practitioner resulted in a referral to the Ear Nose and Throat department at Christchurch Hospital.

There she was told she was most likely experiencing the early stages of throat cancer. Further tests confirmed this.

"I was shocked and upset. However I was thankful that I had an early diagnosis, as this gave me the best chance at being cured and leading a healthy normal life after treatment," Cosette says.

Treatment is complex and can involve major surgery, radiotherapy and chemotherapy, says Richard. It can often have a greater effect on a patient's quality of life than the treatment of cancers found in any other part of the body, impacting their ability to eat, swallow or talk.

Two years on, Cosette is clear of cancer and grateful for her second chance.

Catching head and neck cancers early is key to better rates of treatment success.

## World Head and Neck Cancer Day

Every year, 27 July is the international day of recognition for head and neck cancers. This is being recognised locally with a drop by information stall in the main foyer of Christchurch Hospital from 9am to 12 noon, run in conjunction with the Cancer Society.

The purpose is primarily to raise awareness and educate people about the prevalence of this disease. Ribbons can be purchased with the proceeds going to the Canterbury Head and Neck Cancer support group.

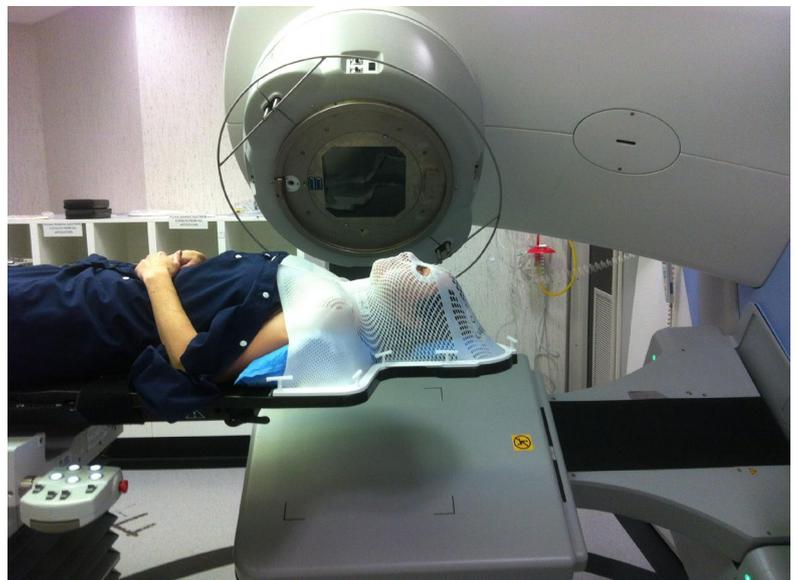
Last year, Canterbury DHB worked with Cancer Society, Canterbury - West Coast Division to develop a range of Head and Neck Cancer pamphlets. To find out more visit [canterbury-west-coast.cancernz.org.nz](http://canterbury-west-coast.cancernz.org.nz) or call the Cancer Information Helpline on **0800 226 237**.

If you would like to promote the day with a specially designed email signature, email [amanda.dodd@cancercwc.org.nz](mailto:amanda.dodd@cancercwc.org.nz) for the file.

Read a more detailed version of this story on the [Canterbury DHB website](#).



Cosette Calder



Before Cosette began radiation she had a plastic mask made of her face and shoulders, which she would wear during radiation treatment

# Ashburton Hospital Team stepped up to the challenge last weekend

Ashburton Health Services Manager, Berni Marra, is full of praise for the team in Ashburton and would like to acknowledge the Duty Nurse managers who covered the weekend: Heather Cullimore, Helen Barnes, Jude Cook and Michelle Kingsberry. Special thanks too to Krunal Shukla, the on-call leadership team member.

Margaret Sutherland the Clinical Nurse Manager at Tuarangi worked throughout the weekend to support her team, and Murray Williams electrician at Ashburton Hospital stayed overnight to ensure services continued to operate safely. The Home Support and District Nursing teams kept calm and

carried on with the support of the local 4WD club. Our support services teams were super-stars with kitchen staff, cleaning, orderlies and Maintenance and Engineering all going above and beyond.

Thanks too to everyone who covered shifts for people who could not make it in to work.

It was a great show of team and community spirit and I thank you all for the massive effort put in to ensure Ashburton people were well cared for despite the challenges.

## PINK PAGES NOW ONLINE

The Pink Pages Directory for the Rainbow Community (LGBTI) in Christchurch is now available online. Just go to [www.pinkpages.org.nz](http://www.pinkpages.org.nz) to access it.

However if you prefer a hard copy the 2016/17 version is still available through Community and Public Health. Just go to: [www.cph.co.nz](http://www.cph.co.nz) and then to **Resources – Sexual Health** to order a copy.

## SEXUAL HEALTH CONFERENCE IN CHRISTCHURCH THIS YEAR!

The Annual Sexual Health Society Conference will be held in Christchurch this year 7-9 September at *The Chateau on the Park, A Double Tree by Hilton*. It's a great opportunity to attend the conference which doesn't often come our way. The programme will include clinical, educational and health promotion topics.

Early Bird Registration closing date is: Wednesday 12 July 2017.

To find out more go to the website: [www.nzshs.org](http://www.nzshs.org) and go to **Conferences**.

**Diane Shannon**  
Community and Public Health  
Canterbury District Health Board  
Phone: 03 378 6755  
Mobile: 021 023 264 57  
Email: [diane.shannon@cdhb.health.nz](mailto:diane.shannon@cdhb.health.nz)



— {SEXUAL HEALTH NEWSLETTER} —

JULY 2017

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

## Burwood volunteer brightens up Ward BG

A talented volunteer has brought some bright colour to the walls of Ward BG at Burwood Hospital. Norah Southorn, who joined the volunteers about a year ago, has created five hand painted tile pictures that she has donated to the hospital.

Norah started painting about 30 years ago on china and porcelain. At first it was just a hobby, but as she took classes and became more skilled, she even bought her own kiln to perfect different glazing techniques.

Norah says she moved onto to painting ceramic tiles as they gave her more scope to do bigger pictures. Each painting takes about seven or eight firings before it's finished. "Each colour gets its own firing," she says. "It makes the pieces totally



View of the Port Hills

unique. No two paintings are ever the same." Norah paints local scenes from photos that she takes of scenery she finds inspiring.

Volunteer Co-ordinator Rachael Walker says Norah's tiles are popular in the ward. "People like the local scenes and enjoy being able to recognise them."

CDHB art advisor Marcy Craigie says Norah's generous donations of her art works are greatly appreciated by residents, staff and visitors to Ward BG. "People always remark on how homely the art works make the ward," she says.



Norah Southorn

## Second edition of Issues to Resources out now

A resource making it easier for schools to look for sources of support for health issues is now available online.

The first edition of the resource was compiled in September 2015 in response to common issues Canterbury school leadership teams identified they were experiencing.

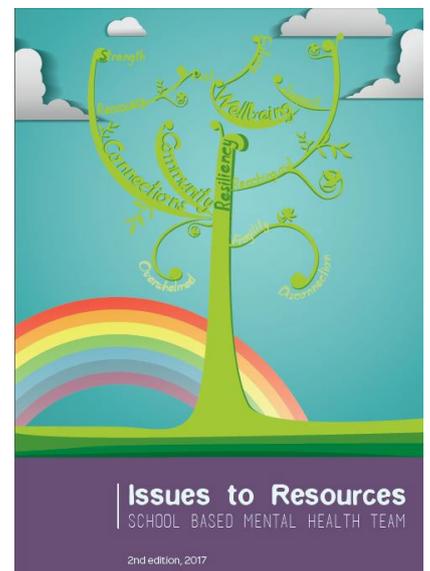
The document outlines organisations and resources schools can contact or use to help manage specific issues, including sleep issues, grief, self-harm, domestic violence, EQ support and practical support for families.

The Resource is compiled by Canterbury DHB's School Based Mental health Team

and issues are determined based on feedback from schools.

The DHB's Clinical Director of the Child, Adolescent and Family Mental Health Services, Harith Swadi, says, "Reflecting back on the time we have spent exploring the issues with schools the message is clear that the issues that schools are dealing with are complex and we have a deep respect for our schools and the vital work they do. The first edition was a big success and the feedback we had confirmed its utility as a go-to resource when schools look for sources of support."

The resource can be downloaded from the [School Based Mental Health Team page](#) on the Canterbury DHB website.



# One minute with... Chris McEntyre, Medical Laboratory Scientist, Specialist Chemistry, Canterbury Health Laboratories (CHL)



## What does your job involve?

I am a Medical Laboratory Scientist at Canterbury Health Laboratories (CHL) in the Specialist Chemistry section, and my job involves analysing a range of metabolites (including vitamins) in patient samples, developing and validating new analytical methods, and working on research projects. I have just completed a Doctor of Philosophy (PhD) degree enrolled in Chemistry at the University of Canterbury, which I did part time with the support of CHL. My PhD work involved the development and validation of mass spectrometry methods for the measurement of osmolytes and some related metabolites in order to investigate the biological variation in clinical samples and evaluate their potential for use as risk markers of disease.

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

I started working at CHL in 2000 as a Research Technician analysing samples for clinical studies. I applied for the job because it sounded interesting as well as being a great opportunity to learn new skills while working. I learned a lot about analytical techniques and chemical synthesis working with Michael Lever, and produced results which would lead to new discoveries about human metabolism that would be published in international journals. I decided to enrol for a PhD in 2011 because I needed to learn a lot about mass spectrometry (which was technology recently obtained by CHL), and thought it was a good way to formalise that learning and up-skill.

## What do you like about it?

I enjoy working in the Specialist Chemistry section because we provide a unique service and do a range of specialised testing

that is often not done elsewhere in NZ. Working in medical research is particularly exciting because you are helping to discover new knowledge that could lead to significant improvements in patient care.

## What are the challenging bits?

Doing a PhD part time while working is challenging because it can be hard to stay focused over such a long period of time. Your attention is often diverted from your research by other tasks, and it is easy to lose your train of thought and motivation to follow ideas through to completion. It really requires excellent time management skills, a lot of patience, and giving up many of your weekends.

## Who inspires you?

I am inspired by many of the innovative scientists working within Canterbury DHB who have vast knowledge and skill sets that help us to provide a better and more specialised service.

## 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?

These values are reflected in how we in the laboratory aim to provide the best service possible for the patients and the doctors providing their care.

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

The most memorable books I've read are probably classic science fiction. One of my favourites is Jules Verne's '20,000 Leagues Under the Sea'.

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

Somewhere warmer, the Mediterranean sounds nice...

## My ultimate Sunday would involve?

A long ride on my Triumph Street Triple on some twisty roads.

## One food I really like is...

A roast with gravy is always good at this time of year.

## My favourite music is...

I have broad tastes in music ranging from classical to hard rock, and it really depends on my mood what I listen to.

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).

## UC study aims to improve symptoms of depression and anxiety in pregnant women

A world-leading new University of Canterbury research trial aims to help pregnant women improve symptoms of anxiety and antenatal depression through better nutrition.

Psychology PhD student Hayley Bradley is recruiting pregnant women for a new clinical trial at the University of Canterbury's Mental Health and Nutrition Research Group.

New Zealand has one of the highest rates of depression and anxiety among pregnant women in the developed world, between 12 to 25 per cent, Hayley says.

"It is well known that depression and anxiety during pregnancy can have devastating short and long-term consequences – not only for the pregnant woman but also for her baby and the wider family."

Current treatments include antidepressant medication or psychotherapy. However, given the risks associated with in-utero exposure to antidepressants and barriers such as access and cost associated with psychotherapy, many pregnant women remain untreated.

"Alternative interventions are therefore desperately needed. We want to see if vitamins and minerals can help pregnant women deal better with low mood and anxiety," Hayley says.

One emerging treatment option is nutritional supplementation. Nutritional demands are increased during childbirth which may potentially result in nutritional deficiencies. There is also

emerging evidence that poor diet and nutritional deficiency may be correlated with postnatal depression. It would therefore make sense to increase the nutritional intake of pregnant women, which can be done by supplementing their diets.

"Evidence has accumulated over the last decade showing large, beneficial effects of broad-spectrum vitamin and mineral (micronutrient) interventions for various mental health problems suggesting that micronutrient interventions could be a promising way forward," she says.

The Mental Health and Nutrition Research Group is recruiting for a study (until December 2018) to see whether a multi-vitamin and mineral (micronutrient) treatment can improve symptoms of depression and anxiety in pregnant women.

Participants and their babies will be followed up postnatally to ensure wellbeing and see if the nutrients can also prevent postnatal depression and anxiety and improve developmental outcomes for infants.

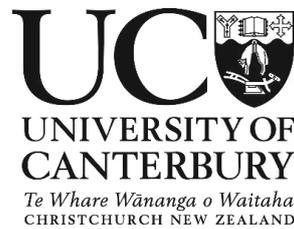
The study may also provide evidence for better health, wellbeing and development of infants exposed to nutrients in-utero.

Pregnant women interested in the study can register their interest and find more information about the pregnancy study at [www.bit.ly/pregnancy-study](http://www.bit.ly/pregnancy-study).



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### Mums to be....

Be part of world leading research!

The Mental Health and Nutrition Research Group at the University of Canterbury are now recruiting for a study to see whether a vitamin and mineral treatment can help pregnant women better deal with stress and difficult moods.

We are looking for pregnant women:

- Aged 19 + years
- Up to 20 weeks pregnant
- Having one baby
- Living in the Canterbury region (NZ)
- Feeling stressed, irritable or low in mood

Interested in taking part? Register your interest now at: [www.bit.ly/pregnancy-study](http://www.bit.ly/pregnancy-study)

Or contact us on:

email: [hayley.bradley@pg.canterbury.ac.nz](mailto:hayley.bradley@pg.canterbury.ac.nz)

phone: 03 369 2386

Check out our Facebook page: [@mentalhealthandnutrition](https://www.facebook.com/mentalhealthandnutrition)

Follow us on Instagram: [@UCmentalhealthandnutrition](https://www.instagram.com/UCmentalhealthandnutrition)



**SEXUAL HEALTH CONFERENCE**  
THE CHATEAU ON THE PARK, A Double Tree by Hilton  
CHRISTCHURCH 7-9 September 2017



**REGISTRATION IS NOW OPEN**

[Click here to Register](#)

**We are delighted to announce our keynote speakers....**



**HANA O'REGAN**

General Manager of Oranga/ Wellbeing for  
Te Rūnanga o Ngāi Tahu

[Further information](#)



**ASSOCIATE PROFESSOR DAVID TEMPLETON**

Senior Staff Specialist and Clinical Services Manager  
RPA Sexual Health, Sydney, Australia

[Further information](#)

**Full conference details are available at**

**[www.nzshs2017.co.nz](http://www.nzshs2017.co.nz)**

**Enquiries to: Paula Armstrong | ForumPoint2 Conference Partners**

**T: 07 838 1098 | E: paula@fp2.co.nz**

## Canterbury

District Health Board

Te Pōari Hauora Ō Waitaha



# Simulation Instructor Course



Canterbury District Health Board are proud to offer this internationally recognised, 4 day simulation Instructor course, working in partnership with the Boston based Centre for Medical Simulation (CMS). The course is designed for simulation educators who seek to create high-quality healthcare simulation programs.

This course immerses healthcare simulation instructors in a multi-method course wherein participants learn how to teach clinical, behavioural, and cognitive skills through simulation. It draws from the disciplines of aviation, healthcare, psychology, experiential learning, and organizational behaviour. Participants explore simulator-based teaching methods applicable across the healthcare education spectrum, including undergraduate and graduate medical, nursing and allied health domains. The daily formats vary and include; simulation scenarios, lectures, small and large group discussions, and practical exercises with feedback..

Thursday 12th October—Sunday 15th October 2017

Venue: CSU, 5th Floor Riverside, Christchurch Hospital.

**Cost:** \$NZ7,000 per person

**Closing date for registrations - 30th July 2017**

### CRITERIA FOR SELECTION

- Places will be allocated with an emphasis on a multi-professional team
- First registrations received will be offered first places and a payment due date
- Received payment with written confirmation secures workshop place
- Non payment by due date will see that offer passed to another candidate
- After the 4 day workshop, all attendees will have the opportunity to work with a qualified simulation instructor to support and debrief you following your first session
- Access to a computer is required to download learning material and view video clips

*Right care and support, by the right person, at the right time, in the right place, with the right patient experience*

CONTACT  
DETAILS

[Email: skills.unit@cdhb.health.nz](mailto:skills.unit@cdhb.health.nz)

CANTERBURY DISTRICT HEALTH BOARD

CMS—Simulation Course

## Registration—Closing date 30th July 2017

- Complete the registration section below
- Attach your simulation project abstract

Send via email to: [skills.unit@cdhb.health.nz](mailto:skills.unit@cdhb.health.nz)

Once all the documentation has been reviewed, you will be notified if you have been successful and given instructions for payment. Failure to pay by the due date will result in your place being offered to the next candidate.

## Simulation project

To meet the criteria to attend this course you need to supply an abstract (maximum 300 words) that will be presented to local, national and international groups.

### The project needs to be

- Inter-professional
- Align with organisational and/or national targets

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### Cancellation Policy

**Closing date 30th July 2017**

Once payment has been received we require notice of cancellation in writing to [skills.unit@cdhb.health.nz](mailto:skills.unit@cdhb.health.nz)

Cancellation within 28 days of course commencement will incur a charge of 5 %

Cancellation within 15-27 days of course commencement will incur a charge of 25%

Cancellations within 7-14 days of course commencement will be charged at 50%

Cancellations of less than 7 days of course commencement will be charged 100%

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### **REGISTRATION DETAILS (please print)**

Full name:

Profession:

Place of work:

Contact Email:

Telephone Number:

Special dietary requirements:

Special needs:

**Scan & Email to: [skills.unit@cdhb.health.nz](mailto:skills.unit@cdhb.health.nz)**