

# Nephrologist Conducts Major Diabetes Study

A Christchurch Hospital doctor is conducting groundbreaking research into how heart and kidney failure among people with diabetes can be detected earlier.

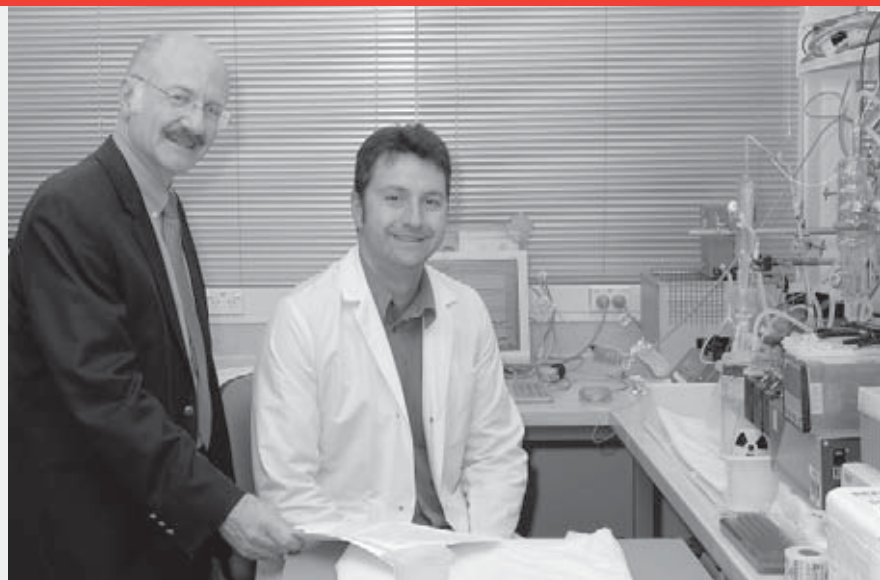
Nephrologist Prof Zoltan Endre is committed to improving the early detection of organ failure by researching changes in the cells that line the blood vessels of hearts and kidneys. He is also head of the University of Otago, Christchurch's Academic Department of Medicine and leads the Christchurch Kidney Research Group investigating acute and chronic injury in kidney disease.

"Endothelial cells in blood vessels are like very early warning signals with regard to kidney and heart injury, and possible failure of these organs in people with diabetes. So we're focusing our research on how endothelial cells actually change, and how this affects these vital organs," he says.

"Our hypothesis is that damage to endothelial cells happens years before renal failure. If we can better understand this process, and the relationship between cell failure and organ damage, then we can improve treatment, and delay renal failure and dialysis. Tight control of blood sugar and current medication is not enough to do that."

New Zealand, like many developed countries, is in the middle of an escalating diabetes epidemic, largely caused by lifestyle factors such as dietary choice, and lack of physical exercise.

There are now around 200,000 people with diabetes in New Zealand, with Maori and Pacific Islanders having particularly high rates.



Prof Zoltan Endre and scientist Dr Chris Pemberton.

The great challenge to the health system is the major complications arising from this condition, the most obvious of which are kidney and heart failure. Some 40% of people on kidney dialysis machines are there because of diabetes, at an estimated cost of at least \$36 million a year and rising fast. It costs approximately \$50,000 a year to keep one person on a kidney machine, to 'clean' their blood because of kidney failure.

Professor Endre says total prevention of renal failure in some people with diabetes is not the immediate aim of this research. At present kidneys deteriorate over 10-20

years, so the goal is to refine and improve the ability to check this process much earlier. The research being undertaken at the Christchurch School of Medicine and Health Sciences is breaking new ground in this area.

Professor Endre says existing treatments for kidney failure simply improve, rather than reverse a condition that can lead to kidney dialysis. He says the challenge now for medical research is to find new and better ways of preventing the serious consequences of the increasing numbers of people with diabetes.

## DO YOU HAVE CHRONIC PAIN IN YOUR LOWER BACK?

We are looking for participants to take part in a three month pain relief study.

### You could be eligible if you:

- Are aged 18 years or over
- Require daily pain relief for lower back pain and this medication is not satisfactorily controlling the pain

If you are interested in further information regarding this study, please contact the Research Study Coordinators

Karen Marshall or Mandy Wilkinson  
karen.marshall@cdhb.govt.nz or  
amanda.wilkinson@cdhb.govt.nz  
on 03 383 6850 ext 99682

## DO YOU HAVE CHRONIC PAIN IN YOUR KNEE DUE TO OSTEOARTHRITIS?

We are looking for participants to take part in a three month pain relief study.

### You could be eligible if you:

- Are aged 40 years or over
- Have osteoarthritis of your knee
- Require daily pain relief for knee pain and this medication is not satisfactorily controlling the pain

If you are interested in further information regarding this study please contact the Research Study Coordinators

Karen Marshall or Mandy Wilkinson  
karen.marshall@cdhb.govt.nz or  
amanda.wilkinson@cdhb.govt.nz  
03 383 6850 ext 99682

**Contribute your news to In Touch.** If you would like to contribute articles for **In Touch** or want to suggest potential stories, contact Rachel Solotti, phone (03) 364 4122. The deadline for the next issue is August 31

# InTouch

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A newsletter for community health providers



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## CDHB Funds Extended Palliative Care Services

The Canterbury District Health Board has extended its contract with the Nurse Maude Association to begin providing community palliative care services to rural areas.

The CDHB has broadened its contract with the Nurse Maude Association to enable the Association to provide the service across the whole DHB area, which extends from Ashburton to Kaikoura. This will also ensure that health professionals in rural areas have access to more support, including from a Community Palliative Specialist Physician, when working with patients who need palliative care.

Under the new agreement, the Nurse Maude Association will employ clinical nurse specialists, an occupational therapist, a physiotherapist and a Palliative Needs and Service Co-ordinator, who will determine the type of services the patients may need to access and a Community

Palliative Specialist Physician. Both the Palliative Needs and Service Co-ordinator and the Community Palliative Specialist Physician roles are new positions.

The team will work in conjunction with the Association's District Nurses, who provide general palliative care.

The Association is also extending its bereavement service to include all families who may have received palliative care at Christchurch Hospital or under the SupportCare initiative, which caters for people with severe chronic medical illness or in their end-of-life phase. Until now, only family members of people who had accessed Nurse Maude Association's palliative care services were eligible for grief and loss support.

The service will be provided by a trained counsellor, a registered social worker with training in bereavement support or a trained

and supervised volunteer.

Debra Wilson, Nurse Maude Association Hospice, Palliative and Aged Care Manager, says until now the palliative care service has held network meetings twice a year for health professionals in rural areas who have patients needing palliative care.

But she says the new model will provide greater support to health professionals in rural areas because they will have more hands-on feedback. "This is really about looking at how we can help them and it's about giving them more people to access and giving them more support."

Rayoni Keith, the CDHB's Portfolio Manager for Personal Care, says the extended service will benefit service users and their family members. "It allows patients to remain at home. Some people may have had to go into a rest home which may not be the best place for younger people, for example," she says.

## Reduced GP Fees for 25-44 Year Olds

People aged between 25-44 years old who are enrolled with their Primary Health Organisation will benefit from reduced general practice fees from July.

Previously only available to those aged under 25 or over 44, the final stage of the new general practice fee subsidy scheme took effect from 1 July.

"Everybody should now make sure they are enrolled with a PHO to ensure the full health funding entitlement comes to Canterbury, and that they are charged the reduced price when they need general practice care," says Partnership Health Canterbury Chief Executive Carolyn Gullery.

The reduction in fees is the equivalent of \$27.50 per visit, but for community services card holders already receiving a subsidy, the reduction will be less.

Prescription charges for people enrolled with a PHO aged between 25-44 who do not have a community services card have also been reduced from \$15 to \$3.

This means that all age groups now have access to reduced charges at GP visits and prescriptions.

The new fees will range from \$5 to \$50, with the average fees across Canterbury being \$26.60 for those who live in urban Christchurch. These fees are even cheaper for people who live in a rural area, with fees ranging from \$22.50 to \$29.50 and the average fee being \$25.00.

To obtain the subsidy, patients must enrol with their PHO if they have not already done so. These fees only apply to the general practice with whom patients are enrolled.

Patients who are unsure whether or where they have enrolled can check by calling 0800 HLTH4U (0800 458 448).

*GPs have reduced fees for patients aged 25-44 years old.*



## New GM Planning and Funding



Gordon Davies

I am pleased to announce the appointment of Carolyn Gullery to the role of General Manager Planning & Funding.

Carolyn, who is currently Chief Executive of the Partnership Health Canterbury Primary

Health Organisation, will take on the role, following the departure of her predecessor, Dr Karleen Edwards, in June. Her starting date is still to be confirmed.

Carolyn, who has a BSc in Psychology and Physiology, has extensive experience in the health sector, particularly in the area of primary care. She has also worked

with the Southern Regional Health Authority, Transitional Health Authority and the Health Funding Authority, with a focus on the wider primary and non government organisation sector.

She was a director of New Zealand's drug governing body Pharmac for two years and has also worked as a consultant within the health sector.

Her major focus will be helping us all to capture the full potential of a district health board for the benefit of Canterbury people. Carolyn says she is pleased to be joining the DHB at a time when she believes there is more co-operation and collaboration in the health system than she has seen in a long time. She says all the elements are there to build a more cohesive system in Canterbury and she is looking forward to the opportunity to bring those all together.

Dr Edwards left the position to take up the role of Chief Executive at Central Northern Adelaide Health Service (South Australia).

Since Karleen's departure in June, the GM role has been filled by Acting GM Planning and Funding Terry Mitchell, whose usual role is Manager Funding Service and Development. I would like to take this opportunity to thank him for his continued support and management in the interim role.



Gordon Davies  
CEO  
Canterbury District Health Board

## Health Services Planning Update

The Health Services Planning team will in July meet with people who have experienced or work in the health system to focus on how four areas – cardiovascular health, cancer, diabetes and women's health – could be redesigned.

This follows other workshops earlier this year, which looked at the areas of child health, eye health, respiratory health and the Kaikoura community.

During the workshops, groups made up of consumers and representatives from community, primary and hospital providers, are asked to identify the issues, problems and good aspects of the current health services in Canterbury. They are also asked how they would organise the health system if they could start from the beginning.

The overall aim of the Health Services Planning process is to involve all groups in planning how services will be developed and delivered over the next 10 years and beyond.

Groups called "design teams" for each area have been set up for the first four focus areas. The teams will develop the ideas put forward during the workshops into a "health service plan" for each area, and met for the first time to agree on the opportunities that will form the focus area health service plans.

One of the most important opportunities that has been raised is the need for a personal electronic health record. This would improve the ability of all health providers to have access to relevant consumer information, which could lead to better health outcomes.

Eight groups have also been formed to represent different types of health consumer areas and it is expected one to two members from each area will work directly with the HSP team to participate in the HSP process. They are family health, mental health, chronic conditions, disabilities, older People, rural Communities, Maori and Pacific Health and Primary Healthcare Organisation consumers.

A website has been established and will be updated to provide more background and information about the programme and its progress. The Health Services Planning homepage can be found at: <http://www.cdhb.govt.nz/health-services-planning>.

If you would like to contact the Health Services Planning team please email [healthservicesplanning@cdhb.govt.nz](mailto:healthservicesplanning@cdhb.govt.nz).

## Community Nurses Recognised at CDHB Awards

The Canterbury District Health Board held its annual nursing awards in May, which included recognising nurses who work for community providers.

The awards, which were held in conjunction with the New Zealand Nurses' Organisation, Pegasus Health, Nurse Maude Association and Healthcare New Zealand on May 10, recognised the work of 20 nurses in hospital and community settings in Christchurch.

Margaret Patterson, Enrolled Nurse for the Nurse Maude Association, was one of seven

winners in the Excellence in Nursing Practice Award while Pauline Lane, Clinical Nurse Specialist with the Nurse Maude Association, was among seven nurses who received a Making a Difference Award. Kirsten Carey, Nurse Manager at New Brighton Healthcare, was one of six winners in the Leadership in Nursing Award category.

The awards have been held since 2004 and were introduced to coincide with International Nurses' Day, which is held every year on May 12 to celebrate the anniversary of Florence Nightingale's birth.

Nurses are nominated by their colleagues.

Canterbury District Health Board Executive Director of Nursing Mary Gordon says the awards are important because they are recognition of "nurses by nurses".

"The awards are about recognising and celebrating nurses and nursing. The three categories are about nursing practice, making a difference and leadership all of which are vital in providing care to patients. It's a great to see nurses take the time to put forward colleagues who they value for these awards."



Excellence in Nursing – Karen Stenhouse, Ruth Hansen, Margaret Patterson, Nicola Skelton and Debbie Handisides.



Leadership in Nursing- Anne Marie Wildbore, Kirsten Carey, Cheryl Childs, Glynis Dodson (Doryan Mahalm, Clinical Charge Nurse – absent).



Making a Difference – Anne-Marie Evans, Anthea Ward, Pauline Ward, Barb McCaughan (Justine Shadbolt-absent).

## Christchurch Hospital Stretched Over Winter Period

A sudden change in weather and the arrival of winter illness has led to increases in hospital admissions and staff sickness at Christchurch Hospital.

This has led to the hospital being in gridlock on occasions since June. Waiting times in the Emergency Department have sometimes been long and some patients have had their pre-booked surgery postponed so that more people presenting acutely can be seen. Canterbury people are being asked to see their GP or after hours surgery for non urgent illnesses and injuries and to visit the Emergency Department for emergencies only.

Mark Leggett, General Manager Medical and Surgical Services, explains the gridlock process.

- 1) **What is gridlock?** Gridlock is an indicator of the workload of the hospital. Higher levels of gridlock (orange and red) are real indicators of potential clinical risk and need to be viewed that way.
- 2) **Why is gridlock called?** The four levels of gridlock represent various levels of workload. Gridlock is based around two basic scenarios. The first is the hospital's inability to resource the hospital with sufficient nursing staff, even though it has enough actual beds. The second relates to when there are enough staff in relation to the number of beds but acute demand continues. This can fill the hospital's total inpatient bed capacity. When this happens, the hospital has to consider resourcing other clinical, non-inpatient spaces to cope with demand.
- 3) **What is the policy around the cancellation of elective surgery**



Christchurch Hospital often becomes very busy over winter.

**related to gridlock?** As admissions for elective surgery are predictable, management are able to ensure the hospital has additional free beds for potential acute patients within the following 12 to 24 hours by cancelling or deferring elective surgery. The hospital's operation and bed management team look ahead 24 hours and make the call based on a conservative estimate of workload at that point. They take the projected discharges and admissions into consideration, along with other factors such as the status of the Emergency Department and the number of nursing staff on leave. The hospital tries to avoid cancelling cancer treatment procedures. Where there is clinical concern about individual elective patient cases, the Senior Medical Officer

- involved in the case will make the call about whether it should be cancelled.
- 4) **Elective surgery cancellations are understandable. Why do we then cancel arranged medical admissions?** For the same reason – to free up beds for acute patients. Gridlock is most often caused by demand for acute medical beds rather than surgical beds. In orange or red gridlock, every bed and every nurse counts.
  - 5) **What about day cases, admissions for review and other procedures?** Why cancel those for patients? In times of orange and red gridlock, we may either require additional nursing staff beyond that able to be supplied by casual or agency sources or more clinical space may be needed.

## CDHB Award Winners

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The winners were:

**Christchurch Hospital Trophy of Nursing Excellence:** Kaye Hicks, Registered Nurse, Ward 14

**Excellence in Nursing Practice Award:** Debra Handisides (Nurse Assistant, Burwood Hospital), Ruth Hansen (Registered Nurse, Christchurch Hospital), Karen Stenhouse (Enrolled Nurse, TPMH), Nicola Skelton (Registered Nurse, Christchurch Women's Hospital), Margaret Patterson (Enrolled Nurse, Nurse Maude Association), Robin Farmar/Jo-ann Kennedy (Registered Nurses, Mental Health)

**Making a Difference Award:** Anthea Ward (Registered Nurse, Burwood Hospital), Anne Marie Evans (Registered Nurse, Christchurch Hospital), Justine Shadbolt (Registered Nurse, TPMH), Barb McCaughan (Enrolled Nurse, Christchurch Women's Hospital), Pauline Lane (Nurse Maude Association), Catherine Taylor/Jill Oetgen (Enrolled Nurse/ Registered Nurse, Mental Health).

**Leadership in Nursing Award:** Doryan Mahalm (Clinical Charge Nurse, Christchurch Hospital), Anne-Marie Wildbore (Clinical Nurse Specialist, Burwood Hospital), Glynis Dodson (Duty Nurse Manager, TPMH), Cheryl Childs (Registered Nurse, Christchurch Women's Hospital), Kirsten Carey (Nurse Manager, New Brighton Healthcare), Grant Kerr (Registered Nurse, Mental Health)

## Dedicated Education Units (DEU) Selected For Pilot Project

The CDHB and the CPIT's School of Nursing are trialling a new project from August which will look at a different way of supporting nursing students.

The Dedicated Education Unit (DEU) project will be piloted in Wards 1A and 2A at Princess Margaret Hospital (PMH), Ward 25 at Christchurch Hospital and the Spinal Injury and Surgical Orthopaedic Units at Burwood Hospital will be involved in the CDHB and CPIT School of Nursing collaborative project. The project, which will be trialled from August to November, will explore an alternative model of supporting nursing students in clinical practice.

The current one-to-one learning concept is expanded, meaning that all nursing staff within the DEU offer support and learning opportunities to undergraduate nursing students, with mutual benefits for both staff and students.

Interested practice areas were invited to tell the DEU project team why they wanted

to be part of the project. Some of the reasons given included:

- "Many and varied specialties to extend students knowledge and learning opportunities"
- "We have great nurses who are wonderful teachers. Students say they feel safe and valued and that they learn heaps"
- "We support students well and encourage them to experience new things whilst promoting the theory behind those new experiences"

The project team is very excited about the opportunity to work closely with the selected areas and looks forward to supporting the undergraduate nursing students and staff that will take part in the first DEUs in Canterbury. The project team has said it would like to thank all areas who showed an interest in being one of the pilot sites. For more information about the DEU pilot project go to [www.cpit.ac.nz/deu](http://www.cpit.ac.nz/deu) or <http://intraweb.cdhb.local/nursing/proposed-DEU.htm>.