



# HEALTHBEAT

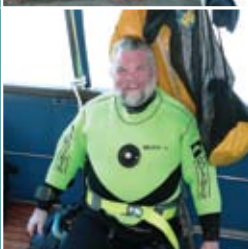
NEWS FOR CANTERBURY DISTRICT HEALTH BOARD STAFF & COMMUNITY PROVIDERS

## Walking Groups in Action



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Mahana a haven

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# Comment from the Chief Executive



Well it's great to finally be here. Hello to you all and thank you for the wonderfully warm welcome I have received since arriving at CDHB. A special thanks to the team who arranged the powhiri at Burwood Hospital including staff from the hospital, Hector Matthews, the Maori health team and our Kaumatua Maurice Gray.

I have thoroughly enjoyed meeting so many of you in my first few weeks. I'll be gradually working my way around the organisation and community providers and hope to gain a greater understanding of the issues and challenges at CDHB. Getting my head around this large organisation will take some time but I am being ably assisted by people from a wide cross section of the Canterbury health sector.

A major consideration in everything we do this year will be the economic pressures being felt around the world. They will bring challenges for everyone and are not something this DHB will be insulated from. At the same time, we need to continue to do the right thing by patients, providing the right and appropriate care and living within our means. I have asked for a commitment from everyone at CDHB to do things in the most effective way possible. Most of us know where things can be improved and I would like to think that everyone will do all they can to make us as efficient as possible.

I look forward to meeting as many as possible of you in person in coming months.

**Canterbury**

District Health Board  
Te Poari Hauora o Waitaha

## Unsung Heroes

### Anna Fahey

Anna Fahey, the ward clerk at Christchurch Women's Hospital's Gynaecology Unit, is dedicated to her role and very professional, according to CWH manager Pauline Clark.

"I'm nominating her because we're preparing for EQUIP4 and part of that involves reviewing all documentation in use, a huge task and one which requires daily vigilance." Women and Children's Health has about 1700 documents related to its service and about 43 per cent have been

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reviewed in the last two years.

"We need to improve that rate and if Anna has anything to do with it, we will," Pauline says.

Anna is leading the way in ensuring every document used in Gynaecology is reviewed, updated or discarded. This has gone on for some months and according to Pauline, Anna is "relentless" in her pursuit of a 100 per cent up to date target.

"It's not new or exciting work. It would be easy to skip over it but she is too professional for that and deserves recognition for her efforts."

Anna serves as a model for the rest of us, she says.

*Nominate an unsung hero in your workplace – send the details in an email to [naomi.gilling@cdhb.govt.nz](mailto:naomi.gilling@cdhb.govt.nz) and they could see their name in print!*

## Expansion of Nursing Entry to Practice programme a big step forward

Executive Director of Nursing Mary Gordon recently welcomed 52 newly qualified registered nurses to the profession of nursing.

These nurses will now be part of the NETP (Nurse Entry to Practice) programme, which provides a supportive environment for Registered Nurses (RNs) in their first year of practice. The NETP programme has recently been expanded to include nurses who have chosen to work in the community, primary care, General Practice and other areas outside the hospital sector.

"This is big step forward for the programme and it was exciting to have local nursing leaders working collectively to ensure the expansion programme was in place for the January intake," Mary Gordon says.

This collaboration and leadership acknowledges that regardless of who employs new graduates and where the practice setting is located, what is important is that these nurses are part of the Canterbury health system.

Seven of the January 2009 intake of new graduate nurses have moved directly into general practice, district and community nursing and primary care services. The Department of Corrections, which provides local primary care nursing services is also participating in the programme.

*Front cover - a big thank you to our walking group models, Operations Manager, Specialist Mental Health Services George Schwass, Health and Safety Manager Carole Peterson, and Human Resources Administrator Sarah Macfarlane.*

Tell us about your news and events!

Email [naomi.gilling@cdhb.govt.nz](mailto:naomi.gilling@cdhb.govt.nz) ext 62124 or 3377 843, internal mail: Communications Team, Level 2, The Princess Margaret Hospital or Communications Team, Level 2, The Princess Margaret Hospital, PO Box 1600 CHCH 8140.

# Roll up, roll up, it's time for your influenza vaccination

We are hoping that Canterbury does not experience an influenza season like the latest one in Britain. Infection rates have been the highest in eight years but this doesn't have to happen here, according to CDHB and National Influenza Strategy Group (NISG) virologist, Dr Lance Jennings. "One of the best ways for healthcare workers to protect themselves, their families and patients from a potentially deadly seasonal influenza is immunisation," he says.

Vaccinations are available to all CDHB staff and contractors from 50 vaccinators across the CDHB from 9 March. See schedule on this page for Christchurch and Christchurch Women's Hospital clinic times. Other areas should watch out for clinics advertised on the intranet homepage. This year we have some amazing prizes donated to the CDHB to giveaway to staff receiving the vaccination and encouraging others to do so. Prize draws will include a mystery weekend for two, breakfast at Café Roma and rugby tickets for staff. An espresso coffee machine will also be won in a prize draw for our vaccinators. Teams with a high rate of vaccination will go in a draw to win an afternoon tea at work. Further details about how to enter these competitions will be included on the intranet homepage.

We will again be hosting information sessions for staff wanting to know more about influenza and the vaccination. Presenters will include Dr Lance Jennings and Canterbury Medical Officers of Health, Drs Alistair Humphrey and Ramon Pink. These sessions will be both informative and entertaining. Further information about these sessions will once again be posted on the intranet homepage.

According to figures reported to NISG, the average vaccine uptake in District Health Boards in 2008 was between 20 to 40 percent of staff with a few DHBs reaching higher levels. Last year 51% of CDHB staff received their vaccination, which was a 10% increase from 2007. This was a great effort and we want to see this increase even further this year.

## 2020 Workshops

In recognition of the need for change in the health sector, a third in a series of Seeing 2020 workshops is being organised over two days in March.

A group of health leaders from across the Canterbury health sector have been invited to participate including consumers, community, primary and specialist services, health practitioners and managers.

The focus of this third workshop is to design a shared view of the Canterbury health system in 2020 and what we need to do to get there, says Project Specialist Felicity Woodham. The outcomes will drive whole of system changes and help inform the District Strategic and Annual planning over the coming years.

### Staff Influenza Vaccination Clinics 2009

#### Christchurch Hospital and Christchurch Women's Hospital

Departments	Dates	*Time	Room/Area
Oral Health Dept	20 March	1000-1100	Recovery room 2
	2 April	1315-1415	
Eye Clinic O/P	11 March	0945-1045	Nurse clinic 'D'
	30 March	0945-1045	
WD 12	11 March	1100-1200	Room in dept.
	24 March	1315-1415	
WD 14	11 March	1415-1530	Clinic room, 3 <sup>rd</sup> floor
	18 March	1415-1530	
WD 15/16/17	12 March	0900-1000	Seminar room (near WD15)
	30 March	1300-1400	
WD 18/19/20	12 March	1000-1100	Seminar room (btwn 18 +19)
	30 March	1415-1515	
Respiratory Outreach	9 March	0930-1030	Room in department
	9 March	1045-1145	
BMTU	20 March	1415-1515	Room in department
	1 April	1300-1400	
ICU/CTW/CICU	6 April	1400-1500	Handover room
	12 March	1115-1215	
WD 23/24	24 March	1430-1530	General medical meeting room
	11 March	1300-1400	
WD 27/28	20 March	1300-1400	Seminar room 1 near WD 28
	23 March	0900-1000	
WD 29/30	6 April	0945-1045	WD 30 seminar room
	16 March	1400-1500	
Oncology	31 March	1200-1300	Oncology tutorial Room
	17 March	1400-1500	
Emergency Department	31 March	0830-0930	Room in dept.
	13 March	1000-1100	
Canterbury Health Labs	25 March	1430-1530	Seminar room, Level 2, CHL
	26 March	0900-1100	
	6 April	1100-1300	
	9 March	1300-1500	
Allied Health	19 March	0900-1100	Allied Health rooms LGF, Riverside
	26 March	1300-1500	
	2 April	0900-1100	
Community and Public Health	18 March	0900-1100	Kowhai room L2, 45 St Asaph Street
	1 April	0930-1030	
Technical Services & Maintenance/Engineering	25 March	1130-1230	Room in dept
Christchurch Women's Hospital (CWH) outpatients dept	19 March	1330-1530	Gynae- Pt. lounge
Mobile clinic at CWH visiting ground floor, level 1 & level 2	March 31	1330-1430	DSU- room in dept
Mobile clinic at CWH visiting level 3 & level 4			Room in dept
Great Escape Café	19 March	1215-1315	Cafe
Rolleston Theatre Foyer	1 April	1100-1200	Rolleston Theatre
	25 March	1330-1400	
	30 March	1100-1200	
Orthopaedic Outpatients	8 April	2200-2300	Room in dept.
		Then 'walkabout' all wards	

\*The last vaccination will be given 20 minutes before the clinic ends.

NOTE: The following departments have a designated authorised vaccinator on their floor, able to give the influenza vaccine to their colleagues, please check with your Clinical Nurse Manager: Parkside Outpatients/Orthopaedic Outpatients/Sexual Health/Radiology/CAAU/CHOC/ Medical Day Unit/wards 21/22/25/26/31/32/ENT/Gastro Investigation Unit/Nuclear Medicine/Operating Theatre/ Cardiology Day Unit/NICU/Gynae.

## INFLUENZA IMMUNISATION

### WHY GET IMMUNISED AGAINST INFLUENZA?

Influenza, commonly called "the flu", may be a severe and sometimes life-threatening infection. Influenza may lead to hospitalisation in all age groups but particularly if you are elderly or have an ongoing medical condition.

*Influenza is much more serious than a common cold. Influenza can leave you ill for up to 10 days. Most people suffer from a high fever, tiredness and may require bed rest. Some may also experience shivering attacks, muscular pains, headaches, a dry cough and vomiting.*

### WHY DO HEALTHY PEOPLE NEED INFLUENZA IMMUNISATION?

Being fit and healthy will not protect you from influenza. It spreads very easily and up to one in five of us still get influenza every year. By immunising against influenza you can protect yourself and lessen the chance of taking it home to a baby, older relative, or someone with a medical condition who could develop serious complications from influenza.

### IS IT POSSIBLE TO BUILD UP NATURAL IMMUNITY TO INFLUENZA?

Immunity develops after you have been exposed to a particular strain of the virus. Influenza immunisation prepares and boosts your immune system to help you fight the influenza virus expected to be circulating each year.

### CAN THE INFLUENZA VACCINE GIVE YOU INFLUENZA (THE FLU)?

You cannot get influenza from the vaccine. Many people confuse colds with influenza. There are many other viruses in the community which the influenza vaccine will not protect against.

### CAN THE INFLUENZA VACCINE MAKE YOU SICK?

Most people have no reaction to the influenza vaccine. Expected responses may include: soreness, redness, or swelling where the vaccination was given, fever, or aches. These responses are usually mild and only last one or two days.

### CAN YOU STILL GET INFLUENZA EVEN IF YOU HAVE BEEN IMMUNISED AGAINST INFLUENZA?

Some vaccinated people may get influenza. If they do, symptoms are usually milder than if they had not had the influenza vaccine.

### WHY SHOULD YOU GET IMMUNISED AGAINST INFLUENZA EVERY YEAR?

The influenza strains circulating change every year and the influenza vaccine is changed to match. For the best protection, immunisation against influenza is necessary every year.

### IMMUNISATION IS YOUR BEST DEFENCE AGAINST INFLUENZA

Canterbury  
District Health Board  
Te Pahi Haurua o Waitaha



# A haven for families under stress



**B**ehind Hagley Hostel, at the edge of the green leafy surrounds of Hagley Park, is a sanctuary for families at some of the most stressful times of their lives. Te Whare Mahana, emergency accommodation run by the Canterbury DHB's Nga Ratonga (Maori Health Service), is a home away from home for out of town families with a relative in

Christchurch Hospital. Along with Arthur, his daughter, his father who lives in Kaikoura, and his sister from Australia, and her daughters also stayed there.

"It's an incredible place to be. It is somewhere you can come back to after a long day or night at the hospital. You can prepare a meal and have time together as a family. For me that's the most important part of it," he says. It was also a big financial saving at such a difficult time, when a large motel bill for the family would have added a lot of monetary stress.

"It was a huge weight off our shoulders."

The family ended up spending Christmas Day at Te Whare Mahana.

"It was good being able to be together at that time, especially to support my father."

"I would thoroughly recommend people apply to stay here. Toriana is an absolute God-send. She genuinely cares about people. She has gone above and beyond the call of duty in my mother's case."

Te Whare Mahana was built as a result of a Maori community initiative.

However, Toriana Hunt, Poutiaki O Te Whare Mahana Me Turoro says the accommodation is not just for Maori. "We've had relatives from the Czech Republic, the USA, Australia and Fiji stay here." Usually the patient and family must be from outside Canterbury, but criteria varies depending on their individual situation and eligibility is considered on a case by case basis.

Christchurch Hospital.

The modern bungalow building provides marae-style accommodation, with two single beds and eight mattresses. All linen is supplied. People just need to bring their food and keep the Whare clean and tidy.

Auckland man Arthur Fell stayed at Te Whare Mahana recently while his mother was in Christchurch Hospital having a leg amputated as a result of chronic diabetes.

Dear Toriana,

Thank you for the accommodation you have supplied for me... The Whare is as warm as your heart and thank you for the advice, support and guidance you have shown my daughter and I.

Arohanui,

Rebecca and Kasey Poi

Dear Toriana and Team,

Your support and facility came at a crucial time in my family's life. I am humbled by your generosity and appreciate your genuine care. My family has had more opportunity during this time to focus on my father's passing and I will consider this one of the kindest acts I have ever seen.

Riki Tahau

Dear Toriana, and all who support and work with the Te Whare Mahana,

Your facilities are wonderful and only surpassed by you... Thank you so very much for ...the pleasure, safety and comfort of Te Whare Mahana. It is a haven. Thank you also for your company and spot on support.

Best regards,

Shelley

## Coffee quiz

- 1: Which cricket team did New Zealand play recently?
- 2: Which musical is Showtime Canterbury putting on?
- 3: In what city did a Turkish Airlines passenger plane crash into a field recently?
- 4: Which famous British comedian known for his love of dogs visited New Zealand recently?
- 5: What is the capital of Spain?

See page 8 for answers



# Life-long love of medicine

**W**hen polio left him with a partially paralysed leg Dr Mike Davis, then aged 14 and living in his native England, realised his rugby and cricket days were over, so decided to

take up long-distance swimming.

Within three years he held the two-way Solent swimming record (Solent is the stretch of sea that separates the Isle of Wight from mainland England) and had swum the length of Lake Windemere - the largest natural lake in England. By the time he was a first year medical student Mike had moved on to another water-based hobby – scuba diving – which developed into a life-long passion.

“I have been nuts about it for the last 47 years,” he says.

Diving took Mike on expeditions around the world, including the 1965 Cambridge University Malta Expedition which he led that won the first Duke of Edinburgh Award for Diving Science. It is not surprising then that as a young doctor he quickly developed an interest in hyperbaric medicine. His first House Surgeon role was in the Cardiothoracic Unit of The Westminster Hospital, London, which was running a research project on hyperbaric medicine and acute myocardial infarction.

“I was already very interested in diving and I got involved with that.”

He set up the London Hospitals’ Diving Group which conducted a series of undergraduate diving physiology experiments and took diving expeditions.

However the “wonderful career” of Anaesthesia and Intensive Care beckoned and Mike devoted much of his professional life to postgraduate teaching of these two specialties with appointments around the world in places such as Sweden, England and the USA. In 1976, he and his wife Rosemary, a GP, moved to New Zealand where Mike was a Fellow in Cardiothoracic Anaesthesia at Greenlane Hospital in Auckland.

They then moved to Christchurch where Mike began as a consultant Anaesthetist in early 1977. He played a central role in establishing the city’s intensive care service

and a modern anaesthesia service and helped establish the chronic pain service. He was Senior Lecturer in Anaesthesia at the Christchurch School of Medicine from 1979 to 1991.

In 1979 he became clinically responsible for the recompression chamber, located at The Princess Margaret Hospital. At the time it was staffed by volunteer nurses, technical and medical staff. A proper hyperbaric medicine service was established at Christchurch Hospital in 2000 and Mike was appointed its medical director.

Its facilities include a six-person rectangular (Fink Engineering) chamber with a full technical & nursing staffing complement. The chamber treats up to eight patients daily mainly for chronic wound and post-radiation treatment problems. It also provides a 24/7 acute service

predominantly for diving accidents, acute carbon monoxide poisoning iatrogenic gas embolism and soft tissue necrotising infections.

Mike says hyperbaric medicine is a young specialty which has grown over the last 10-15 years but is still in its infancy in New Zealand and has yet to be accepted into mainstream medicine here.

“It is not fully recognised by some of my colleagues as anything other than alternative medicine. However we have developed a good working relationship with some specialties such as vascular and oral surgery, the colo-rectal group, and the Diabetes Centre.”

Mike retired as Medical Director of the Hyperbaric Unit in October last year but has been doing casual

sessions since. He will continue his association with the CDHB as a visiting health professional.

In retirement, Mike will continue to edit the Diving and Hyperbaric Medicine journal which is steadily gaining an international reputation. He also aims to complete several education and research projects.

“I have always had a strong work ethic. I love medicine. It’s a vocation. The number of social and family things it has ruined over my 40-year working life is innumerable.”



*Diving has been a favourite past-time of Dr Davis's for many years.*



**‘What vaccine is currently being offered to 12-18 year old girls?’**



Send your answers to [naomi.gilling@cdhb.govt.nz](mailto:naomi.gilling@cdhb.govt.nz) by March 23rd and you will be in the draw to win two tickets to see the Crusaders play the Stormers at AMI Stadium on Saturday March 28.

# The Real life of social workers



Social workers, from left back, Fiona Lothian, Keryn Burroughs, Sarah Kidd, front, Sharron Eastwood, Caroline Oliver.

When I spoke to Christchurch Women's Hospital Gynaecological Social Worker Sarah Kidd she had just come from responding to one urgent referral and was on her way to another.

Later that afternoon she would be speaking with a young woman adjusting to a recent cancer diagnosis.

Asked whether her job is emotionally draining, Sarah says: "yes at times it can be". Management of risk and crises is our daily bread; in the health setting we typically respond to acute situations.

"But we learn how to take care of ourselves and have professional support systems in place to help us, such as working as part of a team and having regular professional supervision."

We're often asked exactly what we do," says Sarah. "Social workers sometimes wear the unhelpful cloaks of being child removers, bleeding hearts, and interfering busybodies."

The reality is they provide much needed support and offer people counselling to clarify feelings in ways that help them make informed decisions.

When people lose confidence in their health it can be frightening and a big challenge to their thinking, resources, and ability to cope, she says. People may fear losing control over other aspects of their lives too.

"You don't usually have surgery or a difficult diagnosis without some emotional response. This might include concerns about body image and function, and mortality. There might be implications for your family and being off work might cost you money."

Social workers follow a holistic model of health which

aims for a balance between physical, psychological, spiritual and emotional components. The aim is to get them back in "the driving seat" whenever possible, Sarah says.

The health sector, is one of the largest employers of social workers. They work in many different areas including general and mental health, rehabilitation and disability, women's health, and rural and community services. At Christchurch Women's, social workers can be found in maternity, gynaecology, and neonatal intensive care services. Social workers have an established academic training base. A degree or post graduate diploma is required from most employers and the majority belong to the

Aotearoa New Zealand Association of Social Workers Sarah says her job at Christchurch Women's includes working with women and their families often facing extreme loss and adjustment. A big part of her role is giving emotional support so they are able to manage grief and loss and offering practical help where necessary to understand and manage health and government systems they come into contact with.

Social workers routinely assess whether or not they are needed in any given situation - and if so, how. They are trained to be critically reflective and clear about their role and to know what they can realistically offer.

The hallmarks of any social worker must be a ready sense of humour, a passion for fairness, justice, and basic human rights. The role requires people who can "think on their feet" and be flexible.

No two days are the same, Sarah says.

## Applications close on Tuesday 31 March for the 2009 Maori and Pacific Scholarships.

The Canterbury DHB funded scholarships are available for Maori and Pacific people living in Christchurch embarking on a career in primary health care. Application forms and more information are available by contacting Jaci Keats on (03) 353-4370, or [reception@hop.org.nz](mailto:reception@hop.org.nz) or visit [www.hop.org.nz](http://www.hop.org.nz)

## City2Surf - Get involved, register now!

Canterbury DHB staff have proudly been the biggest team at City2Surf over the last few years. Last year 460 CDHB staff and 100 of their friends and family took part. This year let's make Team CDHB bigger and better, we want as many people as possible challenging themselves to participate and promote our message of healthy eating active living!

This year, participants have two options - the main 12km event from the Square to QEII, or the Heart Foundation 6km event from Porrit Park to QEII. The shorter distance provides a fantastic opportunity to get active for first timers, families, and people getting back into fitness. It's not too late to start training. The HEAL website has training programmes for both walkers and runners. Or you could join one of the lunch time walking groups which have started up around the hospitals.

Register for City2Surf on the HEAL website (<http://www.heal.org.nz/?ft=City2Surf>) or through your site co-ordinator. Registrations cost \$10 per person. Everyone

registered will go into the draw for some great spot prizes and a light lunch will be provided after the event. CDHB staff registering before 11 March receive a free team t-shirt to wear on the day. On the day

- Wear your team CDHB t-shirt and event number and meet in Cathedral Square in front of the BNZ at 8.45am.
- 9.00am start – for in line skaters. 9.05 – runners depart, followed by walkers.
- If you have extra clothing, the clothing truck will be by ANZ in Cathedral Square, from 7.45am. Attach your clothing sticker to the bag provided. Bags will be transported to QEII and your clothing can be collected from the entertainment area.
- Heart Foundation 6km – event starts at 10am, be at Porrit Park by 9.45am
- There will be buses running from QEII to the City from 10.15am until 2.30pm. Buses cost \$4 per adult and \$2 per child.

At the finish, come along to the CDHB marquee in the corporate area. There will be a free light lunch, refreshments and spot prizes.



### Walking groups

15 to 30 minute lunchtime walking groups have recently been established and are available for all site based staff at Christchurch Women's Hospital and Princess Margaret Hospital. See [www.HEAL.org.nz](http://www.HEAL.org.nz) for the current times/days.

### National Walk2Work day – 18 March 2009

There will be breakfast treats in Cathedral Square from 7-9am for people who leave the car at home and walk to work.

At The Princess Margaret Hospital and Christchurch Women's Hospital staff will be rewarded at the main entrances if they used "active transport" (more than 10 mins of walking or cycling that day to get to work).

On the same day "Walk at Work" will be launched at these two sites - where staff will be encouraged (and rewarded) to use the stairs rather than the lifts.

### HEAL supporting the Active Women's festival.

The Active Women's festival is on until 22 March with something for everyone from bike maintenance, orienteering, cycling safety, to lawn bowls, sea kayaking and squash skills.

Register online at [www.sportcanterbury.co.nz](http://www.sportcanterbury.co.nz) or fill out the festival booklet form.

## Coast to Coast achievement



Hours of training have paid off for Canterbury DHB Labs and Support Manager Kevin Taylor. He and friend Glen Menzies were 4th in the open men's team section of the Speights Coast to Coast.

They had the 5th fastest time – beaten to 4th by Gordon

Walker – who won the Longest Day event.

Over 800 competitors took part in the 27th Anniversary race on February 13 and 14.

The Speights Coast to Coast traverses the South Island from Kumara Beach to Sumner Beach. The event is divided into

three races - the One-Day or Longest Day event is for individuals only while the Two-Day event is for individuals and two-person teams. In the Teams' section the runner and the kayaker both do cycling stages.

Over either two days (individuals or two person teams) or the one-day event (individuals only), competitors cycle 140 kms, run 36 km (including a 33 km mountain stage that crosses the Southern Alps) and kayak 67kms of the Waimakariri River.

It was the third time Kevin has competed in the Coast to Coast, the last time being 2007 when he came 5th.

He says previous experience and the fact that "nothing went wrong" made the difference this year to finish 4th.

## Planning for the future



New South Island Shared Service Agency Limited (SISSAL) Health Service Planner Jan Barber is in the “very early days” of a big role.

She is facilitating a programme of work that will look at what South Island health services need to be like in the future to ensure a strong

sustainable health system for the South Island population. The work aligns with the Ministry of Health’s Long Term Systems Framework.

District Health Boards are set up with a mandate is to look after their own population, she says. However there is now

a greater recognition of the benefit of working together. Her vision is for the South Island DHBs to collaborate to plan services and prevent crisis management from being needed.

SISSAL is owned by the six South Island DHBs and provides a range of shared service functions to help DHBs in their roles as health and disability service funders.

A steering group has been established to oversee the development and implementation of effective planning of South Island wide clinical services.

Jan Barber will be making recommendations to this group.

Her role at SISSAL will initially take her around the South Island DHBs looking at regional planning approaches, identifying what services are at risk, where the priorities lie and how planning can be carried out.

Jan Barber began her career as a clinical pharmacist. In 2001 she was regional manager for First Health and PrimeHealth GP organisations, where she was involved in the establishment of three primary health organisations. Over the last five years she has worked as regional service planner for the five Midland DHBs.

## Kidney Disease preventable



### End of Harbour Ride: 6 December 2008

Left to right: Adrian Buttimore (Clinical Manager Dialysis Services), John Irvine (Nephrologist), Kelvin Lynn (Nephrologist and Medical Director Kidney Health New Zealand), Kirsty Fleming, Tom Marshall (Clinical Psychologist, Spinal Unit), Jenny Usher (Clinical Nurse Specialist, Nephrology), Janine Hale (Clinical Nurse Educator, Ward 14, Christchurch Hospital).

Chronic kidney disease is common, harmful and treatable. That is the message from Nephrologist and Medical Director Kidney Health New Zealand Kelvin Lynn as the country marks Kidney Health Week this month. Several Canterbury DHB staff members

from novice to elite grades competed in the Harbour Ride around the well known 80 km Long Bays course on 6 December 2008.

Professor Lynn and his colleagues took the opportunity to raise awareness about the role of the kidney in health and the need for early screening for people at increased risk of the disease.

Kidney Health New Zealand’s National Kidney Health week and Just Water Week are on March 9-15. The theme for 2009 is “Keep the pressure down” to highlight the role of blood pressure as one of the key symptoms and causes of chronic kidney disease (CKD).

Professor Lynn says CKD is usually silent until well advanced. Early detection offers the chance of prevention or slowing the progress of established kidney disease

People who are at the greatest risk of developing kidney disease include Maori and Pacific people; those aged over 50; those who smoke, have high blood pressure or diabetes, and those with a family history of kidney disease. CKD is easily detected by the measurement of blood pressure, a simple test for protein in the urine and a blood test to estimate kidney function. All of these tests are available from General Practitioners.

For more information visit [www.kidneys.co.nz](http://www.kidneys.co.nz)

## Pregnant women to be offered HIV tests

All pregnant women in Canterbury are soon to be offered an HIV test as part of a range of routine antenatal tests designed to reduce the risk of disease being passed to their babies.

All pregnant women are currently given a blood test to determine their blood group, antibodies, and blood count. They are also offered a blood test for Rubella (German measles), Syphilis and Hepatitis B. Using the same blood sample, the HIV (Human Immunodeficiency Virus) test will soon be offered alongside these tests.

Canterbury District Health Board Antenatal HIV Screening Co-ordinator Janette Philp says HIV can be passed on to babies during pregnancy, during labour or through breastfeeding. Without treatment, HIV affects the body's ability to fight infection and can cause AIDS.

About one in three babies born to untreated HIV positive mothers develop HIV themselves, and some of these mothers do not know they have HIV because they have no symptoms. If it is found a pregnant woman has HIV she

can receive treatment which will reduce the risk of the baby developing HIV to less than one in a hundred.

"HIV is no longer the death sentence it was in the 20th century and most people with HIV in New Zealand now live to old age with antiviral treatment," she says.

A doctor or midwife will discuss and offer these tests, which are confidential, when women see them about pregnancy care. Support is available for all women and their family/whānau if tests prove positive.

The HIV screening programme is a national programme which has already started in some other regions. Since 2000, 16 HIV positive babies have been born in New Zealand; nearly all of these infections could have been prevented with a universal screening programme.

For more information, see [www.nsu.govt.nz](http://www.nsu.govt.nz) and go to Antenatal HIV Screening.



## Rewarding work helping whanau



With the building foundations at He Waka Tapu in Aranui poured and the erection of frames underway, it's a poignant reminder of how the organisation is growing.

He Waka Tapu started 13 years ago from a church home group, with a single vision to stop Maori men going to prison. Its founder Daryl Gregory began working with inmates and overtime his vision grew as he realised the wider possibilities for the organisation. The result was the expansion of He Waka Tapu to become an encompassing health and social services provider with a guiding principle of working together for the wellbeing of whanau.

He Waka Tapu offers core services for alcohol and other drug intervention; stopping violence programmes for men and women; intensive whanau work for at risk rangatahi; toolbox parenting programmes, and problem gambling programme, together with a wide range of health promotion services including breast and cervical screening.

Work to accommodate He Waka Tapu's expanded focus and centralise its services has begun, with a purpose built administration, counselling and meeting block expected to be finished in May. In the interim some of He Waka Tapu's 30 staff have been accommodated in a prefabricated unit and five Health Promoters are based at Waiora Trust in Harewood.

He Waka Tapu Whanau Worker Hori Wynyard was a corrections officer for 22 years and, like Daryl, went from working with inmates to preventing people from becoming prisoners. "It's wonderful to see people changing before your very eyes," he says. Working with whanau helped people see the bigger picture and address the consequences and the reasons why they are involved. "In many cases, the young ones are copycats of their parents; that's why we work with the whole whanau."

Registered Nurse Don Cross worked at He Waka Tapu as a health promoter to help individuals and their whanau quit smoking, increase fitness and eat healthily. "Walking through the door of the health centre is a big deal for some but when we set a goal and work together, and I see the results in people looking happy and feeling happy, it's quite rewarding."

# Decision Support - What you may or may not know about us

**What we do:** Our aim is to support the CDHB in the delivery of effective health services by providing our customers with accurate information and analysis. We provide: a suite of standard online reports for patient activity and costing information, a range of self-service information tools, and a team of analysts ready to help people with their information needs.

**Information we have:** Our main focus is on patient activity data. We extract this data on a regular basis from the Homer and CareSys Patient Management Systems and maintain what we call our Data Warehouse. This Data Warehouse allows us access to a hospital-wide view of patient activity, something that is difficult to accomplish from just viewing Patient Management System reports alone, and to add value to the data (for example create event level costs by linking to CDHB financials.) We also have access to reports from the SAP Patient Management System, access to the Ministry of Health repositories for inpatient, outpatient, ED and waitlist data, and make Health Round Table benchmarking



information available via our intranet homepage.

**What we can do for you:** Whether it is providing you with that regular report each month or assisting you with data for your latest project - we are here to help.

Our suite of online reports represents a big chunk of what we do. We may have a report containing information that will make your job easier, or if not then we may be able to write one for you. If you are handy in Excel then we have another option that gives you direct access to our data. Three data sources are currently available: Measures (summary inpatient, outpatient, emergency department and theatre information), Outpatient events and Emergency events.

For more information: Visit our Decision Support intranet homepage, drop us an email or give us a call. If we cannot provide you with the information that you need then we may at least be able to point you in the right direction. Contact Peter O'Brien (ext 68754.) Watch out for our regular newsletter published on our intranet homepage.

## Comings and Goings

### > Professor Kelvin Lynn

Canterbury DHB has recently appointed Kelvin to the new post of Medical Director of Resident Medical Officers (RMOs). The aim of the role, which will report directly to the Chief Medical Officer Dr Nigel Millar, is to provide clear technical and professional leadership for RMOs and to help devise an overall strategy for development of the RMO workforce. Key areas of focus will be workforce development and planning; looking at the appropriate training and service mix for RMOs; recruitment and retention; and RMO professional conduct and performance management.

### > David Brydon

David starts his new role as Orthopaedics Service Manager this month. David was employed at Waikato DHB as Orthopaedics Operations Manager and has extensive experience in this area.

### > Piers Bayley

Piers has been appointed to the role of Clinical Manager at the Community Alcohol and Drug Service (CADS). Piers has several years' experience in the alcohol and drug field

as well as in the wider mental health area. Most recently, he was Nurse Consultant for Specialty and Addictions. Piers trained in Great Britain where he worked in several community and psychiatric nurse roles and helped to set-up a Crisis Resolution Service. He moved to Christchurch in 2002 to take up a new role as CADS case manager. In 2007 he worked with Pegasus Health as a GP Mental Health Liaison.

### > Colin Woodhouse

Colin has been appointed to the position of Clinical Nurse Educator, Neurosciences. Colin transfers to Ward 28 from the Post Anaesthetic Care Unit, where he has been Staff Nurse Level 5 for the past 15 months. Colin has an extensive Neuroscience and Clinical Research background in New Zealand and Great Britain. The Neuroscience team is delighted to welcome him back into their team.

### > Dr Phil Hider

Phil has been appointed to the part-time post of Clinical Director of the Clinical Skills Unit. The Clinical Skills Unit is based onsite at Christchurch Hospital and is dually funded by CDHB and the University of Otago, Christchurch School of Medicine and Health Sciences (UOC). The unit provides training in a wide range of clinical skills and gives the opportunity to practise them, for all health disciplines in the CDHB and the UOC.

# What's up...

## University of Otago, Christchurch Health Lecture Series 2009 - Rolleston Lecture Theatre – For more information call 364 1199

Wednesday March 11, 7.30pm

'How are your kidneys? Chronic kidney disease – a major public health challenge. (Kidney Health Week March 9-15)'

Professor Kelvin Lynn, Department of Nephrology

Wednesday March 18, 7.30pm

'Skin cancer uncovered. The naked truth'

Dr Martin Keefe, Dermatology, Department of Medicine

Wednesday March 25, 7.30pm

'The snake in the grass. Our unseen genetic risk of heart disease'

Associate Professor Vicky Cameron,  
Christchurch Cardioendocrine Research Group

Wednesday April 1, 7.30pm

'How and where will you go for health care in 2020?'

Professor Les Toop, Department of Public Health and General Practice

## March

9-15 Schizophrenia Fellowship New Zealand Supporting Families Awareness Week 2009  
[www.sfnat.org.nz/schizophreniaAwarenessWeek.php](http://www.sfnat.org.nz/schizophreniaAwarenessWeek.php)

9-15 NZ Kidney Foundation Drink Water Awareness Week - [www.nzkidneyfoundation.co.nz](http://www.nzkidneyfoundation.co.nz)

11-18 Victim Support Week -  
[www.victimsupport.org.nz](http://www.victimsupport.org.nz)

12 World Kidney Day -  
[www.worldkidneyday.org](http://www.worldkidneyday.org)

16-22 Brain Awareness Week -  
[www.neurological.org.nz/brainweek/index.php](http://www.neurological.org.nz/brainweek/index.php)

18 Walk to work day -  
[www.livingstreets.org.nz](http://www.livingstreets.org.nz)

18-20 'National Care Management Conference 2009 - Sink or Swim: The Future for Care in the Community' (Contact - Rachael Bidwell on 03 365 4696 or email [ncmc@avenues.co.nz](mailto:ncmc@avenues.co.nz))

23-29 Child Cancer Foundation Awareness & Appeal Week [www.childcancer.org.nz](http://www.childcancer.org.nz)

28 New Zealand Spinal Trust Charity Ball -  
[www.nzspinaltrust.org.nz](http://www.nzspinaltrust.org.nz) or 03 3836881

29 City 2 Surf and The Heart Foundation 6km walk – CDHB staff, family and friends can register at [www.heal.org.nz](http://www.heal.org.nz) or non-CDHB people can go to [www.city2surf.co.nz](http://www.city2surf.co.nz).

## April

2 World Autism Day - [www.autismnz.org.nz](http://www.autismnz.org.nz)

3-5 Red Puppy Appeal - [www.rnzfb.org.nz](http://www.rnzfb.org.nz)

# Riding for prostate health



On March 14 Pegasus Health Future General Practice Manager David Jones and Canterbury DHB Influenza Pandemic Planner Baden Ewart will be riding the Motatapu Icebreaker mountainbike race to raise money for the Prostate Cancer Foundation.

The 50km High Country mountain bike and off road marathon takes place on a stunning high country route between Lake Wanaka and Arrowtown, only open to the public on this one day a year.

David has entered the event every year since its inception in 2005 and Baden has ridden it three times. In July 2008 Baden was one of the 2-3000 men a year in New Zealand to be diagnosed with prostate cancer and underwent a radical prostatectomy. His recovery goal was to get fit enough to ride the event again.

Baden says that once he had recuperated enough from surgery "getting back on a cycle and getting oxygen in the

lungs was great". He had a few problems initially but "you just have to get over it and get on with life".

"Given the circumstances, Baden's going to be even slower than usual!" says David.

"So, to even things up a bit and make it challenging and interesting I will be riding a single speed Africa Bike supplied by Penny Cycles."

The Africa Bike is an initiative by cycle manufacturer Kona to design and donate cheap and sturdy transport bikes for health workers in disease ravaged regions of rural Africa. David and Baden's goal is to raise awareness of prostate cancer and raise money to support the work of the Foundation, raise awareness of the Africa Bike initiative and encourage more people to get on their bikes.

"We'll do all the hard work; train for and complete this event, but we really need your help to make a difference", says David.

Anyone interested in sponsoring David and Baden are asked to visit their fundraising page <http://www.fundraiseonline.co.nz/prostateriders/> and select the "Make a donation" button. It is simple, fast and totally secure. Donations are tax deductible and a receipt will be issued.

# Roll up, roll up, it's your turn



Jess Crampton - Catering Associate, Medirest Food Services

## INFLUENZA VACCINE

“The ingredients are all there for an influenza season much worse than we’ve seen before or for a long time. It’s like a bit of a bonfire ready to go.” National Influenza Strategy Group Chair Anna-Marie Frost. NZ Doctor, 11.2.2009

**Canterbury**

District Health Board

Te Poari Hauora o Waitaha