



## Canterbury DHB continuing to perform well despite increased demand and funding challenges

In response to information released by The Treasury under the Official Information Act, Sir Mark Solomon, Acting Board Chair, Canterbury DHB, issued the statement below last Friday

### Overview

First off, let me be absolutely clear, there is complete commitment from Canterbury DHB management and the Board to continue to reduce our expenditure growth and bring the DHB back to financial sustainability. However, this is simply not achievable until after the new hospital is up and running.

Canterbury DHB was on track to report a budget surplus in 2010/11 pre-quake.

Post-quake the Health Ministry did not have a post-disaster policy framework which would allow different ways of funding health services in a unique, ever-changing environment.

While population growth dipped immediately after the 2011 quakes, it has rapidly risen, exceeding Statistics NZ prediction series for the past four years. (Refer to Appendix 1: Statistics NZ Population predictions.)

Canterbury DHB has consistently sought a longer-term funding track, but this has not been forthcoming, hence the piece-meal [and seemingly uncoordinated approach] for additional funding to meet unanticipated needs such as the North Canterbury Quakes and extreme growth in Mental Health Demand.

Our position is not whether further reduction in expenditure can be achieved without disruption to patient care – it's a debate about when a further reduction can be achieved.

I agree with the factual statements in the Treasury document.

As identified in Figure 6. Canterbury DHB's share of the nation's per capita funding has declined, year on year for the last three years. Treasury has identified that Canterbury's total Population-Based Funding Formula (PBFF) funding increased by 20.4 percent, compared to a national increase of 24.5 percent. I am happy to debate with the central agencies the appropriateness of that decline but it is interesting to note that the size of the Canterbury DHB deficit almost exactly matches the gap between its current share of funding and pre-quake share of funding.

It's also worth noting that if Canterbury had received the national average funding increase then the Government wouldn't have needed to deficit-fund the DHB.

As identified in Figures 8 to 14 Canterbury's performance compares favourably with other DHBs and is as good, better or in the case of aged care, rapidly improving. All of these improvements contribute to the long-term sustainability of Canterbury DHB. For example the improvement in aged care admissions has contributed a bottom-line financial gain in excess of \$15 million per annum. These outcomes are as a result of deliberate strategies implemented by our senior management and clinical teams, which makes the claim that the management and clinical teams are not paying attention to financial sustainability hard to understand.

Canterbury is one of the few hospital systems in the world that has been able to reduce occupied bed days, this is supported by Treasury Figures 11 to 13. We can also provide more effective measures of system activity that illustrate actual

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reductions in occupied bed days that are the equivalent of two to three wards of a hospital [that we don't need to resource]. This reduction in bed days does not only reduce operational expenditure it has also meant less capital expenditure as fewer beds have needed to be built – a saving to the Government of \$100 million plus on 2010 bed projections. Again these improvements have been as a result of deliberate strategies to improve the quality of healthcare and address the clinical and financial sustainability of Canterbury DHB.

In the medium term Canterbury has plans to reduce the rate of its expenditure increase, which we wish to discuss with the central agencies (Pages 46 & 47 of the Treasury document.) However, while the disruption of the rebuild continues and the DHB remains constrained by its physical environment, in particular the lack of operating theatres, there is only so much that can be achieved in the short-term. In reality no health system can break even when it is commissioning a large and complex hospital build and no other DHB in New Zealand has ever been able to. Our position is not whether further reduction in expenditure can be achieved without disruption to patient care – it's a debate about when a further reduction can be achieved.

The release of these documents under the Official Information Act, without the courtesy of advance notice under agreed government protocols, and the fact they contain opinions that could possibly have been withheld under the Act, only serves to further undermine my confidence that Canterbury DHB is getting a fair hearing.

[Read more in the full response.](#)

Have a great week,

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**Mary Gordon**  
Acting Chief Executive

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# Facilities fast facts

## Acute Services Building at Christchurch Hospital

Although the wintry weather made working conditions challenging last week, the structural steelwork in the entry area for the Acute Services Building is now almost complete. The lower floors of the building are beginning to take shape, with rooms and corridors laid out.

This view shows the plant area on Level 2. The concrete plinths are where the building's air-handling units will sit.



## Christchurch Outpatients

Various concrete pours are continuing on site. The contractors are close to completing all the concrete floors for the building, and there are just five more sections of preformed concrete stairs to lower into the main stairwell.

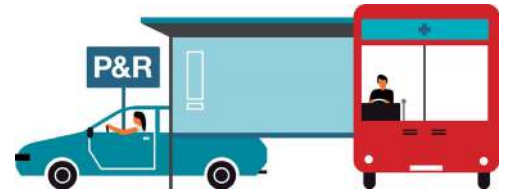
The contractors anticipate that the first windows for the building's external "curtain wall" will begin to be installed in early August, and the kit of parts for the building's roof is currently on its way from Auckland.

## Other sites

Contractors for the Medcar development on the corner of Tuam and Antigua Streets will soon begin to assemble the precast walls for their building – currently planned for the week beginning 24 July. Installation involves lifting heavy three-storey concrete panels into place. For safety reasons, parts of the adjoining staff car parking building closest to the site will be temporarily closed to staff for short periods while the heavy lifting is done. We will inform staff in more detail nearer the time.

# The Parking Spot

## Volunteers sought to relocate out of staff car park to parking on Cashel Street



Ōtākaro has notified Canterbury DHB that the temporary gravel section of the Staff Afternoon Car Park, which they had lent to us, must be returned to them from 1 September to enable the Metro Sports Facility build.

A total of 155 parking spaces will be lost.

To solve this problem we have already relocated 120 staff who mostly work between 6 am and 7 pm to alternative car parks in Cashel Street and Tuam Street.

However we still need to relocate another 35 people out of the Staff Car Park to 67 Cashel Street.

Our preference is that staff who mostly work shifts between 6 am and 7 pm might volunteer to relocate rather than decisions being made on Microster or Cardex access reports.

For your convenience at night and in the evening, everyone who has been or is relocated to other car parks, retains entry rights to the staff car park after 3.45 pm and before 6 am Monday to Friday and all day Saturday and Sunday.

If you are prepared to volunteer to relocate from the Staff Car Park to 67 Cashel Street please contact [carparking@cdhb.health.nz](mailto:carparking@cdhb.health.nz)

Please note that 67 Cashel Street is only 650m away from the hospital (an eight-minute walk according to Google Maps).

The afternoon car park is 450m away from the hospital (a six-minute walk according to Google Maps). We hope that 35 staff won't mind adding 4 minutes to their daily walk time or an extra 400m walking per day.



# The Library

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



“[Meningitis vaccine may also cut risk of ‘untreatable’ gonorrhoea, study says](#)” – New Zealand-lead research has revealed that a new vaccine against meningitis could reduce the risk of people getting gonorrhoea, after a study of over 14,000 people showed vaccinated individuals were over 30 percent less likely to develop the sexually transmitted infection. From *The Guardian*, published online: 10 July 2017.

“[How infectious diseases have shaped our culture, habits and language](#)” – European bubonic plague in the 14th century wiped out at least 20 million people – two-thirds of the European population at that time. It meant resources were shifted from urbanisation and industrial development into agriculture, and the labour shortage meant survivors could command higher wages, shifting social dynamics. This fascinating four-part series explores the often long-reaching impacts of pandemics and diseases on society. From *The Conversation*, published online: 13 July 2017.

“[How NASA uses telemedicine to care for astronauts in space](#)” – how do you keep people well in the most remote environment humans can currently reach? After giving astronauts basic training while they're grounded, NASA's Human Health and Performance team communicate with them via private video conferences for patient evaluation, situation assessment, and treatment. Space is not the only frontier where the systems they've developed could benefit. From *Harvard Business Review*, published online: 6 July 2017.

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

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

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



## BETTER TOGETHER

### Destination Outpatients



Ahead of the big move to the new Christchurch Outpatients building next year, all 20 plus services have begun the Five-S process (sort, set in order, shine, standardise and sustain) to clean up their workspaces. To kick-start the process, July was officially DUMP THE JUNK month. A month later, we checked in with Diabetes to see how things went.

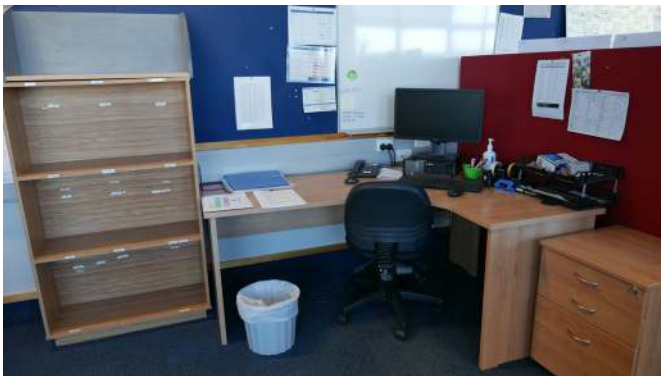
Debbie Rawiri, a Māori Diabetes Nurse Specialist and the Diabetes Centre Dump the Junk champion points to the floor in the store room. “You can see the floor,” she says. Everything in the room has been tagged to identify if it has an owner or not, anything left unclaimed has been moved out. Debbie is steadily working through what’s left. “Mostly we ask, ‘Will we need this?’”

The library has been cleared of old journals, books, and “stuff”, as well as files full of policy documents. “Those are all on line, so we don’t need hard copies,” says Sandy Marshall, Unit Manager of the Diabetes Centre.

Medical Secretary, Sinead Lalor, gave the stationery cupboard a once over and says the clean-up has triggered a cultural shift for people to start doing things more efficiently, to keep being tidy and generally sustain the effort they have made.

The second “Better Together” workshop is being planned for 2-3 August around ways of working in the new Outpatients facility. Activity follows of patients, nurses, administrators and SMOs are happening now. Activity follows are a way to collect data on what a person does and where they go during their working day, shift or appointment. The data that the activity follows produce will help to inform the best ways of working – the right task being done by the right person – in the new Outpatients facility.

Also in August, COAST (Campus Outpatient and Ambulatory Services Team) will report on progress towards achieving “paperlite” clinics and work practices in our new facilities, including advice for staff on what to file and what to fling.



The clean-up has seen some desks emerge that are now used as hot desks. Sandy Marshall says this is encouraging greater socialisation in the department as more people come in to use them



Medical Secretary, Sinead Lalor, is enjoying the clean and junk free stationery cupboard



Out go old library cards! Maori Diabetes Nurse Specialist, Debbie Rawiri, is leading the DUMP THE JUNK campaign in the Diabetes centre and says people have really got behind the campaign and have been enthusiastic about the clean-up and clear out



The diabetes library has empty shelves for the first time in years as old files, manuscripts, books and magazines either make their way on line as digital versions, or into the bins



## Bouquets

### Entry and reception area, Burwood Hospital

We love the 'Can I help you' folks in the bright yellow shirts. Friendly, welcoming, super helpful. Thanks for making it easier.

### Ward 23, Christchurch Hospital

A huge thanks to Willy, the bright and happy Nurse Aide who always offered to help. Willy's wonderful sense of humour brought out the best in Mum!

### Roberto, Ward 28, Christchurch Hospital

Top guy.

### Carolyn, Ward 23, Christchurch Hospital

Please give a gold star to Carolyn, the lovely kind Nurse Aide who always greeted us with a warm smile and offers of help. Carolyn's thoughtfulness and sense of humour makes Ward 23 a better place. Many thanks.

### Surgical Assessment and Review Area and Ward 15, Christchurch Hospital

Very impressed with the standard of nursing care for myself, and especially for both younger and older, vulnerable people. A very real sense of commitment to showing that people are valued as individuals. Very well done!

### Orthopaedic Outpatients, Christchurch Hospital

Had to go there today as I hurt my knee. Really great doctors and nurses, I was well looked after and highly impressed with everyone I came into contact with... I couldn't fault anybody or anything.

### Faye, Ward 23, Christchurch Hospital

We watched Faye work so respectfully and cheerfully under a heavy workload. Faye's bright cheery nature and lovely sense of humour makes the ward a better place. Many thanks.

### Catherine, Ward 25, Christchurch Hospital

I would like to thank Catherine very much for her excellent care. She was helpful to me and even provided me with a mirror so I could see to comb my hair and apply my face cream. Her approach was very pleasant and so kind and helpful, thank you very much.

### Gaylene, Christchurch Hospital

I was admitted to hospital today due to having severe problems with breathing. When the ambulance came to collect me from home I did not have the time to pack a bag of toiletries... I had nothing with me. The nurse, Gaylene, very kindly gave me a toothbrush and paste and some aqueous cream. This was very kind and helpful of her. I remembered Gaylene from my previous visits to hospital and I have always found her to be considerate and helpful. She gives the hospital a very good name! Please tell her that her kind care is very much appreciated.

### Camille, Christchurch Hospital

My daughter was recently placed on the waiting list to have grommets put in. Whilst we were waiting I contacted a lady who works as part of the surgical waitlist team called Camille. She was always extremely friendly and helpful and more importantly she did everything that she said she would do, when she said she would... I couldn't have been more impressed with her. It must be an extremely difficult job and I can imagine that they get a lot of frustrated people to deal with, so I just wanted to thank her and say – great job!! I really appreciated her time and help. If you could pass this on to her I would be most grateful.

### Margaret, Ward Clerk, Urology Unit, Christchurch Hospital

It's so great to work with you. I value your expertise and knowledge, which

you willingly share. I appreciate you always going way above and beyond. Thank you so much. You are amazing. Stay awesome.

### Pompallier House, Akaroa

I was in Pompallier House because I had problems getting out of bed after a hip replacement operation. The moment I entered the door you could feel the warmth and kindness. The interaction of the staff created a warm atmosphere. The care I received was extremely professional, one incident was when they picked up a small problem I had with my heel that could have escalated. My son is an orthopaedic surgeon and he said to me "you are in good care". Summing up the care I received it was professional and so kind and caring. I was so spoiled with love and care. Thanking everyone who has treated and looked after me. The food was excellent.

### Annalise, Nurse, Ward 23, Christchurch Hospital

I was admitted to Christchurch Hospital on 27 June with pneumonia. Upon admittance to Ward 23 I had the good fortune to have Annalise as my nurse. She was an example of how a professional can make a difference to a stressful situation. Her cheerfulness and willingness to do that bit extra was very much appreciated as I had to go for blood tests while lunch was being served. She held it for my return. Nothing seemed too much trouble. As I did not have a phone she also contacted my wife to update her on probable discharge times and situation. If all your staff approach their jobs with the same care and consideration you can be very proud.



# Clinical director appointments



Clinical Directors David Richards, Ashley Padayachee, Sharon English, Tim Beresford

Four departments at Christchurch Hospital have welcomed new clinical directors (CDs) this year.

David Richards is the new CD of the Emergency Department (ED). Ashley Padayachee started as CD of the Anaesthesia service on 6 June. The Urology Service welcomed Sharon English as its new clinical director on 12 June. Tim Beresford is the new CD of Vascular Surgery, after starting in the role in January.

General Manager, Christchurch Hospital, Pauline Clark says she is thrilled to have David on board and grateful to outgoing ED CD, Scott Pearson, for his enormous contribution.

David says he is privileged to be appointed to this role at this exciting time for the ED.

“Scott has left the place in great shape. With the support of my colleagues, I look forward to tackling the continuing challenges ahead, that we face as a service, and the move to the ASB (Acute Services Building) over the next few years.”

Pauline says she is delighted to welcome Ashley to the role.

“I also wish to thank Richard French, the outgoing clinical director, for his leadership and commitment to the role over the last six years.”

Richard has taken up a position as CD of Service Improvement.

Ashley says for the anaesthetic department the new hospital build for the ASB “affords us the opportunity to re-evaluate and evolve our service to best serve the needs of the hospital community”.

“I hope to create an environment where colleagues feel supported, challenged and engaged within the anaesthetic service.”

This will hopefully create the ideal environment to meet the challenges of a new hospital, expanding service and the increasing surgical demand, he says.

Pauline says she would like to thank Nick Buchan, the outgoing CD of Urology, for his leadership and commitment to the role over the last two years.

Sharon says as a team, the urologists will continue to look for innovations to streamline the service to meet the increasing needs of the ageing community.

“The move into the new outpatient building next year is an opportunity to review how we structure clinics to increase efficiency.”

Patients requiring regular testing and review will be followed through a number of different databases. These conditions include prostate cancer that is being managed with active surveillance and those that have been treated and are being followed.

A database to allow easier follow-up of small renal masses is currently being developed, she says.

Pauline says she would also like to welcome Tim and thank the previous CD of Vascular Surgery, Justin Roake, who has seen the department safely through a huge period of change.

Tim says it is great to take on the role of CD at such a time.

“There are huge opportunities for Vascular Surgery and for Canterbury DHB as a whole. With new buildings, new theatres, new facilities and new ways of working all set to improve the service to the local and regional population and the population of the South Island.”

Exploring innovation and working collaboratively with a mind for the future are, for Tim, the keys to success in any industry, he will be promoting these whenever possible during his tenure, he says.

# This year's theme for Patient Safety Week is medication safety

New Zealand's fourth Patient Safety Week is being held from 5–11 November 2017, coordinated by the Health Quality & Safety Commission (HQSC).

This annual campaign is a commitment to consumers and patients that our health services strive to provide the best and safest care possible, every time.

The theme for this year's Patient Safety Week (PSW) is medication safety.

This topic has been chosen for several reasons:

- » the [World Health Organization's Global Patient Safety Challenge](#) features medication safety
- » in the in-patient patient experience survey, the question "Did a member of staff tell you about medication side effects to watch for when you went home?" consistently gets one of the lowest scores from consumers
- » there are a large number of medication errors; adverse events related to high-risk medicines in particular can be extremely serious.

The main focus will be on promoting the enablement of patients to answer these key questions:

- » What is my medicine called?
- » What is it for?
- » When and how should I take it?

The HQSC considers these questions a starting point, that will lead to a bigger conversation to cover further information including side effects, the impact of stopping medicines, and taking several medicines at the same time.

HQSC is joining forces with both Accident Compensation Corporation and PHARMAC and one of the initiatives is to include a Patient Safety Week message on the pharmacy bags with dispensing from community pharmacies.

The main audience for Patient Safety Week is people with chronic conditions who are long-term users of multiple medicines, with an emphasis on Māori and people with English as a second language.

## Feedback sought

The HQSC is asking for any ideas you have for promoting medication safety in your workplace, the best of which they can then share nationwide. They will have a lucky draw for all those who contribute their ideas – please [email HQSC directly](#) by 24 July, copying in Mary (details below) so the Quality team has an overview of what's coming from within our health system.

At a local Canterbury level we are keen to hear from colleagues who are interested in being 'champions' in their areas. Please get in touch with Mary Young by emailing any local suggestions you may have or if you are interested in being a champion [MaryY1@cdhb.health.nz](mailto:MaryY1@cdhb.health.nz)



Medication safety in action



# Te Hā – Waitaha / Stop Smoking Canterbury: ‘Any door is the right door’

Canterbury’s new stop smoking service Te Hā – Waitaha is now well established and referrals are flowing in through its many doors, says Smokefree Manager, Vivien Daley.

The service was established by the Canterbury Clinical Network in partnership with Māori and Pacific provider organisations late in 2016, with the aim of supporting Cantabrians to “give smoking the flick” in a way that works for them.

Referrals from hospital wards, general practice teams, pharmacy, Lead Maternity Carers (LMCs), Non Government Organisations (NGOs) and individual self-referrals are coming in through the hub of the service, based at Community & Public Health, she says.

Provider organisations, He Waka Tapu, Te Puawaitanga, Purapura Whetu, Etu Pasifika and Rural Canterbury PHO are also accessing referrals through their own networks and contacts, enabling a wide reach into population groups where smoking prevalence is high (Māori, Pacific, and mental health) or where smoking presents a particular risk (pregnant women).

“Stop Smoking Practitioners are based in the partner organisations and in the hub, and they provide face-to-face, phone, text and online support in a variety of locations to all people in Canterbury interested in stopping smoking,” says Vivien.

Te Hā – Waitaha has recently launched an incentive programme for pregnant women. The programme provides structured rewards for pregnant women to:

- » attend a session with a Stop Smoking Practitioner to discuss their options for quitting or how to keep the baby as safe as possible should they decide to continue to smoke.
- » set a quit date and be smokefree at four weeks.
- » continue to be smokefree six weeks after birth.

Many women who smoke quit when they become pregnant, Vivien says.

“Those who continue to smoke have difficult and complex lives, and require additional supports to deal with their addiction.”

This programme is based on evidence showing how successful outcomes can be achieved by rewarding positive behaviour change. All referrals, including self-referrals, are welcome.

**Spread the word!** – Tell your friends, whānau, clients, patients and community members about this service and help them to take the first step to free them and their whānau from the effects of tobacco addiction.

## Te Hā – Waitaha

Freephone: 0800 425 700

Online Reg: [www.stopsmokingcanterbury.co.nz](http://www.stopsmokingcanterbury.co.nz)

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





eCALD®

Enhancing CALD  
Cultural Competence

The latest issue of the eCALD news is out now. The focus of this edition is on Stroke and Asian communities.

Compared to New Zealand Europeans, Māori, Pacific and Asian people are at 1.5 to three times greater risk of ischaemic stroke and intracerebral haemorrhage. Stroke is a time-critical illness and faster diagnosis and treatment saves lives and quality of life. At present not enough people in Asian communities recognise a stroke when it occurs and too few know how vital it is to call an ambulance.

Other stories include:

- » Communication Cards in Multiple Languages useful for patients.
- » Sport Auckland Green Prescription.

Read more [here](#)

## Flu vaccination update

### Staff vaccination clinic

Staff can get a free flu vaccine at a general vaccination clinic at Burwood Hospital on 20 July (Meeting room 2:1, 8.30-9.30am).

### Contact your authorised vaccinator

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

### Had your flu shot somewhere else?

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



## Canterbury Grand Round

**When:** Friday, 21 July 2017 – 12.15pm to 1.15pm  
with lunch from 11.45am

**Venue:** Rolleston Lecture Theatre

**Speaker 1: Todd Hore, General/HPB Surgeon and FCT lead**

**“Help make the boat go faster”**

How do we improve our cancer treatment times? Lessons learnt from the America's Cup.

**Speaker 2: Bronwyn Dixon, Neonatal Paediatrician and Juliet Gray, Special Care Dentist**

**“Tongue Ties: Back on track for mothers and babies”**

Christchurch has had a rapidly increasing rate of tongue tie release surgery (up to 12 percent of live births). Over the last three years we have undertaken a combined primary and tertiary health project to understand this and improve services. The process and outcomes will be explained.

**Chair:** Mary Olliver

**Video Conference set up in:**

- » Burwood Meeting Rooms 2.3b
- » Wakanui Room, Ashburton
- » Administration Building, Hillmorton
- » The Princess Margaret Hospital, Riley Lounge
- » Pegasus, 401 Madras Street, Christchurch 8013, Room 1.02

All staff and students welcome.

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

**Next is – Friday, 28 July 2017 (Rolleston Lecture Theatre)**

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

# Retirement of long serving Waikari Hospital staff member

Marjorie Osgood has handed in her name badge and said goodbye to the workplace she has known for the past 40 years.

Marge started work in the laundry at Waikari Hospital, in North Canterbury inland from Waipara, in 1977. At that time the hospital was a busy maternity facility.

Her job was to wash the theatre linen, nappies and baby clothes. She was employed for three hours a day and washing was first done in cold water, then in a copper.

Once dry, sheets and linen went to Christchurch Hospital for sterilising, while nappies and baby clothes were kept on site.

Marge says her record for nappies was 44 in one shift. She also cleaned in the ward and theatre.

In 1981, Marge started a new role at the hospital as Cook.

Most of the vegetables were grown in a large garden behind the building by the hospital gardener. Fruit was bottled from the trees planted many years ago and preserves made.

The kitchen initially had an archaic coke burner to heat the water. Staff ate their lunch and morning tea at a big white table in the kitchen.

For 20 years Marge cooked for general patients, maternity and Meals on Wheels before becoming a Nursing Assistant at Waikari.

“As I walked down the hill to home after my first afternoon shift as a nursing assistant, I thought about how I had the best job in the world,” she says.

Marge has seen many changes in both the number of hours staff worked and the number of staff.

“The registered nurses used to work 24-hour shifts and slept in a wee room from 11pm to 7am. If they were needed they were woken up to attend to a patient.”

The hospital vegetable garden dwindled and finally vegetables were brought in, the gardener became more handyman than gardener and more people were admitted from Christchurch Hospital.

The hospital also treated people who came in off the street and a room was set aside for those needing urgent help.

Today there are 22 part-time staff, and patients come from all over Canterbury as well as local people.

“My working life has never been boring. I have learnt so much and been supported by kind and caring staff. Working with the patients has been enjoyable. Waikari Hospital is a very special place.”

When asked if she is looking forward to retirement Marge says: “Yes and no, but after 40 years, I think I have done my dash.”

**Story taken from original written by Amanda Bowes-Durand, and first published in the *North Canterbury News*.**



Marge Osgood reminisces with long term patient, Keith Costello



# An insight into Supply Scanning for Burwood Hospital theatres

In the 2015/16 financial year, Burwood theatres completed 3,268 surgical operations and as you can imagine as well as ensuring the full complement of skilled staff in attendance to complete this work, there is also a huge amount of logistics required to ensure all the various different pieces of required kit are available at the correct time. In order for theatre to function smoothly and effectively the whole process is a massive jigsaw puzzle put together by various members of the Theatre team.

Specific consumable items required in the theatre suite range from the everyday: handtowels, toilet paper, wound dressings, surgical hats and masks, etc, to very specific surgical items such as femoral canal tip irrigation, bone cement, arthroscopy flush sets.

In line with other departments and wards across Canterbury DHB the decision was made to instigate supply scanning process. Prior to scanning it was the shared responsibility of the Operating Suite Assistants (OSA), Burwood Theatre procurer and Nurse Manager to ensure all the items were always available ready for use. With the growing complex varieties of surgery, an ever increasing list of different consumables developed. Alongside that the need to store large volumes within the theatre block grew, as often the items were coming directly from the suppliers in cartons as opposed to smaller volumes that can be sourced from the Canterbury DHB warehouse.

The project team decided to commence scanning in specific areas of theatre rather than set it up for the whole department in one hit. This phased roll out has been very successful with the instigation of the scanning of 109 items in three different locations within the Theatre Suite. A supply coordinator dons (as per photo) the protective garments which allow them entry into the suite, armed with their trusty scanning gun to scan the shelves twice a week. The scanned order is then sent directly to the warehouse where the items are picked and delivered back to Burwood on the same day for items held in the warehouse.

The OSAs are finding the new system is saving a lot of their time where previously they were all completing weekly orders for different products and then Marilyn would complete the procurement process to obtain the goods. This has released time so she can now concentrate more on the specific theatre consignment requirements. Further time has also been released for the Nurse Manager as she no longer has to approve these purchase orders and requisitions. The process now removes this step for the products on these twice weekly scanned orders.

Given the success of the first phase, work has already commenced to identify and organise another 222 items for scanning in phase two, leaving Post Anaesthetic Care Unit (PACU), Theatre Sterile Unit (TSU) and Anaesthetics still to be completed on further roll out phases.

*Contributed by Burwood OT Supply Scanning group – Di Darley, Nurse Manager; Pete Allen, OSA; Jo Morrissey, Management Accountant; Steven Jones, Warehouse Manager; and Wendy Botfield, OPH&R Project Manager.*



Supply Coordinator Heidi Buckwell showing scanning in action

# One minute with... Neville Patrick, Operations Manager, Canterbury DHB Food Services (WellFood)

## What does your job involve?

As the Operations Manager for the CDHB Food Services there are a myriad of responsibilities that the role encompasses, however the role primarily focuses on patient food services, staff and retail café services and Meals on Wheels production.

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

I have been in the food production and management fields all of my working life, starting in the military and moving into public health in the 90s. As with most people who work in this environment, it is the need and desire to participate in the provision of services to public health that keeps you engaged.

## What do you like about it?

Moving from week to week, month to month, the challenges are ever changing, however the people we work with and work for (patients and customers) are the ones who make the role interesting and keep you grounded. The management and leadership aspect of the role can throw challenges at you, which make the role just that much more exciting.

## What are the challenging bits?

Without doubt the most challenging aspects of any role is the balancing of the budget versus the service and how best to squeeze everything you can out of the resources available to you to provide the service that you are comfortable with.

## Who inspires you?

In a public health system it is easy to see the many different disciplines at work that are very inspirational in the services they provide, however I cannot lose sight of the fact that I lead over 300 staff who are dedicated to their roles and have been so for a number of years. Their dedication, attitude and sense of responsibility to the back of house and front of house roles make coming to work worthwhile.

## 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?

Those that know me, are well aware that these values are what I live my life by and by example my team also work to the same principles. In order for any system to work and integrate with other systems there must be elements of trust and integrity from all parties. I am passionate about the fact that we see our roles adding value to the patient journey as well as the experience of the customer.

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

Two – 'Pillars of the Earth' and 'World without End' by Ken Follett.



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

Pack on my back and hiking through some of the glorious back country walks we have in New Zealand.

## What do you do on a typical Sunday?

Try to relax in my garden or spend some quality time with my wife enjoying a quiet coffee in a country café in the North Canterbury area.

## One food I really like is...

Oysters and oysters.

## My favourite music is...

My view is that music is best enjoyed as the mood dictates, however my favourite artist/composer would be Phil Coulter, and the group Celtic Thunder would rate as one of the groups I defer to on the odd occasion.

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If you would like to take part in this column or would like to nominate someone please contact [Naomi.Gilling@cdhb.health.nz](mailto:Naomi.Gilling@cdhb.health.nz).

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# New appointment to leadership role in the Orderly Service

Leeann Johnson is the first orderly to receive a promotion to a supervisor position since new orderly qualifications were introduced.

She qualified after passing the New Zealand Health and Wellness for Orderlies Level 3 Careerforce certificate.

Leeann began working as an orderly in May last year and started the course in August, finishing it in just two months – most people take nine. She started her supervisor training at Christchurch Hospital in February this year and officially took up her new role as Orderly Supervisor on Thursday 6 July.

Leeann describes the job as exciting and challenging.

“I am thoroughly enjoying it, working with different departments in the hospital, knowing that you can solve problems and help people.”

Her tasks are varied and include allocating jobs to orderlies, talking to patients, and liaising with volunteers, maintenance, linen, contractors, cleaners, and other daily tasks that arise within the hospital.

Leeann says she is looking forward to bringing new ideas to the job.

“I would like to thank Senior Supervisors Ewen Pyecroft and Noel Prisk for helping me settle into the role and Alan for his guidance.”

Christchurch Hospital Orderly Manager, Alan Heney, says Leeann has taken to the role quickly and is bringing a fresh perspective.

“I’m chuffed to have her on board.”

The new qualification gives orderlies a career path to do things they haven’t done before and will open up further opportunities in the health system in future.

Orderly Craig Stewart’s role as Orderly Educator/Assessor is to tutor and assess the orderlies at Christchurch Hospital for their Careerforce qualification.

He says he is impressed with Leeann, and she is an asset to Canterbury DHB.

General Manager, Christchurch Hospital, Pauline Clark, says she is delighted with news of another appointment to a key leadership role in the Orderly Service.

Careerforce introduced qualifications in 2014 to ensure that staff working as orderlies have the appropriate skills and knowledge to perform the role and provide quality support to those they work with.

Learning and assessment occurs in the workplace and the qualification allows workplaces or trainees to select from a range of unit standards to create a tailored qualification that suits the requirements of the workplace.



From left, Orderly Manager, Alan Heney, Orderly Supervisor, Leeann Johnson, Orderly, Craig Stewart and Orderly Office Administrator, Andrew Kendrick



Orderly Manager, Alan Heney, and Orderly Supervisor, Leeann Johnson





## The latest edition of the Health Quality & Safety Commission's e-digest is now available

Stories include:

- » A call for abstracts for the third annual Quality Improvement Scientific Symposium, on 14 November 2017.
- » Whakakotahi 2018 – primary care quality improvement challenge. The Commission is seeking expressions of interest for primary health care improvement initiatives as they increase their focus on primary care and community services, aged residential care and disability services.
- » Two more recipients of the Open for leadership award, including West Coast District Health Board District Nurse Jessie Gibbens.
- » Anne-Marie Hill's FallsStop workshop videos. The Commission, with support from Essential HelpCare, brought Anne-Marie Hill back to New Zealand for a series of workshops focused on reducing falls in hospitals and other care settings.

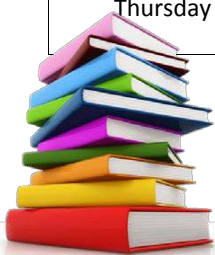
You can read more [here](#)

## Nursing Education Fairs

Interested in further development? Want to know what is available to you or a friend/ family member? Would you like to know what funding is available?

Come along and ask questions/ receive information from education providers and HWNZ funding

| Date                             | Location  | Time           |
|----------------------------------|---|----------------|
| Monday 7 <sup>th</sup> August    | Christchurch Hospital: foyer outside Rolleston Lecture Theatre<br>(University of Otago, Christchurch) | 11am to 2.00pm |
| Tuesday 8 <sup>th</sup> August   | Burwood Hospital foyer of main entrance   | 11am to 2.00pm |
| Wednesday 9 <sup>th</sup> August | Hillmorton – Fountain Room  | 11am to 1.30pm |
| Thursday 10 <sup>th</sup> August | Ashburton Hospital cafe   | 11am to 1.30pm |



We look forward to seeing you at one of the fairs!

If you have any questions please contact:  
Jenny Gardner  
PG Nursing Education  
Extn 68679 or [jennyg@cdhb.health.nz](mailto:jennyg@cdhb.health.nz)

# Recruitment

## Key professional leadership role within the Specialist Mental Health Service

### About Us

Working for the Canterbury District Health Board – working for the Community. At its core, our vision is dependent on achieving a truly collaborative, ‘whole of system’ approach where everyone in the health system works together to do the right thing for the patient and the right thing for the system and our community as a whole.

### About the Role

A new opportunity has arisen in our team for a senior specialist mental health nurse looking to develop their career. In this key professional leadership role, you will effectively contribute to the ongoing development of nursing practice and the professional nursing workforce within the service. As a positive role model, you will be highly motivated with excellent communication skills and have the ability to build successful relationships within the service. Working collaboratively with the Director of Nursing, other Nurse Consultants and nursing staff you will strive to ensure the nursing perspective is represented in divisional and service forums. The ability to work in partnership with the Clinical Director and the Service Manager, as part of a service directorate team, is essential in this Strategic leadership role.

### Working:

Fulltime – 1.0FTE

### Skills & Experience:

- » Experienced, Specialist Mental Health Nurse, registered with the Nursing Council of New Zealand with a current APC.
- » Motivated and flexible self-starter with the ability to work both in a team and autonomously.
- » Exceptional interpersonal skills and the ability to engage a wide range of people.
- » Ability to build, strong effective relationships with clients and with our many community partners/agencies with whom you liaise.
- » You will have extensive experience working within mental health, and hold a relevant post graduate qualification or be working towards one.

### 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.

### 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](mailto:karli.teaotonga@cdhb.health.nz).

*Applications are only accepted online so please visit our website at [www.careers.cdhb.govt.nz](http://www.careers.cdhb.govt.nz) to complete an application.*

• 2017  
**ipl**  
Inaugural Professorial Lecture

# Anthony Butler

Professor | Department of Radiology | University of Otago, Christchurch | Division of Health Sciences

A casual physicist's journey to MARS



Friday 28 July 2017 at 12.15pm  
Rolleston Lecture Theatre  
Ground Floor  
University of Otago, Christchurch  
2 Riccarton Avenue  
Christchurch





## South Island palliative care engagement forum

Thursday 20 July 2017, 3 – 4.30pm

The second South Island palliative care engagement forum is being held on Thursday 20 July, 3 – 4.30pm. Interested people from across the sector are welcome to join the conference either at the venue in Christchurch or via video conference (details below).

Presented by the South Island Alliance's Palliative Care Workstream (PCW), this year's forum will include representatives from across the sector discussing a wide range of topics relating to the provision of high quality, consistent care for everyone who needs it. We hope you'll join us.

**Venue:** South Island Alliance Programme Office, 585 Wairakei Road, Christchurch

**Videoconference (VC) dial-in number:** 751 058

**Teleconference dial-in number:** 03 5952987 (PIN: 1058, followed by #)

*Due to the limited number of teleconference spaces, please use a VC if available.*

To find out where to join the forum in your area, contact your [local PCW member](#) or your palliative care service.

| AGENDA   | PRESENTERS  |
|--|---|
| Part 1: South Island Palliative Care Workstream initiatives and progress | 3-4pm   |
| VOICES   | Kate Reid, Senior Lecturer, University of Canterbury  |
| ePrescribing   | Dr Brigid Forrest, Medical Officer, Hospice Marlborough<br>Faye Gillies, Clinical Nurse Manager, South Canterbury Hospice         |
| HealthPathways   | Lydia Bras, Cancer Psychological & Social Support Service<br>Rachel Teulon, Clinical Nurse Specialist, Paediatric Palliative Care |
| Primary palliative care survey reports                                   | Dr Kate Grundy  |
| Part 2: National palliative care initiatives and progress                | 4-4.30pm  |
| <a href="#">Te Ara Whakapiri</a>   | Dr Kate Grundy  |
| <a href="#">Review of Adult Palliative Care Services in New Zealand</a>  | Dr Kate Grundy  |
| <a href="#">Palliative Care Action Plan</a>                              | Dr Kate Grundy  |

For more information, contact the PCW facilitator, Jane Haughey, on 027 512 6122 or [jane.haughey@siapo.health.nz](mailto:jane.haughey@siapo.health.nz)

*Our vision: high quality, person centred, palliative and end of life care available to the population of the South Island according to need and irrespective of location.*



# Wolters Kluwer

When you have to be right

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CDHB are hosting a Registration Event for the UpToDate Anywhere App that we are subscribed to. Jarunya Chantakit from Wolters Kluwer Health will be coming to Christchurch Hospital on July 25<sup>th</sup> from 12.30pm-3.30pm.

It is the ideal place to help people register and download the mobile app. Jarunya will be available to answer questions and trouble-shoot any issues users may have. Registration Guides and Quick Reference Guides will also be available.

**Details - Tuesday July 25th from 12:30-3:30 pm at Christchurch Hospital.  
In the room off the Great Escape Café**

[www.wolterskluwer.com](http://www.wolterskluwer.com)  
[www.uptodate.com](http://www.uptodate.com)

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**Canterbury**

District Health Board

Te Pōari Hauora Ō Waitaha



# Simulation Instructor Course



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

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

Thursday 12th October—Sunday 15th October 2017

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

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

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

### CRITERIA FOR SELECTION

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

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

CONTACT  
DETAILS

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

CANTERBURY DISTRICT HEALTH BOARD

**CMS—Simulation Course**

## Registration—Closing date 30th July 2017

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

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

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

## Simulation project

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

### The project needs to be

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

### Cancellation Policy

**Closing date 30th July 2017**

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

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

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

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

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

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

|                               |
|-------------------------------|
| Full name:                    |
| Profession:                   |
| Place of work:                |
| Contact Email:                |
| Telephone Number:             |
| Special dietary requirements: |
| Special needs:                |

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