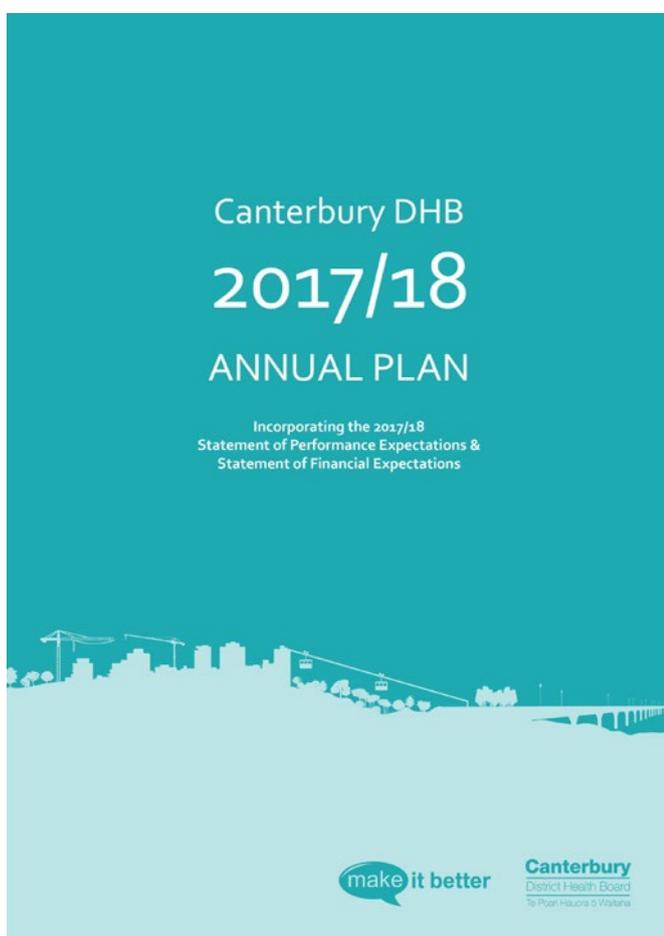




Looking back on what we said in our Annual Plan for the 2017/18 year

It is amazing how quickly another year has gone and it is interesting to look back on what we outlined in our annual plan, which is approved by the Ministers of Health and Finance and is published on our website for anyone to read.



It sets out our priorities and challenges and I think it's important that everyone working in our health system is familiar with it, as it helps to see why the work you're doing is so important, and where it fits in as we strive to meet our collective health system goals.

This week I've reproduced the Foreword from Canterbury DHB's Board Chair Dr John Wood and myself, to provide an overview of our priorities and pressure points.

You can read the full plan [here](#), which includes a letter of approval from the Minister of Health, Hon. Dr David Clark.

Foreword from the Chair and Chief Executive

Meeting our challenges six years on from the Canterbury earthquakes, readers of health-sector annual plans might be forgiven for believing that the challenges of those times are now largely behind us. However, while much of our population has recovered, some people remain adversely affected, which is evident in higher demand and acuity for mental health services. In addition, our health system continues to experience extraordinary operational and organisational challenges as a result of the unique post-disaster environment.

These challenges include pressures of rapid population growth and increasing service demand, pressures on our workforce, and ongoing fiscal pressures. In the past year, two further natural disasters have also been experienced in our region: the destructive Kaikōura quake in November 2016 and the Port Hills fires in February 2017.

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Population challenges

We are the second-largest DHB in the country in terms of area and are responsible for the second-largest population – an estimated 558,830 people or 11.6 percent of the total New Zealand population. We also provide an extensive range of highly specialised services to people referred from other DHBs, where the services and capacity are not available. We provide the second largest number of elective and acute surgeries in the country and almost half of all elective surgery in the South Island.

Our population base continues to exceed statistical projections year on year. Our population has already reached the level predicted for 2022, which puts capacity pressure on our new hospital before it is even complete. We currently have the largest total population over 75 in the country. The ageing population has more complicated health needs: this is one of the biggest challenges we face as a health system. We also have the fastest growing Māori population in the country, and the sixth largest Māori population by total number.

Demand challenges

We are experiencing a predictable increase in demand for mental health services post-quake, and attendance at our emergency departments (EDs) are growing, with these trends are expected to continue into the coming year and beyond. In spite of this increased demand, the successful integration of our health system and the capability of our general practice means our population is more likely to remain healthy and living in their own homes and communities, and we still have lower ED attendance rates per capita than other DHBs. Unfortunately, our ability to manage with constrained capacity, by delivering a great deal of care in a community-based setting, can be misinterpreted as indicating a population with less need. On the contrary, our primary and community services have accepted the challenge to help Canterbury manage with less hospital-based capacity than it needs. But they, like our hospital services, are under pressure.

Workforce pressures

Staff from across our health system have risen to the challenges of these extraordinary times, helping to make things better and putting the needs of the patient first and foremost. However, tireless commitment takes its toll, as our 2016 Staff Wellbeing Survey revealed. Careful planning and support for our workforce will continue to be critical in the coming year. Recruitment is commencing to support the opening of the Acute Services building and in particular the new theatres and intensive care unit.

Facilities pressures

Our significant facilities repair and redevelopment programme continues. The new Outpatients and Acute

Services buildings on the Christchurch Hospital campus are both expected to be completed by the end of 2018. These facilities will increase the number of theatres and intensive care beds supporting the Canterbury population and restore in-patient bed numbers to slightly higher than pre-quake levels. Reductions in length of stay and managing acute medical admissions at 30 percent lower than the national rate has compensated for the rapid increase in our population, enabling the continued delivery of services within very constrained physical capacity.

Work is also underway to progress a new health facility in Akaroa, and the Health Research and Education Facility that we will co-tenant will be a valuable teaching addition for the Christchurch Health campus. However, it will still be many years before earthquake repairs are complete, with a number of areas still to be tackled and in need of clever funding solutions as the insurance proceeds have largely been committed. These areas include mental health services, laboratory services and car parking. Our staff also continue to run services out of inappropriate and/or widely dispersed facilities. Theatre capacity is severely under pressure to meet growing service demands and ongoing repairs place additional pressure on staff and operating budgets. It is imperative that we determine a way forward.

Fiscal pressures

Canterbury takes its obligations to be fiscally prudent seriously and is focused on reducing waste, duplication, and costs across our system. Recent analyses have shown that Canterbury has the lowest cost growth among similar sized DHBs, and our hospitals have been benchmarked against other large hospitals internationally as the most efficient of its peers across New Zealand and Australia.

However, government health funding per capita is currently lower than much of New Zealand, largely because central measures of population and social deprivation have not anticipated post-quake fluctuations, the movement of populations within the district, and increased migration supporting the rebuild. This is a significant challenge as we look to meet the growing costs of service demand, wage expectations and repairs.

The year ahead

Post-disaster recovery – especially psychosocial recovery – is known to take many years and at times it must seem, to many Cantabrians, that the challenges we face are relentless. We are acutely aware that our recovery journey has been uneven. Significant achievement in some areas is diminished by what is seen as a lack of progress in others, and pressures on our staff and system have been well publicised.

Despite the challenges we face, the Canterbury Health System is internationally recognised as a high performing,

well-integrated health system that puts the patient at the centre. Without this strong baseline performance, we would be unable to cope with the continued operational challenges of unexpected events and our growing population.

This annual plan sets out the ways in which we will address our challenges and deliver health services that meet the needs of our people, both across Canterbury and further afield. Over the coming year, we will build on our high performing, innovative and integrated history to improve outcomes for our population.

We will continue to invest in strategies that reduce the need for people to make multiple hospital visits, provide

increased access to care in the community and closer to people's own homes, and continue to reduce the time people waste waiting for access to the right treatment.

In looking forward to our future, we will focus on our children and the young people of Canterbury, ensuring they have the opportunity to live the best possible lives. We will look to improve the experience of people in our health system: our patients and our workforce

We will also carefully consider where we invest our limited resources, in order to make the biggest impact for our population.

Happy International Nurses Day

I hope the thousands of nurses who comprise the biggest workforce in our health system enjoyed the various celebrations organised in teams and workplaces across the system on Saturday 12 May to mark your special day, and Florence Nightingale's birthday. You can read more about the day on page 7. Thanks to all nurses, whether you work in people's homes providing acute care, in general practice, in one of our hospitals or health centres, or in a non-

government organisation – you do an amazing job in spite of many challenges. In Canterbury, you frequently have the added challenges of working from outdated, cramped facilities, and I thank you for doing the best for the people you are supporting and providing treatment and care for.

Putting the record straight on seclusion in our Child Adolescent and Family (CAF) facility

Over the past week I've had a number of conversations with staff from our mental health service concerned about the tone and content of some media reports about our services. While we can provide information to media, in the form of responses to Official Information Act requests and answer their questions, it's up to the media what they do with it. Media do have an obligation to provide accurate, fair and balanced reporting. To set the record straight, here's some information about seclusion in our CAF Unit.

Seclusion is an extreme measure only used in exceptional circumstances.

In the past year one child aged under 12, and four young people aged 13-18 were secluded in Canterbury. Canterbury DHB staff have a duty of care to keep all young people in the Child Adolescent and Family unit safe, and this is a responsibility our staff take seriously. Seclusion is only used when there is imminent harm to others. Staff constantly observe the young person while in seclusion (one staff member is assigned to that one young person for the whole time they are in seclusion). The aim of observation is to monitor the condition and behaviour of the consumer, and to identify the earliest time at which seclusion can be ended. A nurse is available outside the room to provide reassurance and to respond should the need occur.

Canterbury DHB staff do not put young people in seclusion as a punishment. It is used to keep others safe.

Thanks to all the staff, patients and businesses who have donated time and goods to help brighten up this facility until the brand-new purpose-designed facility is opened in a few years' time.

Haere ora, haere pai

Go with wellness, go with care



David Meates
CEO Canterbury District Health Board



Bouquets

Hagley Outpatients, Christchurch Hospital

I have been receiving light treatment for my skin, the nurses are amazing, making me feel comfortable and they are amazing with my wee girl when I don't have a babysitter. The reception ladies are friendly and welcoming. Thank you.

Oncology Department, Christchurch Hospital

Thanks to all staff, you have all been wonderful to me. You saw to my needs and made me feel so good. I thank you all very much.

Ward 20, Christchurch Hospital

Awesome staff. I was really well looked after in all respects. Many thanks to all.

Rowan Schouten, Burwood Hospital

I had an operation on my back, done by Rowan Schouten. From when we walked into reception until the man took me to our car we were treated absolutely amazingly and we both just wanted to say thank you. The way I was treated was above and beyond any expectations. Thank you so very much. Not the best thing I have had done but the way we were treated is something I will never forget. Thanks again.

Ward D1, Burwood Hospital

We wish to thank the ward staff for the excellent care our mother/mother-in-law received while she was in your care. We realise that she was not the easiest patient to care for. The hospital is lovely. Thanks.

Hagley Outpatients, Christchurch Hospital

I am always amazed at the courtesy and patience extended to me on my frequent visits.

Ward 28, Christchurch Hospital

The staff here are lovely. Your patience and professionalism was much appreciated. Thank you.

Intensive Care Unit North, Christchurch Hospital

I appreciate the lovely doctor who explained my mother's condition in crystal clear terms so we all could understand. He worked on her yesterday with Dr Finnis. I love the staff here, very friendly and respectful.

Intensive Care Unit, High Dependency Unit, and Wards 22 and 21, Christchurch Hospital

You are all fantastic. (Patient name) received wonderful care and his mother did too. Nurses are at times stretched yet they are incredibly professional and diligent.

Ward 28, Christchurch Hospital

My special needs daughter has just spent 12 days in Ward 28. The care and attention for her was outstanding, from everyone. I appreciated having carers be with her at night. Thank you so much.

Great Escape Café, Christchurch Hospital

As an ostomate I have to seek eateries that can accommodate my special food needs and the "new" café is just

wonderful. There is always food that I can digest and it is reasonable; it is my "go to" place when in Christchurch for longer stays. So well done, Christchurch Hospital.

Oncology, Christchurch Hospital

I wanted to commend the nurses in Oncology who looked after and cared for me... When I presented with a severe migraine event. The student nurse Lilly was outstanding and had the best bedside manner. She needs to be commended for her care.

Hornby Community Dental Clinic

We had our dental appointment last week and I just wanted to say the staff at the Hornby Clinic were/are fantastic. What service! They were excellent with my son and he was happy to have all his teeth checked, without fuss. What an amazing service! Please pass this feedback on. I'm even looking forward to going back! That certainly wasn't the experience I had as a kid so had to pass on good feedback.

Urology Department, Christchurch Hospital

I am writing to express my thanks and gratitude... I consider my treatment was first class from the time I arrived and a nice staff lady explained the procedure and put me at ease. I would like to express a big thank you to the medical staff, from reception, anaesthetist, surgeon, recovery room staff, ward staff, and nurses to the catering staff and the tea ladies etc. My treatment was excellent. Thank you.



The Library

“[Machine learning identifies signatures of host adaptation in the bacterial pathogen *Salmonella enterica*](#)” – two researchers from the University of Canterbury and another from the Helmholtz Institute have developed machine-learning software that can predict how dangerous a particular strain of *Salmonella* will be. The new machine learning tool may be useful for flagging dangerous bacteria before they cause an outbreak, from individual hospital wards up to a global scale. From *PLOS Genetics*, published online: 8 May 2018.

“[Was Sigmund Freud's death hastened?](#)” – an article written by Sandy Macleod, Medical Specialist, Brain Injury Rehabilitation at Canterbury DHB explores whether Sigmund Freud's death was brought on by physician-enacted euthanasia or from natural causes. From *Internal Medicine Journal*, published online: August 2017.

“[Major enhancement to in vitro testing of human liver-stage malaria](#)” – a new in-vitro technique to more easily study the earliest infection point for malaria, in the liver, helps scientists more quickly screen preclinical drugs and vaccines and could lead to developing methods to prevent the disease from taking hold. From *MedicalXpress*, published online: 9 May 2018.

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

If you have a story idea or want to provide feedback on *CEO Update* we would love to hear from you! Please email us at communications@cdhb.health.nz. Please note the deadline for story submissions is midday Thursday.

If you're a non-staff member and you want to subscribe to receive this newsletter every week please [subscribe here](#).

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 Pūnaha Raukura o Waitaha

#carearoundtheclock

Facilities Fast Facts

Acute Services building

Work is going on behind the scenes – literally – to relocate the hospital’s Clean Dock, where deliveries of linen, food, equipment etc arrive, so that construction can begin on the link between Christchurch Women’s Hospital and the new Acute Services building.

The new site for the Clean Dock will be at the rear of Riverside, where the old Dirty Dock used to be. The Dirty Dock is where all waste including medical waste, dirty linen and unwanted items are taken away.

Christchurch Outpatients

The contractors have opened up the fence along Tuam Street so that they can install concrete formers around the steel columns on the ground floor (see picture, below left). The work requires a fork-lift and a small crane.

The north side of Tuam Street has been closed temporarily and the bus stop adjacent to the Outpatients building has been moved during this work. Please keep to the south side of the street at this point, cross at the marked crossings, and follow signs in the area.

Work is ongoing in the other streets around the Outpatients building. The footpath along the “Oxford Gap”, between the Outpatients site and the hospital, is currently being shared with cyclists – again, please take care in this area.

Inside the building, the main public triple lifts in the building are nearly finished, all façade panels are in, and windows are now being installed on the ground floor. The orange tops of the building’s “eyebrows” are due to go up soon (see picture, below right).



International Nurses Day

We celebrate International Nurses Day on 12 May, the birthday of Florence Nightingale.

The International Council of Nurses' theme is – 'Nurses: A voice to lead – Health is a Human Right. No matter the location, no matter the setting, healthcare should be accessible to all.'

Nurses play a key role in all of our healthcare facilities, being responsible for the welfare, safety and recovery of patients. They have an enormous amount of knowledge and diverse skills that they spend years perfecting and developing in often tough environments. Nurses help bring new life into the world and ensure dignity in death and all that comes between. Without nurses we could not run our healthcare system 24 hours a day, seven days a week, 365 days a year.

This year the Canterbury Health System has our largest group of registered nurses commencing their new graduate Nurse Entry to Practice Programme and/or New Entry to Speciality Practice Mental Health and Addictions Programme.

Excitement is also building within the nursing education sector and beyond, as the opening approaches for the new Health Research and Education Facility in the Christchurch Health Precinct. Due in mid-July, it will provide the best practice and learning environment for all nurses in primary, secondary and tertiary health care, enabling them to hone their knowledge and skills and mingle with Bachelor of Nursing and Diploma of Enrolled Nursing students and other healthcare students and professionals. We look forward to learning from each other and further collaboration in building and sustaining our health care workforce.

Currently running to support nurses and expanding across the Canterbury DHB nursing workforce is Sankalpa Guided Meditation for Nurses. Participants learn and practise a range of relaxation, mindfulness, kindness, and self-compassion skills. The goal is to build energy in the workforce, train attention capacity and strengthen nurse to patient compassion skills. The sessions are held at work so staff can attend whenever possible and within the constraints of staffing requirements. The programme contributes to 10 hours professional development, recognised by the Nursing Council of New Zealand.

In recognition of International Nurse's Day we ask that you take this opportunity to show a nurse or a colleague how much you appreciate them. A simple thank-you and a smile can be the light in a day as nurses go about their daily work.

To our nurses: we thank-you for all you do in caring for our health system, coming to work and doing the job you do in what has been a busy and exceptional year of change. You do make a difference!

Happy Nurses Day from the Canterbury Nursing and Leadership Teams



Florence Nightingale



New Zealand Registered Nurse medal



New Zealand Enrolled Nurse medal

Exposure to second hand smoke doubles rates of asthma

Exposure to second hand smoke doubles rates of asthma and wheezing in infants.

In a New Zealand first, University of Otago, Christchurch, researchers analysed nicotine levels in infants' hair to get a true measure of the impact of passive smoking on respiratory problems.

The researchers found 15-month-olds with high levels of nicotine in their hair were twice as likely to have asthma or recurring problems with wheezing. Wheezing is one of the most common causes of hospitalisation for young children.

Overall, the children exposed to smoking at home had higher levels of nicotine than those not exposed. A few of the children had similar levels of nicotine in their hair, from passive smoking, as have been recorded in the hair of adult smokers.

Researchers, led by Paediatrician Philip Pattemore, recorded nicotine levels in the hair of almost 400 infants at 15-months-old. The children are part of the ongoing New Zealand Asthma and Allergy Cohort Study, which is focused on understanding the environmental associations with asthma and allergies from birth. In this part of the study the children were studied from birth to six years of age.

In addition to sampling infants' hair, Philip's team asked the children's family members about their smoking habits during pregnancy and the early years. One in five mothers said they smoked at some stage in pregnancy. One in 10 mothers said they smoked throughout pregnancy. One in three children at age 15-months were in a home where at least one smoker had one or more cigarettes a day.

Philip says he hopes the findings can educate smokers on the true impact of passive smoking on children's respiratory health.

"We are not trying to blame parents who smoke as they often struggle with stress and addiction. I think the tobacco industry bears the blame for marketing smoking to young people. However I think parents would want to be informed of an important risk to their children's health.

"This study is an important objective confirmation of the effects of smoking around children, and highlights the importance of parents stopping smoking for their children's health as well as their own."

Traditionally studies of the impact of second-hand smoking on children have relied on parents' reported levels of



Professor Philip Pattemore

smoking, he says. This is often inaccurate and doesn't include factors such as how close the children are to the smoking, for how long and how often.

Hair analysis sums up the total exposure to nicotine which is breathed in through the lungs, absorbed into the bloodstream and incorporated into the hair as it grows.

He says some infants whose mothers smoked during pregnancy but stopped after their birth still had high levels of nicotine in their hair. This suggests that the effects of a mother's smoking during pregnancy on breathing and asthma may endure long after the baby is born, as many other studies of parent-reported smoking have found.

The analysis of hair samples was funded by the Canterbury Medical Research Foundation.

SI PICS class is in session

A massive staff training exercise has kicked off at Canterbury DHB in preparation for the launch of an innovative new IT tool, The South Island Patient Information Care System (SI PICS).

SI PICS will replace three systems here, as well as five others across the wider South Island. To prepare staff for the change, administration workers, nurses and others are being invited to get to know the new tool.

There are several core SI PICS modules on offer, which are based around roles and responsibilities. And as well as hands-on lessons, there will be a number of lecture theatre slots, re-cap sessions, e-learning modules and tailored training sessions.

Over 1,000 classes have already been booked.

One of those who attended a session was Acting Service Manager, Department of General Surgery and Hagley Outpatients, Christine Baxter. She was impressed by the quality of the training and says she was glad to discover that SI PICS isn't as tricky as she first thought.

"The lesson was great – our trainer made it all look quite easy and logical. I walked away feeling confident that I could manage it."

Executive Sponsor for SI PICS Stella Ward says that's exactly what Canterbury DHB is hoping for.



SI PICS training underway

"We want staff to feel as comfortable as possible with the new system. We understand that this is a significant change for people and we're working to support and accommodate them.

"I encourage staff to grab the training opportunities that are on offer, read the reference guides and talk to their SI PICS Champion if they need too. There are plenty of ways that you can get that support."

Stella thanks staff for their efforts to learn and adapt to the new system.

Winner of the April Falls campaign competition

The three top place-getters in the April Falls competition have been presented with their prizes.

First place went to Medical Laboratory Scientist Ashley Grainger. Occupational Therapist Amelia Van Zoelen was second and Postdoctoral Fellow Departments of Medicine and Surgery Andrew McCombie came third.

They came closest to guessing that the actual number of autumn leaves in the box was 294.

Medical Division Nursing Director and Chair of the Medical Surgical Division Falls Prevention Committee Mark Crawford says he would like to thank Nurse Educator Lisa Bee for this creative idea which has helped to raise the profile of falls prevention and the awareness campaign, and to the volunteers for their support of this initiative.



Occupational Therapist on Ward 18 Amelia Van Zoelen is presented with her prize by Medical Division Nursing Director and Chair of the Medical Surgical Division Falls Prevention Committee Mark Crawford

A Commonwealth Games-inspired hand hygiene gold rush

For Natacha Maher, the Hand Hygiene month of May started in January with an idea.

As a Gold Auditor and member of the Infection Prevention and Control team, she was keen to improve hand hygiene performance at Burwood Hospital and find a way to make high standards part of 'business as usual'.

Director of Nursing Diana Gunn gave Natacha's initiative her backing and the Going for Gold Hand Hygiene Challenge was born.

Going for Gold was a reference both to the Gold Auditors and the Commonwealth Games, where it became clear quite early New Zealand were shaping up to having their best ever Games and could potentially inspire staff.

The principles were simple: The challenge would raise the profile of hand hygiene in the 10-week run up to May and measure whether that was making a difference by doing more auditing of the '5 moments of hand hygiene'.

To attract support an afternoon tea for Charge Nurse Managers and Gold Auditors was held at Burwood Hospital to 'launch' the initiative. These are the people who initially needed to be on board to encourage and drive the right hand hygiene behaviours, and do the auditing.

This leadership group discussed with Diana any potential barriers to the initiative and how they might be removed

or overcome. The ambitious target of 1100 audits over 10 weeks was agreed, intended to both up the profile of hand hygiene in general and of the auditors themselves.

To put this figure in perspective, the normal target for a three-month audit period is 800 audits.

Invitations to participate were sent out to ward teams, explaining the initiative and the desired outcome, and posters created to give regular progress updates and a few words of encouragement from Diana.

Week one of the 10-week challenge started with a hiss, with the roar coming as the initiative built momentum. During the first two weeks there had been 116 audits – by week four staff has clocked a further 400 audits.

At the end of the 10-week challenge period a golden 1114 moments had been collected with a compliance rate of 78.9 percent. Congratulations to the team on meeting the challenge and exceeding their target!

What the wider team at Burwood has shown is that they can rise to any challenge they set themselves and that the rest of the DHB can too.

Not so much a gauntlet thrown down, as a blue glove. Any takers up for the challenge?

Woolly wares set to keep newborns warm this winter

Since putting the call out for knitted goods for newborns on the [Canterbury DHB Facebook page](#), Christchurch Women's Hospital has been inundated. Pictured right, Janene Warren is one of the good souls who has picked up her knitting needles. Last week she dropped off her latest batch of FIFTY knitted beanies and booty sets at the hospital reception – with more to come she promises!





Wellbeing tips from Workplace Support

With winter approaching, Workplace Support staff are passing on twenty tips we can use to polish up our 'coping mechanisms' to help us get through what can be a challenging time of year.

1. Be realistic – accept your basic personality, utilise your strengths and accept and work on your vulnerabilities.
2. Appreciate what you have rather than focusing on what you don't have.
3. Say "no!" You're no good to anyone if you are exhausted, resentful and overstretched.
4. Say "yes!" List what you want and go for it. You'll experience more joy and pleasure in life.
5. Move your body – stretch, strengthen and get your heart pumping. You'll look and feel better.
6. Sleep – you know how much rest you need; aim to get it.
7. Choose food wisely – include plenty of wholegrains, vegetables and fruit. Eat high quality protein and avoid excess sugar and salt. Stop eating when slightly full.
8. Enjoy simple, everyday pleasures – actively look for them – they will brighten each day.
9. Reduce guilt – be clear on what you can and cannot control and move on.
10. Live in the present – rather than dwelling on the past or worrying about the future.
11. Feel your feelings – and express them in healthy ways. Remember that your thoughts are not necessarily truth – examine them carefully.
12. Laugh more! It's one of the best ways to reduce tension.
13. Keep hopeful – a positive attitude helps create positive outcomes.
14. Try new things – take a risk, keep an open mind, and invite spontaneity, it keeps life fresh and exciting.
15. Recognise when you need help and ask for it.
16. Take quiet time – it's important to reflect and contemplate.
17. Remember to relax – and breathe deeply.
18. Communicate openly and honestly to avoid conflict and confusion.
19. Embrace creative expression – dance, music, art and writing are powerful and magical resources.
20. Connect with your 'spiritual self' – however you define it.

Workplace Support provides professional Employee Assistance Programmes (EAP), including On-Site Staff Support, Counselling Services, Critical Incident Responses, Professional Supervision, Management Coaching, Outplacement Services, Education and Training.

All staff can access independent and confidential support on or off-site, to address matters and maintain health and wellbeing. Some areas of support may include: work-life balance, physical and/or emotional health, personal and/or work relationships, work pressure, anxiety, changing life priorities, family issues, and grief and loss.

Contact 0800 443 445 / 03 366 4586 or email: office@workplacesupport.co.nz

One minute with... Carol Ewington, Cardiothoracic Department Administrator

What does your job involve?

The whole spectrum of secretarial tasks for clinical staff in our department – surgical and outpatient bookings, training new staff or casual staff, and keeping up to date with the new administrative technology. An example of the latter is being part of the South Island Patient Information Care System (SI PICS) Champion Network. Currently the South Island DHBs are implementing a new patient administration system, as our old systems have become unsustainable. A Champion Network was set up in September 2015 to help raise the profile of the new system and to better understand the challenges that will face us implementing this system. I think involving staff via this network has made a major positive difference in acceptance of the change of work practices we will all soon face.

Why did you choose to work in this field?

I have always been interested working within the health and community-related industries, even while at school.

What do you like about it?

I really thrive on challenges and variety in my work. I have enjoyed so many aspects. With regards to the implementation of the SI PICS system, I have enjoyed how it has provided a new opportunity to bring a wide range of administration staff together to achieve a common goal and how it has started to break down some of those “walls” between departments.

What are the challenging bits?

There have been differing challenges through the SI PICS journey. Currently the most challenging area, for me, would be supporting some staff on some of the changes in working practice that we are facing.

Who inspires you?

Within the health system it is the staff that keep the day-to-day running of the hospitals going and who can go unnoticed – the cleaners, orderlies, delivery staff, mailroom staff, and laundry and food services staff. Outside of the health system it is volunteer workers who work tirelessly to add value to our communities.

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?

In my role, it means that all opinions should be listened to with respect, no matter how different from our own. There is never one way to achieve a goal and if we can work



respectfully and with integrity, together, this will translate positively to the patient journey – the reason we are all here, at the end of the day.

One of the best books I have read was?

Chocolat by Joanne Harris.

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

Here in New Zealand. I have travelled reasonably extensively in the past and it has given me a deep appreciation of our people, our freedoms and our wide open spaces.

What do you do on a typical Sunday?

Early start to walk the dogs at the beach. Then off to training (I have two dogs, one an operational search dog and the other in training to be a search dog). We train most Sunday mornings and Wednesday evenings with the local team. Then coffee. The afternoon is usually spent at home tidying up the garden, cooking some meals, housework etc. in readiness for the work week.

One food I really like is?

Easy – chocolate, especially Whittakers plain milk chocolate. I'm easy to bribe!

My favourite music is?

I have a varied taste in music and do not favour one musical style. I enjoy listening to many different types of music. It would be easier to name what I don't like, rather than my favourite!

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

Additional temporary staff parking on the Metro Sports site

As you may have seen in the media, Canterbury DHB has been offered temporary use of additional sections of the Metro Sports site for use for staff parking. The sections are adjacent to the existing Afternoon Staff Car Park and will provide parking for around 200 additional staff. Other sections of the Metro Sports site may also be made available – this is being negotiated.

The DHB will be allowed access to these areas for around 12-24 months while construction of the Metro Sports facility gets underway.

Our transport team is currently working through the logistics of getting these areas securely fenced with swipe card access, extra lighting and acceptable surface. This process will take several weeks.

The team will be in touch with staff on the car park wait lists when they are ready to offer this parking option.



Minister of Health Volunteer Awards nominations are open

The 2018 Minister of Health Volunteer Awards are fast approaching and nominations close on 18 May. The winners will receive their awards during afternoon tea at Parliament's Grand Hall on Monday 18 June. However the efforts of all nominees are recognised, with each getting a personalised letter from Minister of Health David Clark. For more information, please visit the [website](#) or email volunteerawards@health.govt.nz.

Canterbury Grand Round

Friday, 18 May 2018 – 12.15pm to 1.15pm, with lunch from 11.45am

Venue: Rolleston Lecture Theatre

Speaker: Dr Cordelia Thomas, Associate Commissioner, Office of the Health and Disability Commissioner "Issues in Aged Care"

Elderly people have the same rights as everyone else. This presentation will consider the Health and Disability Commission (HDC) perspective on the culture of care of the elderly including caring for people who lack capacity and end of life issues, with reference to relevant HDC decisions.

Chair: Richard Seigne

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 Room 2.3b
- > Wakanui Room, Ashburton
- > Administration Building, Hillmorton
- > The Princess Margaret Hospital, Riley Lounge
- > Pegasus, Room 1.02

All staff and students welcome

Next is – Friday, 25 May 2018

Rolleston Lecture Theatre

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

Don't pass on the flu!

A significant number of people who get the flu don't know they have it and can pass it on others.

80 percent of people infected show no symptoms

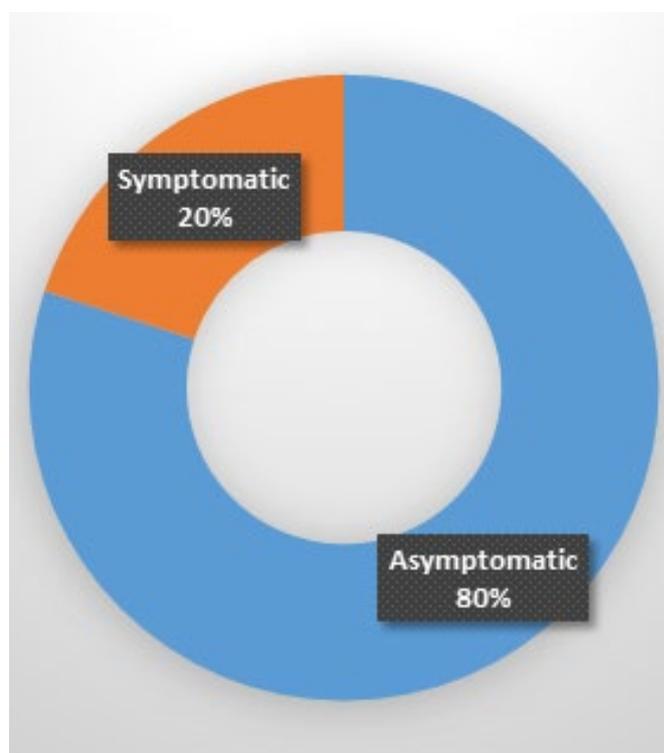
You would never intentionally care for patients if you knew you had influenza – but what if you were among the 80 percent who show or feel no symptoms. You could be exposing many vulnerable patients or other staff members to your influenza without even knowing.

Even immunised patients are still at risk

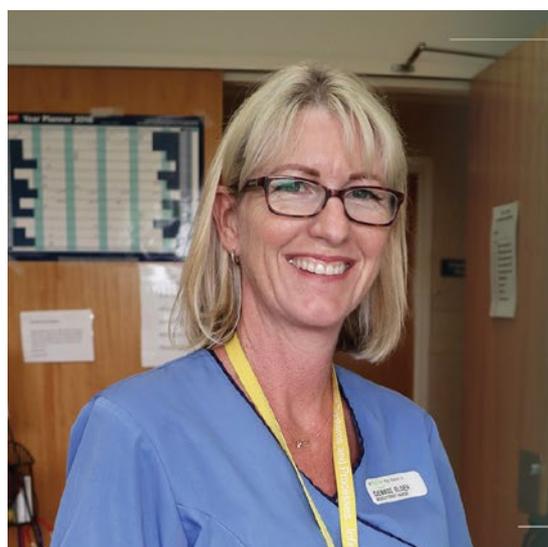
Relying on vulnerable patients to protect themselves with yearly influenza immunisation is not enough, as many at risk patients may have poor immune responses to the vaccine.

There's still time to get vaccinated

If you haven't had your free flu vaccination yet don't worry – there's still time! All you need to do is attend a clinic or contact an authorised vaccinator in your work area. [Visit the intranet for clinic and authorised vaccinator details.](#)



¹ Results from the 2015 Southern Hemisphere Influenza and Vaccine Effectiveness, Research and Surveillance (SHIVERS) influenza research serosurvey showed that around 26% of people in NZ had contracted influenza over the 2015 season. Read more about this study at www.influenza.org.nz



Debbie Elder:
Flu Fighter

“ The strain changes every year and the best way to protect yourself is to get vaccinated. ”



UOCSC Simulation Workshop



Simulation-Based Education: Instructor Training Workshop

- Date/time:** Thursday 28th and Friday 29th June 2018
Coffee from 8:30am, Workshop starts at 9am and finishes at 4:30pm each day
(Participants must be able to attend both days in full and ensure travel arrangements don't require late arrival or early departure)
- Venue:** University of Otago, Christchurch Simulation Centre, Level 1, 72 Oxford Tce, Christchurch
- Facilitators:** The UOC Simulation Centre team: MaryLeigh Moore, Niki Newman, John Dean, Claire Dillon, Michael Sheedy, Stefan James; plus guest facilitators: Dan Hartwell, Department of Anaesthesia, Christchurch Hospital and Paul Winder, Simulation Educator, Southland Hospital
- Open to:** Health Professionals with an interest in simulation-based education, all disciplines. While those with no prior experience in simulation will be able to manage the course it is designed for individuals already working in simulation.
- Cost:** \$1,200 + GST per person, includes catering (50% discount for University of Otago staff)

Focus and format of the workshop: a mix of

presentations and discussions on underlying theory including:

- educational underpinnings of simulation
- principles and practice of scenario writing
- best practice in SBE
- approaches to debriefing

and group activities including:

- orientation to the human simulators SimMan3G / SimJunior and the simulation environment
- developing a scenario
- running and participating in scenarios
- debriefing a scenario
- debriefing the debrief



MORE INFORMATION AND ONLINE REGISTRATION: at www.otago.ac.nz/services/simulationcentre or email: simcentre.uoc@otago.ac.nz

The workshop is limited to 16 participants. Places will be allocated on a 'first-in' basis and only confirmed once payment is received.

SEX AND CONSEQUENCES A New Zealand Update

Wednesday 6 June 2018
1pm – 5pm

Community and Public Health
310 Manchester Street, Christchurch

1.00 - 1.15pm

WELCOME

Facilitator: David Miller, Public Health Specialist

1.15 - 1.45pm

Dr Jill Sherwood, Public Health Physician, ESR
Update on infectious syphilis in New Zealand –
why we should be worried!

1.45 - 2.15pm

Dr Heather Young, Sexual Health Physician, Christchurch
Sexual Health Centre
Mycoplasma genitalium: Guideline updates,
testing and treatment in Canterbury

2.15 - 2.45pm

Jo Robertson, Training and Research Lead, The Light Project
The New Porn Landscape: A community wide
approach for change.

2.45 - 3.45pm

AFTERNOON TEA / NETWORKING

3.45 - 4.15pm

Dr Edward Coughlan, Clinical Director, Christchurch Sexual
Health Centre
PrEP: The Roll Out

4.15 - 4.45pm

Ari Nicholson, Education Co-ordinator, Q'topia Youth Group
Gender Diversity – An Update

5.00pm

CLOSING

Please RSVP by Friday 25th May to Diane Shannon by
email: diane.shannon@cdhb.health.nz or
phone (03) 378 6755



New Zealand AIDS Foundation
Te Tuapapa Mate Araikore o Aotearoa

Canterbury
District Health Board
Te Poari Hauora o Waitaha

The Calderdale Framework

Invites you to a foundation training day for health professionals

Tuesday 29th May 2018

9.00 am – 3.00 pm

Bungy Room, Print Place

Presenters:

Vicki Prout, Jennifer Kim, Sarah Shaw, Lynne Henderson

RSVP to Jill.wreford@cdhb.health.nz



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

Please bring your own lunch.

Be quick - Spaces are limited!