



Wonderful experience at a scary time

We receive many letters, cards, feedback forms and emails from people thanking us for the outstanding care they have received in the Canterbury Health System.

The following is a special one sent to General Manager, Christchurch Hospital, Pauline Clark, which the writer has given permission to share. It describes the remarkable response to a potentially serious health emergency in a young girl, named Bella, post-surgery.

Bella's mother, Emily Donaldson, describes how she and her daughter were wrapped up with such exceptional physical and emotional care that not only did they both feel incredibly safe and reassured but the little girl was smiling all the way to theatre.

I would like to add to Emily's appreciation by also saying a sincere thank you to all involved – some of you are named here and some aren't - but you are all deeply appreciated as are all of our staff who come to work every day and do an outstanding job.

Dear Pauline,

I wish to share with you an experience I had at Christchurch Hospital recently.

My three-year-old daughter Bella had a routine tonsillectomy and adenoidectomy under Otolaryngology Surgeon, Scott Stevenson, at a private hospital. On the following Saturday my husband and I noticed the tiniest bit of blood in her mouth.

We phoned her surgeon who said to be safe he wanted us to bring her to Christchurch Hospital's Emergency Department (ED) to have her checked by the Ear Nose and Throat (ENT) registrar.

I brought my daughter to ED about 5pm on Saturday, it was a full house! The treatment we received from the moment we arrived was outstanding. I struggle to find the words to express my gratitude but I will try.

Luckily Scott had phoned ahead and we were taken through to a cubicle straight away while they phoned ENT to let them know we were there. A nurse and ED doctor (sorry I didn't get their names) came in and checked out Bella and remained in close range offering reassurance until the ENT doctor came down which wasn't long at all.

Olli, the ENT doctor, came and thoroughly checked out Bella and found a blood clot and bleeding. He immediately called Scott who stopped what he was doing to come in and operate on Bella to be completely safe.

The whole time Olli offered reassurance and explained things to me properly. At this point Bella starting spitting up blood, however due to the staff's reassurance and support neither Bella nor myself panicked as we knew everyone was acting quickly and we were in the best place.



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The anaesthetist Richard Collins arrived and offered more support and explanation and was fantastic with Bella, as was the anaesthetic technician, Lou. Richard allowed me to stay with Bella until she went to sleep, but explained that as this was an emergency she would be anaesthetised differently, that they would need to put a lure in her hand before she was asleep, and different medications would be used to put her to sleep, again he did this reassuringly.

Scott arrived as well and was amazing, offering more explanation and support, all this was done while the staff remained calm and efficient as it was possibly a very critical situation. As you can imagine all this stuff can be very scary for a little girl but the surgeon, the anaesthetist, his technician, and the theatre nurses who were now with us too, all made us feel safe and calm.



The theatre nurse who walked me out once Bella was asleep in theatre offered more reassurance, I am sorry I didn't get her name though.

Following Bella's emergency surgery I went to see her in the Post Anaesthesia Care Unit (PACU). When I walked in I witnessed the anaesthetist comforting my daughter with the surgeon and Olli the registrar and PACU

nurses all on hand making my daughter feel safe.

They immediately made a comfortable place on the bed for me to sit and hold my daughter while they all stayed for a bit to make sure we had everything we need. The nurse that looked

after us in PACU until we went to the ward was amazing. I am so upset I have forgotten her name.

Bella loved her room on ward 21 as it had rainbows and the staff continued to look after us well. Bella is now on the mend and doing well. What happened to her was very bad luck.

It was not only the quick action of Scott that possibly saved our daughter's life, but the way the entire staff looking after us, especially Richard the anaesthetist, who went above and beyond to make us comfortable. My little girl was smiling all the way to theatre thanks to them and I was not half as panicked or scared as I could've been.

I would also like to mention that in July 2014 my son Cody who was five at the time was admitted to ward 22 with orbital cellulitis, another case of quick acting fantastic staff who really took care of us well.

Sorry for the novel but it truly was a wonderful experience at such a scary time. My family and I are so grateful. I have attached a picture of my daughter you may see why all the fuss (biased mother!).

With kindest regards to a fantastic hospital with wonderful staff,

Emily Donaldson

Thank you Emily - it was wonderful to read how the whole team played their part to ensure a fantastic experience at a scary time for you and your family. We're grateful that you chose to spend time writing such a heart-warming account of your experience.

This week as you go about your work remember that a thank-you costs nothing, but has such enormous value to those on the receiving end.

Countdown on till Christmas – keep calm and be kind to yourself and your colleagues

After losing an hour's sleep last weekend due to daylight saving and the fact there's only 13 weeks until Christmas, we're now on the home straight until the traditional summer break for many. This is the time of year when some of us start to feel the pressure with deadlines looming, targets to reach and milestones to achieve before the end of the year, not to mention the additional challenges for those who are organising holidays or hosting visitors over the festive season. On top of that school holidays are almost here again and juggling work and childcare can test the logistics skills of the most organised person.

If you're feeling under pressure, and are having trouble sleeping, or coping with your job or getting along with your colleagues please remember there's confidential counselling available free of charge for all Canterbury DHB employees through [Workplace Support](#) or [EAP](#). If you prefer, your general practice team can also help.

You can also help yourself feel better and blow away the 'blahs' by checking out the All Right? website where you'll find some proven actions you can take to make yourself feel better – check out the five ways to wellbeing <https://allright.org.nz/>. If you have kids, the Sparklers section has all sorts of useful ideas and tips to help you be a better parent, and help your children live brighter lives.

Have a great week – and if you can, get out and enjoy this balmy spring weather while it lasts.

David Meates
CEO Canterbury District Health Board

Facilities Fast Facts

Acute Services Building (ASB)

This week's big milestone is the install of the roof structure on the East Tower. Work on installing services, framing and bulkheads continues up both towers. The last few precast panels that are needed to complete the façade and close up the towers will be up over the next couple of weeks. Contractors are thrilled to have Lift 1 up and running. There are 13 lifts in the ASB.

Seismic engineering is a feature of the building, and restraints or systems are evident across a range of services. In the photo (right), CPB Contractors Project Manager, Bill Hill, explains to the Clinical Leaders Group how rubber expansion joints in the sewage pipes will work in the event of an earthquake.

And for some more useful building terms:

Nogs (if you're Australian), Noggings (if you live in the UK) or Dwangs (if you're a Kiwi) – Horizontal pieces of wood within the steel wall frame can be used to fasten things to, like bed heads or cupboards. Shown in the photo below.

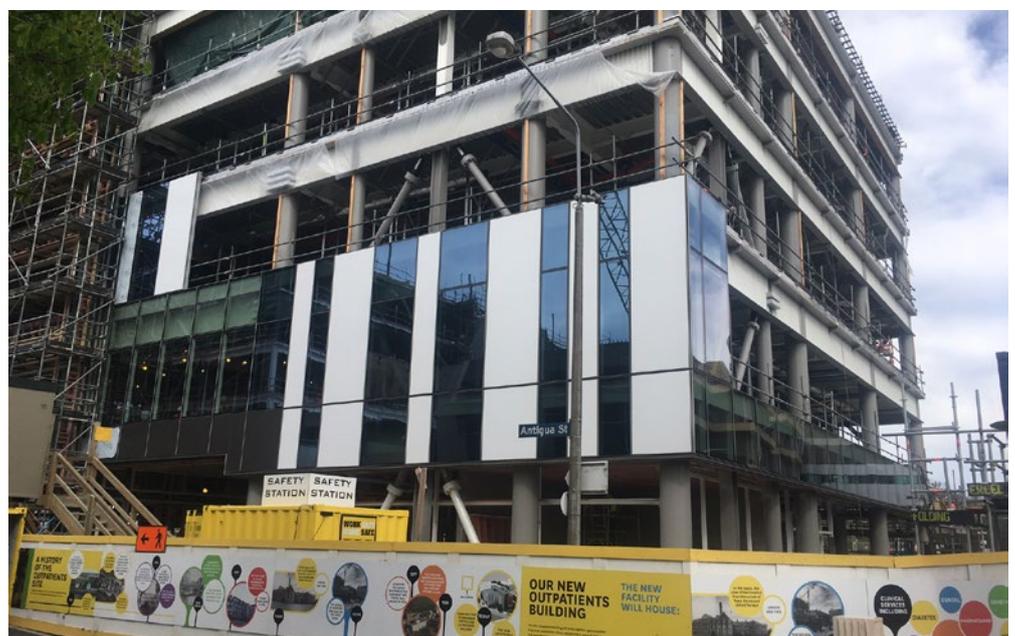


Christchurch Outpatients

The windows that form the façade for the Christchurch Outpatients are going up at a rate of 15 a day (weather permitting) and will rapidly start to close up the Antigua Street side of zone A (the eastern side of the building). The roof is in place in two sections of the building with just the Tuam Street corner side still to go. Service installation and wall framing is ongoing.

Currently 160 people are on site.

The south east side of the Christchurch Outpatients building seen from the corner of Oxford Terrace and Antigua Street, showing the façade going up





Bouquets

Sexual Health

Thank you very much. You made an uncomfortable situation very smooth and not embarrassing, for that I am extremely grateful.

Ward CG, Burwood Hospital

To our friends at Burwood. You have become an incredibly important part of our lives and I'm not sure that I can find the words to thank you enough. You have cared for ... with all the love and care and kindness that he has needed and more. You may feel that you have been just coming in and out of work, but please know that to us it has meant so much more. The times when we have had to hang on to your every word and watch you carefully to see how you respond has been our security. It's been a journey we didn't ask for but one we have felt so grateful that you have all been part of. Your genuine belief in us has always been so important and your relationship with ... significant in his recovery so far. Thank you for carrying us when we have needed to be carried. You will always be in our hearts. Love always.

Ward 24, Christchurch Hospital

Everyone in this ward has been absolutely wonderful to us as we look after ... in the Stroke Unit. Thank you.

Wards 15 and 20, Christchurch Hospital

The nurses and staff of wards 15 and 20 were so lovely to my mum in her last days alive. Caring, compassionate and gave my mum dignity. We are so lucky to have such lovely nurses and staff.

Wards 20 and 18, Christchurch Hospital

Awesome nurses and doctors. Thank you for all your help and patience.

Medical Day Unit, Christchurch Hospital

I would like to say thank you for the wonderful treatment I received during the time I spent in the Medical Day Unit. It made an anxiety provoking time easier. I would like in particular to thank Rhonda and Deirdre for their outstanding care.

Ward 27, Christchurch Hospital

To all the staff on Ward 27, I cannot thank you all enough for the care, kindness and support you have all given my Nan, myself, and all of my extended family over the past few weeks. She spent a lot of time telling us just how great you were at caring for her day and night, and I know in the last week, when she was unable to express it, that she continued to appreciate you all. My kindest regards.

Emergency Department and Ward 12, Christchurch Hospital

I was in the Emergency Department... on Friday morning. I cannot thank the staff enough for being so nice, professional, sweet, and just really neat nurses. Also the cardiology registrar was great. Thanks so much for getting my heart back to a much slower, normal rate. And also thanks so much to the lovely nurses I had in ward 12. You made the stay so much better. Thanks for everything. First stay in hospital wasn't a bad one, except for lack of sleep.

Christchurch Hospital (service name not mentioned)

Wonderful service. Ladies always so helpful. We would be lost without this service.

Bone Shop, Christchurch Hospital

Doctors Rob Hill and Matt are very nice young doctors and I wish them well for their future careers.

Ward 27, Christchurch Hospital

What an amazing job you all do – you should be very proud.

Ear, Nose and Throat (ENT), Christchurch Hospital

The receptionist, Maria, deserves a medal for her consistent kindness and gentle manner. She always greets me with a smile and genuine warmth. In fact all the reception staff at ENT are warm and pleasant to deal with. Many thanks also to Selene, the Ear Nurse Specialist, who is so gentle and respectful of my poor sore ear and very engaging with me personally. People like this make the hospital an easier place to be. Very good service.

Sexual Health

Nurse Lyn is the best. She does a good job. Always leave with a smile on my face.

Intravenous Technician, Christchurch Hospital

Very good at taking blood from an arm which has not given any blood for 30 years! Very quick and didn't hurt. Thank you.

Ward 23, Christchurch Hospital

What wonderful staff on this ward and also the mental health staff are fantastic.

Ward 17, Christchurch Hospital

Great service. Awesome nurse. Rapid response. Food awesome.

Emergency Department and Ward 11, Christchurch Hospital

Thank you to the team in the Emergency Department and Ward 11. I am very grateful.

Urology Outpatients, Christchurch Hospital

You are wonderful!

Ward 24, Christchurch Hospital

Words cannot sufficiently convey my gratitude to all of you for the extraordinary care you bestowed on my dear ... It was also obvious, notwithstanding the severity of her stroke, that she too was aware of just how kind you all were to her. She has settled in at Burwood and her brother and I are hoping for gradual improvement in her speech and movement. Thank you and best wishes.

Cardiology, Rheumatology, Nephrology and Oncology departments, Christchurch Hospital

Competent and thorough treatment at all departments... Very grateful for the help.

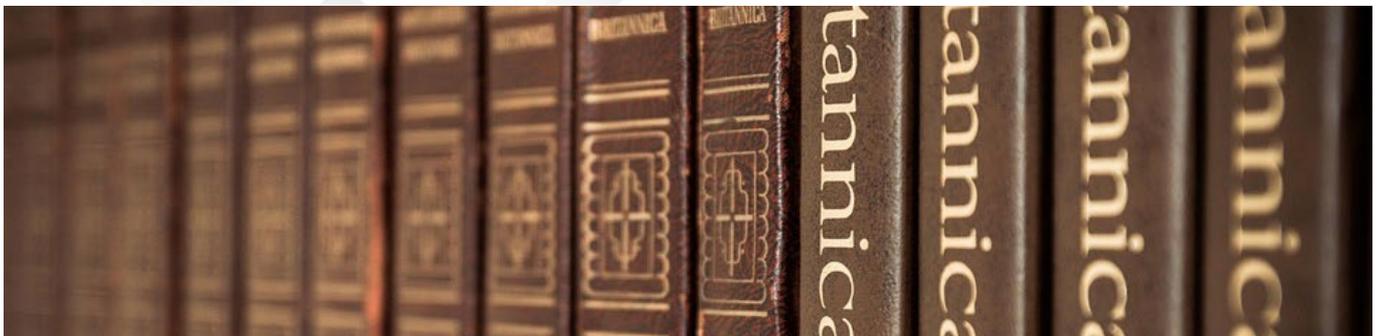
Sexual Health

These guys are seriously amazing! The receptionists are empathetic and understanding and the nurses and staff are amazing too. Such a great experience every time.

Christchurch Hospital

On behalf of the Multiple Sclerosis and Parkinson's Society of Canterbury, I wish to thank you for allowing our volunteers to collect at your premises during the 2017 Street Appeal. Our appeal was a huge success and, to date, the total collected stands at just under \$60,000, making it our biggest collection ever! We couldn't have done it without you. Your help in

providing a collection site is therefore essential to our success in raising both funds and awareness. Thank you again for your valued support.



The Library

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

- » "[Few novel antibiotics in the pipeline. WHO warns](#)" - the World Health Organization has reiterated its warning that there is a serious lack of new antibiotics under development to combat the growing threat of antimicrobial resistance. Only eight of the 51 new antibiotics and biologicals in clinical development to treat antibiotic resistant pathogens are innovative treatments that could add value to the current drugs on offer, a new report from the agency has found. From *BMJ*, published online: 19 September 2017.
- » "[The effects of improving sleep on mental health \(OASIS\): a randomised controlled trial with mediation analysis](#)" - sleep difficulties may contribute to the occurrence of mental health problems – this study looks at whether treating insomnia leads to a reduction in paranoia and hallucinations. From *The Lancet Psychiatry*, published online: 6 September 2017.
- » "[Artificial intelligence won't replace a doctor any time soon, but it can help with diagnosis](#)" – artificial intelligence (AI) is already having an impact as diagnostic tools for diabetic eye disease, skin cancer and arrhythmias and there are great expectations on its potential benefits for affordable, accessible health care. But what are its limitations and risks? From *The Conversation*, published online: 19 September 2017.

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

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

» **Visit:** www.otago.ac.nz/christchurch/library

» **Phone:** +64 3 364 0500

» **Email:** librarycml.uoc@otago.ac.nz

Older Persons Mental Health joint clinical director appointment

Psychiatrists of Old Age, Colin Peebles and Jo Reeves, have been appointed as co-clinical directors of Older Persons Mental Health (OPMH), in what is believed to be the first such joint appointment at Canterbury DHB.

Colin and Jo say they were inspired to make a joint application to allow for a better balance with their clinical work, and plan to split the role in a way which best utilises their skills and interests.

They have both worked in the department since the early 2000s and Colin also works as a consultant psychiatrist in Psychiatric Consult-Liaison.



Psychiatrists of Old Age, Colin Peebles and Jo Reeves, who have been appointed as co-clinical directors of Older Persons Mental Health

Colin and Jo's appointment was made after Brian Deavoll stepped down after four years' service in the role.

"I would like to thank Brian for his excellent contribution to shaping OPMH services over this time," says Older Persons Health and Rehabilitation Chief of Service, Helen Skinner.

"Brian continues to work in OPMH and I know he will support the two new clinical directors during this transition."

Congratulations to Colin and Jo in their new roles, she says.

CARE AROUND THE CLOCK

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

Canterbury
District Health Board
Te Pōwhiri Hauora o Wairarapa

#carearoundtheclock

BETTER TOGETHER

Destination Outpatients



Solving the DNA puzzle

Our focus this month has been to raise awareness among all outpatient services about missed appointments, or DNAs (Did Not Attends) and the huge cost of them to the DHB.

While we've focused on September as DNA month, please continue to review the data for your service so you truly understand your patient cohort. This will enable you to start asking what you can do differently as a service to reduce DNAs. You can find data on the [intranet](#).

We do know that cultural differences and people's health literacy, or lack of it, are among the main reasons people don't turn up for their outpatient appointments and we need to continue to work on finding ways to address these issues. There have been some great success stories with both the Diabetes Centre and Sexual Health recording a drop in missed appointments after making some service delivery changes.

The Diabetes Centre partnered with University of Canterbury's health clinic to provide specific young adult diabetes specialist clinics at the university. This was to address the challenge of engaging with young adults who had moved to a new city. As a group they've been hard to engage with, resulting in high DNA rates and poor diabetes outcomes.

This partnership has proven highly popular with the young adult patient group, with high levels of satisfaction recorded. After 10 clinics and over two years of collaboration there continues to be an impressive 100 percent attendance. The clinic has recently been recognised with a University of Canterbury Quality and Safety Award for improving student safety.

This work hasn't been done in isolation with the university. Working in the community, the Diabetes Centre has also improved access to its Young Adult Service with DNA rates dropping significantly as a result.

Across the service, Diabetes DNAs have dropped from 15.4 percent in 2015/2016 to today's lower rate of 11 percent.

Over at Sexual Health, the team has set up a three-month trial 'Test and Go' clinic for sexually transmitted infections (STIs). The screening clinic is run by two clinical nurse specialists on a Monday between 10am and 4pm. Patients have their results within a week.

In the first month of the trial, 104 people were screened compared with just 30 patients in an average month. This initiative has not incurred any costs as it uses available staffing in a more productive way. The clinic is popular over lunch times so the nurses stagger their lunch breaks.

Changing this appointment model has reduced the clinic's DNA rate by 25 percent over the first month, dropping from an average of 12 percent of patients who DNA to nine percent.

Addressing the importance of cultural issues as a contributor to DNAs, Executive Director of Maori and Pacific Health, Hector Matthews, told the Grand Round recently that it was important to understand the bias within our health systems.

Hector's presentation is available on the [intranet](#).

What do YOU think?

Do you have an opinion on nursing roles within Christchurch Hospital Campus outpatient departments? Now is your chance to give it to us. Please take five minutes to complete this survey (www.surveymonkey.com/r/8KQG35Q) on models of care and nursing so we can understand the current thinking around nursing roles in these departments.

Destination Outpatients Workshop 3 – Patient Status at a Glance

12 October 2017; 8:30am – 1:00pm; Design Lab, Print Place

The objective of this workshop is to define tools for workflow in the Outpatient setting. This will include Patient Information Care Systems (PICS) readiness assessment, kiosks and scheduling tools. The group will be split into two work streams: Admin (business rules, expectations) and Clinical (communication tools to support workflow with presentations of FloView, dashboards, Vocera and Health Connect South initiatives and then discussion on defining tools required to support outpatient workflow).

If you are interested in attending this workshop and haven't yet sent an RSVP, please email Yvonne.williams@cdhb.health.nz

If you have any questions about the new Christchurch Outpatients, please email us at destination.outpatients@cdhb.health.nz and one of the team will respond. You can also join the Facebook group www.facebook.com/groups/destination.outpatients

Focus on mobile data usage

YouTube, iTunes and Tumblr are proving to be a big drain on Canterbury DHB's mobile data usage. A recent audit of usage following the DHB's migration to Vodafone has shown that 40 percent of mobile data use is not work related.

Currently staff members who use a DHB mobile phone, are allocated 300MB of data every month.

Service Operations Manager, Mohammed Sayeed, says that Mobile Support is working with Vodafone to implement mobile data notifications via text that will advise staff of their usage, and alert users if they exceed their 300MB.

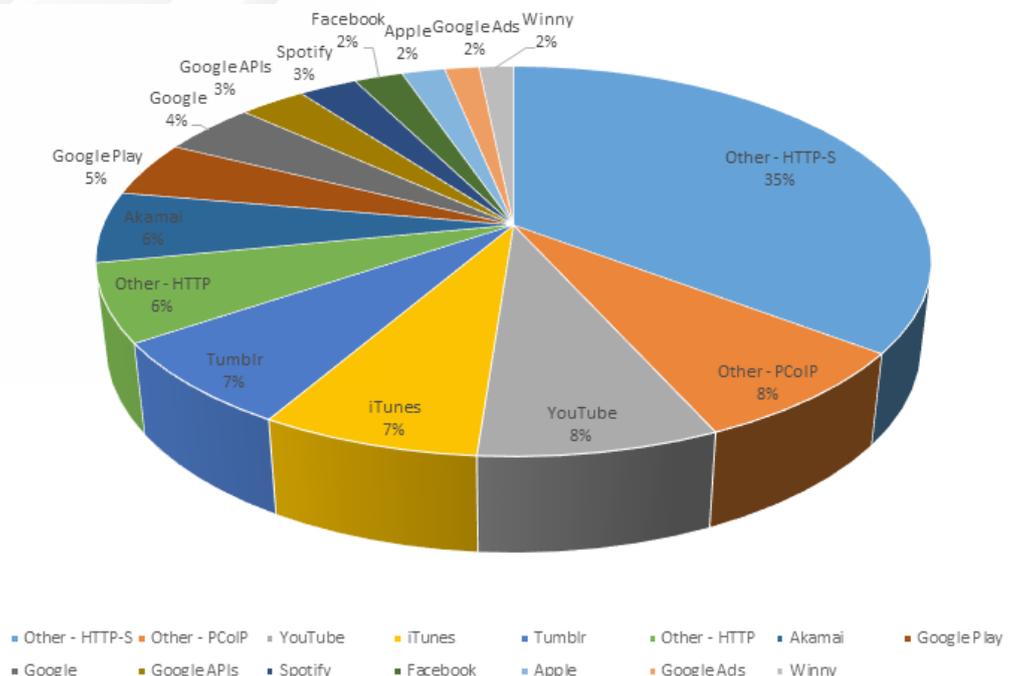
"If usage reaches 1.3GB, we will email the user's manager and work with them to see how we can resolve the issue," says Mohammed.

Mobile support is also working with both Vodafone and Spark to review the current mobile device plans. However, Mohammed says the consequence of increasing data usage will be an increase in the cost of these plans to the DHB.

ISG is now monitoring staff data usage and will be able to generate monthly reports that will show the organisation's top mobile data users.

Phones don't use data if they are connected to a Wi-Fi network. Staff with a Canterbury DHB mobile need to make sure their mobile is connected to the Canterbury DHB staff Wi-Fi when onsite. If you are not sure on how to do this, there is advice on the [intranet](#).

If you have questions around mobile data usage or mobile phones please check the [ISG Mobile Support site](#) or log a job with the ISG Service Desk (Service.Desk@cdhb.health.nz). If the matter is urgent call 80999.



What kind of phone do you need?

The Operation Switch team needs to do an audit of staff details and staff member's individual requirements for phones before the roll out of the new desk phone units. Look out for the team members in their orange shirts. They will be at the Corporate offices over the next couple of weeks before moving on to Burwood Hospital and then other sites.

The team will be checking the following information:

- » Current desk phone details
- » Network ports information
- » Computer Asset details
- » Canterbury DHB Mobile information

Some things you might want to consider before talking to the team are:

- » If you have call pickup groups
- » If you have more than one line (number) on your phone
- » Do you require international dialling? (By default all staff will have national and mobile only)

If you are not at your desk, they will leave a card-to-call with details on how you can reach them. If you have any queries about Operation Switch, please email operation.switch@cdhb.health.nz and one of the team will get back to you.

Vocational specialties “meet and greet” a hit

An event to help junior doctors choose their speciality attracted over 100 people on Thursday 29 September.

The 90-minute evening event was a chance for house officers and non-training registrars, typically junior doctors in their first two years of on-the-job training, to mix and mingle with training registrars who have more recently chosen their specialty and senior medical officers (SMOs) who supervise training. In all, 38 specialties were represented and over 60 resident medical officers (RMOs) had the chance to find out more about them.

The event was organised by the Medical Education and Training Unit (METU), which is responsible for the overall education and clinical training environment for junior doctors at Canterbury DHB.



A full house of junior and senior doctors and educational support staff

Medical Education Coordinator, Karyn Dunn, says the main purpose of the event at this level, when the RMOs may already have strong ideas about their career path, is networking.

“That’s as important as the decision making about a speciality. And SMOs aren’t that scary – they still remember what it was like to be a junior doctor.”

RMO Katelyn Costello, who is a post-graduate first year house officer (PGY1), says it was a good, informal event.

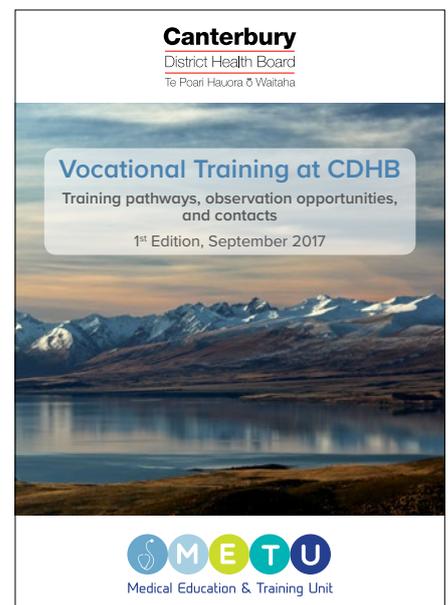
“As a PGY1 I’ve still got options open for what I will do for a career choice so it was really good to network and find out more about my options.

“The people I really wanted to talk to from rural hospital and emergency medicine were already talking to each other when I arrived so that made it easy.

“It definitely helped my thinking – I went home and had a good chat with my husband and I’m thinking more about dual training in those specialties.”

A new resource on vocational training at Canterbury DHB, with details on all 43 specialties the DHB covers, was also launched at the event. In addition to standard information about the area of work it included specific information about training opportunities at Canterbury DHB for that area and contacts so RMOs can get in touch to arrange a day to observe – particularly useful for specialties that aren’t part of the normal accredited runs for junior doctors.

The resource will also be available on the [METU pages](#) on the intranet.



World Pharmacists' Day, September 25 – Your pharmacist is at your service

The Council of the International Pharmaceutical Federation (FIP) has designated September 25 (today) as the annual World Pharmacists Day. The purpose of this day is to promote and advocate for the role of the pharmacist in improving health all over the world.

This year's theme is "From research to health care: Your pharmacist is at your service", chosen to reflect the many contributions the pharmacy profession makes to health.

FIP President, Carmen Peña, says pharmacists are the backbone of health care in many different settings, but that providing care does not begin in community or hospital pharmacies.

"Taking care of patients starts with recognising the health issues of populations and developing medicines, policies and education to tackle them. We pharmacists are often there at the very beginning of the process — when the first molecule that effectively treats a disease is identified."

The release of the National Pharmacy Action Plan 2016 to 2020, last year, addresses the need to provide sustainable, high-quality pharmacist services in an ever changing and complex environment.

We are fortunate in New Zealand, and even more so in Canterbury where the pharmacist is a key member of 'Agnes's' clinical care team. The Pharmacy Service Level Alliance of the Canterbury Clinical Network designs services around consumers and implements them across primary and secondary care.

Canterbury DHB is recognised nationally as a leading DHB in supporting community pharmacists to optimise the use of medicines through the Medicines Management Service.

People with complex conditions are visited by their community pharmacist in their homes, or consulted in their pharmacy, to discuss their medicines.

During this consult people get to:

- » learn more about their medicines - how they work and why they take them
- » check whether they are taking their medicines correctly
- » receive advice on how to use medical devices like inhalers, spacers, blister packs etc
- » ask questions about their medicines.

The pharmacist completes the "yellow card" which helps people keep track of the medicines they are on including any over-the-counter preparations and natural products.



Your pharmacist is at your service

Pharmacists make recommendations for synchronising doses as well as blister packaging when people are on many medicines with varying dosing schedules.

By visiting people in their homes pharmacists also get to identify unwanted medicines that people are no longer taking or have expired. Community pharmacists manage the return of expired and unwanted medicines to prevent medication-related harm.

The pharmacy service in Canterbury hospitals also strives to improve the service and care we provide for our patients. A number of quality initiatives are being undertaken including:

- » Teaching children to understand their medicines – for example, using the 'making medications memorable' individualised card game for children with cystic fibrosis has helped to educate children about their medications.
- » Work on extending our service to speciality outpatient clinics, such as nephrology and adults with cystic fibrosis.
- » Developing our specialist pharmacists, with a current project being undertaken with our geriatric population.
- » Our antimicrobial stewardship (AMS) pharmacist works with national and local groups to improve our antibiotic usage, helping us protect this resource for the future.

Canterbury Community Pharmacy Group Chief Executive, Aarti Patel, says pharmacists are excited about the future.

"We are continuously developing the pharmacy profession and using and conducting research to improve our practice to ensure our patients have the best pharmaceutical care."

Sabbatical “invaluable experience”

A Christchurch Hospital senior doctor who has recently spent time overseas looking at cancer care says applying knowledge from genetic research turned out to be the overwhelming theme of her trip.

Medical Oncologist and Mackenzie Chair of Cancer Medicine, Bridget Robinson, says the aim of her sabbatical leave was to study contemporary management of cancer, especially breast cancer, in a specialist cancer hospital and a regional cancer centre attached to a general hospital, alongside world-leading cancer research.

She attended the American Society of Clinical Oncology annual scientific meeting in Chicago, spent a month at the Royal Marsden Hospital, London, and five weeks at the Addenbrookes Hospital in Cambridge.

Bridget also attended the Cancer Genomics Conference held at Churchill College in Cambridge, where she “learned the power of the new genomic discoveries” that are likely to support the value of knowing the genetic signature of a tumour.

Decision making about whether and when to test the genetic makeup of a tumour is very current, she says.

“The focus is on gene mutations in the cancer, which may be inherited, or have only occurred in the cancers themselves.”

The Royal Marsden Hospital is mainstreaming genetic testing for cancer risk genes, such as in ovarian cancers, and all cancers in patients aged under 40. Traditionally this would only be done for certain cancers after taking a family history and deciding the chance of an inherited mutation.

“The overwhelming theme was how genetic knowledge is being applied, with both hospitals pushing the boundaries in testing, to support characterising cancers, guide therapy, and find targets for therapy,” Bridget says.

The main immediate challenge is how to use the gene results, since to date, fewer than 10 percent of cancers tested result in the patient going on to a therapy that targets a gene mutation in the cancer.

Both hospitals are exploring more rapid testing, so that results are available in time to be used in deciding about surgery and other treatments.

Bridget visited the Wellcome Trust Sanger Institute near Cambridge, famous for sequencing DNA, and saw how they are taking forward their world-leading genomic research, which includes a focus on cancer.

During her time at the two hospitals she was impressed at the way clinical trials are integrated into clinical care.

“Both hospitals present themselves as ones where patients should expect to be asked to participate in research.”

The hospitals have strong links with their academic research laboratories, with key clinicians providing some of the stronger links. Scientists attended some of the multidisciplinary meetings where a trial’s relevant issues were discussed.

Bridget says the experience was invaluable, and inspirational, and hopes that more clinicians and scientists might be able to take advantage of similar experiences.

“I am indebted to the University of Otago and Canterbury DHB for supporting my sabbatical leave, and all my colleagues for covering my absence to make it possible.”



Bridget Robinson

New clinical director for Cardiology

John Lainchbury has been appointed Clinical Director (CD) for the Cardiology service at Christchurch Hospital and starts his new role from 16 October.

John received his medical degree from the University of Otago. His Cardiology training was undertaken in Christchurch and he spent two years as a Fellow at the Mayo Clinic in Rochester, Minnesota.

John has extensive academic and clinical experience in Cardiology at Christchurch Hospital. He is currently the head of the Echocardiography Service and Deputy Clinical Director.

General Manager, Christchurch Hospital, Pauline Clark, says she would like to congratulate John on his appointment and thank David Smyth, the outgoing CD, for his leadership and commitment to the role over the last 10 years.

John says he is looking forward to the new role and the challenges that will come with it.



John Lainchbury

Dietitians Day 2017

Food and nutrition are increasingly recognised as playing an important role in the development and maintenance of mental and physical wellbeing.

The dietetics team in the Specialist Mental Health Service (SMHS) provides nutrition and dietetic interventions for consumers with a variety of nutrition-related conditions and supports staff and consumers to develop healthy eating attitudes and behaviours.

To celebrate Dietitians Day this year, the SMHS dietetics team invited staff to join them for a healthy morning tea in the Hillmorton Hospital cafeteria.



From left, Clinical Leader Specialist Mental Health Service Dietitians, Jane Elmslie, Dietitians, Brigit Eder, Louise Bennett, and Mande Cameron, Community Nurse, Hazel Agnew and Clinical Leader, Social Work, Brenda Cromie



Twelve chairs for children's ward

Parent and caregiver stays at one of the children's wards are now a more comfortable experience, thanks to a kind-hearted mother, a generous community and the delivery of 12 reclining loungers.

Jo Triplow's newborn son was a patient in Ward 22 four years ago and Jo wanted to show her gratitude for the care she and baby Jack received. She identified a need in the ward for comfortable, reclining chairs for caregivers who spend long hours at a child's bedside.

Jo teamed up with friend, Renee Jones, who worked for Pathway Charitable Trust, which owns commercial furniture company, Alloyfold.

As the chairs' end use was in a hospital environment they had to meet strict criteria, from anti-bacterial fabric to being load tested. It took three years for the design to be perfected and another year for fundraising, under the Māia Health umbrella, to reach the \$22,000 target.

Jo started a Facebook page ([12 Chairs for the Children's Ward](#)) and a [Givealittle page](#), and the wider community sprung into action.

EduKids Prestons paid for three chairs, and Marshland School fundraised for one.

Ward 22 Charge Nurse Manager, Tracy Jackson, said the chairs meant they could better provide for families in need.

The Alloyfold Devon Recliner can recline completely horizontally, has a retractable footrest for breast-feeding mums and a side which drops for wheelchair access.

The 12th chair was delivered earlier this month, but Jo and Renee aren't stopping there. With funding secured for another chair, they are keeping the fundraising drive open, and now hope to furnish another children's ward, Ward 21, with chairs too.



Jo Triplow and son, Jack, relaxing on a recliner

Charge Nurse Manager, Tracy Jackson and Paediatric Nurse Specialist, Tara Newitt celebrate the arrival of the 12th chair with Renee Jones and Jo Triplow



Canterbury Grand Round

When: Friday, 29 September 2017 – 12.15pm to 1.15pm with lunch from 11.45am

Venue: Rolleston Lecture Theatre

Speaker 1: Professor Jean Ker, Lead for Clinical Skills and Simulation, NHS Scotland

"To simulate or not to simulate: Is that the question?"

The practice of medicine is both an art and a science so using quotes from Shakespeare seems an appropriate system of signposts to explore both the benefits and challenges of simulation-based education.

Chair: MaryLeigh Moore

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

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

Video Conference set up in:

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

All staff and students welcome

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

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

One minute with... Rose Laing, General Practice Liaison for Older Persons Health and General Medicine and Clinical Lead Collaborative Care, Canterbury Clinical Network

What does your job involve?

I am a part time General Practitioner (GP) and a GP liaison working to improve understanding and collaboration between primary, community and secondary services across Canterbury Health System. I currently work in Older Persons Health, General Medicine, and on some shared care planning projects for Canterbury Clinical Network.

Why did you choose to work in this field?

I enjoy working with bigger picture health improvement, making a difference to the care of many patients, as well as working with individual people in general practice.

What do you like about it?

I meet interesting people who are passionate about doing the best for patients and health care workers, and get to explore new ideas with them.

What are the challenging bits?

Sometimes people dynamics and uncertainty around change can get in the way of making progress.

Who inspires you?

Anyone smart and passionate about making a difference.

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?

At the end of the day, everything we do has to improve patient care. Working constructively with clinicians to encourage them to communicate/collaborate more effectively and to consider making the health system better for patients is at the heart of what I am employed to do.

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

'All the Light We Cannot See' by Anthony Doerr.

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

Snorkelling on the reef at Kadavu Island in Fiji.

What do you do on a typical Sunday?

Wrestle with my overgrown garden.

One food I really like is...

Avocados (wickedly expensive this year - curses).



Rose with her son Hamish

My favourite music is...

Old style jazz/blues.

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

University of Otago
Research Radar
Christchurch

First study on rates of IBD in New Zealand children

Rates of debilitating inflammatory bowel diseases (IBDs), such as Crohn's disease, among South Island children are up to three times higher than their North Island counterparts, according to New Zealand's first study of prevalence.

The study was led by University of Otago, Christchurch researcher, Professor Andrew Day, who is also a Canterbury DHB paediatrician.

It showed that when data was collected in 2015, between 40 and 60 children per 100,000 had a diagnosis of an IBD in the South Island. In the North Island, the rate was between 10 and 20 children per 100,000. The study surveyed children from all health board areas. In Canterbury, 40 children in every 100,000 had a diagnosis of IBD.

Day says the difference between the islands is not fully understood, but could be due to variations in sunlight, and its impact on vitamin D levels. The vitamin is linked to production of a molecule that plays a protective role in the gut.

The reason for an increasing number of children diagnosed with IBD was a subject of intense debate and scrutiny internationally. Day says one theory is that children's diet consists of far more processed than whole foods nowadays. Another is that children do not play outdoors as much and get exposure and immunity to germs.

[Read more about the study](#)

Gut researchers, and a giant inflatable colon, will be part of this weekend's University of Otago, Christchurch Showcase. All welcome. Details at www.otago.ac.nz/christchurch



Sit Less September

Week 4: Sitting for prolonged periods is bad for your health *no matter how fit you are*

Sitting is the new smoking: *The more you sit, the poorer your health.* All-day movement is just as important for maintaining good health as traditional exercise sessions and can contribute to fitness and suppleness. When you sit all day, your hip flexors and hamstrings shorten and tighten and the muscles that support your spine can weaken and stiffen.

More information

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

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

Sit Less September...

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



GICI NZ: Call for Applications for GI Cancer Clinical Research Fellowship

The Gastro-Intestinal Cancer Institute New Zealand (GICI NZ) is calling for applications for a part-time Gastro-intestinal (GI) Cancer Clinical Fellowship.

GICI NZ offers one part time 0.3-0.5 full-time equivalent (FTE) GI Cancer Clinical Research Fellowship award each year supported by the Hugh Green Foundation. The Fellowship is for the support of outstanding graduates from all relevant health professions, who are able to combine their clinical work with research to improve the quality of life and potential survival for people living with a GI cancer.

The Fellowship is tenable for a period of up to two years. Applications are open to appropriately qualified individuals with New Zealand residency, permanent residency or citizenship, who hold a relevant degree or are in the process of completing their training.

The GI Cancer Clinical Fellowship would be available in (but not limited to) the speciality areas of cancer surgery, radiation oncology, medical oncology, palliative care, cancer genetics, radiology, anatomical pathology, nutrition, psychiatry or public health.

Further information and all forms are available from the Canterbury DHB research office. Please provide all details requested to the Research Office by 15 February 2018 (so the office has time to check all details before the official deadline of 1 March 2018). You will be notified of the outcome of an application by 1 April 2018.

All applications to funding bodies associated with research are required to go through the Canterbury DHB Research Office. Please contact Emily Oughton at cdhb.researchoffice@otago.ac.nz or ext. 81513 for further information.



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pinkribbon@bcf.org.nz | 0508 105 105



ARTIST DOCTORS

WHEN 14 OCTOBER 2017
EXHIBITION 6:15PM,
CONCERT 7:30PM
WHERE THE AURORA CENTER,
BURNSIDE HIGH SCHOOL
PRICE ADULTS \$30
STUDENTS AND PERFORMERS \$15

CONTACT ROS MCCARTHY:
M: 027 353 2639, P: 364 1104, E: 81104
EMAIL ENQUIRIES@ARTISTDOCTORS.ORG.NZ

TO PURCHASE TICKETS VISIT
www.bit.ly/2eSBbEe



University of Otago, Christchurch

Showcase 2017

Health Education & Research

Sunday 1 October 2017 | 1.00pm – 5.00pm | University of Otago,
Christchurch Building | 2 Riccarton Ave | Christchurch Hospital campus.



- Tour our labs and Simulation Centre
- Experience interactive medical technology
- Attend a debate on whether 'We can all live to 120'.

otago.ac.nz/christchurch



CHRISTCHURCH

University of Otago, Christchurch

POSTGRADUATE

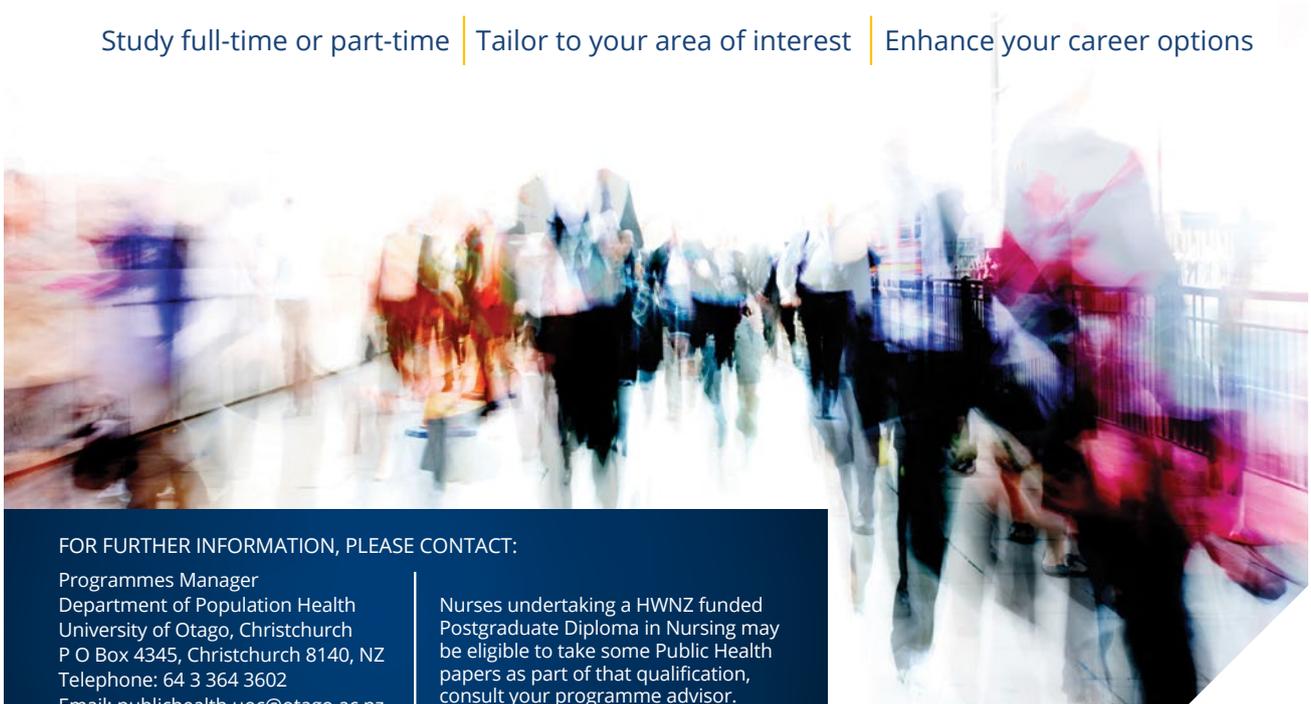


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FOR FURTHER INFORMATION, PLEASE CONTACT:

Programmes Manager
Department of Population Health
University of Otago, Christchurch
P O Box 4345, Christchurch 8140, NZ
Telephone: 64 3 364 3602
Email: publichealth.uoc@otago.ac.nz

Nurses undertaking a HWNZ funded Postgraduate Diploma in Nursing may be eligible to take some Public Health papers as part of that qualification, consult your programme advisor.

otago.ac.nz/publichealth



Canterbury Collaborative Simulation Interest Group (CCSIG)

Date: 26th September 2017

Time: 13.30 1630hrs

Venue: Bevan Lecture theatre, 7th floor University of Otago Medical School, Christchurch Hospital. Christchurch

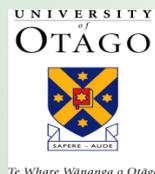
Registration fee: No charge

Facilitated by: Dr Mary Leigh Moore

- *Guest Speaker – Prof. Jean Ker (NHS Scotland) Clinical Lead Scottish Clinical Skills Educational Network. Established the Clinical Simulation Suite and Masters in Simulation Based Education (2014)*
- *Heather Josland & Dr Kaye Milligan – IPE overview.*
- *Blair Andrews /Leona Robertson ED/Paramedic IPE*
- *Open Discussion*

Book a seat

TO REGISTER PLEASE CONTACT: *Professional Development Unit*



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**New Zealand
Spinal Trust**

Te Taraihi Manaaki Tuanui

**First National Appeal
1st - 30th September 2017**

What is Patient Safety Week?

Patient safety is always a priority. A focused Patient Safety Week is a chance to highlight a particular patient safety issue or topic.

Medication safety focus

This year's Patient Safety Week focus is medication safety. We know that medication errors take place and cause avoidable harm.

Messages

The main national message to consumers, families and whānau is to ask about their medicines, with three key questions as prompts:

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

The questions are envisaged as conversation starters, from which other questions will flow and a discussion between consumers and health professionals will take place.

We want consumers to feel empowered and encouraged to ask questions to help them better understand their medicines.

Some of the things health professionals can consider are:

- the importance of giving consumers time – their questions are valid

- what is common for you may be unusual, confusing and challenging for consumers
- knowledge is power – the more a consumer knows, the less likely they are to make a mistake with their medicines
- cost could be a barrier to consumers filling prescriptions and continuing to take medication – talk to them about this
- practising the three steps to better health literacy: find out what people know, build health literacy skills and knowledge, and check you were clear.

Is it just about one week?

Patient Safety Week is about introducing a focus on a topic. Promotions can last well beyond a week if our organisation wishes. It may be as simple as focusing on one aspect of medication safety to begin with. Some organisations partner with others in their community to promote key messages (for example, DHBs partnering with community pharmacies).

What is my organisation doing for Patient Safety Week?

On Monday 6 November, Canterbury will be holding the 2017 Quality Improvement and Innovation Awards. Each year, through these awards we recognise, reward and celebrate many excellent examples of quality improvement initiatives that we see in our health system.

The Quality Accounts edition of WellNow, Canterbury will first see the light of day with 200 advance copies only available at the Quality Awards. Delivery to all Canterbury mailboxes will begin later that week. It features some Quality Awards entries and promotes the MyMedicines website as the go to place for people to find out about their medication.

Also during Patient Safety Week 2017 we plan to feature and promote medicines safety initiatives in particular, such as the recently launched collaborative initiative with the Canterbury Community Pharmacy Group that enables people to return surplus or expired medicines and used medical sharps to their pharmacy for safe disposal.

Share your team's ideas for using medicines safely during Patient Safety Week and you may even find yourselves featured in the CEO Update!

Our contact person is quality@cdhb.health.nz



#PSWNZ

Patient Safety Week is brought to you by the Health Quality & Safety Commission, together with ACC.

South Island Clinical Skills and Simulation



September 2017

A collaborative approach to clinical skills and simulation across the South Island

A group of enthusiastic clinicians from across the South Island are working collaboratively to support inter-discipline and inter-organisational simulation-based learning, that is accessible to all health professionals across the South Island, irrespective of size, specialty or location. Our aim is to develop and support a simulation based learning framework that would enable South Island healthcare staff to train together, in their own environments.

The group recognises the value in training that is offered at the point of care; the opportunity for relationship building across the South Island and the importance of clinicians being able to access a level of training that enables them to deliver appropriate services in their own area. Participants represent DHBs, primary care, St John and the University of Otago. In keeping with the interdisciplinary approach that underpins this work a range of professions are represented including scientific and technical, nursing and medical.



Simulation as a teaching tool

In October, the Canterbury District Health Board, in partnership with the Boston based Centre for Medical Simulation (CMS), will offer participants from across the South Island an internationally recognised, four-day simulation instructor course.



The course immerses healthcare simulation instructors in a multi-method course, where participants learn how to teach clinical, behavioural, and cognitive skills through simulation. Topics will include building a challenging and safe learning environment, utilizing effective debriefing techniques and avoiding ineffective ones and preparing, building, conducting and debriefing high-fidelity simulation scenarios.

“MDT sim training in smaller centres brings with it improvement in patient safety and experience/improved staff morale/ better team working behaviour and better patient outcomes. It’s especially important for infrequently met situations that smaller centres do have to manage.”

Elaine Clark, Consultant Anaesthetist and Simulation Lead, South Canterbury DHB

Sharing Resources

Two examples of sharing resources is the collation of a library of simulation scenarios and a shared event calendar:

Shared event calendar

A calendar of South Island simulation events has been collated and is added to on a regular basis, so activities of interest are able to be shared.

A recent example was the Canterbury Collaborative Simulation Group, which had a variety of presentations at its meeting in May. People were able to join via videoconference from across the South Island.

Library of simulation scenarios

The group have also started to collate a library of scenarios for simulation, which can be shared across the South Island.

These cover a variety of topics and include shock - GI bleed; post-partum haemorrhage, myocardial infarction and meningococcal sepsis in a child. The group has also developed a blank template for writing scenarios.

For further information, contact: Christine Beasley, chair, South Island Clinical Skills and Simulation work group:

Christine.Beasley@cdhb.health.nz

Rongoā Kākāriki
GREEN
PRESCRIPTION



Be Active is an eight-week programme for people wanting to increase their level of activity and have fun along the way.

BE ACTIVE

Term 4 2017



Halswell

Te Hapua: Halswell Center
341 Halswell Road, Halswell
Monday 1.30- 3pm
Starting 16 October

New Brighton

Grace Vineyard Church (Beach Campus)
111-113 Seaview Road, New Brighton
Wednesday 1- 2.30pm
Starting 18 October

Avonhead

St Mark's Avonhead
150 Withells Road, Avonhead
Wednesday 6.30- 7.30pm
Starting 18 October

St Albans

St Albans Uniting Parish
260 Knowles Street, Mairehau
Thursday 1.30- 3pm
Starting 19 October

For more information and to register please contact:

Anna Wilson
P 03 373 5045

E anna.wilson@sportcanterbury.org.nz
www.sportcanterbury.org.nz

Suitable for all ages (18+) and levels of ability. Join us each week to try a range of low-impact activities, e.g. circuit, badminton, Tai Chi and Zumba. Discuss ways of maintaining a healthy lifestyle, and enjoy the support of others in the group. Cost is \$3 per session.

