

Health *first*

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PROMOTING A HEALTHY CANTERBURY

your health

HELPING YOU
TAKE CONTROL

CANTERBURY DISTRICT HEALTH BOARD'S FREE COMMUNITY PUBLICATION

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Inside this issue

Cover shot: A big thank you to Bill Abrams, who has type 1 diabetes and is pictured on the front cover testing his blood sugar levels. Canterbury's health system is undergoing significant changes, many of which are designed to ensure that people with ongoing health conditions, such as diabetes and heart disease, have the tools to manage their health at home, with fewer hospital admissions. A special thank you also to Diabetes Christchurch for their help with the front cover. For more information about the society, see www.barnabybee.com.



Pregnant women (like Fiona McLeod, left), people who are morbidly obese and people with ongoing health conditions are most at risk of becoming seriously ill from swine flu and are urged to have a free seasonal flu vaccination from early March.

Christchurch Hospital cardiologist John Elliott joined a group of fellow cardiologists and health professionals last month on an epic cycle ride to boost awareness of heart disease prevention.



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Canterbury

District Health Board

Te Poari Hauora o Waitaha

Transforming our health system. It's a phrase that we use liberally through this next edition of Healthfirst and one that Canterbury people are likely to hear a lot of over the next few years in relation to our health services.

It might sound like a bold move but transformation is exactly what is needed if we are to provide the necessary health services for Canterbury people over the coming decades.

To do this, we are literally transforming the health system as you know it. Services that have been typically delivered in our hospitals are increasingly being offered in the community and people with long-term health conditions are being given more support to manage them at home. Older people are also being given additional support to stay in their own homes for longer.

In many cases, this transformation is being led by the people who know about your health best – front line health workers such as hospital doctors and General Practitioners, nurses, physiotherapists and pharmacists. Many of the results have been outstanding and we're all very proud of the initiatives that are profiled in this *Healthfirst*.

As part of its health services planning, Canterbury District Health Board has also been looking at its hospital facilities and how they will meet demand in the next 20-50 years. Community consultation begins this month on a proposal to swap small sections of CDHB and Hagley Park land to allow for stage one and two of the Christchurch Hospital redevelopment. To find out how you can have your say when the consultation starts, see page seven.

In this edition of *Healthfirst*, we also encourage at-risk groups to have the free seasonal influenza vaccine. Last year, about a quarter of the Canterbury population was predicted to have become ill with swine flu and a second wave is expected to occur this autumn. We know from last year's experience that the people most at risk of developing complications from swine flu include pregnant women, those who are very overweight and people with ongoing health conditions. With a seasonal flu vaccine now available that protects against swine flu and two other flu strains, this year these vulnerable groups stand a much better chance of staying well when swine flu hits.

This edition also looks at ways in which people can help themselves and their families to stay warm this winter, particularly in light of the ban on old wood burners set to come into force this April.

We hope you enjoy this edition of *Healthfirst*. Look out for more information about the changes in our health system in future editions.

Best wishes
David Meates
Chief Executive



Adapting to changing times

CHANGES ARE AFOOT in the Canterbury health system. With a rapidly ageing population, ageing health workforce, more demand for sophisticated treatments and a finite health budget, change is essential if we want to maintain high quality health services.

Thankfully, people from across the Canterbury health sector have been rising to the challenge and coming up with solutions that provide more health support to people,

including those with ongoing health conditions, in their own communities and reduce the need for them to spend time in hospital.

Many hospital services are also changing the way they do things to ensure people are seen and treated faster – helping people to get on with living their lives and increasing the number of patients that can be seen each year. To read more see pages 4-11.



Sisters Sandra Pilet (left) and Lynda Williams are enjoying positive changes in their lifestyles and healthier food options.

Sisterly support for lifestyle change

WHEN Lynda Williams was diagnosed with early stage diabetes, she knew she had to make some lifestyle changes.

She'd been conscious of her weight for many years and tried numerous diets and exercise programmes but nothing had helped her to keep her weight down.

Her doctor suggested she contact a Diabetes Educator with the Christchurch Diabetes Centre. The educator recommended Appetite for Life (AFL), a weight manage-

ment and healthy lifestyle programme for women which is run jointly by the Canterbury District Health Board and Canterbury Primary Health Organisations.

Lynda was encouraged to bring a friend with her to the programme, someone who might benefit too and lend their support. A phone call to her sister, Sandra Pilet, led to them both registering for the AFL run at the Barrington Medical Centre.

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Transforming our health system

YOUR HEALTH – HELPING YOU TAKE CONTROL

Appetite For Life - From page 3

AFL is a six-week course of two-hour sessions. It is not a diet; instead it helps women to identify habits that have led to their weight gain and to make small, positive changes to these – changes they can keep for life. The course has a strong practical element, with food tastings in each session. Women are motivated and inspired to try new foods and different ways of doing things.

The programme is subsidised by the Canterbury District Health Board and Partnership Health so participants only pay \$25 for the course, which includes all the materials and samples.

The greatest benefit for Lynda has been the educational aspect. “Learning about fibre and its importance in weight loss has been a big eye-opener. I didn’t realise there was fibre in vegetables. It’s also been great to be able to try different foods, healthier options that still taste great,” says Lynda.

Her family’s diet has also changed through her attending the course. “I’ve always been pretty good about how I cook. I use baking paper and oil spray instead of the liquid. I guess the biggest change I’ve made so far is the size of my portions. I eat less at night, and a bigger proportion of that is now vegetables,” says Lynda.

The key thing about AFL for Sandra has been the rule of moderation. “This is not about extreme dieting. There’s no ‘you can’t have this’ or ‘you can’t have that’. Everything is OK in moderation if eaten in combination with other healthy foods and put together with an exercise programme,” says Sandra, who had her first taste of sardines on the course. “I was surprised that I quite like sardines.”

There were 10 women in the Saturday morning Barrington classes, each with her own unique health challenges. Diabetes was a problem for most, one participant had come along to be able to offer her son a healthier diet and another had coeliac disease.

Bronwen King, a public health nutritionist and co-developer of the Appetite for Life programme says: “We are getting some amazing stories coming out of Appetite for Life. More than 90 percent of women attending the course report feeling more in control around food, more confident when making food choices and eating a healthier diet. The message is extending beyond participants to their families and whanau and we are hopeful that this will pay future dividends on many fronts.”

The roll-out of Appetite for Life is a three-year project. It is hoped that a programme specifically for men will be developed next.

AFL Key Messages

What to eat

- Eat a healthy breakfast; eat until fully satisfied.
- Cut down on processed foods; enjoy cooking using whole foods.
- Reduce fat, particularly saturated fats.
- Increase fibre.
- Include plenty of vegetables and fruit in your meals and snacks.
- Include legumes (the seeds of certain plants like beans and peas) regularly.

How to eat

- Sit down.
- Minimise distractions, for example TV.
- Eat slowly and focus on the tastes and textures.
- Use a small plate.
- Fill half the plate with vegetables.

Move more

- Include cardiovascular and resistance activity.
- Include planned activity that you enjoy.
- Increase incidental activity at every opportunity, for example take the stairs not the lift.
- Move for enjoyment, not with the expectation of weight loss.



Programme Goals

At the end of the course participants will have the skills to ...

- Understand their eating behaviour.
- Recognise and change habits that have led to weight gain.
- Choose and enjoy foods that look after their health as well as your weight.
- Enjoy a normal relationship with food.
- Enjoy a more positive body image.
- Break the dieting cycle FOREVER!

For more information,
see <http://www.appetiteforlife.org.nz/>

First step – consultation

THE FIRST STEP IN TRANSFORMING the Canterbury Health System was to find agreement on what needed to be done. After much consultation with health consumers and front line staff, **Vision 2020** was born.

This vision puts the patient at the centre so “the right patient will receive the right care and support from the right people at the right time and at the right place.”

In the last few months this vision has been shared with about 2000 Canterbury people who either work in the health system, use health services or support health organisations.

The Our Health System Showcase 09 highlighted some of the recent success stories and reinforced the ongoing need for our health workforce to be constantly thinking of ways the system can do things better for Canterbury people.

AMONG THE CANTERBURY DISTRICT HEALTH BOARD'S MOST SIGNIFICANT ACHIEVEMENTS IN THE LAST YEAR HAVE BEEN:

■ **Improvements** in the way services have been delivered. This has resulted in an increased number of planned operations being performed, an increased number of day surgery operations; an increased number of people being seen and treated in the community who would otherwise have gone to hospital; and primary care exceeding the national averages for breast screening, cervical screening, flu vaccination and two-year-old vaccination.

■ **The Canterbury Initiative.** This new way of working brings together hospital and General Practice nurses and doctors to take the lead in developing solutions to improve patient care. New treatment pathways have been developed and aim to avoid needless referrals and hospital visits. It also offers a way to upskill General Practice teams to undertake patient care traditionally delivered in hospital. A great example of this is the skin clinic at Burwood Hospital, where specialist hospital clinicians and GPs are removing melanomas.

■ **The Improving the Patient Journey Programme** is continuing to encourage significant changes in the way people receive their health care. It focuses on providing timely effective care for patients, which ultimately benefits the whole health system. Initially this programme was very much focused on hospital-related issues but it is now being widened to look at the way people are receiving care and treatment through community-based health services. Among the outcomes from this initiative have been Canterbury District Health Board's EQuIP4 Accreditation. The award, presented by Quality Health New Zealand, gave external recognition to the improvements that have been made to CDHB services. When the accreditation status was awarded, Peter Rose, Chief Executive of Quality Health New Zealand, said Canterbury District Health Board had been judged to be fully committed to ensuring quality and safe care. “Structures and processes supporting quality improvement are robust and a culture of performance improvement and patient safety is developing through all services.” (See page 23 for full story).

MEETING THE DEMANDS OF AN AGEING POPULATION

Many of you, particularly those who enjoy good health, will not have realised that the winds of change are starting to blow through Canterbury's health system.

Things are starting to be done differently. More services that would normally be provided in a hospital are being offered in your community; if you have a long-term condition the focus is shifting to keeping you well in your home by providing better health information and more community support; and if you are elderly the support that you need to stay in your own home is being more consistently assessed and provided.

WHY is all this happening?

As well as helping Canterbury people to live healthier, happier lives with fewer hospital admissions, these changes are essential to cope with Canterbury's rapidly ageing population and increasing demand for health services.

Did you know that:

- People aged over 65 make up 14 per cent of the population but account for 40 per cent of hospital admissions and consume half of the region's health funding.
- By 2021 the proportion of older people in Canterbury will rise to 18 per cent.
- If changes are not made to our health system, it is expected that by 2020 the region would need another hospital the size of Christchurch Hospital, 2000 more publicly funded aged residential care beds and 20 per cent more General Practices.
- Health workers are ageing like the rest of the population.

These issues along with a finite budget and increasing patient expectations for sophisticated medical treatments mean our health system is under enormous pressure to do things differently.

Thankfully people from all parts of the Canterbury health sector are responding and working together in a way that is more focused and collaborative than ever before. The focus is squarely on what will provide the best care for patients and is being led by front line health workers including doctors, nurses, physiotherapists and pharmacists who in many cases have seen for some time that things could be done more efficiently and effectively for their patients.

Some of the changes have included faster removal of melanomas, more timely gall bladder surgery (see page 12) and more community support for people with chronic respiratory illness (see pages 10-11).

"Rather than decisions being made by managers, we are encouraging clinicians to come forward with better ways of doing things, talking it over and then seeing how best it can be funded," Canterbury District Health Board Chief Executive David Meates says.

"At the end of the day what we want is more services that support people to take responsibility for their own health; more primary health care and community services to support people in their community and specialist services that are free enough to handle urgent issues and provide advice to General Practice and other community-based health providers."



Christchurch Hospital Emergency Department and Cardiothoracic Teams: "Just a short note to express my appreciation of the treatment I received at your Hospital. I was admitted on November 6 suffering a mild stroke and sent home December 9 with a coronary bypass, a new aortic valve, a pacemaker, and a cleaned-out carotid artery. During my time in Hospital, I was very impressed by the professional standards at all levels. I received extremely good treatment."
– TDP, Broomfield

Revamping our hospital facilities

At the same time as bolstering community health services for the future, Canterbury District Health Board (CDHB) has been taking an intensive look at its hospital facilities to see whether they will be able to support the Canterbury community in the next 50 years.

In the last *Healthfirst* we highlighted the proposed redevelopment of Christchurch Hospital. Since then CDHB has completed a Strategic Stage Analysis of the project for the Ministry of Health. An independent review has also been completed, which endorsed CDHB's proposal. We are now developing a business case to gain approval from the Ministry of Health to begin the development.

Before the new facilities can be built on the hospital site, the community will, however, need to be consulted on CDHB swapping a piece of its land between the Riverside block and the Avon River for a similar sized piece of land, which is mainly a carpark used by the hospital within Hagley Park. Without this land swap, CDHB will not be able to construct the new buildings.

Christchurch City Council, which is working closely with CDHB on the consultation, is supporting the redevelopment as important in providing first class health facilities and services for Canterbury. It also wants to see earthquake resilient hospital facilities in Christchurch and believes the proposal supports the Central City Revitalisation Strategy.

The land swap consultation will run from later this month and into April. Watch for publicity about the consultation and make sure you have your say on this important issue for our community.

The consultation will be advertised in local newspapers and further information will be available via the CDHB and CCC websites www.cdhb.govt.nz or www.ccc.govt.nz.



Letters A and B show the two pieces of land involved in the proposed swap between Canterbury District Health Board and the Christchurch City Council.

Why do we need a new hospital?

Many of the buildings at Christchurch Hospital, including the main 360-bed Riverside block, are ageing, not fit for purpose and do not meet current earthquake standards. Unless we redevelop the Christchurch site or find another alternative we are facing a real sustainability issue with many of our core health services.

A patient centred approach to care is at the heart of the proposed design, which includes two new multilevel buildings being constructed behind the hospital. Vastly improved access to key areas, including a new front entrance and major hospital departments, such as a new children's facility, are part of the plan.

Separate and flowing access ways are envisaged for emergency vehicles and visitor traffic. Linkages between the new buildings and current Parkside site, Christchurch Women's Hospital, Canterbury Health Laboratories and CDHB's St Asaph St buildings are also part of the proposal.

Unlike the present hospital, the redevelopment would co-locate essential services. Christchurch Hospital is not the only CDHB hospital facility under review. Assessments are also under way at the organisation's other sites including Burwood, The Princess Margaret Hospital, Kaikoura, Akaroa, Darfield and Ashburton.

Support for struggling teenagers



Rural Canterbury PHO Chief Executive Bill Eschenbach (left), together with Clinical Psychologist Paul Wynands and Youth Brief Intervention Co-ordinator Victoria Ravenscroft, were recognised for their work with young people with mental health issues at the CDHB's Quality Improvement and Innovation Awards last year.

"I learnt an easier way to deal with things."

"I learnt a lot about anxiety, that my feelings were normal and OK."

These are some of the comments from young people being seen by the Rural Canterbury Primary Health Organisation's mental health service for youth in the Waimakariri area. The service is known as Youth Brief Intervention Co-ordination (YBIC). It has been so successful that it has also begun in the Amberley area.

Youth Brief Intervention Co-ordinator Victoria Ravenscroft sees young people aged between 13 and 18. They are generally suffering from anxiety, depression, grief, or family and relationship issues and are referred to the service by General Practitioners for short-term one-on-one help.

The Waimakariri service started three years ago and offers five free therapy sessions to clients.

"This is the first time we've had a co-ordinator specifically for youth," says Rural Canterbury PHO Clinical Psychologist Paul Wynands, who supervises the Brief Intervention Co-ordinators. "The whole motivation for this service was to see young people earlier, and in so doing prevent possible deterioration and then referral to specialist mental health services."

Clients are then referred to community agencies or assisted to access secondary care if necessary.

"We are obviously meeting a need for a service that wasn't available before. The fact that it is free and that clients do not have to make a trip into Christchurch speaks for itself," Paul says.

The service works in partnership with Waimakariri General Practitioners and community agencies to complement their care for young people with mild to moderate mental health concerns.

"Waimakariri GPs also appreciate having this resource available to them locally – it's easily accessible both by the doctors and patients. The service is a great example of the Canterbury District Health Board supporting primary health care in rural areas," Paul says.

The Waimakariri YBIC service was presented with a

highly commended award at the 2009 CDHB Quality Improvement and Innovation Awards last November.

A Brief Intervention Co-ordination service is also available to adults with mild to moderate mental health concerns in Ashburton, Waimakariri, Hurunui-Kaikoura, Banks Peninsula and Christchurch. The adult service provides five free therapy sessions to clients.

YBIC IN WAIMAKARIRI

The Waimakariri District covers Kaiapoi, Woodend, Rangiora and Oxford and has 29 registered General Practitioners with an enrolled youth population (aged 13-18 years) of 3422.

The service received 112 referrals last year, 69% of them females.

The average age of young people who used the YBIC Service was 16.7 years for males and 15.5 years for females.

Young people referred to the YBIC service between January 2008 and May 2009 were:

- European 94%.
- Maori 4.4%.
- Other ethnicities 1.6%.

Almost two thirds (65%) of the referred young people in Waimakariri had symptoms of depression.

Almost a third had symptoms of anxiety and in many cases this was in combination with depression.

Only 9% of referrals related to alcohol and drug issues.

The service also helped people to manage school and family issues.

- **The YBIC service is available to young people in the Waimakariri and Amberley areas. For more information contact your General Practice.**

Cancer treatment times reduced

A NEW MACHINE in Christchurch Women's Hospital has reduced treatment times for gynaecological cancers to 10 minutes and patients can again be treated in the South Island.

A new High Dose Rate (HDR) brachytherapy machine has been running since February, allowing all Canterbury women needing radiation treatment for gynaecological cancers to have it here. It is also able to offer more precise treatment, which is expected to improve outcomes for women.

Since mid-2008 some women have had to travel to other centres because the department's low dose rate machine had reached the end of its life and could not treat as many people as it previously did.

Over the past two months radiation oncology medical physicists have spent many hours checking the accuracy and safety of the machine.

"With the commissioning of our

new HDR brachytherapy machine women will no longer have to travel to Wellington, Hamilton or Auckland," Carolyn Kardos, Brachytherapy Co-ordinator, says.

Patients need to have several treatments spread over a number of days or weeks but actual treatment times are significantly reduced with the new HDR machine, Carolyn says.

"Until now women requiring treatment for gynaecological cancers have been isolated in the treatment room for one to three days. With the new HDR machine, treatment times are approximately five to 10 minutes each. That makes a huge difference to these women."

Brachytherapy is a form of radiation treatment in which a radioactive source is placed in or close to a specific site, for example a woman's vagina or cervix, for a certain amount of time.

The Canterbury Blood and Cancer

Care Service provides the brachytherapy service for the entire South Island, which means treating about 40 women a year for a variety of gynaecological malignancies.

"Another major advantage of the new technology is that it will not only be able to treat these patients with greater accuracy but it could also be used for a range of other sites such as prostate, breast, oesophagus, lung and skin cancers," says Scott Babington, senior radiation oncologist.

"With HDR more precise treatment is possible, using dedicated planning software and MRI (Magnetic Resonance Imaging) and/or CT scans to accurately identify the area to be treated. This means a greater chance of hitting the target, with improved rates of cure."

The installation of the new brachytherapy machine is the latest milestone in a series of changes being made to Canterbury's oncology services, which aim to provide faster, more effective treatment for Canterbury people with cancer.

In December last year, a new linear accelerator, which provides radiation treatment, was installed in the department, replacing one of two older machines. The second older machine is expected to be replaced before the end of this year.

CDHB Clinical Director Radiation Oncology Dr Iain Ward says the new machine will provide about 1000 more treatments, which equates to 70 more courses of treatment each year.

"It's great news for Canterbury cancer patients as we will be able to provide radiation treatment earlier."



Diana Clark, following her brachytherapy treatment, with (left to right) Dr Scott Babington, Registered Nurse Ann Bradley, Senior Radiation Therapist Carolyn Kardos and Diane's husband Bruce Clark.

Exercise programme

CANTERBURY PEOPLE with serious lung disease are breathing easier, thanks to a rehabilitation programme that enables them to undertake education and exercise sessions in their own community.

The Community Pulmonary Rehabilitation Programme is a collaboration between the Canterbury District Health Board's respiratory service, the Canterbury Initiative and General Practice teams. It was set up last year for people with chronic obstructive pulmonary disease (COPD), also known as wheezy lung disease or emphysema. Symptoms of COPD can include shortness of breath and tiredness, which can often impact greatly on daily living.

The aim of the programme is to improve participants' knowledge of their condition and to show them how they can have a better life. People's disability is reduced by taking part in regular exercise, which they can continue doing after the course has finished. Education sessions also aim to give participants the tools to help them manage their own condition.

Evidence shows that people with COPD who take part in rehabilitation programmes have an improved quality of life and greater fitness levels; less anxiety and depression and more motivation. They also experience fewer breathing problems and, because they are more aware of how to manage their condition, are less likely to be admitted to hospital.

The community programme comes under the umbrella of the Canterbury Initiative – a way of working led by hospital and community clinicians which is focusing on addressing and resolving the challenges that changing population and workforce demographics will have on the delivery of health care in Canterbury.

Last year, the Canterbury Pulmonary Rehabilitation Programme, which has been held at a venue near Christchurch Hospital for 17 years, was expanded to

include locations that are closer to people's work or home. The first three courses were held at the Chervier Centre in Rangiora between August and December and further courses are also planned for this year and next year in Rangiora, Aranui and Hornby.

While referral to the hospital-based programme was via a hospital specialist only, General Practices are now also able to refer to the community-based programme.

Participants attend two classes a week over an eight-week period. The classes include one hour of exercise, which is overseen by a physiotherapist and respiratory nurse, and one-hour education sessions. These are led by a variety of health professionals, including community dietitians, pharmacists and occupational therapists, and are also open to participants' family and whanau. Education topics include the benefits of exercise and breathing control; information about inhalers and medication; nutrition and quit-smoking information.

In order to maintain the improvements they have made, people are encouraged to attend weekly sessions with a community class such as those organised by the Rangiora Keep Breathing Group (see next page) and the Respiratory Relief Society after their course has finished.

Canterbury Initiative Community Respiratory Physician Dr Roland Meyer says offering COPD rehabilitation in the community has made it more accessible to participants, which has increased uptake.

"We know that people with COPD may struggle to get into the city centre because of their breathing problems. Many also have an emotional barrier against going to a hospital for rehabilitation because they associate it with going into hospital with their illness. Often, they are also worried about parking.

"By moving the programme into the community, we are able to offer it to more people. We want people to have



By moving the programme into the community, we are able to offer it to more people. We want people to have the confidence to make changes themselves and to have the tools to 'get cracking' themselves.

**Dr Roland Meyer, Canterbury Initiative
Community Respiratory Physician**



Christchurch Hospital Orthopaedic Department: "I would like to compliment my Orthopaedic Surgeon for his particularly pleasant bedside manner. He was very helpful in explaining my operation and answering questions, gave me photocopies of my x-rays and made a point of just coming to see how I was. I really appreciated his friendly and approachable manner." – *SP, Rangiora*

boosts quality of life

the confidence to make changes themselves and to have the tools to 'get cracking' themselves. Often with a chronic lung condition like COPD, it is a vicious cycle. People who can't breathe feel that they lose control and often panic. Consequently they avoid taking part in activities. However, when they don't exercise they become even weaker and less fit so their breathlessness becomes even worse."

Respiratory Nurse Facilitator Louise Lowerson says the programme encourages involvement and gives people a

sense that they are not alone with their condition.

"They can gain a great deal of support and knowledge from one another and know they are in a safe and familiar environment. The fact that patients leave the sessions laughing and smiling is a great morale booster for them, and for staff!"

***A doctor's clearance** is required to participate in the programme. **For more information** about referral to the programme, contact your General Practice.

Classes inspire a new lease on life

BEFORE she took part in the Community Pulmonary Rehabilitation Programme, Rubina Candy struggled to do the vacuuming because she would become too breathless.

Now the Rangiora woman, who was diagnosed with chronic obstructive pulmonary disease (COPD) about 10 years ago, is delighted to be able to resume many of the simple daily activities she stopped because of her COPD symptoms.

In fact, her health has improved so much that she wants to continue exercising. She has helped to set up a weekly exercise class, called the Rangiora Keep Breathing Group, for graduates of the first Community Pulmonary Rehabilitation Programme, which ran in Rangiora last year.

"For the first few years, it (the COPD) was not too much of a problem. Although I was in the early stages and I coughed and huffed and puffed, I didn't take too much notice. But gradually it got worse and it got to the stage where I couldn't do things like the vacuuming so my husband had to do it.

"I've started to do things again that I haven't been able to



Rubina Candy (front, left) enjoys her exercise classes at Rangiora's Chervier Centre.

do for a while, which is great," she says.

She says another benefit of the course is the knowledge she has gained about her condition and how to manage it. "It was always an open, frank discussion. It's helped me to really understand how I can make things easier for myself."

Rubina and two others have decided the classes should continue. They have hired the Chervier Centre in Rangiora and each participant makes a small donation each week to the cost. People with other health conditions, such as asthma and arthritis, are also welcome to join the class.

FOR MORE INFORMATION contact Ralda on 03 315 5704 or Mary on 03 327 5032.

FAST TRACK TO RECOVERY

JUST HOURS after arriving at Christchurch Hospital with serious stomach pain, Paul Bakker had his gallbladder removed and the next day was able to leave hospital.

This was thanks to a Christchurch Hospital initiative that fast tracks patients requiring surgery through to a surgical ward and another which ensures that people needing their gall bladder removed, and meeting certain medical criteria, have it done immediately.

Paul's journey began when he went to the 24-hour Surgery in Bealey Avenue, Christchurch, late on a Sunday night after suffering from bad stomach pain.

"We'd been to church and had dinner and I felt a terrible pain in my stomach. I thought it was just stress. When I lay down though, the pain got worse," Paul says.

His wife, believing it was more than stress, took him to the 24-hour Surgery.

A series of tests revealed the cause of Paul's abdominal pain was certainly more than stress and an ambulance took him to Christchurch Hospital. Paul bypassed the Emergency Department and was admitted straight into SARA, a 12-bed Surgical Assessment and Review Area that has been operating at Christchurch Hospital for the past two years.

SARA was created to enable patients, who fit certain medical criteria, to bypass the Emergency Department and be sent straight up for assessment and, if required, admission to a surgical ward. This ensures all acute surgical staff are based in one area, which means patients are assessed for surgery more quickly and effectively and get into theatre sooner. It also reduces pressure on the Emergency Department.

On arrival at SARA, Paul's condition was further assessed. An ultrasound examination showed that he had a gallstone in his gallbladder and a decision was made to remove his gallbladder. At 2.30pm, less than 24 hours after presenting himself at the 24-hour Surgery, Paul had his gallbladder removed. His doctor checked him the morning after surgery and he was able to go home.

Paul is very complimentary about the care he received.



Paul Bakker was quickly home, then able to return to work, after his rapid transit through Christchurch Hospital.

He is now back at work and feeling "much better".

Paul's emergency gallbladder removal (cholecystectomy) is now the standard method of treatment for Canterbury patients with pancreatitis (acute or chronic inflammation of the pancreas) caused by gallstones.

Rather than admit people with acute pancreatitis caused by gallstones to carry out further investigations, these patients now have their gallbladder removed straight away.

This change has come about as part of Canterbury District Health Board's *Improving the Patient Journey* programme which has been running since 2005. One of the goals of this programme is to investigate and put into practice ways to reduce unnecessary delays for patients.

The change to the treatment of acute pancreatitis was supported by a report that described the Christchurch experience and outcomes to improving care of those with acute pancreatitis over the previous five years. It was made possible by the provision of a dedicated emergency general surgical operating theatre within Christchurch Hospital.

The report says, "The benefits of this new standard in treatment are many. Firstly we spare patients from debilitating recurrent symptoms and multiple visits to the hospital. Secondly, we have saved over 1200 bed days per year, freeing up spaces for other patients. We have also been able to stabilise the elective waiting list for gall bladder surgery."



Christchurch Hospital, Vascular Clinic: "I write to thank staff that I made brief contact with, whilst keeping an appointment at the Vascular Nurse Clinic last December. As I have come to expect, my visit was made as pleasant as possible and I would describe it as helpful, courteous and professionally efficient." – **JW, Rangiora**

At-risk group urged to get flu vaccinations early

PREGNANT women, people who are morbidly obese and people with ongoing health conditions are most at risk of becoming seriously ill from swine flu and are urged to have a free seasonal flu vaccination from early March.

Older people without chronic conditions are only at higher risk from other influenza strains and therefore are encouraged to have the flu vaccine in April.

Experience of the northern hemisphere suggests that the influenza season may arrive as early as April this year, which is earlier than usual, and H1N1 pandemic influenza is predicted to be the main strain.

This year's seasonal vaccination programme will offer protection against three strains of influenza, including the pandemic H1N1 (swine flu) strain and the two most common seasonal strains for 2010.

Medical Officer of Health Dr Alistair Humphrey says those people at risk should aim to have a vaccination as soon as possible as it takes up to two weeks following immunisation to develop immunity against the flu.

It is particularly important that those most at risk of complications from flu have this year's vaccine in March.

While most people who had swine flu last year experienced a mild dose, some people were severely affected.

"There are certain groups of people who are more vulnerable to H1N1 influenza and its complications," Alistair says. "They include pregnant women, very overweight people, children under five and people with chronic medical conditions such as asthma, chronic respiratory problems, diabetes and heart disease. The vaccine is free for those most at risk and we'd urge these people in particular to see their General Practice for a vaccination in March before the second wave of swine flu arrives."

Since there may be a limited amount of seasonal vaccine available in March, those at higher risk of complications from swine flu are being particularly encouraged to come in early for vaccination.

Other people, including those over 65 years old who do not have a chronic condition, can wait until April for their usual free seasonal flu vaccination.

OTHER WAYS TO PROTECT AGAINST INFLUENZA INCLUDE:

- Washing and drying your hands thoroughly (20 seconds washing and 20 seconds drying).
- Staying away from school or work if you are unwell.
- Covering your coughs and sneezes.

FOR MORE INFORMATION ABOUT INFLUENZA, SEE YOUR GENERAL PRACTICE or www.fluinfo.org.nz.



Fiona McLeod (above) is pregnant with her first child and is keen to do whatever she can to protect her health and that of her baby.

As pregnant women are one of the groups most at risk of developing complications from swine flu, Fiona, who is due in June, is eligible for a free vaccination.

Fiona has had the seasonal flu vaccine before and believes she has stayed healthier during winter as a result.

Now that she's pregnant, she knows it is even more important to avoid swine flu so she is opting again to have this year's seasonal flu vaccine, which will protect against it, along with two other flu strains.

"I will be having a winter baby and that is when there is a lot of flu about. I'm also aware my immune system is not as strong as it usually is because I am pregnant, so I think it's a good idea to do whatever I can to protect my health and the health of our baby. Swine flu can cause complications and even death in infants and mothers, so if it's a matter of a simple vaccination to keep it at bay, I think it's worth it."

Winter warmth

Insulation, heating vital for good health

With the wet and cold summer we've had, it's not so hard to imagine what winter will feel like again.

Few people look forward to the colder part of the year but those with a warm home are at least assured that they have done everything they can to protect their family from the health risks of a cold home.

For good health it is recommended that homes are heated to 16 to 21 degrees celsius during the winter.

Many health conditions are made worse by cold, damp conditions indoors, including asthma, emphysema, coronary heart disease and arthritis. It also takes people longer to recover from illness when they are cold.

"Insulation, efficient heating, dampness proofing and stopping heat escaping from under doorways by using draught stops are absolutely vital to keeping warm and well over winter," says Bede Martin, Chief Executive of Community Energy Action Charitable Trust, a registered provider of the Government's scheme for subsidised insulation and heating. "Many people who install insulation and efficient heating find they, and their children, take fewer days off work and school than before."

From 1 April this year, old woodburners cannot be used during winter in Christchurch.

"Insulation and heating are substantial investments that can put pressure on the budget but we urge people to look into it anyway. It's not a luxury but an essential in our climate," Bede says.

He encourages people to explore different options to ensure they have adequate heating and insulation in their homes this winter. Options include making payments over several months, mortgage top-ups or getting a personal loan from a reputable lender, he says. Many insulation and heating providers can also advise their clients on finance options. "You cannot put a price on your health or your family's health," Bede says.



Christchurch Hospital, Ward 20:

"Thank you for consistent, friendly help to Mum and I while my sister was

in your ward (Ward 20), with our frequent phone calls and queries." – AN, Geraldine



Jie Tran, Nam Tran, Sandy and Khan are looking forward to a warmer winter thanks to new insulation and a heat pump.

Nam Tran first heard about the fire ban from someone at work. He and his family looked into it and found out they could still use their old log burner for another two years but decided to change now anyway. "I saw a news item on TV about the subsidies and got onto it."

Last November Community Energy Action installed insulation and a heat pump in his home.

He has already felt the difference with the insulation. "It's a big difference. The heat lasts much longer," Nam says. He also hopes that come winter it will improve his children's asthma.

Double glazing is not included in the subsidy scheme. However, where double glazing is too expensive, DIY window insulation may be an option. It is not a permanent solution but at a fraction of the cost (\$100-\$150 per house) and with similar efficiency as double glazing it can be a good solution to save on heating.

More information on the insulation subsidies is available from www.eeca.govt.nz.

DIY window insulation is available from the Community Energy Action shop or online from their website www.cea.co.nz.

Tests soon for all newborns

Canterbury District Health Board aims to make hearing tests for newborn babies available to all parents by the middle of this year.

The Universal Newborn Hearing Screening and Early Intervention Programme (UNHSEIP) started rolling out across the region last May.

The main reason is to catch hearing loss early. According to the National Screening Unit, the early detection of hearing loss – and being able to intervene early – has been shown to greatly improve long-term language skills and brain function.

The internationally recommended age for the diagnosis of hearing loss is before three months of age, with intervention, which includes the fitting of hearing aids and any other developmental support that is needed, beginning by six months.

“At the moment, the average age kids are picked up with hearing loss in New Zealand is around 45 months – or almost four years of age,” says Angela Deken, CDHB Newborn Hearing Screening and Early Intervention Programme Co-ordinator.

However, UNHSEIP is expected to bring significant improvements in early detection rates.

By the end of January, about 2900 babies had been screened via the CDHB’s screening programme.

“Two babies have been confirmed as having hearing loss so far,” says Angela.

In New Zealand up to 170 babies are born each year with a significant hearing loss.



Jackson Reed, aged nine months, with his mother Anna.

Early detection helps language skills

ASHBURTON COUPLE Anna and Hayden Reed are grateful their baby son’s hearing loss was picked up early.

Jackson was born last June. An initial hearing screen, carried out when he was two days old, indicated a possible problem. This was followed by a more specialised test a month later, confirming hearing loss.

“It was quite scary at first, because we didn’t know how bad it was – what percentage of his hearing he’d lost.

“We now know that without a hearing aid, Jackson can still hear, but it would be like being underwater all the time. It would not be clear like you or I can hear.”

Anna says she’s very thankful his hearing loss was detected early. “With his hearing aid, he can hear the same as anyone else. He can hear sounds properly and his language development won’t be held back.

“This screening programme is very valuable – it’s a brilliant thing.”

THERE ARE TWO TYPES OF SCREENING TESTS, both of which are painless: one involves a small soft-tipped eartube being placed in the baby’s ear. This makes a clicking sound and a computer shows how the ear responds. Another test involves the same soft sounds being played through ear cups.

For more information about the screening programme see www.nsu.govt.nz.

Antenatal tests

Free HIV testing for pregnant women

PREGNANT Canterbury women are now being offered a free HIV test along with their other routine first antenatal blood tests.

Most women with HIV do not know they have the disease because there may be no symptoms. Early diagnosis and treatment for pregnant women with HIV can reduce the risk of their baby becoming infected with the virus from as much as one in three to less than one in 100 babies.

The other tests that are offered include rubella (German measles), syphilis and hepatitis B. Tests to determine a woman's blood group, antibodies and blood count are also offered at their first antenatal visit.

This comes as the number of heterosexual women being diagnosed with HIV (Human Immunodeficiency Virus) in New Zealand continues to rise. Several babies a year in New Zealand are also diagnosed with HIV.

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

"We would encourage all women to have an HIV test, which is confidential, during pregnancy because it's about protecting themselves and their baby," Janette says.

In Canterbury, up to two pregnant women each year are expected to be diagnosed with HIV. All women in Canterbury who have been diagnosed with HIV in early pregnancy have received treatment and given birth to babies who are not infected with HIV.

A doctor or midwife will discuss the results of a woman's HIV test when they see them about their pregnancy care.

Pregnant women who are diagnosed with HIV are offered counselling and are monitored closely during their pregnancy by a specialist. Treatment includes taking anti-retroviral medication, which aims to keep the levels of HIV in the blood very low, in fact so low that it can't be



measured. This ensures most people with the disease can lead long, healthy lives and babies are very unlikely to become infected during pregnancy or birth.

The HIV screening is part of a national programme. **FOR MORE INFORMATION** see www.nsu.govt.nz and go to screening programmes/antenatal HIV screening.



Christchurch Hospital, Emergency Department, AMAU, Ward 31: "This is our second visit to Christchurch Hospital in less than a week and I can't speak highly enough of all the nurses, doctors, nurse aides etc that we have had dealings with while my Dad was a patient. All have been very professional, competent, caring and have gone the extra mile. It is so reassuring to know that my Dad is in good hands. Thank you." – *JS, Rangiora*

Senior Chef

Fresh food ideas spark enthusiasm

EASY-TO-FOLLOW RECIPES are something 69-year-old Brian Cairns appreciates being able to use at home.

Brian, who lives alone, took part in one of two pilot classes towards the end of last year called Senior Chef. Designed for older adults, the comprehensive eight-week course covers not just practical cooking tips, but also nutritional requirements, meal planning and being a savvy food shopper.

Brian often cooks from the class recipe book. "It's simple. You don't have to look at pages of instructions. It's very easy to get out, read it and stick to it.

"The course was great: we talked about lots of different things like what food value is, what we should eat and how to make our meals taste better!"

The recipe source for the programme is *Cooking for Older People*, compiled by dietitian Sally Watson. (To order the recipe book, \$5 per copy, go to www.cph.co.nz/Files/NUT0135OrderForm.pdf).

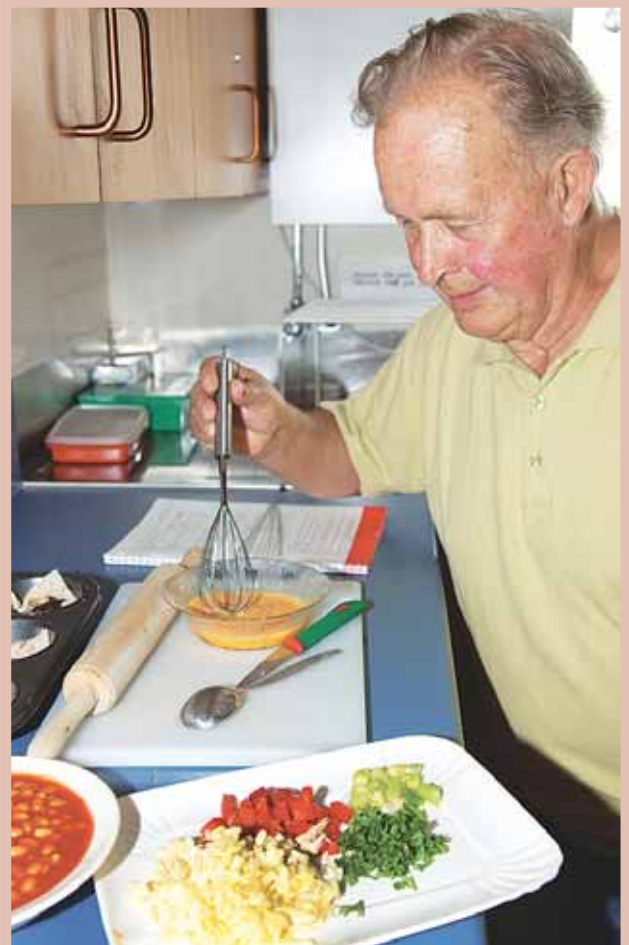
Since attending Senior Chef, Brian has enjoyed preparing new things in the kitchen, such as fresh salads for lunch. He's tried his hand at quiches, omelettes and pizzas – not to mention milkshakes and smoothies!

"The good thing is you don't end up making too much. I've got more ideas now. I guess I've been a bit rough around the edges but this has really sparked me up!"

Last year's pilot classes were run with Christchurch City Council tenants (City Housing), as well as people who attend a community day programme called Club 304. Each weekly session concluded with a shared meal with food cooked on the day.

Canterbury District Health Board dietitian Hiedee Hantz, of Princess Margaret Hospital's Healthy Eating Healthy Ageing Project, developed the programme in response to concerns being expressed by health professionals working in the community that many older people either did not know how to cook, or were struggling to cook for just one or two people after years of raising families.

"I could see there was a real need to tailor a cooking course for older adults on how to cook smaller portions,



Brian Cairns is enjoying preparing new things in the kitchen after attending Senior Chef classes.

how to freeze leftovers, food safety and so on," explains Hiedee.

Feedback so far has been very positive, with participants saying they had found it both informative and enjoyable, plus it had made them more enthusiastic about making meals. Senior Chef is a user-friendly programme for facilitators, who need not be nutritionists. Once the programme has been fully evaluated, Hiedee hopes that other community groups working with older people will also start running it.

She has no doubt that participants to date have gained a great deal from the experience. "The course not only improved nutrition knowledge and cooking skills but provided a social network.

"One group are going to start a morning tea club where they will take turns at hosting the get-together. Many in this group did not know each other before the course so it was great to see the older adults making new friends and socialising. A couple of the participants asked if there would be an advanced cooking class they could attend!"

Hiedee says older adults' key nutritional needs are sometimes not met, partly because people tended to eat less as they got older. Fibre, protein and calcium remain very important. "We also suggest ideas like adding cheese and crackers to that mid-morning cup of tea or coffee and a wine biscuit."

FOR MORE INFORMATION contact Hiedee Hantz on 03 337 7781.

Breastfeeding Advocacy

Growing public support for breastfeeding mums

CREATING a breastfeeding-friendly New Zealand, where breastfeeding is a natural part of everyday life, is important if rates are to increase, says Canterbury Breastfeeding Advocacy service co-ordinator Carol Bartle.

New Zealand's breastfeeding rates are relatively good compared to many other countries, but the drop-off rate of exclusive breastfeeding at six weeks after birth is still high, Carol says.

"About 90 per cent of New Zealand mothers start breastfeeding, but the duration rates of exclusive breastfeeding are still too low.

"The number of women who begin breastfeeding seems to indicate that a lot of women want to breastfeed. Women know about breastfeeding and why it's important, so I think it's about creating the social conditions to make it possible."

The Ministry of Health's recent breastfeeding photo competition was part of a national campaign to normalise breastfeeding in public. Several Canterbury mothers participated in the widely publicised event and submitted photos of themselves breastfeeding their babies in public locations around Canterbury.

Carol says it is wonderful to see mothers breastfeeding in everyday locations. "It's important to increase community awareness about breastfed babies, who need to be fed when they're hungry, and this may well happen while a mother is out and about somewhere."

Research shows that negative comments received about breastfeeding in public could discourage women from breastfeeding.

Carol has met women whose anxiety about people's reactions to breastfeeding in public has discouraged them from breastfeeding or made them feel they have to express milk and bottle-feed when they go out.

"We really want breastfeeding to be seen as something that's a normal part of life – not a big deal – so we really



Carol Bartle is aiming to see breastfeeding in public accepted as a normal part of daily life.

need the community to support breastfeeding. When breastfeeding is really accepted it will not be noticed".

Other social factors create challenges for breastfeeding women, such as the return to paid employment and the need for breastfeeding-friendly child care.

"Social conditions have changed. More mothers make decisions to go back to work now, for various reasons, so environments need to adapt to support women who would like to continue breastfeeding, whenever and wherever possible," Carol says.



Christchurch Hospital Emergency Department: "I presented with acute symptoms at Christchurch Hospital Emergency Department in the early hours of 6 January and was admitted . . . I wish to express my appreciation for the prompt and courteous treatment given in the Emergency and X-ray Departments, and for the calm, reassuring atmosphere that prevailed." – *JM, Lincoln*



Susan Procter (left), with Aroha Wetere and her children Makaire, aged four, and Rinia, seven months.

Sister's helpful advice returned

DURING her first pregnancy five years ago, Aroha Wetere remembers her sister saying “breast is best”. Now Aroha is giving breastfeeding advice back – across the Tasman.

Aroha, 24, has almost completed the La Leche League training to be a peer counsellor, which means she will be qualified to support breastfeeding mothers in the community. Her sister, who recently had a child and lives in Australia, now calls her for advice.

“She already knows the answers but she wants to hear it from someone who knows what they are talking about,” Aroha says.

Primary Health Organisation Partnership Health and Early Start initiated the peer counsellor programme after Early Start's Young Parents' Breastfeeding Group Whangai “Matua Puhou” leader Susan Procter qualified to train peer counsellors in July 2009.

Canterbury District Health Board Healthy Eating Healthy Action helps fund the Early Start Young Parents' Group, as well as health and other community organisations, to implement the peer counsellor programme in Canterbury.

Susan says it is important for mothers to be able to talk with other mums about breastfeeding issues.

“If mums don't know other mums who are breastfeed-

ing then they tend to not continue. And a lot of young parents struggle to relate to health professionals, so it's great for them to be able to relate to other mums in their age group.”

For mother of two Kristy Whitworth, 20, that mother-to-mother support was vital. She wanted to breastfeed her first child but had birthing complications, became ill and was hospitalised.

“I had no support,” she says, “and everyone was telling me to formula feed. There were lots of tears, and then I was referred to Susan (Procter) and she said I could breastfeed. I was like, ‘Woohoo, someone thinks I can do it’.”

Kristy decided to train to become a breastfeeding peer counsellor to help other mothers.

“It's the fact that you can make the world of difference even just having a conversation with someone and helping them to make little changes.”

The La Leche League breastfeeding peer counsellor programme was designed to build community capacity and cost-effective breastfeeding peer support. It has been set up successfully in many New Zealand regions among diverse populations and maternal age groups.

Strategic leadership for allied health professionals

STELLA WARD is Canterbury District Health Board's first Director of Allied Health.

Stella, who begins her new role in April, will also cover the West Coast District Health Board.

She comes to the position after two and a half years as the first Director of Allied Health at the Counties Manukau District Health Board in Auckland.

The Allied Health profession encompasses a number of different careers including physiotherapy; occupational therapy; social work; speech and language therapy and dietetics.

As part of her new role, Stella will provide strategic leadership for allied health professionals in both regions and will be part of the Executive Management Teams for the two district health boards.

Stella says speech and language therapy, like other allied health careers, provides plenty

of variety but also offers the opportunity to specialise in a particular area.

Further study is also an option for people who want to widen their skills.

Stella has specialised in paediatrics but she also has an interest in working with people with brain injury and with swallowing problems.

"Allied health is a career with such breadth and depth. Allied health professionals are usually flexible people who can adapt to a variety of situations."

Stella began her career as a speech and language therapist at The Princess Margaret Hospital and has gone on to work in a variety of roles since.

She was part of a therapy team that worked with people

with intellectual disabilities during the deinstitutionalisation of Templeton Hospital (now Brackenridge) in the 1990s.

From there, she moved across the Tasman where she worked as part of a "flying therapist" team consisting of other allied health professionals and a teacher who assessed the needs of children with learning disabilities who were living in remote areas of New South Wales.

After a stint in the United Kingdom and Ireland, she returned to Christchurch where she began a Masters in Health Science while working as an Early Intervention Speech Language Therapist with children.

After working in private practice in Auckland, Stella

moved into a management role in 2004 for the first time, taking up a professional leader position at Counties Manukau District Health Board before becoming Director of Allied Health.

She says she has been grateful to have the opportunity to work across such a variety of roles.

She has particularly enjoyed working as part of a larger team of health professionals and with patients and their families. "Allied health professionals have a unique approach to people's health and look at someone in the context of who they are and how they interact with the world. It's a whole-person approach.

"Allied health professionals work as part of a multidisciplinary and interdisciplinary team. There's a sense of team work with the patient and their families being an integral part of this," she says.

FOR MORE INFORMATION about Allied Health careers at the Canterbury District Health Board, see www.careers.cdhb.govt.nz and go to the Allied Health section.



Allied health professionals have a unique approach to people's health and look at someone in the context of who they are and how they interact with the world. It's a whole-person approach.

Stella Ward



Christchurch Hospital Orthopaedic Department: "Congratulations on providing a child-friendly service. My son, who broke his collarbone, was well catered for with a lovely clean play area and was fascinated by the turtle. The staff were friendly, courteous and efficient. Thank you." – *FS, Rangiora*

Health professionals pedal length of country for heart research

CHRISTCHURCH Hospital Cardiologist John Elliott joined a group of fellow cardiologists and health professionals last month on an epic cycle ride to boost awareness of heart disease prevention.

The Great Ride For Heart covered the length of New Zealand from Cape Reinga to Bluff to help raise \$1 million for the Heart Foundation's Cardiovascular Research Fund.

John Elliott joined the ride for the last two days, February 13 and 14, cycling from Twizel to Queenstown (187km) and then Queenstown to Bluff (207km).

Early in his career, it was a Heart Foundation Fellowship that enabled John to complete further training in Interventional Cardiology, including angioplasty and stents, at The Cleveland Clinic in Ohio, USA. Angioplasty is widening narrowed or blocked blood vessels and stents are tubes that are placed in arteries that supply the heart to keep them open.

Every cent raised from the ride will go directly towards setting up a research hub for preventive heart health at the University of Auckland.

Long cycle rides of three to four hours helped prepare John for the event. "I biked up the Rapaki Track on my mountainbike, to the Sign of the Kiwi on my road bike, over Christmas I trained on roads near Cook's Beach on the Coromandel,



Christchurch Hospital Cardiologist John Elliott joined The Great Ride For Heart in its southern stages from Twizel to Queenstown and Queenstown to Bluff.

and I cycled to the top of the Crown Range from Wanaka."

Heart disease is largely preventable, with physical activity being very beneficial to heart health. The Heart Foundation's recommendation is to do at least 30 minutes exercise every day. Healthy eating and stopping smoking also help prevent heart disease.

"Prevention is much better than cure. Once the disease process has

started, it's a progressive problem. So while we have medications and techniques for slowing down that process, it's far better if there wasn't a problem in the first place."

John is very grateful to all who generously sponsored him before The Great Ride For Heart, and notes that anyone can still sponsor him or any other participants in this event by going to: www.heartracer.org.nz//rideforheart.

Oral health

Dental x-rays at the bedside

Lorraine Dunn was able to receive treatment for a broken front tooth in the comfort of her resthome just before Christmas, thanks to a new portable x-ray machine being used by the Canterbury District Health Board's Oral Health Service.

The CDHB's Oral Health Service (OHS) provides a limited dental service for older people who are immobile and cannot make the journey to a dentist.

Lorraine was one of the first patients to benefit from the portable X-ray machine.

The OHS has recently received a \$10,000 donation from the Canterbury Branch of the New Zealand Dental Association and the New Zealand Aged Care Association to purchase the machine.

Domiciliary Dentist Alastair Stokes says before the introduction of the portable x-ray machine, patients needing an x-ray were often taken by ambulance to a dental surgery. "This could be a complex, expensive and even frightening logistical exercise for very old, frail patients."

Instead, x-rays taken at Lorraine's



Lorraine Dunn, with her front tooth fixed, shows the portable x-ray machine to Nazareth House Charge Nurse Helen Rhodes.

bedside allowed the dentist to replace her broken tooth without her having to leave her resthome.

Dr Stokes says Age Concern Canterbury has also supported a grant from the Canterbury Community Trust for a digital imaging system which will provide direct images from the portable x-ray machine on to a laptop computer. It will be in use from this month.

"The x-ray machine is already proving very beneficial to our patients. This extra funding completes a technology package which will significantly improve dental care for a very deserving group in our community. Clinicians, patients, carers and families all appreciate the generosity of the funding agencies participating in this project," Dr Stokes says.

People with type 2 diabetes wanted to help with research

A new study aims to improve the way people with type 2 diabetes manage their blood sugar levels and their general health.

Researchers at the University of Otago, Christchurch, want to recruit 192 people aged 18-65 years old with type 2 diabetes to be part of the study. Researcher Virginia Maskill says, "This will not take a lot of time but will help the thousands of people trying to cope with type 2 diabetes. We'd

really appreciate it if people could give us a call and find out what the study is about."

About 270,000 people in New Zealand have been diagnosed with adult-onset or type 2 diabetes, and it is expected there will be a significant increase in this lifestyle disease in the future.

One of the big problems associated with type 2 diabetes is maintaining the correct level of sugar in the blood. When blood sugar levels are too high, peo-

ple risk serious health complications, including kidney failure and blindness.

The study will involve attending some sessions and filling in questionnaires. No drugs are involved.

To find out more call Virginia Maskill, Research Assistant, University of Otago, Christchurch, on 364 3861 or email virginia.maskill@otago.ac.nz.

(This study is funded by a Strategy to Advance Research in Nursing and Allied Health grant).



Canterbury District Health Board Chief Executive David Meates (left) and Quality Health NZ Chief Executive Peter Rose with the certificate of accreditation

CANTERBURY DISTRICT HEALTH BOARD RECEIVES QUALITY ACCREDITATION

The Canterbury District Health Board (CDHB) received an important seal of approval in July last year when it was awarded “accreditation status” by Quality Health New Zealand for three years.

Chief Executive David Meates describes becoming accredited under the Evaluation and Quality Improvement Programme (EQiP4) as an outstanding result. “The programme provided us with external validation and feedback on the way we deliver healthcare as well as ways in which we could further enhance our services in the future,” he says.

The EQiP4 programme, developed by the Australasian Council on Healthcare Standards, is designed to support health services to achieve excellence both in performance and outcomes.

Accreditation under the programme means that the CDHB has reached important standards relating to the

quality and safety of care and services.

The programme includes self-assessment against standards and an independent assessment undertaken by qualified surveyors. For the CDHB this meant making sure that it had all the information and evidence readily available before hosting a team of 20 surveyors from throughout Australasia.

CDHB Corporate Quality and Risk Manager Jan Nicholson says: “The process created an opportunity for the CDHB as a whole to evaluate and record how services have been improved for the people of Canterbury and to think about how services could be improved further.”

Last July was the first time the CDHB has taken a “one organisation” approach not only towards the accreditation programme but also towards becoming certified against the New Zealand Health & Disability Service Standards.

Jan says this was a bold move that has paid off. “Being surveyed as

one organisation has helped promote consistency and cohesion across the organisation.

“This approach also minimised disruption to services and the duplication of effort that comes with a series of audit and survey events.”

CDHB’s survey report highlighted many excellent service improvements across all levels of the organisation such as the Canterbury Initiative, designed to provide “better, sooner, more convenient care”.

The report also noted that the CDHB would be one of only a few organisations which have their Chief Financial Officer as one of their “quality champions”.

Quality Health New Zealand’s Chief Executive, Peter Rose, congratulated the CDHB on being awarded three years accreditation for the first time as an “integrated District Health Board” and acknowledged the organisation’s full commitment to ensuring quality and safe care and services.



New Zealand Government

It
takes
Three

One thing you can protect them from.

You can't protect them from everything, but you can help protect them from cervical cancer. **The cervical cancer vaccine is available to all girls and young women born between 1990-1998 from their General Practice, not at schools as in other parts of New Zealand.**

The vaccine protects against the virus that most commonly causes cervical cancer. It takes three injections in the upper arm over six months.

For more information about the cervical cancer vaccine, talk to the Practice Nurse at your daughter's General Practice.

For more information visit www.cervicalcancervaccine.govt.nz
or call 0800 IMMUNE (0800 466 863)

Canterbury
District Health Board
Te Pōari Hauora o Waitaha

 **MINISTRY OF
HEALTH**
MANATU HAUORA