



A fire so powerful it was spreading up to 160 metres every minute at its peak last Wednesday

I can only imagine how terrifying it would have been for the fire crew at the frontline battling the blaze and for the residents who had to be evacuated, with no notice other than a knock at the door in the middle of the night. People from all walks of life: young families, couples, older people living alone and younger people had to leave their homes, some with only minutes to grab the essentials and their most precious possessions.

We owe a huge vote of thanks to everyone who worked so hard to get this fire under control – many of whom were volunteers. The Port Hills Fires have been dubbed the most severe in New Zealand's history, covering an area of 2075ha with a 30km perimeter.

Tragically the life of local helicopter pilot Steve Askin was lost while battling the blaze and our condolences go to his family and friends. There are those who lost homes and all their possessions, those who were evacuated and whose

homes are affected by smoke and ash. There are those who are still looking for their much-loved pets, those whose gardens that took years to develop are now charred earth. As reality sets in people are grateful to be alive, but many are overwhelmed by the enormity of the tasks ahead of them: fencing, replanting, re-building, cleaning, getting rid of the smoky smell that's permeated through everything and of course, insurance claims.

There's a palpable sense of 'why us, haven't we been through enough already?'

Who would've thought genteel Christchurch - the Garden City would be hit by so many crises in such a short time? Last week I talked about what has been achieved by our health system over the past six years. For many Cantabrians today feels like we're back to ground zero.

The after-effects of the Port Hills Fires are likely to set back the mental health and wellbeing of many in our community – including many in our health system community.

I'm proud of the work of those in our health system who are volunteer firefighters, and I feel for all of you who have been directly-affected by the fires, along with those who live on the Port Hills and endured some tense, sleepless nights last week.

The damage that concerns me most is the damage to people's well-being. We know that going through a disaster takes a toll on all of us and coping isn't always easy. The emotional toll on many people will be tough. Sue Turner, the manager of the All right? campaign explains:

"During scary events like earthquakes or fires, our brains react chemically – releasing adrenaline. This response is our natural alarm system – our body telling us to be alert and ready for action. It's there to help us, but afterwards we can feel shaky, queasy or on-edge, and it can make it hard

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for us to concentrate. It can also result in strong emotional responses such as anger or crying.”

Sue says this is normal and can be eased with doing some light physical activity, taking up a small chore or task and by focusing on some calm breathing for 10 seconds.

“Returning home after an evacuation can be a difficult and emotional experience. It is normal for people to have conflicting emotions as a result of returning home.

“Experience and research tell us that the impacts of disasters go on for a long time. You need to pace yourself. Go slow and steady, and look after yourself and your relationships.

“Recovering from disaster can be a stressful, overwhelming time. By taking care of yourself and your loved ones, remembering that this will take a long time, celebrating the small wins, and asking for help when you think you need it you’ll give yourself a good chance of a good recovery.”

Sue says recovery takes a long time, but with strong, positive support from friends and family, most people recover well.

Thanks to those in our health system who have been involved in the response to the Port Hills Fires by working behind the scenes in our Emergency Control Centre and in primary care’s Emergency Operations Centre. I know there was a lot of liaison and evacuation planning going on last week and various teams were mobilised.



Above: Amy Milne, CDHB Media Advisor working in the Civil Defence EOC

Thankfully we didn’t need to evacuate The Princess Margaret Hospital and we didn’t have a huge influx of people with fire-related medical conditions. Our public health team provided support to the Welfare centres, and did a fantastic job of

getting public health messages out to the community. Thanks too to members of our Communications team who lent a hand to their colleagues by working in the Civil Defence Emergency Operations Centre over the weekend – this support is continuing this week.

If you’re not coping well after last week’s fires, remember the support available to you via [EAP](#) and [Workplace Support](#) and if you need time to sort things out at home after the fires, talk to your manager.

If you have family or friends who need extra support, please suggest that they contact their general practice team in the first instance. In Canterbury you can call your usual general practice team phone number 24/7. After hours your call will be answered by a nurse who can tell you what to do and where to go if you need to be seen urgently.

Times like this are a good reminder to be kind to one another and if someone needs support, be there for them. If you need support reach out to one of the options available to you.

One of the best things about Canterbury is that we know how to care.

Kia kaha.

Have a great week.

David Meates
CEO Canterbury District Health Board

p.s. It’s a big week in Canterbury – with the sixth anniversary of the February 22nd quake on Wednesday, and Bruce Springsteen performing at the Horncastle arena in Christchurch tomorrow night. There will be road closures and traffic is expected to be worse than usual, so please check the information on page [14](#) and see if you can plan your route and drive time to avoid the rush. This might be a good week to try cycling, bussing or car-pooling to work.



Canterbury Health System clocks up one million electronic referrals

Electronic referrals by Canterbury clinicians through the South Island's Electronic Request Management System (ERMS) have just passed the one million milestone.

ERMS provides easy to use, secure electronic referral forms for most services listed on HealthPathways, ensuring people in need of health services are connected to the right person as soon as possible. It makes sure a request gets a response, helps protect patient privacy through keeping communications secure, and cuts waste out of the system by saving patients' and clinicians' time.

Passing the one million mark in Canterbury is a remarkable and satisfying achievement. ERMS plays a fundamental part in our strategy of bring care closer to home by making general practice people's first point of contact for health care.

ERMS was designed by clinicians, for clinicians, to prevent people getting lost in the system as happened all too often before ERMS was designed. A key feature that has led to its South Island-wide success is that requests can go to any part of the system, whether public or private, and incorporate community-based as well as hospital-based services."

ERMS was launched in Canterbury in 2009 and has since been rolled out in all five South Island DHBs, who together provide health care and support to more than a million people.

This is an excellent example of collaboration across our Canterbury health system for the benefit of patients, and how working closely with other South Island DHBs can spread those benefits further and help still more people," says Mr Meates.

I would like to take this opportunity to acknowledge Pegasus Health in particular, who were instrumental in the development of ERMS and continue to work with us and our South Island DHB partners on its ongoing evolution. Thanks too to our other Canterbury Primary Health Organisations; Rural Canterbury PHO and Christchurch PHO whose support has been crucial."

Christchurch general practitioner and ERMS Chair, Graham McGeoch, thinks ERMS is a fantastic tool that improves the quality of care General Practice teams provide because it is fast and easy to use, and frees up more time for patients.

Dr McGeoch says that using ERMS, he can often submit a request while the patient is still with him. "The electronic form pre-populates with key patient information from the patient record, such as past medical history and medications."

The referrer can easily add the key information such as test results needed by specialist services to manage the referral. This information then goes straight into the electronic record at the hospital and an appointment or service arranged with few delays.

Better quality information provided in this way helps the specialist receiving the request to make an accurate assessment and to respond quickly. Sometimes ERMS triggers a phone call or written advice back to general practice which helps patients get the right care.

ERMS has really strengthened the link between community-based care and specialist services. It is one of those simple ideas that has become one of the best tools we have in ensuring we provide a timely, effective and consistently high standard of care.



David Meates, ERMS Programme Manager Rachael Page, and Carolyn Gullery celebrate ERMS' success

Facilities Fast Facts

Fast Facts – Christchurch

Steel framing is almost complete on the Acute Services building, with just the entry and east and west podiums to finish off. So far 5,500 tonnes of structural steel has been erected on site.

Window installation has begun in the podiums and continues on the West tower. As the framework is complete, work is ramping up on the internal fit-out of the building. This includes all the intumescent (fireproof) painting to all steel beams, seismic bracing, wooden framing for bulkheads, installation of aluminium flashing and plasterboard.

The chillers for the air-conditioning system arrive at Lyttelton Port this week.

The smaller tower crane, aka Baby McCrane, has almost completed its tour of duty and will be dismantled and removed from the site at the beginning of March.

Fast Facts – Outpatients

Concrete pours continue for the foundations of the Christchurch Outpatients – this photo shows the complex shuttering for one of the pours.



The camera recording the Christchurch Outpatients build captured the extent of the smoke that covered Christchurch on Wednesday, 15 February from the Port Hills fires.





Bouquets

Dear New Zealand colleagues.

On behalf of the Regional eHealth Project, the Cairns and Hinterland Hospital and Health Service and the Torres and Cape Hospital and Health Service, I would like to sincerely thank everyone who gave their time to assist us during our recent visit to Christchurch, Greymouth and Oxford. How you have created a health system that crosses the boundaries between primary, community, hospital and social care will have a lasting impact on us and our project. The information you shared with us will significantly improve our chance of success. Very special thanks to Alice: who as our chaperone developed an excellent itinerary, ensured that we met the right people, visited the most appropriate facilities and arrived on time at each meeting. Tony, Josh and I were touched by your welcome, hospitality and the time you dedicated to assisting us. We are greatly appreciative. Regards, Scott Pickard, Project Director, Regional eHealth Project, Cairns & Hinterland Hospital and Health Service, Torres & Cape Hospital and Health Service, Queensland Government.

Emergency Department, Christchurch Hospital

Nurse Louise and Dr Solomon treated my son...and I just wanted to say they were absolutely amazing, caring and dedicated to their patients. Thank you so much.

Christchurch Hospital

Big love to the nurses who helped my beautiful wife. xxx

Christchurch Hospital

OMG what have you done, everything is perfect! The food (yum!), the staff, the nurse and doctors, and the orderlies. Every step of my recent journey has been carefully considered and controlled. I thank you for this service which I know takes a small army to facilitate. It all runs like clockwork and this place is huge! Even the building works don't impinge. From the Emergency Department to being signed out, I'm impressed.

Otolaryngology (Ear, Nose and Throat) Outpatient Clinic

Thank you, was very good for our little man. He was nervous and found it fun.

Ward 22 and Children's Acute Assessment (CAA)

Thank you to all the staff on Ward 22 and CAA. You guys are truly amazing. Thank you for making us feel welcomed and at home. The job you do is truly appreciated.

Lyndhurst

Very lovely staff. Clean facilities. Very supportive people. Thank you.

Emma, Oncology Day Ward, Christchurch Hospital

Nurse Emma is wonderful. She is kind, respectful, compassionate, excellent communication, a joy to have her as my nurse today. Thank you Emma.

Eye Outpatient Department

I'd like you to know how impressed I am and grateful to your staff, nurses and doctors, specifically at the Eye Clinic, Hagley Ave. I'm 80 years old and this was my first experience in a series of appointments. Without exception everyone I met demonstrated an extremely high level of competence. If an appointment was delayed for some reason I was kept updated as to when I could expect to be seen. This was so reassuring. Many thanks for providing such a supportive atmosphere and genuine caring.

Radiology Department, Christchurch Hospital

Lovely people.

Emergency Department and Ward 19, Christchurch Hospital

Just wanted to let you know that everything I've seen while my mother has been here (from Emergency Department to the nurses, aides, physio and specialists on Ward 19, orthopaedic, medical and cardiac) has inspired great confidence in the public health system, or its people to be more specific. Please pass on my compliments and very best wishes to your team on Ward 19.

Eye Clinic, Christchurch Hospital

A very busy place and so many people are helped. What a system! Thank you for expert treatment and services with courtesy and kindness at all times in spite of the large numbers and heavy work level.



Eye Clinic, Christchurch Hospital

Thank you so much for the great care I have received. Staff are friendly and efficient. A 'well oiled machine' considering the building restraints.

Ward 25, Christchurch Hospital

You guys do an outstanding job of caring for people beyond the call of duty. Well done.

Orazio Di Bartolo, Ward 20, Christchurch Hospital

I wish to acknowledge the exemplary care and attention I have received from Dr Orazio Di Bartolo during my week's stay in Ward 20. His personable, warm and caring manner complements his surgical skills. I am extremely grateful to

have been assigned to his care. I have also had the occasion to observe Dr Di Bartolo's interactions with other patients and family members and he is equally as dedicated and efficient in discharging his duties. A jewel to have and hold on to in what can be an austere system and environment.

Ward 18, Christchurch Hospital

I would like to inform you of the excellent service I had on this ward. My two full time nurses, Kate and Charlotte, were amazing and are a credit to your team. Thanks again, you certainly made my stay easier. Also Anne was very nice when she brought the food to me and also so helpful with my diet.

Ward 25, Christchurch Hospital

Second time in this ward with my intellectually disabled brother. This Ward 25 team are amazing, above and beyond in their nursing. Well managed ward. Felt safe with all nursing practices. Dr Rhodes has been professional, experienced and personal. Well done Ward 25!

Ruth Johnson, Emergency Department, Christchurch Hospital

I would just like to thank Ruth Johnson for her service and support that she gave me while I was in pain. She followed up constantly to make sure I was being seen by the registrar and kept me informed at every step and just made it easier on me. Thanks.

Paediatric burns patients – a calculator for nutritional needs

A Christchurch Hospital dietitian has created a calculator to work out exactly what nutritional supplements individual child burn patients need.

Paediatric burn patients who receive appropriate nutritional supplements early in their healing journey have the best outcomes, because proper nutrition significantly aids wound healing. Nutritional care requirements for inpatient paediatric burn patients are normally calculated manually.

This calculation can be complex, as well as taking between one and a half and two hours to complete, because there is significant risk of human error resulting in a less than optimal treatment.

In response, dietitian Charlene Tan-Smith created the Paediatric Burns Calculator, which calculates nutritional supplement requirements for an inpatient burns patient in a much shorter time - just 15 minutes for data to be entered and the calculation completed.

This means that treatment starts sooner, leading to better outcomes. The sooner you start nutritional supplements, the quicker the recovery, Charlene says.

The calculator saves her hours per patient per assessment. This adds up to a lot of time because what a patient drinks

and eats changes from day to day.

"There is a protocol for the amount of vitamins and minerals patients with severe burns need. Before this I would have to do daily calculations over and over."

Information such as date of birth, weight, sex, nutritional supplement type and amounts are put into the calculator, with instant results being compared to the daily recommended intakes and upper intakes values. Charlene developed it initially two years ago but has been gradually refining it.

The calculator was an entry in Canterbury DHB's Quality Awards last year. Charlene says the next part of her project is to take the prototype to other areas.

"I want to share it with my colleagues outside Canterbury DHB. Long-term I would need to take the prototype from an Excel spreadsheet to either link it to Health Connect South or a web app, which would make it more accessible.



Above: Charlene Tan-Smith

Canterbury DHB now a top user of MedChart in Australasia

We have just passed another major milestone on our journey towards achieving an electronic health record for Canterbury people, with the implementation of electronic prescribing and administration across Canterbury DHB – using a software application called MedChart.

The journey began with implementation of MedChart in Hillmorton in September 2014 and quickly progressed to include staff at The Princess Margaret Hospital (who are now at Burwood Hospital), and Ashburton Hospital by November 2015. The last implementation of MedChart (the application being used for ePA) was completed on the Christchurch campus in December 2016.

MedChart incorporates rules that assist clinicians with their workflow, make prescribing standardised and safer, and ensures medications are clear and legible. Prescribing can now happen off-ward, saving on 'commuting' time, and there is no need to re-chart medications for long-staying patients.

The total number of beds on MedChart has now risen to 1354 across 73 wards. Introducing MedChart to the 800 beds on the Christchurch campus was the single largest roll out of MedChart in New Zealand and, according to the suppliers, one of the largest in Australasia.

Programme executive sponsor Stella Ward says that this gives some perspective on what has been a monumental task for the project team and hospital staff involved, and its correspondingly huge success.

MedChart now includes paediatric patients for the first time in New Zealand, thanks in part to Paediatric Senior Medical Officer James Hector-Taylor, and Nursing Director for Women and Children's Lynne Johnson, who visited Darwin Hospital to take full advantage of that hospital's experience of their own paediatric implementation. Armed with this information, the entire paediatric team and the eMeds clinical implementers made sure MedChart was delivered in the most risk-free way possible.

"As a paediatric department in a general hospital we have to deal with a wide group of prescribers with different levels of comfort in prescribing for children," James says. "MedChart makes it easy to prescribe correctly, and with local guidelines embedded there is plenty of scope to improve compliance with best practice."

Stella adds: "Given the scale, complexity and challenges we faced, this implementation was only possible through the dedication and hard work of our very supportive hospital staff and some very talented members of the eMeds project team."



"I'd like to thank everyone involved in our collective success, which ensures patients are safer through better informed and integrated care. This project is a significant milestone on our journey towards a single comprehensive electronic health record, and a credit to the professionalism and versatility of our pioneering staff.

"Feedback from hospital staff reinforces how clinical decision support tools contribute significantly to patient safety, and with this information collected in digital format now, we are accumulating high-quality data to inform our planning and power our decision-making."

A tribute to Dr Husaini Hafiz – Highly-regarded mental health registrar who recently passed away



Dr Husaini Hafiz, who recently passed away

Dr Husaini Hafiz was originally from Singapore, completing his medical degree through the National University of Singapore in 1990. After doing his compulsory military service as a Medical Officer with the Singapore Armed Forces, he gained further hospital-based medical experience before embarking on a successful career in general practice in Singapore for 12 years.

Husaini went on to develop an interest in aviation medicine and was involved with an Intensive Care Air Ambulance Service, doing medical evacuations around Singapore, prior to migrating to New Zealand with his family.

After four years of further general practice work here in New Zealand, Husaini joined our Christchurch Psychiatric Registrar Training Program in December 2012. He had developed an interest in psychotherapy from a course nearly a decade earlier and decided to pursue formal training in psychiatry.

Husaini was one of three new psychiatry trainees who began training under a major revision of the Royal Australian and New Zealand College of Psychiatrists training regulations, which meant that he had to contend with a new set of training requirements and examinations which were unfamiliar to us all.

However, he mastered these challenges with his trademark calmness and was an extremely well-liked and highly respected registrar. Husaini had particular interests in cultural psychiatry and in medical applications of computers and information technology.

All who worked with Husaini recognised his unflappable manner, his respectful attitudes towards patients, families and other staff, and a quality that can probably best be summed up as “wisdom”. His wonderful clinical maturity was often delivered with a warm smile and an attitude that never failed to convey caring.

Husaini was known for helping and supporting others. During his time in Singapore, he founded the Muslim Healthcare Professionals Association and did voluntary medical work for a number of organisations, including in Bandar Aceh after the Boxing Day Tsunami.

Here in Christchurch, Husaini was very active in the local mosque and a senior member of the Muslim community, holding a position on the Board of Directors of the Muslim Association of Canterbury. He was also active in supporting fellow psychiatric registrars through a number of roles, including as a national RANZCP Trainee Representative Committee rep.

It was a tribute to his organisational skills, energy and determination that Husaini was able to balance all these roles with his most important commitment, which was to his wife and five children.

Husaini was an outstanding doctor, colleague and friend and will be greatly missed by many.

An Accessible City | Hospital Corner – Stage 2

The Tuam Street upgrade, starting Monday 27th February 2017

[Here](#) is some information on work starting in Tuam Street. The upcoming construction is part of the An Accessible City programme of work that focuses on providing better Central City travel options for all commuters. The work starts on Monday 27 February.

Fewer files, bigger smiles – collaboration saves money

A collaboration between Clinical Records and the Department of Anaesthesia has the potential to result in substantial savings for the Canterbury DHB.

In some noteworthy teamwork, anaesthetists and Clinical Records are working together to bring down the volume of patient files that need to be retrieved ahead of surgery. With the average patient generating two or three folders of clinical notes, and in one extreme case 35 folders, retrieving files for patients heading into surgery from storage costs the DHB \$30,000 a month.

“This is money that could be better used for direct patient care,” says Canterbury DHB Health Information Manager Sandra Pugh. After reviewing procedures and consulting with anaesthetists the Clinical Records team and the Information Services Group made a slight enhancement to the HOMER patient management system and now files are only retrieved when it is confirmed that a person is definitely having surgery. The change has been in place for about 12 months. A \$2,000 system enhancement has already reduced file retrieval costs substantially.

Working with the Information Services Group, the Clinical Records team made a slight enhancement to patient management system Homer, and now files are only retrieved when it is confirmed that a person is definitely having surgery. The change has been in place for about 12 months. A \$2,000 system enhancement has already substantially reduced file retrieval costs.

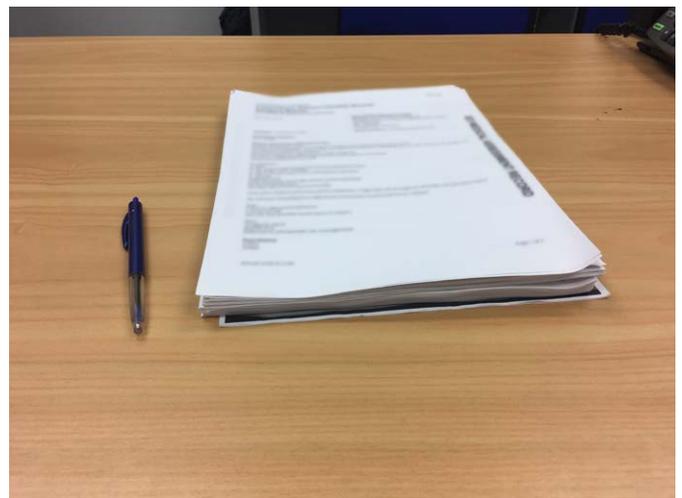
Anaesthetists generally only need one document from the file, which can be on average two or three folders in size. As soon as there is a fully electronic record, which is the next stage of the project, Clinical Records will be able to make even more savings.

In another collaborative project, Clinical Records is also working with Outpatients on reducing the number of files that are needed for clinics. Traditionally, all a patient's records have been sent ahead of an appointment at Outpatients. However, the team at Clinical Records has shown that increasingly physicians are saying they don't need the record, with more and more clinicians reviewing the electronic information first, and then only calling for patient files if necessary. Gastro, Urology, Nephrology and General Surgery report they are all comfortable using information that is available electronically.

“We are excited about the increasing use of electronic data with the various programs in place across our health system,” says Canterbury DHB CEO David Meates. “If people choose not to print documents unnecessarily, or don't have to recall patient folders, this gives us the opportunity to reduce wastage and unnecessary expenditure while providing the best care possible for our patients.”



A an average patient file



This is the amount of duplicated information within that file. Patient files often contain up to 60 percent duplicated information, which needs to be destroyed at a huge cost to the DHB.

OPERATION SWITCH



LET'S TALK

Let's talk about Canterbury DHB's move to a new telephone provider and a new internet based phone system. As we transition all our telephone requirements over to Vodafone, there will be some changes to both mobile and desk top phones across the organisation.

Mobile phones are the first to be transferred. If you have a CDHB mobile phone, you will keep your existing number but you will need a new SIM card. If you have a phone that is incompatible with the Vodafone network, you will also need a new phone, as well as a new SIM card. With nearly 2,000 mobile phones to be moved across this is a big job for ISG.

Most of the Hillmorton campus has done their switching and the next group to go is the Christchurch campus. If you have a CDHB mobile phone and work on the Christchurch campus ((including Hagley Outpatients, Christchurch Women's, Labs and the Eye Clinic) you will be affected.

To keep the process as simple as possible, ISG will run Switching Clinics at the Christchurch Hospital campus starting on



ISG's Deployment Analyst Brian Milner (left) and Development Analyst Dylan Hood (right) discuss the new phones that will be distributed to CDHB mobile phone users based at the Christchurch Hospital campus from next Monday.

Monday, 27 February. The Clinics will be held in the Great Escape Café from 9am – 3pm every Monday, Tuesday and Wednesday during March. You will be able to book a 15 minute appointment through an [online booking system](#)

Details about whether you will need just a new SIM card, or a new phone and a SIM card are [available on the intranet](#).

There are some important steps to take before you arrive for your appointment, including saving all your contacts and critical work information, clearing voice messages and backing up and removing any photos and videos. You are responsible for any of your own personal apps you may have downloaded.

Once all the mobile phones at the Christchurch campus have been transitioned over, the ISG team will move to Burwood, then onto Oxford Tce and across the rest of the DHB, including Ashburton, Kaikoura and Rangiora. You will be advised well ahead of time when to expect ISG in your neighbourhood.

If you are a staff member who owns your own device and you own your own cell mobile number, nothing will change for you.

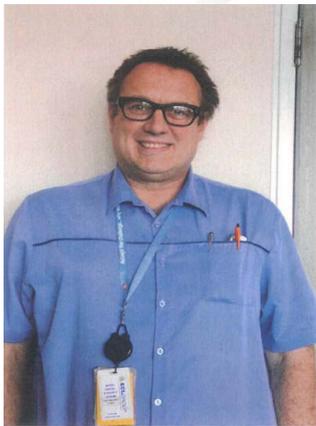
There is more information about the mobile transition on the [CDHB intranet](#). This includes a list of Frequently Asked Questions, such as 'Will I get a new SIM or a new phone?', "Can I request a different phone?" or "What happens when my mobile phone gets moved to Vodafone?"

The new desk phones, which use a voice over internet protocol or VOIP system, are expected to start arriving sometime in April and then will be distributed site by site. We are using this opportunity to standardise all our different extension numbers. Everyone's new internal extension number at Canterbury DHB will begin with a 4, so for example 81234 will become 41234. However, everyone's external Direct Dial (DDI) number will stay the same as it is now.

Existing cordless phones, for example on wards, will be retained. More information about the desk phones, including a series of instructional videos will be released closer to the time.

For more information email operation.switch@cdhb.health.nz

Jonathan Ian Miller (1963-2017)



It was with deep sadness and shock that staff on Ward 27 and the Medical Cluster at Christchurch Hospital recently learned of the sudden passing of their dearly loved colleague Jonathan Miller.

Jono (as he was more often referred to on the ward) could easily be summed up as being the epitome of the expression 'Gentle Giant'. His imposing physical presence

was more than offset by his very cordial and genial nature. Given those attributes it is no surprise that Jono was regarded with great affection by his colleagues and patients alike.

Jono served Canterbury District Health Board as a Registered Nurse for over 26 years including spells in Cardiology and General Medicine. Jono's caring nature was never highlighted more than when he took time out from his Canterbury DHB employment to care for his late wife Lynne during her final illness.

Jono is survived by his three children, Sam, Frances and Danielle, to whom sincerest condolences are extended not only from Ward 27 staff, but from all at Christchurch Hospital who had the privilege to know Jono throughout his nursing career, and who will miss him greatly.

Canterbury Grand Round

Friday, 24 February 2017 – 12.15pm to 1.15pm
with lunch from 11.45am

Venue: Rolleston Lecture Theatre

Speaker 1: Michael Flatman, CEO Māia Foundation
"The Māia Health Foundation and the Canterbury Health System"

The Māia Health Foundation was launched to raise funds for the Canterbury Health System, provide a charitable pathway into the CDHB, and manage some of the existing CDHB trust funds. Hear how Māia's first nine months have gone and how they can help with donations into the health system.

Speaker 2: Peter Dooley
"Virtual reality on the ward: a brief look at VR applications making a difference"

For the past 6 months, virtual reality (VR) has been used in Christchurch hospital with benefits in detection of significant anxiety, therapy and preparation. Patients who in the past have had to have a general anaesthetic or sedation for a procedure are now using VR instead of medication to tolerate the procedure.

Chair: Ruth Spearing

Video Conference set up in:

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

All staff and students welcome

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

Next is Friday, 3 March 2017
(Rolleston Lecture Theatre)

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

We Remember
February 22, 2011



Gift bags aim to put smiles on faces of mothers and carers

Two mothers have formed a group called 'One Mother to Another', providing gift bags to mums and carers of children who go to Christchurch Hospital's Children's Acute Assessment Unit (CAAU) and mothers who have babies admitted to the Neonatal Intensive Care Unit (NICU).

Children at CAAU are often there unexpectedly, so a mother or carer has very little prepared for their stay, says Christina Buckland, a mum whose daughter was rushed to the CAAU with suspected meningitis in April last year.

"For mothers in the NICU they can spend many weeks with a baby in hospital and these packs provide a welcome pamper for those mums during a stressful time."

"Even though the staff are truly amazing, it was very stressful day. While in the unit, Arabella was given an age-appropriate 'goodie' bag full of things to entertain her."

That gave Christina the idea to put a pack together for the mother or carer in an effort to encourage and improve their day too.

She self-funded the first packs, unsure of what the reaction would be, but was thrilled to hear the positive feedback from the CAAU.

Her friend Joy, whose son, now aged three, spent his first week in an incubator in NICU, became involved and the scheme grew.

Christina and Joy say: "Our aim is to put a smile on the face of the mother or carer and let them know that we care about what they are going through, acknowledge that this could be a very difficult time for them, and hopefully brighten their day".

Each pack is filled with items such as lip balm, fruit juice, hand lotion and coffee, plus a handwritten note. The items have either been donated from businesses or purchased using donated money.

Staff choose which mothers or carers receive them (usually those who are under a lot of stress and pressure or those with very young babies). Within NICU, the pack is currently given to mothers who have been in the unit for one week or more.

At Christmas last year Christina and Joy put together 300 gift bags for mothers in CAAU over the festive season.

Joy says this year they plan to provide gift bags to NICU each month, like they do for the CAAU.

"We are aiming to give every mum in NICU a pack from March onwards and give CAAU another 50 a month – which makes 130 in total each month."



Gift bags ready to go

For more information go to:

www.onemothertoanother.org.nz

www.facebook.com/fromonemother2another



From left, Christina and Joy at NICU



From left, Neonatal Nurse Manager, Debbie O'Donoghue, two mothers of babies in NICU, and Neonatal Ward Receptionist Nell Wilson.

Scholarships for Māori and Pacific Students undertaking health studies in the Canterbury DHB area

Manawhenua ki Waitaha are pleased to offer in 2017, on behalf of the CDHB, Scholarships for Māori and Pacific Students undertaking health studies in the Canterbury DHB area. In 2016, 28 students studying medicine & surgery, nursing & midwifery and allied health received money towards their costs from these scholarships.

The Scholarships are focused on assisting students enrolled at a Christchurch based tertiary institution, studying a health-related, NZQA accredited course, of at least 12 weeks duration who have whakapapa and cultural links with Māori communities and/or have genealogical and cultural links with Pacific communities and be planning to work in the Canterbury district in the future. Applications close on **Friday 31 March 2017**.

Please see the [application form](#) on our website.

One minute with... Christine Sampson, Clinical Coder

What does your job involve?

I am one of three team leaders in the clinical coding unit. As a unit we are responsible for the abstraction, interpretation and translation of narrative descriptions of diseases and procedures into alphanumeric codes according to a prescribed clinical classification system and coding standards.



Above: Christine Sampson

Why did you choose this field?

I had worked as a medical secretary for three general surgeons and a gynaecologist for many years and during that time had taken on further study to learn more about the health industry and business studies. I thought that clinical

coding was the next step in my career and successfully passed the Introductory ICD-10-AM, ACHI and ACS course in 2003. In 2006 I was offered a position in the Christchurch Hospital Clinical coding team. I now work as an advanced coder, having completed the Intermediate and Advanced HIMAA courses.

What do you like about your job?

No two days are the same. The work is mentally stimulating.

Any challenging bits?

There are many challenging parts of our work. There are pressures to meet our deadlines as per Ministry of Health requirements. Interpreting clinical documentation in records is also challenging but being able to access clinical staff either on the ward or by email has enabled us to clarify documentation

so that our coding is accurate and reflects the admissions coded. Working in isolation is challenging, and clinical coders miss the camaraderie that we had when we shared one large office on the lower ground floor of Parkside West.

What do Canterbury DHBs values mean to you in your role?

I take these values seriously. As a team leader, if I do not embrace the CDHB values and be seen to practise them, then I am doing my team a disservice.

Who inspires you?

First and foremost my work colleagues. I have also had some wonderful role models and mentors who have supported me with my tertiary and other educational endeavours.

The last book or movie I enjoyed was...

"The Whistler" by John Grisham.

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

Central Otago. We live in such a fabulous country.

My ultimate Sunday would involve...

No alarm clock, quiet time with a book, spending time with my husband, family and dog.

One food I really like is...

"Memories" restaurant in Springston do a wonderful Yoga Bowl. It is a taste sensation.

My favourite music is...

Looking forward to the Bruce Springsteen concert tomorrow.

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

Central city very busy Tuesday 21st and Wednesday 22 February

Staff including on call staff are asked to be aware and to consider using alternative routes as several events are likely to cause increased traffic in the CBD and Addington areas on February 21 & 22.

Events

Tuesday February 21

- » Traffic in the central city will start to increase around 3 pm as people start to go to the Bruce Springsteen concert at Horncastle Arena.
- » A private memorial service will be held at the earthquake memorial wall on Oxford Terrace. Montreal Street will be closed from 6.45 pm to 10.30 pm between St Asaph Street and Cashel Street.

Wednesday February 22

- » New Zealand play South Africa at the Hagley Oval from 11 am.
- » Around 10,000 people are expected at the earthquake memorial ceremony on Oxford Terrace, from 12 noon. Again, Montreal Street will be closed from 10 am to 2.30 pm between St Asaph Street and Cashel Street.

Be in the know by keeping an eye on the live [Travel Time Dashboard](#).

More information is available on this link: www.tfc.govt.nz/current-conditions/latest-traffic-updates/plan-ahead-multiple-events-will-cause-delays-feb-21-22/

If on call staff are called in for an emergency and are caught in traffic they can phone the CDHB telephone office on 03 364 0640 and ask to be paged to the CDHB incident controller who will help you.

Coming together in a place to remember on February 22

First responders, a representative of those injured in the earthquakes and a talented young local musician will play key roles in this week's dedication of the Canterbury Earthquake National Memorial and Civic Commemorative event marking the sixth anniversary of the deadly quake.

The event starts at 12 noon on Wednesday February 22, at the Memorial site on the Ōtākaro/Avon River, in the area bordered by the Montreal Street Bridge, Durham Street, and Cambridge and Oxford Terraces.

The Memorial will be a place for people to reflect on the devastating earthquakes that changed Canterbury and its

communities forever, honouring those who lost their lives on 22 February 2011, and acknowledging those who were seriously injured and everyone who helped in the rescue and recovery operation.

A [Facebook page](#) has information and updates on the Memorial, and people are encouraged to share their stories of the earthquakes and give thanks to those that helped out at www.quakestories.co.nz

The event will be livestreamed at <http://www.canterburyearthquakememorial.co.nz/2017-commemoration/commemoration-information/>



University of Otago
Research Radar
 Christchurch

Cantabrians in research showing vitamin D supplements may protect against the flu

Taking vitamin D supplements may lower your risk of acute respiratory infections such as influenza or the common cold, a new study involving Cantabrians has shown.

University of Otago, Christchurch's Professor David Murdoch is one of the authors of the international study, recently published in the prestigious *British Medical Journal* (BMJ). Professor Murdoch is also a Canterbury DHB microbiologist.

The study found regular supplement use resulted in a 12 percent reduction in the number of people suffering an acute respiratory tract infection. For people with the lowest levels of the vitamin, supplements cut their risk by more than half.

The study pulled together data from 11,000 patients involved in the most robust studies done on the effects of vitamin D supplementation on preventing acute respiratory infections. All participants took some form of vitamin D2 or D3 supplementation. Results from a study of healthy adult Cantabrians who had taken vitamin D supplements monthly were included.

Professor Murdoch says the study found vitamin D supplementation was safe and reduced the risk of acute respiratory infection overall. Different doses of the vitamin were given to participants in individual trials, so the study was not able to determine the ideal dose to protect against infections, he says.

People can get adequate amounts of the vitamin through exposure to sunlight. Vitamin D is in oily fish, such as canned tuna and salmon, eggs, lean meat and dairy products.

Read about 3D printing body parts, vitamin C and cancer and how to avoid a cold in the University of Otago, Christchurch, [Summer newsletter](#).



Above, Professor David Murdoch



working with

Canterbury

District Health Board

Te Poari Hauora o Waitaha

Partnership strengthens young parent support in Canterbury

Plunket and St John of God Hauora Trust are working in partnership to deliver services that meet the needs of young parents in Canterbury.

The Young Parents to Be programme, a youth friendly pregnancy and parenting programme for people up to age 23, is now delivered in partnership. The service will continue to be delivered at St John of God Waipuna, with referrals coordinated by Plunket Canterbury.

Sonya Marshall, Plunket South Island Regional Manager Operations, said the partnership recognises a shared vision of improving health and wellbeing for young parents.

“Our shared aim is to provide a seamless pathway for young parents to receive the right support, when it’s needed.”

Sarah Hillier, Regional Manager Community, Youth and Child Services, said “our Young Parents to Be programme is delivered in a youth friendly way while allowing access to other social work and support services at St John of God Waipuna and Plunket.”

“We provide transport to and from the course making access to the services easier for young parents and their support people as well as healthy meal. We have found this creates a welcoming and supportive environment that connects young people and keeps them coming back to us.”

Bookings or enquiries about the Young Parents to Be programme to Plunket Pregnancy and Parenting Education via the website www.plunketppe.org.nz or by phone 0800 291 658 or text 027 275 8477.

More information about St John of God Waipuna is available at www.sjog.org.nz and Plunket Canterbury at www.plunket.org.nz/plunket-near-you/area-pages/canterbury

St John of God Hauora Trust

St John of God Hauora Trust works to improve the quality of life of vulnerable people in New Zealand. We deliver high quality health and social services and are committed to providing services that provide greater opportunity for people in our communities.

Our Community Youth and Child Services (CYCS) delivers a specialised range of ‘wraparound’ services. These provide young people aged 10 to 25 years and their family/whanau a wide range of person-centred, strength based individualised support and opportunities for growth and development.



Portable ultrasound an important diagnostic tool

Point of Care ultrasound (POCUS) has been around for many years in obstetrics and gynaecology departments (O&G) and the Emergency Department, and training in its use is part of the specialist training programme for registrars in O&G.

However it is continuing to grow and expand into different areas such as rheumatology, theatre and the intensive care unit.

Charge Sonographer Rex de Ryke says because it is performed in the clinical setting, rather than in a dedicated imaging department, portable scanning can be done quickly and efficiently and interpreted by the clinician in real-time.

“The information obtained is used to assist with immediate clinical decision-making by the clinician performing the examination.”

Registrars and SMOs are encouraged to contact the radiology registrar or consultant on call and access a formal scan if concerns are raised.

At present the scanned images are labelled with the patient’s national health index number and the results documented in the patients notes. In future the images will be wirelessly sent to the hospital Picture Archiving and Communications Systems (PACS) and an electronic order form will be populated with the preliminary findings.

This will serve as the basis for audits of the preliminary results and allow for corrective actions needed, providing more systematic support for this important diagnostic tool.

Notice for Registered Nurses considering applying for Health Workforce New Zealand (HWNZ) funding

Nurses applying for HWNZ postgraduate nursing education funding are required to have an endorsed Professional Development and Recognition Programmes (PDRP) portfolio at the time of application.

Endorsement in PDRP includes those at competent, proficient or expert level. Nurses working in designated senior nursing roles are exempt from this.

Nurses intending to apply in the April 2017 funding round will need to submit portfolios as soon as possible – please contact the PDRP office to discuss this (telephone extension 68835).

All funding applications will be checked against the PDRP database, and applications from nurses who are not on the programme will not progress until PDRP has been successfully completed.

Any queries re PDRP: please contact Suzanne Johnson, Nurse Educator, PDRP – 69663

Any queries re HWNZ funding: please contact Jenny Gardner, Nurse Coordinator, PG Nursing Education: 68679.

all right?
PRACTICAL TIPS FOR COPING WITH A DISASTER

Remember it is all right to reach out for extra support. You are not alone.

allright.org.nz

all right?
PRACTICAL TIPS FOR COPING WITH A DISASTER

It's ok to talk about what has happened and how you are coping. If you are around children or vulnerable people, try to remain calm and positive as they will take their lead from you.

allright.org.nz

all right?
PRACTICAL TIPS FOR COPING WITH A DISASTER

Pace yourself and focus on the things that are most important to you. For example, relationships, family/whānau and your health.

allright.org.nz

all right?
PRACTICAL TIPS FOR COPING WITH A DISASTER

Try to focus on the things that you can control at the moment. It's ok to acknowledge things that are beyond your control, but focusing on them too much can simply leave you feeling overwhelmed.

allright.org.nz

Recruitment Core Midwife - Ashburton

Permanent/Part Time

Ashburton Maternity Services is looking for a Core Midwife to join their small and friendly team assisting local Women and their babies – If this sounds like you, apply now!

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

- » Ashburton Maternity is a primary unit comprised of 5 postnatal beds, and 2 delivery rooms with birth pools
- » Approximately 140 births per year with local women also returning postnatally from Christchurch Women's Hospital
- » As the Core Midwife you will be predominantly working sole charge
- » Assist with stabilising women and babies before being transferred to Christchurch Women's Hospital
- » There will also be opportunities to become a preceptor for student midwives.

Skills and Experience

- » You will have 2 years+ midwifery experience and clinical competence is essential
- » You will also need excellent interpersonal skills, confidence, and a good sense of humour.

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 CDHB. CDHB staff are entitled to preferential rates at a wide selection of partners either on a panent basis or at exclusive events throughout the year. For both the things you need and the things you just want, as a CDHB 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.



ANEC 2017

AUSTRALASIAN NURSE EDUCATOR CONFERENCE

TRANSITION, TECHNOLOGY, TRANSFORMATION

28 – 30 SEPTEMBER 2017
ST MARGARET'S COLLEGE,
CHRISTCHURCH

Visit www.anec.ac.nz for more information – registrations are open

We look forward to seeing you there...



Community Education Seminar

February 2017

BEHAVIOURS AND DEMENTIA

Increase your understanding about why certain behaviours may occur when a person has dementia and helpful ways to respond

Sally McPherson, a nurse specialist from Older Persons Mental Health, will discuss behaviours associated with dementia that may challenge others, causes of these behaviours, and appropriate strategies for responding.

There will be time for questions.

Everyone welcome

Date: Tuesday 28th February

Time: 7.00pm – 8.30pm

Venue: Dementia Canterbury

314 Worcester Street
Linwood

(Between Fitzgerald Ave & Stanmore Rd)

Address: 314 Worcester Street Christchurch **Postal Address:** PO Box 32074 Christchurch 8147
Ph: 0800 444 776 **Email:** admin@dementiacanterbury.org.nz **Website:** www.dementiacanterbury.org.nz

University of Otago, Christchurch



Department of Psychological Medicine



INTERPERSONAL PSYCHOTHERAPY WORKSHOP

30TH AND 31ST MARCH 2017

Introduction to Interpersonal Psychotherapy

The George, 50 Park Terrace, Christchurch | 9:00am – 5:00pm | \$500–includes morning and afternoon tea and lunch on both days.

Participants should preferably be health professionals who have some knowledge of mood disorders and psychotherapy and have worked at least two years clinically. Prior knowledge of IPT will be an advantage.

Your workshop convenors are Associate Professor Sue Luty, Department of Psychological Medicine, University of Otago, Christchurch and Dawn Nolan of the Canterbury District Health Board. Dr Luty has extensive experience in the practice of IPT and its adaptations and will utilise clinical scenarios and interactive discussion to teach IPT. Case based material, videotapes, and mock role plays will assist learning.

The content of the workshop will include:

1. The theory and skills of interpersonal psychotherapy for patients with depression
2. A critical appraisal of the research evidence for IPT
3. A comparison of IPT and CBT for depression
4. Detailed case scenarios of IPT

If participants bring along a case summary of a client with depression they can use these to frame questions and to illustrate IPT processes in small groups.

Learning Objectives

On completion of this workshop the participants will be able to:

1. Understand the theory background of IPT
2. Understand the techniques and process IPT
3. Understand the similarities and differences between IPT and CBT for depression

Further information can be obtained from: judith.stone@otago.ac.nz



Pharmaceutical Management Agency's

Medical Devices Forums 2017



Interested in PHARMAC's work in hospital medical devices?

Want to find out more about what we are doing and how it effects your DHB?

Come along to a 15-20 minute presentation to hear PHARMAC senior staff explain what we are doing. This is your chance to ask us questions and find out more about it.

Lunch provided after the presentation, with a further opportunity to talk with PHARMAC staff.

PHARMAC is holding a series of forums in DHBs around the country to update clinicians and staff on our hospital medical devices activity. We are keen to continue our partnership with you to ensure we are mindful of the implications for patients, clinicians and staff as we expand the scope of our national contracts and market share agreements.

RSVP: Please go to www.pharmac.govt.nz/forums to register.

Tauranga

Wednesday 1 March, 12-1pm
Conference Centre,
Tauranga Hospital

Hamilton

Monday 6 March, 12-1pm
Waiora Room, Level 4, Waiora Building,
Waikato Hospital

Auckland

Tuesday 14 March, 12-1pm
Auditorium, Clinical Education Centre,
Auckland City Hospital

Wellington

Friday 24 March, 12-1pm
Nordmeyer Room, School of Medicine,
Wellington Hospital

Auckland

Monday 27 March, 12-1pm
Awhina Conference Room 1,
North Shore Hospital

Lower Hutt

Monday 10 April, 12-1pm
Learning Centre Auditorium,
Hutt Hospital

Christchurch

Wednesday 19 April, 12-1pm
Oncology Lecture Theatre,
Christchurch Hospital

Dunedin

Tuesday 9 May, 12-1pm
Room 120/121, Hunter Centre,
School of Medicine,
Dunedin Hospital

Hastings

Thursday 11 May, 12-1pm
Education Centre, Rooms 1 & 2,
Hastings Hospital



New Zealand Government



RSV Vaccine in Pregnancy Study

Does Respiratory Syncytial Virus (RSV) vaccine in pregnancy protect babies against lung disease?

RSV is the leading cause of lung disease in infants and young children and can be serious.

By the age of two, almost all children have been exposed to RSV. RSV illness early in life may also increase the chances of a child developing wheezing and asthma when they are older.

This study is to find out whether giving an RSV vaccine during the last trimester of pregnancy will provide protection in new-born babies against RSV disease.

**Who may be eligible to participate in this RSV Study?
Healthy 18-40 year old pregnant women.**

Interested?

Contact: Di Leishman Research Midwife
Ph: 3644 631 Email: di.leishman@otago.ac.nz



Approved by the Central Health and Disability Ethics Committee