

across the board

The Newsletter for **Canterbury** District Health Board Staff



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New CT Scanner in Radiology

A \$1.6m scanner, whose speed and capacity revolutionises previous CT scanning processes, has been installed in Christchurch Hospital's Radiology Department.



The first of its kind in New Zealand, the new GE VCT (64 multi-slice) scanner was officially opened last month by Health Minister Annette King, who congratulated the CDHB for having the vision to commit to the project, and the management team and the staff who made it a success.

The new scanner offers considerable advantages for clinicians and patients alike.

It allows more comfortable breath hold for patients, reduced image acquisition times, improved image resolution, and the ability to view in 3D all body parts; additionally, it can image arteries in 3D in any part of the body, and has software that helps radiologists in the diagnosis for complex procedures such as CT colonography.

The new scanner's coverage speed allows clinicians to capture whole organs in a second, the heart in five beats, or go head to toe in under 10 seconds.

This is in marked contrast to the first CT scanner.

The first CT scanners for clinical use which were installed in the 1970s took 70 seconds to scan one slice.

'The very fast scans will make scanning easier for children and very sick adults, and will speed up the diagnostic process in patients after major trauma. Patient throughput should increase as more staff are recruited to interpret the images,' said Dr Ian

Cowan, CT Section head Radiologist.

Christchurch Hospital's new CT scanner began scanning patients on June 20. Its tube can do a single rotation in 0.37 of a second. It can cover 40mm of a patient in a single rotation (each slice only 0.625mm in thickness). Its reconstruction speed is 16 frames a second.

The existing CTi GE scanner, which was installed in the department in September 2000 can do 1mm slices with a coverage of a little over 2mm per second.

The new equipment is run by medical radiation technologists or radiographers.

'Acquiring this new scanner' has been a real boost to the department,' says Chris Goodyer, Service Manager.

'The older scanner was being heavily used to keep up with demand, but with two machines we are now in a good position to give patients an even better service, along with superb scans.

'In addition, we took advantage of the building alterations that were necessary to accommodate the new machine and have provided excellent new facilities for radiographers and radiologists alike.'

Above: Annette King, Minister of Health, chats with Dr Sharyn MacDonald, Consultant Radiologist, and Dr Andrew Long, Clinical Director. Front Cover: Louise Dowie, Charge MRT for CT; Annette King, Minister of Health; Jean O'Callaghan, CEO, Canterbury District Health Board.

New Appointments



Dr Karleen Edwards, who is interim CEO, and Mr Terry Mitchell, who is acting as Manager of Planning and Funding.

Last week I took over from Jean O'Callaghan in an interim CEO role until the new Chief Executive (when appointed) is able to start. This means that for all staff and health providers in Canterbury, it is business as usual. Our organisation has a great reputation for resilience in times of change and an ability to continue to provide excellent, quality care for patients and clients at all levels.

We are already into the second month of the new financial year and, while we are reviewing last year's performance for the annual report, we are also looking ahead to complete the Canterbury District Health Board's Strategic Plan and continue implementing workplans and initiatives. High on the list is Improving the Patient Journey which has a regular column in *Across the Board*. The three-day forum held last month was highly successful and presented us with a great opportunity to explain the different aspects of the project, its many programmes and the difference it will make in the long term. I encourage everyone to look on the website, when it is ready, for updates on progress.

Karleen

Canterbury Health Research Conference

Following last year's successful inaugural conference, the 2005 Canterbury Health Research Conference will be held from August 26 – 27. There is still time to register! Please visit the site below for information. Early registration: until August 10; after that, late fees will apply.

The conference is a joint initiative of the Canterbury Medical Research Foundation and the Health Research Society of Canterbury. Its aims are:

- To provide a high-profile forum for the dissemination of high quality health research being conducted in the region.
- To increase communication and co-operation between researchers from different fields and institutions.
- To share the importance of health research with the public, funding bodies and government.

Visit the website <http://www.hrsc.org.nz/>

Postgraduate Clinical Masters in Nursing Gets Green Light

The Christchurch School of Medicine and Health Sciences' new Masters course in Clinical Nursing has been approved by the Nursing Council of New Zealand.

Senior Lecturer at the Centre for Postgraduate Nursing Studies, Beverley Burrell, says this is one of the few Masters programmes in New Zealand which provides opportunities for senior nurses to expand career options towards a particular clinical speciality or nurse practitioner role.

The course consists of four papers and a research practicum, and is related to the clinical experience of students and their individual needs. Students project work is integral to their nursing practice. Pathophysiology, health assessment, pharmacology and patient case management are key curricula areas.

For more information contact Jenny Mayo, Centre for Postgraduate Nursing Studies, (03) 364 3853, or email jenny.mayo@chmeds.ac.nz

Black Black and More Black!

The eve of the first rugby test between the Lions and the All Blacks was good cause for a 'Support the All Blacks Day' at Burwood Hospital.

Staff Nurse/Duty Manager Trisha Leith from Burwood's Post Anaesthetic Care Unit, organised the day which saw staff and patients enter into the spirit – wearing All Black uniforms and dressing up wards and departments to reflect the event.

'Even patients became involved including 90-year-old Bob Sloss who is Alex Wylie's uncle. He dressed up as Daniel Carter for the day. There was certainly a festive buzz in the air throughout the entire hospital,' said Staff Nurse Natacha Maher.

Newstalk ZB's Ken Ellis and John Dunne popped in to judge the Best Decorated Department and the Best Dressed All Black. The Pharmacy took the Best Decorated Department title and Jo Hampton, an occupational therapist, won the Best Dressed All Black award for her impersonation of Richie McCaw.

"Everyone is still talking about the day, with comments such as 'it was a great way to encourage morale' and 'I visited other departments in the hospital I wouldn't normally visit'."

A photo album of the day including messages from staff has been forwarded to the All Blacks.



Bob Sloss, 90 years young (Alex Wylie's uncle). Dressed as Daniel Carter.



Penny Banks and Lyn Muir, Occupational Therapy Department.



L – R: Heather, Clare (Pharmacy) – Best decorated department. Jo (O.T.) – Best dressed staff member.



L – R: Alan (orderly), John Dunne, SCU mascot, Natacha, Annabelle, Ken Ellis. Team tactics talk.

A Roaringly Successful Visit to Burwood



Gordon Bulloch, Ollie Smith, Tom Shanklin and Lions legal adviser Richard Smith arrive at Burwood.



Gordon Bulloch chats to a patient at Burwood.

A trio of good-natured Lions dropped by the Burwood Hospital Spinal Unit on the afternoon of their fateful first test against the All Blacks at Jade Stadium.

Tom Shanklin, Ollie Smith and Gordon Bulloch spent more than an hour greeting patients and their families in the unit, signing everything from footballs to plaster casts.

Dr Richard Acland, Clinical Director and Graham Tapper, programme co-ordinator for the unit, said staff and patients alike were thrilled with the visit.

Dr Acland told the players that although

it was happening less than in the past, there was still an association between rugby and spinal cord injury.

He thanked the players for their visit, especially on the afternoon of such an important fixture.

'You've been a great fillip for all concerned. Positive thought and attitude is really important here.'

While there were some Lions supporters evident among staff and families, the majority picked the All Blacks to win the first test – which they did!

Big Screen for Patients

Watching the All Blacks beat the Lions on a special large-screen television was all part of the service for 20 patients at Christchurch Hospital last month.

Ten elective patients requiring prostate procedures were admitted on consecutive Saturdays in July. They arrived on Saturday mornings, received their operations and watched the test matches at night on a large-screen TV which was on loan from Harvey Norman.

'Guess the Score' competitions were held in Ward 14, where nurses wore All Black t-shirts. A Lions' flag was in evidence and no one was in any doubt that sporting fixtures of national significance were taking place!

Project Launch

The project, Improving the Patient Journey, was officially launched on July 20 by Jean O'Callaghan at a ceremony at Christchurch Hospital. The launch preceded a two-day conference of leading Australian and New Zealand health organisations, examining the structure and progress to date of the project.

Improving the Patient Journey

These articles continue the series about the project **Improving the Patient Journey**.

Here, Professor Michael Ardagh looks at **Models of Care, the Whole System and Improving the Patient Journey**.

There are several keys to the long-term resolution of the problem of overcrowding in the Emergency Department.

These include a reconsideration of how we manage acute patients (Models of Care), consideration of causes and solutions across the Whole System (from the first contact in the community, to discharge back to the community), and from the perspective of the patient travelling through this system (the Patient Journey).

In a sense, the Models of Care describe the patients' itinerary on their acute care journey – that is: where they stop, what happens there, and how it happens.

The work being done in Christchurch on Improving the Patient Journey has already made us leaders nationally. However, there are examples from elsewhere which can help us. Although the Models of Care developed elsewhere vary, there are some recurrent themes. Among these are the Whole System concept and the patient-centred perspective.

Also, it is clear that there are bottlenecks in the patient's journey.

The narrowest of these must be

attended to before any improvement in patient flow will eventuate. In addition, the patient experiences activities which make a useful difference (e.g. resuscitation, diagnosis, treatment), and some activities which do not make a useful difference (e.g. waiting, being moved in and out of different spaces).

The useful activities should have a place dedicated to that activity, with the staff trained and resourced to undertake that activity.

When that activity is completed, the patient moves to the next place for the next useful activity to occur.

Currently the spaces available for acute patients are multi-functional, with competition at times between different activities and with staff having to use generic resources to complete different specific activities.

The work in Christchurch has begun with a categorisation of ED patients into three categories, defined by the sort of activities they require.

Unwell patients need resuscitation/stabilisation. Undifferentiated patients (for example chest pain of unknown cause) require a diagnostic work-up, and 'ambulant' patients (for example, minor injuries) require the staff and resources to deal with their specific problems.

Children need their own resources, so already we have six

categories of activities based on these categories of patients, in adult and paediatric populations. Various other spaces are required to support these activities (x-ray,

observation, procedure rooms etc). From this process a picture is developing of the spaces required for models of care based on useful activities on the patients' journeys.

Next will come the details of what is needed for each of these spaces, and then will come their creation.

This describes a long-term and somewhat ambitious process. For it to happen in an appropriate manner, a few things are needed.

First, there needs to be a 'low level' embracing of the concept that this is a whole system issue, and therefore that all citizens of the system are part of the solution.

Second, the District Health Board needs a 'high level' commitment to drive this process as a priority, and to resource it. Finally, in addition to these long-term solutions, the problem of ED overcrowding needs solutions now.

Interim measures to mitigate the effects of overcrowding are being implemented, and these interim solutions need the 'low level' and 'high level' commitments, just as the long-term solutions do.



First Local, Now National Recognition!



Two Canterbury District Health Board projects took honours in the recent 2005 New Zealand Health Innovation Awards.

The Infuse-Rite sedation system which ensures critically ill patients receive the right amount of sedation, won the Individual Award, while the energy management project which resulted in a \$180,000 saving at Christchurch Hospital in a year, was highly commended in the Organisation Award.

Dr Geoff Shaw, Kathryn Greenfield and Richard Dove, the team who developed the Infuse-Rite,

and the energy project duo of Alan Bavis and Brendon Groufsky, were all in Wellington on June 30 for the announcement of the awards.

There were four local entries among the 24 finalists which had been selected from 151 entries.

The winner of each of the three categories received a certificate and \$8,000 cash. The \$15,000 Supreme Award was won by a scheme to reduce housing-related diseases among families in Housing New Zealand Corporation properties.

Farewell Bertie, Welcome ET

'Elvis Tobi' may be the most junior but is also the most costly and sophisticated Linear Accelerator to join the Oncology Service.

The new \$3.5m machine, commissioned by Medical Physics, was officially handed over to the Radiation Therapy Team in late June, and was in fully functioning mode for the first time on June 27.

It replaces 'Bertie', the previous oldest machine which was decommissioned in January after 16 years of faithful service, having treated more than 8,000 patients.

Elvis Tobi, affectionately shortened to ET, was named by staff at the official welcoming ceremony on June 24.

Since January the department had been operating with two machines, with staff working a double shift to keep the waiting list at an acceptable level, while the old machine was removed and the new one installed and commissioned.

ET, manufactured by Varian in the USA, is the latest technology available and the first to be installed in Australia and New Zealand. It has several new capabilities that have the potential for delivering more accurate and effective treatment of cancer, using radiation.

Principal physicist Graham Sorell saw the machine at a conference in the USA in 2003 and again in 2004 with Radiation Therapist Carolyn Kardos.

Mr Sorell says he suspects that New Zealand centres which replaced their aging accelerators in the last couple of years will be



From left: Dr Bernie Fitzharris, Chairman Oncology/Haematology and Palliative Care Cluster, Dr Chris Wynne, Clinical Director Radiation Oncology, and Graham Sorell, Principal Physicist, with ET.

regretting that this technology was not available to them.

Since Christchurch ordered its machine, several have been ordered for clinics in Melbourne and Perth.

'It is intended that we collaborate with these centres so that as we bring the Linear Accelerator's new features on line we will get to do so in a way that achieves the greatest improvement in treatment of our patients.'

Dr Chris Wynne, Clinical Director of Radiation Oncology, has described the new machine as 'remarkable', with capabilities surpassing previous models.

Among them are its capacity for On Board

Imaging, allowing the taking of diagnostic quality images of the treatment volume, the patient being automatically aligned to administer the treatment with pinpoint accuracy.

It also provides Respiratory Gated Treatment allowing the machine to switch on when a tumour which moves with breathing motion is at the position where it moves least, the machine being switched off at all other times.

In addition, the machine allows computer-controlled beams of non-uniform intensity to be applied from several directions, which combine to give a treatment volume which maximises the dose of radiation to the tumour and minimises doses to adjacent areas.

Health and Fitness Recreation on Offer

It's not too late to enrol for Term 3 adults and children's recreation programmes at the YMCA.

Most programmes began last week, but enrolments can still be taken, and Canterbury District Health Board staff receive a 10% discount on term programme fees on presentation of this article.

Beginner and Advanced Levels of Pilates will begin on August 3 at the City and Bryndwr YMCAs.

Beginners and Advanced yoga classes are being offered at Bishopdale.

The following children's recreation classes are available at the Bryndwr venues:

- Basketball for 5 – 16 years.
- Gymnastics for 18 months to 14 years.
- Dance (Hip Hop and Jazz) for 6 to 14 years.
- American Style Cheerleading for 7 to 14 years.

For times and information, call the City YMCA 366 0689, Bryndwr 359 8320 or Bishopdale 359 8330.

Change to Admitting Processes for Christchurch Hospital

Changes have recently occurred in the admitting processes for Christchurch Hospital.

The changes are the result of an initiative to move patients directly to their ward/unit of admission, without delay. The former Arranged Admitting Office, located in the main reception of the hospital, has closed and admitting staff have been relocated in the Pre-admission area where they are continuing to process admission documentation.

All medical staff admitting acute patients to Christchurch Hospital are asked to follow correct admission procedures by:

- Notifying the confirming of a bed with the Duty Manager; or
- If clinically indicated, directing patients via the Emergency Department.
- On confirmation and location of a bed from the Duty Manager/Clinical Charge Nurse, please inform your patient and proceed directly to the ward/unit.

The following information is required as a minimum to admit a patient:

- The patient's first name and surname
- NHI
- Treating Doctor
- General Practitioner
- Country of Residence
- Contact person name, address, phone number – one required as a minimum.

This information should be forwarded to the admitting staff on extension 81290/89647 or direct dial 364 1290 between the hours of 7am – 4.30pm Monday to Friday. At other times and at weekends, all acute admissions continue through the Emergency Department.

All patients admitted to Christchurch Hospital will have documentation completed prior to their admission and this information (draft front sheet and labels) will be directed to the ward of admission, where the patient will be asked to check the completed documentation on their arrival. At this point, once details are confirmed as correct, a formal front sheet (now C110001) will be printed.

It's All About the People

Over the coming months *Across the Board* will look at aspects of the Human Resources Group, its leaders, team members, and various related activities within the Canterbury District Health Board (CDHB).

Human Resources (HR) within the CDHB has evolved over the years and performs a considerable number of critical business functions. Since its inception in 2001, HR has included Industrial Relations/Employee Relations and the broader area of organisational development.

In July 2004, the CDHB moved to a centralised model for the HR function, across several locations. This model changed reporting lines for the HR function, replacing the divisional model where HR staff reported to the General Managers of hospitals.

The CDHB's Health and Safety team joined the HR Group in April this year and, in June, the direct reporting line of Human Resources changed and this function now reports to the CEO. Health and Safety fits within the HR structure and from an employee perspective the integration is regarded as fundamental to service delivery. So when you see or hear 'HR Group' this incorporates the HR and H&S teams.

In an organisation the size of ours this centralisation brought with it a wide range of issues. The challenge for the HR Group now is to integrate its centralised structure to enhance service delivery and work towards developing a HR and H&S consultancy model.

The vision of the HR Group is to 'foster excellence in Human Resources and Health & Safety through providing support and advice to management and staff.'

To do this, the group works towards establishing best practice activity that will develop a joint, collaborative and consistent approach to human resources and health and safety service delivery across the CDHB.

The HR team consists of team members located across several sites, providing general HR advice and support. These teams are led by two HR Managers; other team members are engaged in specialist areas e.g. Employment Relations and Workforce and Strategy Development.

The H&S team is led by the H&S Manager and consists of four teams providing advice and support across the District Health Board – Rehabilitation Advisors, Safe Handling Advisors, Health and Safety Advisors and the Occupational Health Service.

While there are divisional specific areas of responsibility, the HR Group works together

to plan and deliver activity to ensure the appropriate level of support and expertise is provided.

The 'People Management' and 'Workplace Health' of an organisation as complex as ours continues to provide challenges. As a group, we look forward to adding value through contributing to the enhancement of our organisation's service delivery and people development.

Meet Lynn Smillie, Group Manager, Human Resources, and Maureen McCloy, Health and Safety Manager.



Lynn joined the CDHB in September 2004 following her return from Brisbane. She was appointed to the position of HR Manager – Divisions, responsible for Christchurch

Hospital, Christchurch Women's Hospital and Canterbury Health Laboratories. In February this year she was appointed to her current position.

Lynn has HR management experience in the health sector having previously worked in senior HR management roles for Lyttelton Port Company and in logistic and energy industries in Melbourne and Brisbane. Lynn has a business degree in HR and has a significant ER capability having taken the lead role in various industrial negotiations and situations.



Maureen McCloy has been with the CDHB since October 2002. Her role is to work with the H&S team and managers to enhance health and safety outcomes for the staff and the organisation.

She previously worked for ACC as an Injury Prevention Consultant and was H&S Co-ordinator at Lincoln University. Maureen holds a graduate diploma in Occupational Safety and Health (with distinction) from Massey University and is currently working towards her business degree.

Congratulations!

Justine Griffiths has been appointed Manager Workforce and Strategy within the HR Group.

Her new role will be to provide strategy direction in preparing information required from our Core Directions and ensuring the links, measurement and reporting frameworks are consistent nationally, regionally and locally with our District Strategic Plan. In addition, she will manage the Workforce Development challenges in the areas of Learning and Development.

Anyone for Tennis?

The Hagley Park Tennis Club has 22 beautiful grass tennis courts for hire, either for a one-day Corporate Tennis Day, or a six-week twilight Corporate Competition.

Would Christchurch Hospital like to challenge a team from Women's and Children's Health, or would any Canterbury District Health Board division like to submit a team?

The grass courts will open in October; a Corporate Day will be organised for a Sunday in November. If anybody is interested please contact Avel Russell in Neonatal Services 85885.

Art Exhibition at Hillmorton

At least 150 art works – mostly paintings and photographs – will make up 'Medium Exposé' a special art exhibition at the Recreation Centre, Hillmorton Hospital next week.

Produced by past and present Canterbury District Health Board Mental Health Service consumers, staff, and families of both groups, 'Medium Expose' will be on view from 10am – 4pm from August 9 – 12.

Some of the works are for sale; others for display only. Prices range from under \$10 into the hundreds.

Thinking of Escaping Somewhere Warm?

House of Travel at Christchurch Hospital has a travel office onsite in which all Canterbury District Health Board staff get access to District Health Board special deals on their own personal travel. Contact John Mills on 03 364 1764 or email jmills@hotmail.co.nz and Ann Pickering on 03 364 1767 email annp@hotmail.co.nz

Young Executive of the Year Award 2005

Young leaders, innovators, team builders and high achievers are sought for the New Zealand Institute of Management/EAGLE Technology Young Executive of the Year Award 2005.

Nominees must be 35 or younger, have been employed by their organisation for more than six months and hold a middle or senior management position.

Now in its 11th year, the award was established to recognise stand-out individuals who are prepared to go beyond perceived limitations and strive for personal and organisational excellence.

Nomination forms are available at www.management.co.nz/top200/youngexec.htm. Entries will close on August 19.

GMs Agenda

This is the third of a regular column by divisional general managers of the Hospital and Specialist Service. Shelly Park, General Manager Medical and Surgical, Christchurch Hospital, features this time.

The Medical and Surgical Division at Christchurch Hospital is now in its ninth month, and for me the time has flown.

The division has a budget of nearly \$260m and employs about 3,000 staff. We have 650 beds and at any one time we have between 520 – 640 patients using them. We deliver outpatient healthcare services to over 350,000 patients a year and see approximately 67,000 patients through ED. Our clinical services are held in very high esteem, nationally and internationally. This reputation has been earned over a long period and comes from the on-going skilled work of our dedicated health professionals – to all of you ‘thank you.’

Like all large tertiary hospitals, we face plenty of challenges for the delivery of healthcare – financial, production, and patient flow challenges – along with ongoing demands to ensure we meet the reporting requirements for the Ministry of Health, and

the need to reduce our annual leave liabilities.

The work on Improving the Patient Journey is well underway with work streams underway in ED, Radiology, Acute Medical Unit, Capacity Planning and Surgery. We are currently planning the start of one for the Medical Stream and Theatre. Our first meeting on the clinical space requirement for ED and Acute Medical Unit will be held this month. The aim of all these work streams is to improve the flow and journey for patients.

There has been an amazing amount of good work over the last nine months – we have introduced the Autumn Package; planned for the extra acute theatres which began on July 25 (five extra sessions per week to help manage the acute numbers of patients who need to access theatre); review of the gridlock process; increasing the number of nurses on the new graduate programme; management of the increased number of patients through ED; the meeting

of the majority of our contractual volumes; improved reporting to the Hospital Advisory Committee (HAC); the setting of the 2005/2006 budget and Capex budget (new processes will be put in place to ensure a more thorough and robust process for 2006/2007); and all of this while clinical care continues to be provided at a very high standard. Well done to all.

As this issue goes to print we await the announcement of the new CEO. Once again we are seeing change within our health service and we have two options – we can gather together, make this a positive change and embrace and share the new leader, or we can sit back and watch things as they occur – I know which one I will choose. Which one will you?

Let's continue to work together and provide the best care and health services for the people of Canterbury as we gather round and support our new CEO.

Telecom and Canterbury District Health Board Sign Agreement

The Canterbury District Health Board (CDHB) last month signed a multi-million dollar agreement with Telecom to provide all our telecommunication requirements.

The three-year agreement covers voice, data, calling services and maintenance of the CDHB's telecommunications, and includes enhanced inter-office calling, integration of fixed and wireless services and high speed Internet and Health Intranet access.

Telecom will provide a range of innovative mobile solutions to enable CDHB users to spend more time in front of patients and less in administrative activities. These include PDA devices, laptops fitted with mobile data cards for school dental therapists and customised intranet pages accessible via mobile devices.

It will also upgrade the major CDHB sites to a Nortel Voice over IP telephony platform. This will allow services such as integrated multimedia messaging and IP telephony to be rolled out throughout the District Health Board (DHB) and reduce costs of calling between its sites.

Some of the new services have already been implemented. The Christchurch Women's Hospital is connected via a state-of-the-art Nortel LAN and wireless communications facility; new technology which allows users to communicate throughout the hospital using a wireless voice-over IP handset and which also allows other wireless devices to connect directly to the network via secure high speed links.



Paul Deavoll, Telecom's South Island Regional Sales Manager, and Jean O'Callaghan, CEO of the Canterbury District Health Board, sign the telecommunications agreement.

The new agreement also extends to the other five South Island DHBs.

CDHB CIO Chris Dever is pleased the DHB can start the implementation of the new infrastructure and calling plans.

'Given our ever increasing IS requirements to assist in delivering health outcomes, this contact is attractive to us, in that it allows telecommunications growth at reduced overall cost.

'It is a credit to the other South Island DHBs that we have all worked together to receive the

best price and service and we also thank Telecom for offering such a collaborative deal.'

CDHB Telecommunications and Operations Manager Kerry Varcoe is also pleased with the outcome.

'The new contract allows us to increase bandwidth between many sites and introduce new technology. With the upgrades, system changes and Nortel equipment installed, we are able to satisfy the immediate requirements, while allowing for growth.'

Fifty Years with the District Health Board

The longest-serving employee at the Canterbury District Health Board says 50 years have gone in a flash.

Neville Turner is the Manager of the Mechanical Workshops in Medical Physics and Bioengineering at Christchurch Hospital. He has spent his entire working life designing, creating, sharpening and repairing specialised surgical instruments, and manufacturing devices and fittings for patients and surgeons.

Neville's career in such highly specialised work began after he left Christchurch West High School as a 16-year-old in 1955. He had enjoyed after-school work with a local welder and engineer, the late Robert Woods, who had heard the position for a junior technician at the hospital was available, and advised him to apply. This was a new section in the hospital and was housed with the Artificial Limb and Splint Department. So began five years as a trainee technician under the watchful guidance of Mr Harry Powell, 'a very clever and talented engineer' with the then North Canterbury Hospital Board.

'As this section was new we had plenty of repairs and sharpening to do. We also made many special instruments for the various



surgeons who worked for the Hospital Board. Mr Powell died about 1964 and I was left to run the section. Brian Temple joined me about 18 months later and he is with me still. We were transferred out of the Splint Department and became part of Medical Physics in approximately 1983.

'The work carried out in this department has become more specialised. Here we have an Instrument section and a comprehensive Mechanical Workshop where we repair and manufacture various types of equipment for all the hospital departments.

'Oncology treatment and quality assurance devices are a large part of our work. As well

as manufacturing titanium cranial plates for local head injury patients, plates are also manufactured for patients around New Zealand and Australia. This work is undertaken by two mechanical engineers within my section. We export Quality Assurance Test Pieces worldwide – to Cork Hospital, Ireland; King Faisal Hospital, Saudi Arabia and the London Cancer Clinic, England.

'Of all the interesting work and projects I have done, I would prefer the orthopaedic and general surgery side. Surgeons visit the section workshops and discuss new creations, which we then manufacture to their designs. We have excellent workshops with modern equipment. Computer technology has really changed the way we are able to work and a lot of equipment is now manufactured using a CNC Machining Centre. I have a staff of three excellent men and we are in the throes of appointing a junior technician to work in the instrument section.'

Neville's current office, overlooking the Avon River, is near the same spot where he started work on August 1 all those years ago. Like his job, Neville's interests are very specific.

'I am a collector of antique axe heads, adzes and goldmining picks.'

Ashburton Hospital's 125th Anniversary Celebrations

Past and present staff of Ashburton Hospital are invited to its 125th anniversary celebrations in September.

Plans are afoot to celebrate the event on the weekend of September 10 and 11, with a ball, 'Dancing in the Stars' at 7.30pm on the Saturday night at the Ashburton Hotel. Tickets are \$40. It will be followed the next day by a chapel service and luncheon.

A special Celebration Choir is being formed and anyone keen to sing should contact Karen Hall. Practices will begin this month.

Val Knight, Health and Safety Co-ordinator at Ashburton Hospital, is chairperson of the Organising Committee and she wants to hear from people who are keen to attend. Contact her on 03 308 4149 ext 28377.

The first hospital was built in Ashburton in 1879 – one small building – but by 1914 it had been expanded to include a fever ward, laundry, morgue, nurses' home, men's ward, kitchen, nurses' dining room, women's ward, theatre and children's ward.

Farewell Michael and Good Luck

Michael Aitken has left his role as GM Hospital Support and Laboratories after a 23-year career in health.

In 1982, he was a Clinical Psychologist at Sunnyside Hospital before moving to the Crisis Team at Christchurch Hospital and leading that group for three years as it transformed into the Psychiatric Emergency Service. Michael was appointed Manager of Medicine for the CAHB in 1991 and, two years later, went to the new Auckland CHE as GM of Clinical Support. He was back three years later as Manager of Community

Mental Health, and then Facilities and Business Development for Healthlink South. Following the merger of the two CHEs he had a brief stint at Burwood before becoming GM Hospital Support and Laboratories.

'I have had the privilege of working with some extraordinary people in the past 23 years and thank them for what they have taught me and what they have contributed and continue to contribute to health care. Health has always been my primary passion but I am excited about applying what I have learned to another sector.'

Proposals Sought for Canterbury District Health Board Research Round 2005

Applications are being called for research proposals to be funded by the Canterbury District Health Board (CDHB) this year.

A sum of \$190,000 is available – \$100,000 for general research projects and \$90,000 for cancer research.

Projects should be directed at improving the quality of care delivered by health providers in the CDHB.

Applications, which will close on August 26, will be processed by the Research Office, 5th floor Christchurch School of Medicine and Health Sciences building, and will be subjected to scientific assessment by the Scientific Assessing Committee of the Canterbury Medical Research Foundation.

The CMRF application has been amended for this round and is available from the Research Office in electronic form by emailing research@chmeds.ac.nz.

The maximum grant awarded may be \$30,000. Applicants will be asked to participate in relevant publicity within the organisation about their research project, its procedure and the results. A full report, which will be sent to the Chief Executive and the Board, is expected at the completion of the project.

Contribute Your News to across the board

across the board is distributed on the first working day of each month. We welcome articles that will be of general interest to staff across all divisions, occupations and locations. If you would like to contribute articles for *across the board* or want to suggest potential stories, contact Jocelyn Johnstone, the Publications Editor. The deadline for material for the next edition is 15 August.

Canterbury
District Health Board
Te Poari Hauora o Waitaha