



Chief executive David Meates, giving a shout out to the Canterbury Health system volunteers

Kindness outbreak in Canterbury this Christmas

Cantabrians are being encouraged to draw on their biggest strength – kindness – this Christmas season.

The All Right? team has created 24 compliment cards that can be shared as gifts in an online advent calendar or passed on as cards. For more details see the story on page 14.

While the compliments campaign is light-hearted and fun, it is fully backed by science. Giving has been identified as one of five actions proven to improve someone's wellbeing. The other 'ways to wellbeing' are connecting, learning, being active and taking notice.

Doing something kind, such as giving a compliment, has been shown to produce serotonin and oxytocin, two 'feel good' chemicals that help you feel happier, calmer, and more energetic. Last year over five thousand Cantabrians completed a 15-minute character strengths test and the most common strength was kindness.

Speaking of kindness, today marks the start of a concerted attempt to spread some kindness around our organisation with **The Big Shout Out**.

All Canterbury DHB staff are encouraged to send a photo or video "Shout Out" to their workmates to recognise great and small contributions and show your thanks. And what better time of year to gift some gratitude?

The Big Shout is coming to as many Canterbury DHB sites as possible so look out for details on the [intranet](#) about when it's coming to you and be sure to give a Shout Out and make someone's day.

Valuing everyone by recognising and appreciating their efforts is part of how we make this health system great.



In this issue

- » Whooping cough outbreak declared | Child & Youth a focus at Clinical Board meeting... pg 6
- » Destination Outpatients... pg 7
- » Canterbury clinicians should only use the Celo app for secure messaging on the go | Heart surgery unit's 20-year anniversary... pg 8
- » Medication therapy assessment – a change for the better... pg 9
- » St John's Clinical Hub service to operate 24/7 from today... pg 10
- » Ending HIV by 2025... pg 11
- » Big donation for Child Health... pg 12
- » Health Promoting Schools Team supports 'Water Only' at Kimihia... pg 13
- » GIF a little this December... pg 14
- » Farewell to Nurse Educator Margaret Conaglen | Canterbury DHB staff attend choir festival in China... pg 15
- » One minute with... pg 16-17
- » Canterbury Grand Round... pg 17
- » Bone Shop Babes achieve at Abreast Of Life dragon boating competition... pg 18
- » Canterbury Clinical Network, monthly update – November | Reminder: Allied Health Scientific and Technical Research Showcase – 1 March 2018... pg 19
- » Recruitment... pg 20

Happy Volunteers Day to our health system volunteers

Volunteers make such a difference to the lives of our patients and visitors, I want to thank you all for the gift of time you give so generously, to help make our community and health services even better. Whether you're helping with way-finding, meeting and greeting, gardening, working in one of our gift shops, taking the shop trolley around the wards or spending time with patients.

We are lucky to have so many kind and supportive people who fundraise for extras, bring beautiful flowers in to cheer up patients and staff and make goodie bags for mums, or those who unexpectedly find themselves in hospital. Thanks for everything you do – your actions make such a difference every day. Happy Volunteers day for tomorrow, 5 December, International Volunteers Day.

Canterbury District Health Board is now Energy-Mark Silver certified

Thanks to the hard work, expertise and commitment of Canterbury DHB's energy management team, including our Energy Manager Tim Emson, last week the DHB earned a well-deserved Energy-Mark® Silver certification from Enviro-Mark Solutions, the leading provider of environmental certification in New Zealand.

Hospitals and other healthcare facilities use a lot of energy – notably in heating systems and electrical power. To save costs, including environmental costs, Canterbury DHB is concerned to reduce energy consumption wherever possible. This requires careful management by our in-house team of energy planning and engineering specialists.

Canterbury DHB is also committed to reducing its carbon footprint through use of more environmentally sustainable energy sources, notably our environmentally friendly wood waste boilers at Burwood Hospital and Hillmorton Hospital. A similar approach is in the planning stages for the replacement boilers on the Christchurch Hospital campus.

In October 2016, Canterbury DHB was awarded Energy-Mark Bronze certification for our energy management system. The Energy-Mark Silver certification builds on these achievements, requiring the DHB to carefully outline objectives and targets for energy management and create specific energy projects to reduce energy use. Our energy use performance is being tracked over time and will be communicated to staff and to the public. Also at the Silver level, consideration is made for the training and awareness needs of staff who have a significant impact on energy use.

According to Dr Belinda Mathers, General Manager Technical from Enviro-Mark Solutions, a Silver certification is a significant achievement: "At Silver level, certified organisations have a functioning energy management system with plans in place for monitoring and targets for improving energy efficiency. This puts your organisation in the group of most aware and proactive companies in New Zealand. On behalf of Enviro-Mark Solutions, thank you for your efforts to reduce your impact on the global climate."

This Award is great news for the organisation. Energy management in a very large organisation like our DHB is a tremendously complex matter. It's also vital to the current and future health of our communities that we achieve sustainable,

environmentally aware energy use. Tim Emson and his expert team have done a fantastic job to achieve this Silver Energy-Mark Award – and of course, we're going for Gold next!

Since 2001, Enviro-Mark Solutions' environmental certification schemes have ensured that New Zealand companies and organisations benefit from international best practice, applied science, and effective tools. Enviro-Mark Solutions is a wholly-owned subsidiary of Landcare Research, a Government-owned Crown Research Institute.



Dr Belinda Mathers presents Tim Emson and David Meates with Canterbury DHB's Energy-Mark Silver certification

To achieve Energy-Mark Gold certification, the next steps for Canterbury DHB are to ensure that our energy management system is fully documented and controlled, with internal audit and management review to ensure that it is integrated across the organisation and that the energy management system is continually improving.

Have a great week and remember, a little kindness goes a long way.

A handwritten signature in black ink, appearing to read 'David Meates'.

David Meates
CEO Canterbury District Health Board

Facilities Fast Facts

Acute Services Building

Work will shortly begin on the main link corridor between the new Acute Services Building and the existing Christchurch Women's Hospital/ Parkside buildings.

The link will be a three-storey corridor in a relatively central campus location, joining the existing hospital buildings at the junction between Parkside and Christchurch Women's.

The Lower Ground level will be for goods, meals, hospital staff and patient transport. The Ground Floor level will be for the general public to use. Level 1 will be specifically for staff in theatre suites, intensive care, clinical transfers and emergency transfers, and will not be accessible by regular staff.



The artist's impression (above) shows a view of the link, with the back of Christchurch Women's Hospital on the right. Note that the glazing and panelling details are not final and may change. A large number of DHB staff have been involved in getting the design right, and there has been much deliberation on the best positioning for the link to ensure the best flows around the hospitals.

Work within Christchurch Women's Hospital to allow construction of the link is being done over the Christmas period to lessen the effect on clinical areas.

Christchurch Outpatients

On December 2, the yellow and white tower crane was removed from the Outpatients site.





Bouquets

Ward 14, Christchurch Hospital

My brother ... had a kidney transplant. I am in awe of the incredible care bestowed upon him and his partner ... who donated the kidney. Regardless of level of status, employees and volunteers could not do enough for them. Cleaners, kitchen staff, orderlies, nurses, doctors. Christchurch Hospital you are amazing. World Class service and care.

Radiology, Burwood Hospital

I was impressed with the receptionist's warm, calm and respectful manner, especially dealing with a difficult ... patient. They did well.

Oncology, Christchurch Hospital

What a wonderful caring team you have here at Christchurch Hospital, from the receptionists to the volunteers, nurses and doctors and radiation therapists. My compliments to the staff. They deserve a pat on the back. Although I'm ill I feel ok with this care behind and around me. Thank you so much.

Medical Day Unit, Christchurch Hospital

I would like to thank the staff for the wonderful treatment today. Food was fantastic. Attention first rate and all for free. I have been in private hospitals before and aged 90 I have seen a bit of hospital life. Top marks to the Blood Transfusion Ward and all the extra staff involved. Thank you. Such a happy atmosphere.

Plastics Outpatients, Christchurch Hospital and Burwood Hospital

My current visit here has been excellent and shows how expertise, dedication and practice work together to help sort my issues. All interactions with staff are

a credit to the team... from the general staff to the medical staff. I am a high user and over the many years I have received nothing short of the care I expect. The staff here and at Burwood should be commended for their dedication. Kia kaha to you all.

Ear Nose and Throat department and Ward 11, Christchurch Hospital

My compliments to all the kind people working there. I felt very comfortable and welcomed by everybody. Thanks again.

Alana, Intensive Care, Christchurch Hospital

Alana from Intensive Care is a great nurse.

Wards 15 and 16, Christchurch Hospital

What an excellent hospital. Great communication to us in person and on the phone by both doctors and nursing staff. Mum (a 90-year-old) really enjoyed her stay and the staff – Sarah Abbott (her surgeon) and team and Richard (her anaesthetist) and his team communicated well both before and after her op and showed a genuine concern for her and her wellbeing.

Ear Nose and Throat department, Christchurch Hospital

Two outpatient appointments and staff have been amazing. Good explanations, friendly, made the whole process easy. Thanks.

Emergency Department, Christchurch Hospital

I came to the Emergency Department... I was so impressed with the nurses and reception staff. Really kind and respectful.

Urology department, Christchurch Hospital

Marvellous registrar and nurse and interviewing surgeon. Lovely manner and caring procedure.

Rachel, Ward 25, Christchurch Hospital

I was a patient on Ward 25. My nurse's name was Rachel. I must say she was efficient and on time with medication as well as answering the call bell. She managed all this with a smile, plus she had a nurse orienteering alongside her. She made me laugh a couple of times and makes a mean Milo. Maybe other nurses could take a leaf out of her book. Good on you Rachel. Keep up the good work.

Park and Ride and Ward 28, Christchurch Hospital

I would like to thank you for the wonderful caring provision the DHB has provided via shuttles to the hospital... I am from Whangarei, North Island. I have a daughter in the Neurology Ward... the staff have been absolutely fabulous during my six-week stay here in Christchurch. To the drivers on the shuttle vans – thank you so much for the excellent customer service and advice, making me feel really welcome and at home, going beyond your duties.

Christchurch Hospital staff

Shuttle drivers, tea ladies, cleaning ladies, physiotherapist, neurology specialist nurse, nurse aides, nurses, rheumatologists, psychiatrists. Thanks a million everyone.

The Library

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

- » [“An atlas of coronary arteries”](#) – a researcher at the University of Auckland has worked with doctors and patients to create more than 500 scans of coronary trees to create the largest data set of this type in the world. She combines CT angiograms of many different slices of the chest to create 3D virtual models of a patient’s artery tree. She then runs computational simulations of blood flow to identify danger points where future blockages might occur. From *Radio New Zealand*, published online: 29 November 2017.
- » [“Expanding waistlines and diabetes causing rise in cancers, finds study”](#) – a study published in *The Lancet Diabetes & Endocrinology* journal reports that diabetes and high body mass indices (BMIs) are responsible for 5.6 percent of cancer cases around the world in 2012, with most cancers occurring in high-income western countries. From *Health Central NZ*, published online: 29 November 2017.
- » [“Bad news: media coverage of HPV vaccine increased adverse event reports”](#) – a new Australian study looking at the last seven years of adverse event reporting following people taking the human papilloma virus (HPV) vaccine, found that news coverage of the vaccine and Google searches in the previous month were significant predictors of adverse event reporting in the following month. The results suggest that some of the adverse events reported, such as unpleasant side effects, were not related to the vaccination itself but to the psychological impact of news coverage and Internet searches. From *scimex*, published online: 13 November 2017.

If you want to submit content to **The Library** email communications@cdhb.health.nz.

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

- » **Visit:** www.otago.ac.nz/christchurch/library
- » **Phone:** +64 3 364 0500
- » **Email:** librarycml.uoc@otago.ac.nz

the big
Shout
Out!

Give a Shout Out this December

See the daily all staff emails or Care Starts Here intranet page for how you can Shout Out this December.

Find your workmates' Shout Outs at:

[facebook.com/groups/CareStartsHere](https://www.facebook.com/groups/CareStartsHere)





Care
Starts
Here

Whooping cough outbreak declared

The Canterbury DHB is advising staff to consider their immunisation status following the declaration of a national outbreak of whooping cough.

In particular, staff who have contact with children under one and who have not had a pertussis booster in the last five years are encouraged to become immunised now.

Canterbury Medical Officer of Health Dr Ramon Pink says “in the last week there have been 14 pertussis notifications in Canterbury and 1 in West Coast. Infants aged up to one are particularly vulnerable – 43% of those diagnosed since January this year were admitted to hospital.”

Dr Pink and the Ministry of Health are encouraging people to be extra vigilant as they gather for Christmas and New Year celebrations, in order to protect young babies from whooping cough.

Anyone with coughs should be especially careful if they are likely to come in contact with babies. Most adults don't realise they have whooping cough, but it is highly contagious.

The best way to protect newborn infants is for pregnant women to get their free immunisation against whooping cough between 28 and 38 weeks of pregnancy, and take their baby for their free immunisations when they're six weeks, three months and five months old.

Child & Youth a focus at Clinical Board meeting

A presentation on the Child and Youth Workstream was a feature of last month's meeting of the Clinical Board. Members heard from Associate Professor Nicola Austin and Team Leader Wayne Turp.

Their update included the history of the workstream, its structure and membership and how this workstream fits into the Canterbury Clinical Network.

The board was presented with data highlighting such factors as the social determinants of health, the focus on equity of services and workforce, and source of information and information sharing.

Many advancements have been made and new programmes implemented or expanded on over the last year.

In the perinatal and infant realm these include the roll out of LinKIDS, which was initially established to provide a multi-enrolment process for new-borns in Canterbury.

The programme means all children born in Canterbury are enrolled with Newborn Hearing Screening, Oral Health, National Immunisation Register and have an early notification of intention to enrol at general practice and Well Child Tamariki Ora services.

LinKIDS also coordinates patient transfers in and out of our DHB and linking children to these services, or notifying the service that these children have left our DHB. Other initiatives include the Sudden Unexplained Infant Death (SUDI) prevention programme which now includes a full-time South Island co-ordinator; and also the Teen Pregnancy Workshop.

A working group has been established with Child Mental Health in response to increasing rates of anxiety and ensuing developmental delays among Canterbury children.

In youth health, the workstream is about to repeat a 2013 summer study on alcohol-related presentations to ED.

Clinical Board chair Diana Gunn says board members were impressed with the work carried out by the workstream, including its focus on identifying gaps for access to services, and she says the group is to be congratulated on the engagement it has fostered across all sectors. The board also received presentations from the Research Committee, the Medicines and Therapeutics Committee and Denise Brankin from Nurse Maude gave an overview of the governance model currently in use there.

BETTER TOGETHER

Destination Outpatients



Progress on our Outpatients project

Presentations from [Workshop 4 – Ways of working](#) – are now posted on the Destination Outpatients intranet area, including a snapshot progress report from the team. Videos from Workshop 3 are also now on the intranet.

Significant progress has been made in reducing Did Not Attends (DNAs, when a patient, for a variety of reasons, misses an appointment) – we are now tracking at our lowest rate of DNAs over the past couple of years. We need to keep making inroads into reducing our DNAs and continue to track in the right direction.

There's also been fantastic progress with paperlite initiatives – the orderly who delivers paper clinical records to Hagley Outpatients used to take and pick up a full trolley of clinical records there every cycle but has been spotted recently with just one set of clinical notes on board!

SI PICS familiarisation sessions start December 4

South Island Patient Information Care System (SI PICS) familiarisation sessions are being run from December 4 through to mid-February. These will be one-hour sessions:

1. A high-level explanation of SI PICS workflow.
2. A review of an existing Patient Profile, Referral, Waiting List, Visit (Inpatient Admission and Outpatient Appointment).
3. A review of the Workbenches and Ward Management screen.
4. Introduction to key SI PICS terminology.

The goal is to provide users with an understanding of the key terms and functional workflows, and an understanding of their training needs as a precursor to formal training.

The sessions for 2017 are setup in HealthLearn now. The HealthLearn link is <https://www.healthlearn.ac.nz/course/view.php?id=611>

To register, staff will need their HealthLearn login. Staff are automatically enrolled, so only need to select a session.

Dump the Junk

The DHB Depot was set up at the end of 2016 to help dispose of unwanted CDHB furniture and equipment, especially to cope with large amounts of unwanted items after the shift of services to Burwood Hospital from The Princess Margaret Hospital. Most of that furniture has been repurposed, recycled, sold or disposed of now.

If you or your department have any furniture or equipment that you need to dispose of as we prepare for the eventual move into the new Outpatients building, the Depot's intranet page is a good place to begin.

Alternatively please contact Pauline Tootell (Pauline.tootell@cdhb.health.nz) who will advise on the best method. As part of the process you should send her a photo of any furniture or equipment you are wanting to dispose of, and ask yourself "if I needed one of these, would I use this one?"

Canterbury clinicians should only use the Celo app for secure messaging on the go

Security is such a major risk to health systems and information that we are following on from Cyber Smart Week last week and making it a theme for the rest of December. This week, to make a change from all the 'don't' messages, there is something you should do to make sure confidential information stays that way – sign up for and use Celo.

Celo is a Kiwi-built secure mobile application that allows users to chat, capture clinical images and record consent on a mobile device – and easily and securely share them with colleagues caring for the same patient.

Celo is available on both Android and iOS to staff with a Canterbury DHB email address and uses banking-standard security software to protect information. A desktop version is due to be released soon. In time and in keeping with our whole of system approach, it will become more widely available to Canterbury clinicians listed in an authenticated directory.

Canterbury's Executive Lead – Health Innovation Stella Ward says that Celo has a number of key features that make it ideal for clinical use or in exchanging patient information.

"No information is ever stored in the device itself, which means the loss or theft of a device doesn't put patient information at risk.

"A planned integration will allow information captured on Celo to be transferred securely to the clinical record where it can be useful to others in a patient's care team who will then have the



Celo is the only app for sharing confidential information between mobile devices

best possible information available, literally at their fingertips, even when on the move."

"Now that we have Celo, you should make it the only way you exchange or transfer confidential patient information from a mobile device."

To sign up to use the app, visit <https://www.celohealth.com/canterbury-district-health-board-user-onboarding/>.

If you have any questions or for more information please visit www.celohealth.com.

Heart surgery unit's 20-year anniversary

Yesterday marked the 20-year anniversary of Christchurch Hospital's Cardiothoracic Surgery Unit.

It was established after a long political battle. Before this, South Island patients needing life-saving heart surgery had to travel to Dunedin for treatment. The Cardiothoracic Surgery Unit performed its first operation on 3 December, 1997.

Today the unit is considered an Australasian leader in coronary bypass surgery on the beating heart. This is a method of coronary artery bypass, which has helped in early recuperation and made operations possible for high risk patients, with minimal complications.

The unit has achieved a lot in the past two decades, which is a reflection of the quality of work being done.

Landmark achievements include the introduction of beating heart surgery and surgery for coronary heart disease, video-assisted surgery for lung conditions, and inviting prominent overseas surgeons from overseas to assist.

Initially the unit had just one surgeon, David Shaw. Today there are three and it is hoped by 2019 a fourth surgeon will be working at the unit. The unit is able to lend its support to the thoracic needs of many specialities.

Medication therapy assessment – a change for the better

Change has been a constant companion for Coral in recent times.

The Lincoln resident is adapting to life without her husband of 60 years and a daughter who passed away last December.

Coral has also relocated, which is another of life's stressful events. To help make her life easier and less confusing, changes have been made to her medication schedule.

Coral is one of many Cantabrians to benefit from a free Medication Therapy Assessment (MTA), where MTA-accredited pharmacists and general practitioners work alongside patients on complex medicine regimes to help them get the best from their medicines.

At Selwyn Community Pharmacy, Shirin Namjou is the pharmacist who's been guiding Coral through the MTA process.

Coral was keen to "cut out some of the pills" and that's been enabled via the MTA.

"We've been able to remove some medications that Coral no longer required and slowly reduce the dosage on others," says Shirin. "Many of our elderly patients don't know what the medicines they are taking are for and as a result, overdosing and underdosing are real risks."

Coral says, "This has made it a lot easier for me."

In Canterbury, pharmacists work closely with the rest of a person's healthcare team to keep people well and out of hospital.

MTAs are a recent extension of Canterbury's Medication Management Service (MMS), which has been successfully running for the past 5 years.

Lincoln GP Lauren Antley, who was involved in Coral's MTA and several others, says, "Every time I've been involved in the assessment service I've been really impressed by the quality of information I've received and the thoroughness of the service."



Coral is happy with her new medicine schedule



Selwyn Community Pharmacist, Shirin Namjou, makes up Coral's prescription

She says that in Coral's case the pharmacist also looked at recent blood test results and was able to identify a medicine that could lead to worsening symptoms.

Lauren says another advantage of an MTA is that it can be conducted in a person's home which can highlight other medical or welfare issues needing attention.

"We have an ageing population and in a 15-minute consult there is often not the opportunity to conduct a full medicinal review, so the MTA provides that opportunity for a good and thorough work-through."

Shirin Namjou says Selwyn Community Pharmacy will continue to check with Coral on how well she is managing with her new medication schedule.

Shirin, who has extensive work experience in both hospital and community settings, finds the MTA process rewarding.

"It's that connection between pharmacy, GP and patient – a caring and holistic approach that can only be beneficial for all."

It's certainly been beneficial for our spritely octogenarian, who's keen to keep playing bowls and living independently.

With medication issues contributing significantly to the number of people ending up in hospital and aged care, the outcome for people's quality of life can be significant.

St John's Clinical Hub service to operate 24/7 from today

St John Clinical Hub in Canterbury DHB area starts rolling out today, 4 December.

The Clinical Hub involves secondary triage of low acuity 111 calls, undertaken by paramedics and nurses in the Ambulance Communications Centre.

As Canterbury DHB and St John have been working together to provide secondary triage in Canterbury using paramedics during business hours since 2012, the biggest change in Canterbury will be an extension to the service to cover 24/7. Otherwise an increase in the pool of clinicians undertaking secondary triage is planned that will include Registered Nurses from Homecare Medical, so that more people can benefit from this service.

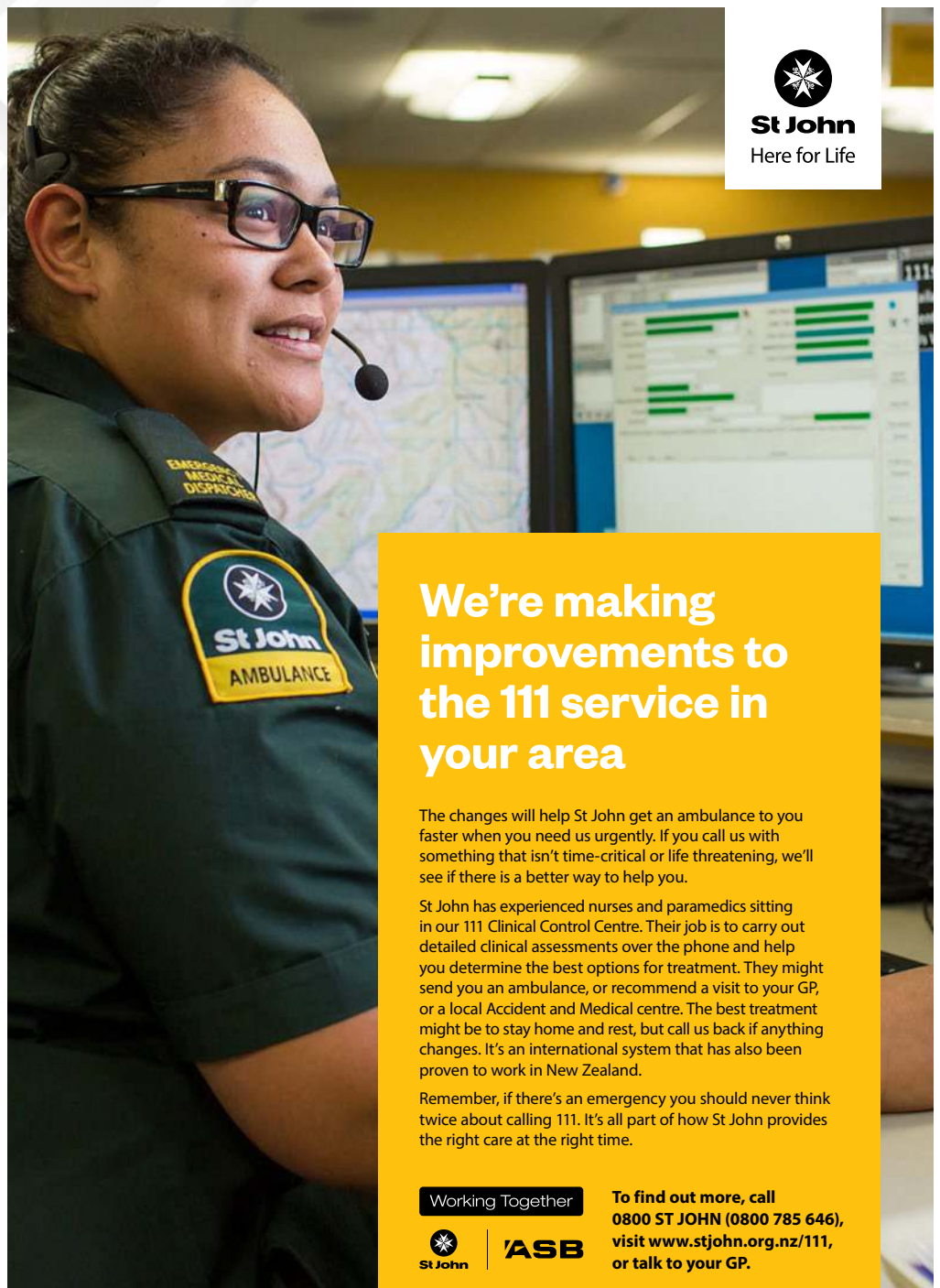
The other South Island DHBs, including our transalpine partners on the West Coast, can look forward to the introduction of the Clinical Hub service, which links low acuity patients who call 111 with primary care and urgent care facilities sooner, as well as fewer ambulance transports to their EDs.


There are two key messages you can expect to see as part of St John's public campaign:

- » Don't hesitate to call 111 if you need emergency care. If you need an ambulance they will be there as soon as they can.
- » Not all 111 calls require an ambulance but calling 111 will get you the right care soonest.

To check out the 111 call flow process, visit: <http://www.stjohn.org.nz/What-we-do/St-John-Ambulance-Services/Clinical-Control-Services/>

Look out for further promotion of this fantastic service over the coming weeks.





St John
Here for Life


We're making improvements to the 111 service in your area

The changes will help St John get an ambulance to you faster when you need us urgently. If you call us with something that isn't time-critical or life threatening, we'll see if there is a better way to help you.

St John has experienced nurses and paramedics sitting in our 111 Clinical Control Centre. Their job is to carry out detailed clinical assessments over the phone and help you determine the best options for treatment. They might send you an ambulance, or recommend a visit to your GP, or a local Accident and Medical centre. The best treatment might be to stay home and rest, but call us back if anything changes. It's an international system that has also been proven to work in New Zealand.

Remember, if there's an emergency you should never think twice about calling 111. It's all part of how St John provides the right care at the right time.

Working Together



To find out more, call
0800 ST JOHN (0800 785 646),
visit www.stjohn.org.nz/111,
or talk to your GP.

Ending HIV by 2025

The 'Ending HIV' campaign by the New Zealand AIDS Foundation (NZAF) aims to eliminate new HIV infections by 2025.

World AIDS Day on 1 December provided a good opportunity for the review of some key points and recent developments, says Infectious Diseases Clinical Nurse Specialist Victoria Hoban.

By now charge nurses and midwife unit managers will have received an information pack.

"Please put these in places where staff will have a chance to look at them, such as staff tea rooms and handover rooms."

Executive Director of the New Zealand Aids Foundation Jason Myers says if we embrace every possible way of preventing HIV transmission, together we can end the transmission of HIV in New Zealand.

"This is an ambitious goal but we're confident that this is achievable."

There is still significant stigma around HIV. The challenge is to be informed and current in our knowledge of HIV, and lead by example in eradicating this stigma.

Did you know?

- » HIV and AIDS are not interchangeable terms.
 - » Human Immunodeficiency Virus (HIV) is the virus ultimately responsible for damaging the immune system to such an extent that opportunistic infections can occur (e.g. thrush, pneumocystis pneumonia).
 - » Acquired Immune Deficiency Syndrome (AIDS) is a collection of signs and symptoms which then occurs (a syndrome).



Everything has changed. We can end HIV.

- » HIV is now considered a chronic, manageable condition. People on anti-retroviral medications (ARVs) who have an undetectable viral load have the same life expectancy as those without HIV.
- » Post Exposure Prophylaxis (PEP) has been around for some time, however Pre Exposure Prophylaxis (PrEP) has now arrived. PrEP is where people at high risk of contracting HIV take ARVs daily to reduce the risk of contracting HIV. PrEP has already had a significant positive impact on numbers of new diagnoses overseas.
- » New Zealand has a relatively low prevalence of HIV in comparison with many other countries, but there were still 244 new diagnoses in 2016 (the highest ever).
- » The CD4 count is an indicator of how efficiently the body's immune system can protect it from secondary infections. Data shows that the CD4 count in men who have sex with men (MSM) was significantly higher at diagnosis than in heterosexuals, which translates into earlier diagnosis in the MSM population and therefore earlier commencement of treatment and improved clinical outcomes (NZAF 2017).

For more information contact:
 Victoria Hoban, Infectious Diseases Clinical Nurse Specialist – HIV and Hepatitis
victoria.hoban@cdhb.health.nz 0276 777 824

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 Pori | Hauora | Whaitaha

#carearoundtheclock

Big donation for Child Health

Christmas has come early for Christchurch Hospital's Child Health division, which last Friday gratefully received a cheque for \$76,935 from the Countdown Kids Hospital Appeal.

The Countdown Kids Hospital Appeal helps raise money for medical equipment for children's wards across the country. From 4 August to 31 October each year, Countdown and district health board staff host various fundraising activities, such as quiz nights, car rallies, cake stalls and raffles.

Since 2007, when the appeal began, \$11.6 million has been raised. Of that sum, over \$1 million has gone to Christchurch Hospital's Child Health Division.

Items being purchased for Christchurch Hospital with this year's donation include Ultrasonic Height and Weight Measuring equipment, portable scales and a breast milk analyser. The latter will ensure premature babies are getting the right nutrients they need for optimum growth and development.

Countdown Group Manager Aaron Murray says the campaign, now in its 11th year, supports children's wards in 13 hospitals around the country.

"We see this as part of our commitment to giving back and making life better for those in need."

Countdown Kids Group Champion Sarah Ruddick says the Christchurch team had done "very well" with many different activities and events. One staff member raised \$500 by running the Queenstown marathon.

The team have great pride in telling customers that the money raised goes to the children's ward at Christchurch Hospital.

"Thank you to hospital staff for what you do. You see good things and bad things and still keep smiling," she says.

Christchurch Hospital Child Health Service Manager Anne Morgan says it's been another fabulous year.

"We can't thank you enough for what you do for us."

Paediatric Specialist James Hector-Taylor says the fundraising was a huge effort from a lot of people.

"The money you give is used to enhance the service we provide and help us to do things better and be more child friendly."

This year the Māia Health Foundation and Child Health combined forces to run a Steptember which raised \$5000 for the appeal. There were also bake sales, raffles and other events which all contributed to the amount that Countdown donated.



Countdown Kids Hospital Appeal cake



From left, Countdown Group Manager Aaron Murray, Countdown Kids Group Champion Sarah Ruddick and Paediatric Specialist James Hector-Taylor



Countdown staff, children from the ABC Russley childcare centre, who sang at the presentation, and Canterbury DHB staff

Health Promoting Schools Team supports 'Water Only' at Kimihia

Canterbury DHB Health Promoting Schools Team is working with Kimihia Parents College, which is focused on becoming a Water Only School.

Kimihia Parents' College is a Teen Parent Unit in Christchurch set up to provide a learning environment for pregnant teenagers or teenagers aged 19 and under who are parents.

Students' children can be cared for next door to the school in a purpose-built Early Learning Centre. The students are offered transport to and from school in vans with car-seats provided for babies and children.

Kimihia supports water only as it is very healthy for mums and mums-to-be, says Rebeka Fair, a student at Kimihia Parents College.

"Being healthy for ourselves and our children is important and it's good to encourage our children to drink water only as well. Last year Kimihia introduced water bottles to encourage the students to drink water at school and we made it that the only drink you're allowed to have during class is water."

This year in Term Two the college held a competition between the tutor groups to see who could make the best flavoured water without adding sugar to it. Over the course of three weeks each tutor group made their water every Thursday for Alison (the school nurse) to judge.

"It was a hard competition to judge with such yummy flavoured waters. The winner was a group that created a honeydew, melon and mint drink," Rebeka says.

The following week there was a competition to see who could make the best water only poster with the best information and design with Sarah Macfarlane, Health Promoting Schools Advisor, judging the competition.

The college is now trialling being a Water Only School.

"At school we are only allowed to drink water, or coffee or tea at breaks. Students have been given a 2.2 litre drink bottle each, which is the amount of water we should drink each day to keep healthy."

So far everyone has increased the amount of water they drink and students are already seeing the benefits in their wellbeing.

If you know of a school that would like to explore being Water Only, contact Tim Weir (Education Team Leader, Communities Team, Community & Public Health) tim.weir@cdhb.health.nz for more information.



Kimihia Parents College students enjoying drinking water

GIF a little this December

All Right? want everyone in Canterbury to give and receive at least one compliment this December. To make it easy, they've created 24 compliment cards that can be shared as gifs in an online advent calendar or passed on as cards.

Sue Turner, All Right? manager, says the compliments are free, easy to give, and can make a big difference to someone's day.

To encourage the compliments to be shared far and wide, each compliment card has a mini mission on the back. The mission, should you choose to accept, could be to 'Sneak me into someone's pocket', 'Hide me under a keyboard', or 'Give me along with a flower, air-kiss or high five'.

Ms Turner says that while the compliments campaign is light-hearted and fun, it is fully backed by science.

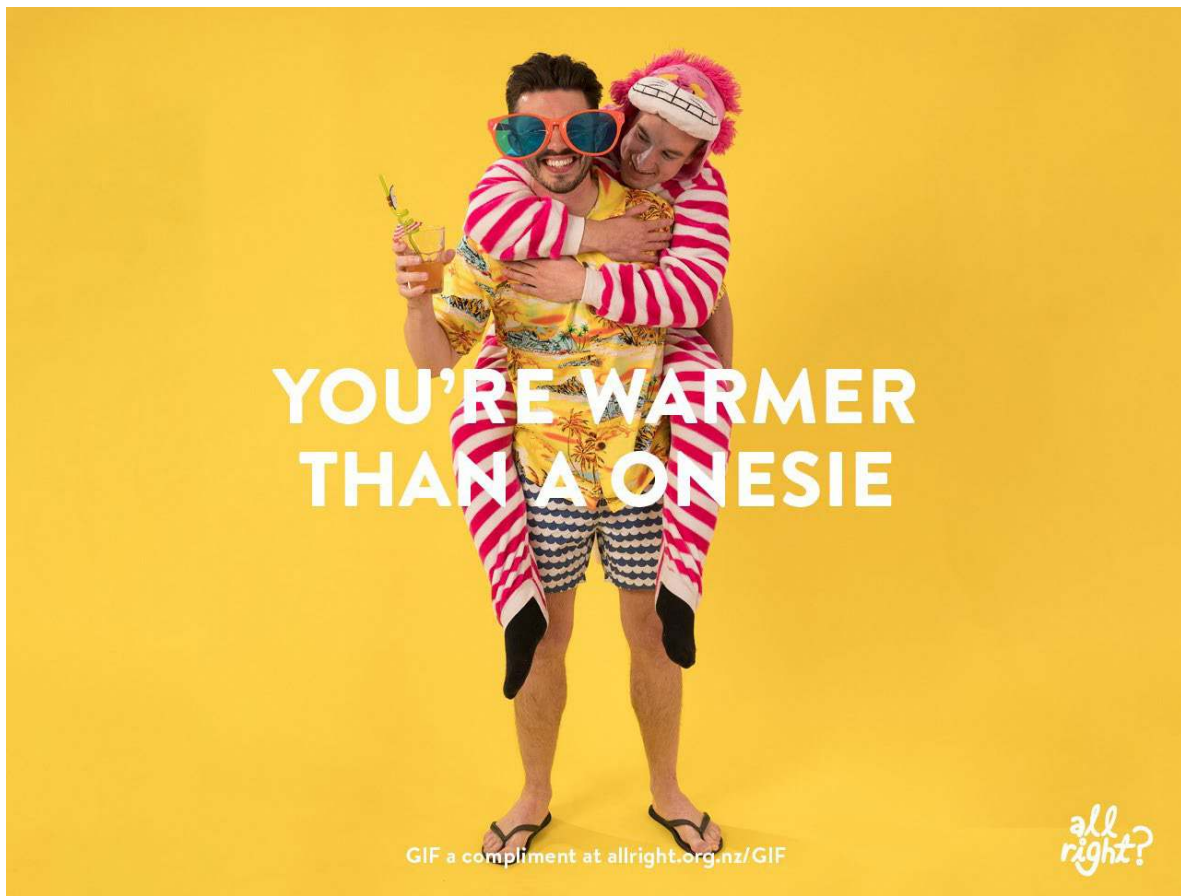
Giving has been identified as one of five actions proven to improve someone's wellbeing. The other 'ways to wellbeing' are connecting, learning, being active and taking notice.

Doing something kind, such as giving a compliment, has been shown to produce serotonin and oxytocin, two 'feel good' chemicals that help you feel happier, calmer, and more energetic.

"You don't need a card to give a compliment. You can start the ball rolling right now by giving someone a compliment. And when you do get a compliment card, please share the love and pass it on!" says Sue.

To view the online advent calendar go to: www.allright.org.nz/GIF

To order your own pack of compliment cards go to: www.allright.org.nz/resources



Farewell to Nurse Educator Margaret Conaglen

Canterbury DHB farewells Nurse Educator Margaret Conaglen today from her role on the Ward 20, Plastics and Reconstructive Unit Canterbury DHB.

She has been in this role for 12 years and as a nurse for Canterbury DHB for 30 years. She has made an outstanding contribution to nursing and other allied health staff (including Consultant Surgeons!) education over the past 12 years with her dedication, knowledge and professionalism. She has also been instrumental in setting up a Burns database for the Plastics Unit which is used nationally to improve outcomes from burns care.

Plastics and Reconstructive Surgeon Dylan James says: "Her unflappable nature has helped many a difficult complex wound care patient on Ward 20 and all those who have had the privilege of working with Margaret will miss her knowledge and advice. We wish her all the best in her future endeavours."

Thank you Margaret.



Canterbury DHB staff attend choir festival in China

Eight talented Canterbury DHB staff travelled to China last month to perform with a 48-strong group from the Christchurch Pops Choir.

They were one of 12 international invited choirs to perform at the Hainan Choir Festival. Hainan is a tropical island to the south of mainland China.

Other international groups included a Canadian a cappella ensemble, a Russian children's choir and an American Gospel choir.

Over the week-long festival, nearly 300 choirs participated. The Christchurch Pops Choir performed their own brand of popular music singing songs such as *Ain't No Mountain High Enough*, *Rolling In The Deep*, *I'll Be There* and Leonard Cohen's *Hallelujah*.

A version of a Chinese classic; the *Jasmine Flower Song*, was particularly well received.

The Pops Choir was founded by Luke di Somma in 2011 following the earthquakes.

The genesis of the choir had a strong connection with many of the Chinese people they met, says choir member and Service Manager Rob Hallinan.

"Twenty three Chinese nationals were killed in the Christchurch earthquake. For them to see something so good emerge out of something so terrible, is heart-warming."

Next up for the choir is a number of Christmas performances at Christchurch Airport.



From left, Service Manager Rob Hallinan, Senior Medical Officer Dave Jardine, Scientific Officer Canterbury Health Laboratories Jane Watt, Pharmacist Lye Jinn Ng, Audiologist Ruth Hope, Equipment Officer Peter Watt, Christchurch Heart Institute representative Ruth Jardine, House Officer Laura Overton and Occupational Therapist Sally Richardson

One minute with... Tom Middelburg, Consultant Dermatologist

What does your job involve?

The specialty of dermatology includes the whole spectrum of skin diseases – more than 3000 different conditions. These include inflammatory skin conditions (such as eczema and psoriasis), skin cancer, infections, drug reactions, allergic skin reactions, genetic disorders, venous diseases and ulcers, pigmentary disorders, metabolic disorders, hair and nail diseases, laser treatments, sexually transmitted diseases, cosmetic procedures and much more.

In daily practice a dermatologist mostly sees patients in an outpatient setting, as the majority of skin conditions can be managed without the need for admission (especially since the introduction of newer and better drugs).

In addition to general outpatient clinics we also perform skin surgery for skin cancer, including Mohs micrographic surgery for high risk skin cancers. A Mohs service has been up and running since February 2017 and a recent survey revealed very high satisfaction scores in the patients that were treated. We also offer patch testing (for allergies) and phototherapy (UV light) treatment.

As the dermatology department is extremely understaffed and under-resourced we can unfortunately only see a fraction of the patients who are referred to us. As a result, we try to provide virtual or written advice as much as we can on patients who we cannot see in clinic but who still need our input. However, this is not ideal and takes up a large percentage of our time. We also see patients who are admitted for other specialties with acute dermatological conditions.

Another aspect is trying to improve the dermatology department so we can offer the public a better service. I think it is crucial that we increase both staffing and efficiency in our clinics and make dermatology more accessible to all patients who need it. For a sustainable future in dermatology we also need to become a training centre for doctors and nurses who want to work in the area of dermatology. We also need to become an academic department and contribute to science, and also optimise the knowledge of health professionals in the community to keep patients out of the hospital and healthy within the community as much as possible.

Why did you choose to work in this field?

The mix of surgical and medical work in dermatology has always appealed to me. I like doing precise work with my hands and skin surgery, Mohs surgery in particular, is perfect for that and something I really enjoy doing. Another very satisfying part of being a dermatologist is that one is often able to really improve people's skin problems and improve their quality of life. Also, I quite like the fact that in dermatology often a diagnosis and treatment plan can be made quickly after history taking and skin examination only.



What do you like about it?

See my previous answer. The variety of the job, the fact that we can really make a difference for our patients, the surgical aspect of it. Dermatology is a very dynamic specialty.

What are the challenging bits?

In New Zealand there is an extreme lack of dermatologists, especially in the public system. Many people with terrible skin disease cannot receive the care that they need and cannot afford to go private. Coming from the Netherlands where I was trained and have worked as a consultant before moving to New Zealand 16 months ago, this continues to amaze me. As people get older, the number of skin conditions will continue to increase. Also, the introduction of new drugs leads to more drug-related skin issues. Up to 20 percent of visits to a GP concern a skin problem, which illustrates the massive need from the public and concern about their skin. Adverse reactions to the increasing number of cosmetic procedures also requires dermatological control. And most importantly, New Zealand has the highest rate of skin cancer in the world and this massive problem needs the attention it deserves.

In order to increase awareness for skin cancer, a group of volunteers have started SkinCan NZ, a not-for-profit organisation in Canterbury. As part of this initiative, a group of local dermatologists offered free skin checks on 4 November 2017 at the Charity Hospital. The event was fully booked within a day with over 300 added to the waitlist. On the day, 163 patients were seen and skin cancers, including melanomas, were found. Early detection and treatment is crucial for skin cancer and a complete skin check may reveal potentially

dangerous lesions early, which would otherwise continue to grow undetected. I am really proud to be a part of this initiative and hopefully we will be able to make a difference in the longer term.

Who inspires you?

Martino Neumann, my former boss and supervisor when I was still a trainee in The Netherlands has been a huge inspiration for me. He is one of the most intelligent people I have ever met and has lifted the level of dermatological care to an extremely high standard in the Netherlands during the course of his career. He has truly made a difference for dermatology. He is also a very generous and friendly man.

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 are values that I think are already an intrinsic part of who I am as a person and therefore are a natural part of my work role too.

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

A Short History of Nearly Everything by Bill Bryson who has such a funny style of writing.

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

Hiking though the New Zealand wilderness with my girlfriend Marijke.

What do you do on a typical Sunday?

Meet with friends, go for coffee, cook a nice meal in the evening, go for a hike or drive to one of the many amazing places in the area.

One food I really like is...

Green Thai curry.

My favourite music is...

Pink Floyd.

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

Canterbury Grand Round

Friday, 8 December 2017 – 12.15pm to 1.15pm with lunch from 11.45am

Venue: Rolleston Lecture Theatre

Speaker 1: Maria Pasene, Pacific Health Manager, Suli Tuitaue, Research student, Pegasus Health and Dr Matthew Reid, Public Health Medicine Specialist, Planning and Funding, Canterbury DHB

"Pacific Health"

An overview of Pacific communities in the Canterbury area and an introduction of two projects:

- » The Tutupu Project – Pacific health champions in churches
- » The Pacific ASH study – understanding why Pacific kids are admitted to hospital more frequently than others

Chair: Geoff Shaw

It is requested out of politeness to the speaker(s), that attendees 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 Room 2.3b
- » Administration Building, Hillmorton
- » The Princess Margaret Hospital, Riley Loungeakanui Room, Ashburton
- » Pegasus, Room 1.02

All staff and students welcome

Next is – Friday, 15 December 2017 – last for the year (Rolleston Lecture Theatre)

Convener: Dr R L Spearing (email: ruth.spearing@cdhb.health.nz)

Bone Shop Babes achieve at Abreast Of Life dragon boating competition

A team of novice dragon boaters made up of 10 staff from Orthopaedic Outpatients and two supporters, have shown their mettle on the water at the recent Abreast Of Life Corporate Dragon Boating Competition in Christchurch.

Abreast Of Life is a group of Christchurch breast cancer survivors who raise awareness about breast cancer, and once a year arrange this competition to raise money to go to the World Championships.

Orthopaedic Outpatients Staff Nurse Linda Wright says nine of the 10 team members had never done dragon boating before.

“It all started inauspiciously with a rather pathetic training session in our plaster room at work. I was beginning to think we might not only come last, but may even end up in the drink.

“The pressure was on to inspire this rather random bunch of fun but chaotic nurses (and one doctor), to get serious and act cohesively as a team, in order to show our grit on the water at Lake Rua, and to uphold not only the good name of Orthopaedic Outpatients, but also Christchurch Hospital.”

On race day the team looked great in their bright Lei Leis, she says.

“But it takes more than good looks to win a race. It took a good team chant to get us going, one practice on dry land, and then one more as we rowed up the lake to the starting guns.

“Then we were off, with lots of power and grunt, and with only a few of us out of time as the boat blasted the 250m distance.”

The team had four races. There were three teams in each race. Bone Shop Babes came third, then second, and second again before easily achieving first place in the final race. Overall they were placed fourth out of the nine medical teams.

“I was so happy and proud of our team. We came together in the end and showed them that just like in our plaster room, the Bone Shop Babes are not to be messed with,” Linda says.

Before the event, from left Registered Nurse Fiona Goodwin, Registered Medical Officer Svetlana Rivilis, and Registered Nurses Chris Scott, Catherine Tansley, Liz Wylie, and Linda Wright, Retired Hospital Assistant Margaret Brookes, Registered Nurses Rose Danna, Lee Varty, Denise Appleton, and Henry Richardson. Greg Scott, husband of Chris, was part of the team but is not pictured



The team on the water



Canterbury Clinical Network, monthly update – November

The [key messages from November's Canterbury Clinical Network Alliance Leadership Team](#) meeting are now available.

Highlights from the meeting include three presentations, from:

- » **Pacific Health** – Maria Pasene presented on the outcomes of the health champions in churches project – a partnership between Pegasus, Rural Canterbury PHO, Canterbury DHB, Etū Pasifika and Health Families Christchurch.
- » **Ashburton Service Level Alliance (SLA)** – Berni Marra and Gordon Guthrie (Independent Chair) presented an update on the work of the Ashburton SLA over the last two years sharing highlights, challenges and key learnings. There has been a focus on building trust amongst stakeholders and improving communication between health providers, as well as developing the workforce. Highlights include “8pm-8am” implemented through the Ashburton Acute Assessment Unit (AAU) providing acute episodic care, the creation of an enthusiastic consumer forum and improved communications between health providers.
- » **Community Services SLA** – Donna Hahn (Chairperson) presented an update on the SLA's work over the past year. Several workgroups have been created: The Way We Work and Visibility of Assessment and Referrals will progress the Community Services Redesign; and an Ethics Working Group will provide an ethical framework to guide decisions in situations where large packages of care have been exhausted.

The messages also report some changes to Service Level Alliance memberships.

You can view previous key messages via the [resources page](#) of the CCN website, as well as dates of upcoming meetings via the [calendar](#).



Reminder: Allied Health Scientific and Technical Research Showcase – 1 March 2018

The Allied Health Showcase provides an opportunity for you to present an overview to your colleagues of your research projects, service development work, audits, CASP activities, practice or education work related to allied health.

If you are interested in presenting please complete an abstract and send to: Charlotte.robson@cdhb.health.nz by 5 December 2017.

If you would like any assistance with completing your abstract or if accepted putting together your presentations we have mentors available to help you. Please email Dr Joanne Nunnerley at jo.nunnerley@burwood.org.nz

Recruitment

Are you an experienced Registered Nurse looking for a rare opportunity to take on a leadership role in rural nursing? We have an exciting opportunity for you to propel your career whilst providing expert nursing leadership!

About Us

Ko Te Whatu Manawa Tangata – Putting people at the heart of all we do

Delivering Integrated Family Health Services is a new initiative for Kaikoura, and providing primary and secondary care services alongside aged residential care in a new purpose built facility.

Kaikoura Health Te Hā O Te Ora delivers integrated family health services and coordinates a range of primary and secondary health care services in the Kaikoura district. The Kaikoura Health Establishment Team (KHET) is integrating the management of family health service delivery across two providers and is committed to reducing health inequalities within the health system.

Our vision – “Deliver a patient centred, sustainable, evidence-based, health service that provides equity of access for everyone and empowers people to take greater responsibility for their own health and enables them to stay well in their own homes.”

About the Role

- » Rural Nurse Specialist role – Kaikoura Health Te Hā O Te Ora
- » Full Time – Rotational Roster
- » Reporting to the Charge Nurse Manager – Kaikoura Health Te Hā O Te Ora
- » Working across the organisation acting in the roles of practitioner, educator, consultant and senior leader providing excellent service to the rural community of Kaikoura and leadership within the multidisciplinary team

Skills & Experience

- » Registered with the NZ Nursing Council and holds a current Annual Practicing Certificate
- » Holds or is working towards, a relevant Post-graduate qualification
- » Demonstrates advanced nursing skills comparable to senior nurse or expert PDRP level
- » Expert nursing practitioner with advanced health assessment skills
- » Whakawhanaungatanga (ability to forge and foster relationships)
- » Whakamanaakitanga (ability to treat others with respect, encouragement and support)
- » Whakakotahitanga (ability to work in your role and actively participate and align this to our organisational values and goals)

Our Culture

- » Care and respect for others. Manaaki me te whakaute i te tangata.
- » Integrity in all we do. Hāpai i ā mātou mahi katoa i runga i te pono.
- » Responsibility for outcomes. Te Takohanga i ngā hua.

Benefits

- » Something For You is an employee benefits programme available to all staff of the Canterbury DHB. Canterbury DHB staff are entitled to preferential rates at a wide selection of partners either on a permanent basis or at exclusive events throughout the year. For both the things you need and the things you just want, as a Canterbury DHB employee you will be sure to enjoy being able to choose a little Something For You.
- » We help you to construct your Professional Development Pathway out of the components that are best for you, resulting in better patient outcomes.

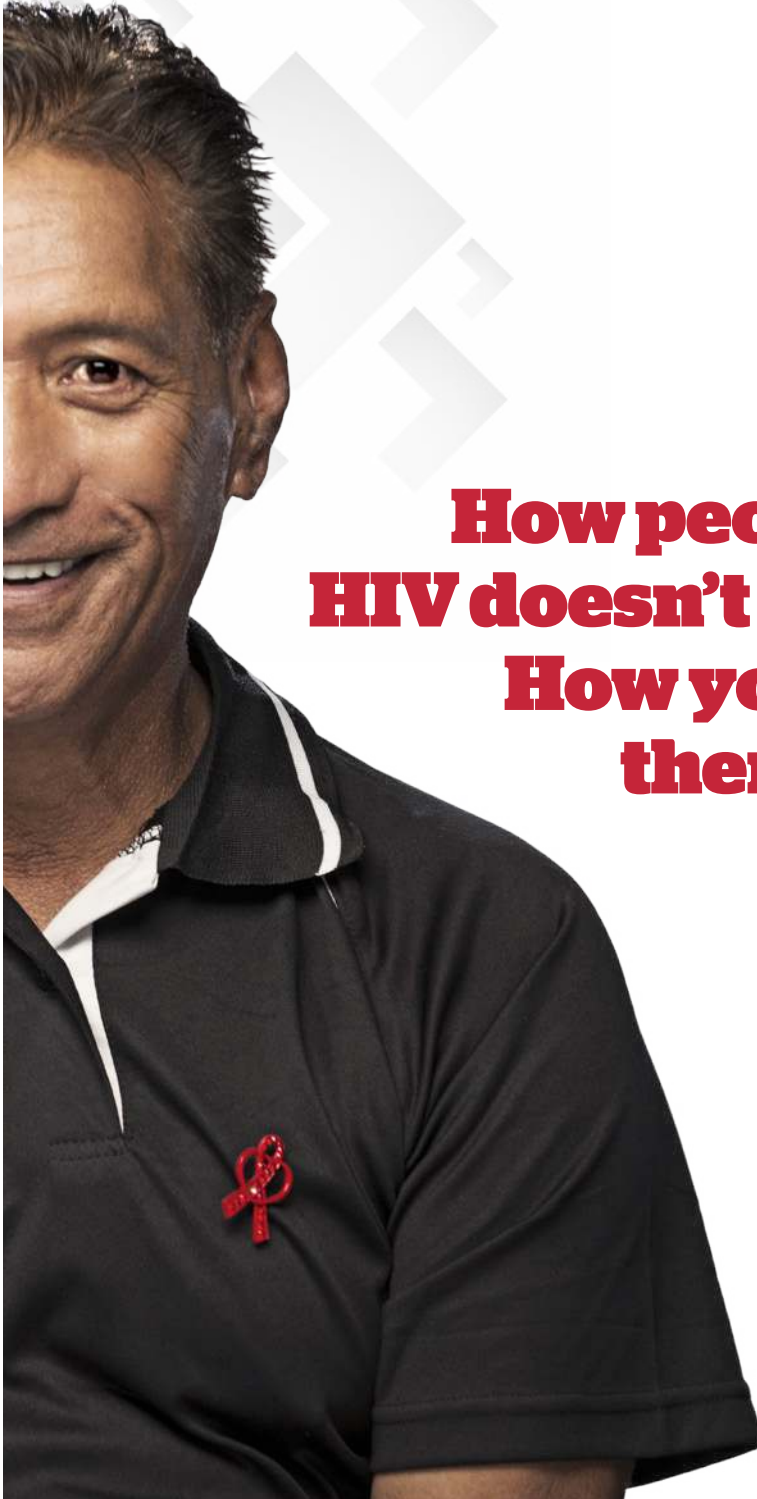
If this role is something that sounds exciting to you, please apply now!

E koekoe te tūi, e ketekete te kākā, e kūkū te kereru!
It takes all people!

How to Apply

Apply online, or to find out more information, please contact Karli Te Aotonga, Recruitment Specialist – Nursing,
Phone: (03) 3377923 or email karli.teaotonga@cdhb.health.nz.

Applications are only accepted online so please visit our website at <http://www.cdhbcareers.co.nz/> to complete an application.



**How people get
HIV doesn't matter.
How you treat
them does.**

**Positive
Speakers'
Bureau** 
Nga KaiKorero