

PreScribe

NORTHLAND DISTRICT HEALTH BOARD STAFF MAGAZINE



“Sam Hart - Life outside my cancer journey”

Page 3



From the Chief Executive



Remember Jake Bailey, who delivered his Christchurch Boys High School head boy speech days after being diagnosed with the aggressive cancer, Burkitt non-Hodgkin's Lymphoma, and being told he had three weeks to live without treatment. He told the pupils to be gallant, be great, be

gracious and be grateful for the opportunities that you have. I'd love it if we could all be gallant, be great, be gracious and be grateful. These behaviours exemplify our values. However, even if we could be all of those things all of the time (and I know how hard that is when you're tired, stressed and over-worked), I'm not sure if that will be enough to provide excellent care. It's certainly a good start, but recent research gives some clues to what we need to provide world class, safe and reliable care.

This research estimates that if all physicians were female, 32,000 fewer Americans would die every year!

The research is published in the highly respected Journal of the American Medical Association, JAMA. Researchers from Harvard University reviewed the records of 1,583,028 hospital visits among Medicare patients. Within 30 days of arriving at the hospital, rates of death and re-admission were significantly lower when the patient's doctor was female. This was true for people with medical conditions of all sorts and severities.

The researchers tried to account for every variable; but ultimately all that was left was the finding that women are superior to men at treating these (65-and-older) patients in the hospital. The association held true even for patients who were randomly assigned to a physician when they arrived. People treated by a female had a four percent lower relative risk of dying and five percent lower relative risk of being admitted to the hospital again in the following month.

To explain the discrepancy, the researchers point to past studies that have shown female physicians are more likely to provide preventive care and psychosocial counseling. Female doctors are also more likely to adhere to clinical guidelines, although as has been noted in other research, adherence to clinical guidelines "does not always equate with quality or value of care." Instead they point to data that says female physicians "have a more patient-centered communication style, are more encouraging and reassuring, and have longer visits than male physicians."

Now that I've surprised, upset or alienated most of our male Doctors, I'll quote one who is a hero of mine. Atul Gawande, one of our pre-eminent health writers takes away the male-female issue and puts it another way with the same core message; 'we need to work more like pit crews than cowboys'. He cites numerous examples and a huge body of evidence that working in teams, identifying what matters to our patients, being diligent and providing consistent reliable care is better for patients.

The recent movie "Hidden Figures" which was about some very smart and talented black women who made a huge contribution to the space race reminded me about John F Kennedy and the seemingly impossible task he put to NASA. He said in 1962 that we are going to fly a man to the moon and fly him back again safely by the end of the decade.

All his expert advisors said they couldn't do it, that they didn't have the technology. He told them at the NASA opening: you are going to send to the moon a gigantic 300ft high rocket made of materials and alloys that we haven't yet invented able to withstand heat and stresses many times greater than anything previously experienced, built with the precision of the finest Swiss watch with all the equipment needed for guidance, propulsion, communication and survival on an untried mission to an unknown celestial body.

At times it must appear that we also have an impossible task; We need to provide world-class care and we need to do it without the world class resources. We have one of the sickest, oldest and most rapidly growing populations with the greatest health inequities, and it'll be about five years before we've built our new Whangarei hospital.

In the meantime we are getting more and more staff and doing more and more work. As well as working on improving our population's obesity and smoking rates, changing how General Practices care for their patients, and targeting those patients and whānau who most need our help (and only those who want, need and can benefit from our care are getting it); we also have to "choose wisely", and look at how we can become even more effective, innovative and people centred. I'm convinced the questions and answers will come from all of you, and over the next year or so we will be focusing on working together to find some of these solutions and support you in implementing them.

Regards,

Nick

Patient Portraits at Jim Carney Centre

Thanks to Dry July - Surfer Sam Snapped



Registered nurse Jodie Collinson, who cared for Sam, poses by his portrait.

Whangarei local Sam Hart, who was a patient for nine months at the Jim Carney Cancer Treatment Centre, is the latest person to be celebrated in a photographic portrait as part of the 'Life outside our cancer journey' series. The series of portraits are possible thanks to Dry July fundraising by staff across Northland DHB.

The purpose of the photos is to celebrate the life of Jim Carney Cancer Centre patients outside of treatment, and Sam's was the second portrait to be printed and placed on the walls of the centre. The portrait of Sam doing what he most loves – surfing at his Ocean Beach home – was taken by Liz Inch in December 2016 and was hung at the start of 2017.

Having lived at Ocean Beach for most of his life, Sam was surfing before he received chemotherapy for cancer and returned to surfing as soon as his body enabled him to. This year Sam, a University of Canterbury Bachelor of Engineering student, shared the story of how he came to be celebrated in the portrait doing what he is most passionate about.

"I was diagnosed with Ewing's Sarcoma in September 2014, towards the end of my Year 12. I had been playing footie in June that year and I got hit in the shoulder by another player and my shoulder swelled up pretty bad. Two to three months after that, the swelling hadn't reduced and it was painful. We got an x-ray and an MRI; long story short they found out it wasn't a haematoma – it was a tumour. The tumour was under my shoulderblade – which is quite a rare, unusual place for that type of tumour – and it had weakened the shoulderblade and was eating away at it."

Surgery took place at the Manukau SuperClinic in December 2014. "They removed quite a bit of my

shoulder and a lot of my muscles. It was pretty gnarly, I got out of surgery and had a massive scar. Luckily we managed to treat it when the tumour was quite young, so the freak accident turned out helpful."

"I then had cycles of chemotherapy treatment. With each cycle I would drive down to Starship Hospital in Auckland from Whangarei and have five days of chemo. I would then come home and have a nine-day break to let my blood cells recover. I would go to the Jim Carney Centre to get blood top-ups and tests done. They monitored me every day that I wasn't in Auckland, over a nine-month period."

Chemotherapy treatment finished on 14 June 2015. Sam challenged his body to repair through plenty of time in the gym and says he was strong enough to get back in the water by December 2015. Surfing was important to Sam before, during and after cancer treatment. Sam says the Make A Wish Foundation helped out during his treatment time by flying him to Gisborne to meet a surfer he idolised, Matt Scorringe, who has also endured chemotherapy to overcome cancer.

Today Sam lives in a flat full of keen surfers, enjoys the great swells around Christchurch and Bank's Peninsula and looks forward to seeing his portrait on the walls of the Jim Carney centre next time he is back home. "My health is good these days, I feel fine. My shoulder is still not 100 percent but I'm going to the gym, and physiotherapists give me exercises to do. I won't get fully 100 percent back because surgery took three quarters of my shoulder, but I'm stoked I can surf and that's good enough for me."

New Northland District Health Board



(Left to right) Dr Gary Payinda, chief executive Dr Nick Chamberlain, Debbie Evans, Sue Brown, Denise Jensen, Sally Macauley, Sharon Shea, Colin Kitchen, John Bain, June McCabe, Libby Jones, Craig Brown.

The current Northland District Health Board was confirmed on 5 December 2016 and has held two meetings so far this year, on 31 January and 6 March. The board has 11 members, seven of whom were elected in October 2016, with four members appointed by the Minister of Health. The Board also has three committees which focus in more detail on particular issues.

Current elected board members:

Sally Macauley, QSM, JP (Chair)

Sally Macauley has lived in the Far North District for over 40 years and been actively involved for many years in Northland and Far North District Municipal Associations, including local government. She is a councillor and past deputy mayor of Far North District Council as well as chair of Community Services and Development where she is actively involved with economic development. Sally plays a significant role in the Northland arts. This is her sixth term as a member of the Northland DHB. Sally also chairs the Northland DHB Community & Public Health and Disabilities Advisory Committee.

Craig Brown MNZM, JP

Craig served on Whangarei District Council for 12 years and as the mayor for six before being elected to the Northland Regional Council for four terms, spending the last three as chairman. He is a former police officer, involved in real estate sales, land development and subdivision. He has volunteered in a number of organisations and received the NZ School Trustee award for services to education. He has also served 19 years with Lions Club. Craig's accolades include receiving a certificate of appreciation from HRH Prince of Wales for services to the Princes Trust and to NZ Youth and New Year's Honour MNSM. Craig's wife Helen is a Northland DHB nurse of 50 years.

Colin (Toss) Kitchen, MNZM

Colin was born and raised in the Far North and has recently retired from his full-time role as volunteer support officer for the New Zealand Fire Service, after more than 47 years of service. He is currently in his fourth term as an elected member of the Northland DHB representing 'rural/urban' communities and serves on the DiSAC Committee. Colin has also been a councillor for FNDC since 2007. He is the chairperson of the Northland Civil Defence Emergency Management Group and a board member of the Northern Rural Fire Authority.

Debbie Evans

This is Debbie's third term on the Northland DHB. She was a government appointee in 2007–2010 and then chosen by the Northland community as a successful candidate in the 2013 and 2016 Northland DHB elections. Known as 'a voice for the community', Debbie is CEO of the Kaipara Community Health Trust and has NZ Institute of Directors training. She is committed to Northland, passionate about social housing and sits on several Northland funding boards. Raised in Ruawai, Debbie is married and lives on a dairy farm in Maungakaramea.

Dr Gary Payinda

Dr Gary Payinda works as an emergency medicine consultant at Whangarei Hospital, where he is co-director of emergency medicine training. He is also a fellow of the Australasian College for Emergency

Medicine, serves on a school advisory board and previously wrote the 'Ask Dr Gary' newspaper column. He and his family have enjoyed living in Northland for the past eight years. His goal is to help the Northland DHB deliver cost-effective services to Northlanders, making every health dollar count.

John Bain

John Bain has served four terms as a Northland DHB board member. He is most well-known for his 25-year chairmanship of Northland's Rescue Helicopter Trust. The Ambulance Service is a long-term commitment and John sits on three boards for The Order of St John. John has lived in Whangarei for 40 years, and is a businessman who has many interests in sport. John has been on several boards to encourage sporting activities and is currently a Trustee on Sport Northland and a Northland Regional Councillor.

Libby Jones

Libby has worked as a health professional in clinical, leadership and funding roles in Northland for 26 years. She currently works as manager of Jigsaw North Family Services. She is also a newly elected Councillor for Kaipara District Council and lives near Paparoa. Her goal is strong healthy communities and she is committed to helping improve the health of all Northlanders across the region, through sound governance, an increased focus on prevention and the provision of timely access to quality services.

Board members appointed by the Minister of Health are:

Sue Brown (Deputy Chair)

A Chartered Accountant, Sue has many years' experience in different industries, at a senior management level. Her skill set includes executive management, finance and accountancy, strategic and business planning, management information systems, business administration and human resources management. Sue has lived in the Mid North for over 40 years and contributes to her local community in roles on committees and trusts and also provides complimentary audits for several community organisations. Her governance experience includes several company directorships, some of which have been ministerial appointments. Sue's main hobby is bridge and she is chair of the Auckland/Northland Regional Bridge Committee.

Denise Jensen

Denise was appointed to the Board in March 2016. A chartered accountant with over 25 years professional experience, she is currently the chief financial officer and company secretary of the New Zealand Refining Company Ltd. Denise has a passion for leading and managing change and using disciplined financial processes and risk management practices to drive performance and growth. Denise is a member of the Chartered Accountants Australia New Zealand and the Institute of Directors.

June McCabe

June McCabe has had a diverse career in both the public and private sectors at senior levels, including 20 years of investment and banking experience. This is coupled with extensive governance experience across a diverse range of sectors including education, financial services, health, housing, property, media and television and venture capital. She is currently a director on a number of boards including ProCare Health Ltd and Procure Networks Ltd. Her tribal affiliations are Ngāpuhi, Te Rarawa, Te Aupouri, Ngāti Kahu and Ngāti Kaharau.

Sharon Shea

Sharon graduated from Oxford University at the top of her class with an MSc in Comparative Social Policy (Distinction) and an academic award from Jesus College. She also holds a Bachelor of Laws and a Bachelor of Arts from Auckland University. Sharon's iwi affiliations are Ngāti Ranginui, Ngāti Haua, Ngāti Hine and Ngāti Hako. Sharon is widely recognised as a leader in the field of health and Māori development strategy, Whānau Ora, outcomes framework development, quality assurance and systems design, particularly in Māori issues.

Reducing The Harm of Methamphetamine

Earlier Intervention and Treatment



'Pro-Whānau/No P in our Rohe' Hiko in January.

The Ministry of Health has given \$3m to Northland DHB and NZ Police to fund the Te Ara Oranga Methamphetamine Demand Reduction strategy to decrease the number of Northlanders harmed by methamphetamine. The funding was made available under the Criminal Proceeds (Recovery) Act.

The health component is a recovery-based treatment approach based mostly in the community. Te Ara Oranga plans to provide treatment from July onwards, although training, hui and communications on the project have already begun.

Who are we working to treat?

According to the NZ Health Survey's Amphetamine Use 2014/15 report, 26,000 New Zealanders are estimated to have used amphetamines in the survey year alone, and 1,130 of these were in Northland. Community reports indicate that the number of users in Northland may be much higher than this.

Kim Clarkson, Mental Health & Addiction Services business manager, said those 1,130 people are believed to be the minimum number of meth users in Northland. Of those 1,100-plus users, Mental Health and Addiction Services is currently only treating a small proportion.

"People [experiencing meth addiction] tend to be service-avoidant," Kim said. "So we want to connect with users at the beginning [of their addiction] rather than five years down the track when they've lost their job and their family and are unwell. This service is about accessing and treating people earlier."

The vast majority of meth users in Northland are not currently seen by health services, with many people who are harming themselves and their whānau through meth not presenting to their GP, so not accessing help when needed.

Police, emergency departments, whānau and loved ones and users themselves are key to identifying the opportunity to access treatment. Individuals and whānau can self-refer and will be able access a range of suitable treatment options.

Using methamphetamine can lead to conditions such as weight loss, emotional health problems, insomnia, cardiomyopathy, cerebrovascular accident, myocardial infarction, congestive heart failure, tooth and gum decay.

What the funding pays for

Of the funding provided by the Ministry of Health for the project, \$2m will go to Northland DHB to pay for:

Treatment in the community:

- Contracted Service Response Workers/Treatment Navigators who will provide education and support in their communities and assertive outreach and engagement to people referred to the service (and their whānau) who are hard to engage and retain in treatment
- Four alcohol and other drug counsellors and group facilitators, two employment support workers, and one new alcohol and drug psychiatrist. Housing support and two more beds at Timatanga Hou detoxification unit.

Resources for community and whānau:

- An educator (subject matter expert) to ensure the addictions workforce and community are up to date with knowledge about methamphetamine and treatment options
- The development of a resource for whānau and communities affected by methamphetamine
- Technical workshops and professional development resources.

Screening and brief intervention in clinical setting:

- Brief intervention staff in the emergency department at Whangarei Hospital, screening tools specifically for methamphetamine use, methamphetamine referral added to the general practice patient management system (MedTech), brief intervention groups to be provided by iwi health providers/non-governmental organisations (NGOs)/primary health organisations (PHOs).

Information and evaluation:

- Population-based information on methamphetamine use to determine areas of greatest need, target populations to inform future service
- Collecting an evidence base about the effectiveness, outputs and outcomes of the programme.

Northland DHB will evaluate the effectiveness of the programme based on a number of measures, including:

- The number of people who go through brief intervention courses
- The number of people referred to alcohol and drug helplines and who use those helplines
- Referrals from Police
- Number of meth users who use Mental Health and Addiction Services
- The caseloads of NGOs/PHOs/iwi health providers/ service providers
- Patient days in detox beds.

The health interventions and Police resources aim to contribute to and support community initiatives aimed at reducing methamphetamine harm.

Community and whānau respond

Community groups and health providers have been pushing back against meth harm for over a decade. A few of efforts to acknowledge include:

- Feb–March 2017: Hui and workshops at marae across Northland organised by Te Ara Oranga's Community and Whānau strand
- January 2017: The 'Pro-Whānau/No P in our Rohe' hikoi begun by the Far North community
- November 2016: Te Hau Āwhiwhio ō Otangarei and Manaia Health PHO hosted 'Keeping our tamariki free from P' hui
- 2016: Hui in Kaikohe convened by Te Hau Ora O Ngāpuhi featuring MPs from Northland and Auckland as well as a community panel stacked with Māori health experts, clinicians and drug experts
- 2013: Ngati Haua hapu met to try and keep meth labs off Whakaroro mountain
- 2010: The Timatanga Hou residential detoxification centre opened at Dargaville Hospital
- 2008: Health, Education and Safety report for the Whangarei District identifies methamphetamine as

“a significant problem in Whangarei” particularly in relation to wellbeing of youth

- 2005/06 Police operations Maverick and Tui target drug dealing operations around Kaitaia.

Community and whānau hui

Te Ara Oranga's new Community and Whānau project manager Pam Armstrong kicked off her role in February by organising a series of hui at marae and community halls in many Northland towns. Pam said the hui were about “developing a whānau-informed resource so whānau can build their own capability.” These hui included:

- Advice from Shane White about the success of his west Auckland marae-based approach to reducing meth dependence
- Karen and Elaine Ngamu talking about the conditions which resulted in meth dealing and consumption within their whānau
- Explanations of the 'Meth cycle of abuse' and advice for families on which time during the cycle is the best time to try and get a person to stop using meth
- Stories from parents about the harm meth has done to their whānau including speaker Liza of Whangaruru who spoke about having her children taken away from her because meth made her an unreliable mother
- Brainstorming sessions in which health workers, youth workers, Māori, social workers, government and police mingle and shared their ideas about reducing meth dependence
- The personal story of Michelle who said she has been 'clean' for eight years after escaping from violence and turning her life around. Michelle now aims to share her experience to help the community access mental health and addiction services “to show that there is hope”.



Workshopping at Whangarei Terenga Paraoa Marae.

Bob's Story of Meth Recovery

Bob (not his real name) is 33 and brings to the meth demand reduction plan the perspective of somebody who was trapped in cycles of methamphetamine use for years before finding a way out.

Bob has now been off meth for over three years and attributes his success to three things: a spiritual awakening; the cultural awareness of Ngāti Hine Health Trust; and one determined counsellor who challenged Bob to confront himself.

"I first smoked meth when I was 15, we used to snort Ritalin to get a high, then all of a sudden crystal meth came out. It had just come into NZ then... Within a month everybody it was given to was instantly hooked and instantly the crime rate went up – people were paying for the stuff with stolen cars and jewellery."

"I dealt some and I kept smoking. It's like a ladder you climb: user at 15, dealer at 16, then you start dealing bigger amounts, get more money from clients. I went on to a good 10-12 years of smoking it."

Drug use took its toll on Bob. He measures 6'3" and should have been huge – however meth use brought his body to a low of 67kg. "I was a skeleton," Bob recalls.

"I was good at dealing the product but hopeless at making money. I would just smoke it all and party. I was in and out of jail because of drug use and offending."

"I've been to rehab seven times. I would go to rehab in exchange for a lighter jail sentence."

The final rehabilitation programme Bob heard about was a kaupapa Māori rehab run by Ngāti Hine Health Trust in Northland. It was away from Bob's base in Auckland, and Bob at the time didn't feel his mauri (spirituality) strongly enough, "But after 15 years I thought, 'I've had enough of this lifestyle.'"

Bob moved to a new, small, unfamiliar Northland town and prepared to enter what would become seven months of residential treatment – although, with a history of relapses and being kicked out of rehab for succumbing to drugs and sex with other clients, Bob had lost confidence and couldn't see Ngāti Hine Health Trust offering anything different, at first.

"Meth is a hard addiction to beat but you're either a doer or not. Rehab services don't actually ask you to do too much - It all comes down to what you're willing to put in."

Bob brought plenty of baggage with him, at first, with others describing him as "spiritually bankrupt" and "Tony Montana."

"My whole persona was 'I'm the man, I'm from Auckland.' That was my attitude in rehab. But I was thinking wrong."

Bob says only one counsellor, 'Sergeant Ron,' approached him in the way which resonated, challenging Bob to drop his excuses around why he used meth.

"Sergeant Ron got inside me to the point I wanted to beat him up... But Sergeant Ron said he saw potential in me, which I didn't at that time. Changing myself was about opening up and letting go of things."

Bob's programme involved getting fit and reconnecting

with the land through tramping. It was during one outing that Bob had an epiphany while hiking to Cape Reinga, one of the most sacred locations in Maoritanga and the place from where spirits are believed to return to Hawaiiki.

"The boss said 'It's your 30th birthday, I want you to absorb the spirituality of the place. They said I had a hikoi to take.'"

Mobile phone calls weren't usually allowed on the hikes but Bob was granted an exception to talk to his mum when she phoned to say happy birthday. "I thought I'd never been to the Cape, but my mum said dad – who died when I was aged one and a half – died fishing off the rocks around Cape Reinga. Mum told me dad used to take me there on his shoulders. That made the day even more special."

"I got to the Cape an hour before everybody else. I got there, sat down, absorbed the place and started feeling really powerful, energetic. My mate grabbed my phone and took a photo. My mate freaked out cause the photo captured a white and blue glow around me. That's when a switch got turned off in me. It gives me goose bumps when I think about it. It's all because they allowed me to take mum's phone call. I'd thought I didn't want to get clean, then boom: it happened. I hadn't identified a higher power to get clean then, but positive things all fell into place."

"It was like someone turned on a switch inside me. I can't explain it, just the freaky eerie buzz felt good. The hunger inside me was gone."

Bob's life then turned around: he completed seven months in residential rehab, five months as an outpatient, completed a Level 4 Certificate in Mental Health and Addiction Services and was then empowered to run peer support groups for fellow users of alcohol and drugs.

Bob then went from success to success, working on farms, saving money, completing some of a Bachelor of Applied Social Services qualification.

Bob recently spoke at one of the hui put on by the Community/Whānau strand of Te Ara Oranga. With every day, his history of drug use, dealing, prison and failed rehabilitation becomes a memory, and Bob is there to take the 3am phone calls from Auckland friends struggling with their own addiction experiences.

Bob has also found a strong position in the community, picking up Te Reo Maori, speaking for his whānau on his marae, enjoying a healthy body weight (up to 112kg from his low of 67kg) and enjoying toots and waves from the many friends driving past who respect him in his new community position.

"I'm proud now. I get sore arms from waving to everybody any time I go anywhere."

Bob has plenty of ideas about how rehab can reach people who share his experience. One suggestion is that some rehab centres take care of only males, to better enable men to focus.

"We've got the hugest mountain in the world to climb to tackle this – but it's possible."

Bay of Islands Hospital Redevelopment



Northland DHB are constructing a two-storey building that will include new facilities for an Accident & Medical Department, Radiology, After-Hours GP and Medical Ward.



GROUND LEVEL

The plan for the hospital refurbishment sees a new Accident & Medical department, which will also provide new facilities for Radiology and for GPs to provide after-hours services. This area interfaces directly from Te Hauora o Pukepuke Rau – Integrated Whānau Wellness Centre that will be the main entrance for both facilities.

Features include:

- Two x After-hours GP consult rooms
- Four x Acute patient bays
- Two x Resuscitation bays
- Isolation room and decontaminant bathroom
- Radiology services
- Two x Radiology change rooms
- Waiting areas
- Ambulance access at rear
- Lift and stair access to Level 1
- Communications room
- Dedicated beverage, storage, utilities, cleaners, four toilets and shower areas.



LEVEL 1

The current General Ward will be relocated to a new 20-bed Medical Ward that is being built above the Accident & Medical department, with access via a lift and stairs.

Features include:

- 20-bed ward
- Dedicated palliative care room
- Dedicated paediatric care room that includes parent stay
- Ensuite in all rooms
- Two x patient lounges
- Dedicated pantry/beverages area
- Dedicated staff facilities, utilities and storage areas.

To get in touch with us, email:

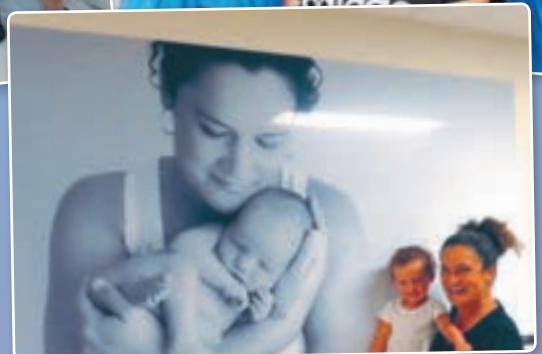
Jen Thomas - Jen.Thomas@northlanddhb.org.nz

A website dedicated to providing updates about the Bay of Islands Hospital changes can be read at:

<http://redevelopment.northlanddhb.org.nz/projects/bay-islands-redevelopment/>

Out & About





Whangarei Surgeon Bob Mulligan Celebrates a Century



Dr Bob Mulligan (in middle) with Mr Bill Sugrue (L) and Mr Mark Sanders (R).

The Royal Australasian College of Surgeons organised a gathering on 9 February to celebrate Dr Robert 'Bob' Mulligan, former surgeon and assistant superintendent at Whangarei Hospital, reaching 100 years of age. At the end of 2016, the College worked with former Whangarei Hospital surgeon Bill Sugrue to help recognise Bob's centenary celebration and his contribution to medicine.

Born in Canterbury on 9 February 1917, Bob currently lives in Selwyn Park Whangarei – less than a kilometre from Whangarei Hospital. He has been enjoying his almost four decades of retirement: gardening, playing golf, helping Rotary Club, Probus and U3A, and looking after a family property at Whangaroa. Bob's family includes three children, 10 grandchildren and seven great grandchildren. His best-known grandson is TV and radio personality Jesse Mulligan. Bob's wife Jean died in 2009, aged 90.

Bill Sugrue, who retired in 2009 and is the chairperson of the Northland Medical Museum Trust, has been responsible for recording a lot of important medical history within the Northland region and has helped chronicle Bob's interesting life. It was only around the hospital's 2001 centenary that Bill started putting history on paper and got to know Bob.

"Bob attended Timaru Boys High School and studied at Otago 1937–1940. His last year of medical training was in Auckland in 1941. He was first a house surgeon in Waikato and Rotorua 1942–43. Between 1944 and 1946 he was seconded as a flight lieutenant medical with the RNZAF and based in Fiji – which is where he met his future wife, Jean, who was a volunteer Fiji nurse."

In 1947 Bob went to Northern Wairoa Hospital at Te Kopuru, near Dargaville, then went to the UK, where he studied to become a fellow of the Royal College of Surgeons. He returned to New Zealand in 1950 to take up the first appointment with the newly-formed Northland Hospital Board as assistant superintendent and full-time surgeon and brought back awareness of improvements needed in Whangarei Base Hospital.

Conditions were very different in the 1950s, with surgeons receiving low pay, being depended on for constant callouts, and having to cover everything from craniotomies, gynaecology, caesarean sections to urology, without specialists on hand and without the ability to fly specialists in via helicopter. GPs



had to administer anaesthetics themselves, and organising an ambulance meant rousting the ambulance driver from milking on the farm.

'Gentleman' is a word a lot of people use to describe Bob. Bill said the surgeon was even known for dressing up in a suit when visiting the hospital at 2 am. "He was so nice to everybody. He was quiet, amusing and always had a smile on his face. He was a soft, gentle man. He was always on time, always relaxed, always appeared interested in what was going on. He was nice to his patients. He was working at his peak in the 60s but he always seemed like he had all the time in the world for anyone."

When asked about his health Bob said he is in 'pretty good health'. "My main disability is my deafness. I can still read the paper without my glasses." Bob gave up driving only five years ago and says he misses driving his car.

So how did Bob reach 100? "I think diet's got a lot to do with it." And, he admits with a grin, his secret long-standing hobby is making home brew. "It keeps me going."



Bob's extended family gathered in Auckland to celebrate his birthday.

I Have a Dream Charitable Trust

Partners with Northland DHB



Understanding the links between poverty, health, housing, work and welfare, and the power of education to change outcomes is the foundation that underpins the relationship between I Have a Dream Charitable Trust and Northland DHB.

The I Have a Dream programme ran a pilot project with 53 children in the Wesley community of Mt Roskill from 2003 to now, with significant success. They have now expanded the programme to youth across four schools in the Tikipunga/Otangarei community known as the Ngātahi Education Initiative.

In the first 12 months of the programme the Ngātahi Education Initiative have engaged with 700 children across Tikipunga Primary School, Te Kura o Otangarei, Totara Grove Primary School and Tikipunga High School, hired six Navigators and began the roll-out of support activities.

Full-time Navigators follow each year-level of children from early primary, through secondary and into tertiary education to provide mentoring, academic oversight, advocacy and support. Having a Navigator that supports the child and whānau is essential in raising long-term student achievement and changing the lives of those students.

Northland DHB staff member, Dr Rachael Windsor, talked about her decision to support I Have a Dream:

"I often feel that working in the hospital is like being the ambulance at the bottom of the cliff, and I crave opportunities to make more of an upstream impact. There is no shortage of opportunities to donate to such causes. But it's easy not to; you wonder where the money goes, the cause is so far removed from your own experience, or you wonder what your contribution will actually achieve.

"But giving to I Have a Dream was a no brainer for me – it supports the community in which I live and the young people that will be my favourite city's future. It's a privilege to be able to contribute what I can to make the kind of foundational changes needed to strengthen communities – good mentors for our young people. And even the smallest bits count if we can all give a little! Let's not sit around and wait to care for our young people when they turn up in our hospital, let's help ensure they are surrounded by manaaki and filled with dreams well before they land on our doorstep."

Scott Gilmour, chairperson of the I Have a Dream Board of Trustees notes that 2016 was a fantastic year, with the team building a solid foundation to be a long-term game changer in Whangarei.

"Major accomplishments in Whangarei include launching our daytime and after school programming across all four



of our schools, our research project has been approved by the University of Auckland Ethics Committee and we have positive stories about our Navigator team coming back to us by principals, parents, teachers and the kids themselves."

There is also a change in awareness and attitude towards I Have a Dream in Whangarei by the business community. An example of this is feedback from Peter Ogle, a commercial real estate agent who signed up to sponsor a few kids and has significant connections in the business community.

"I think I Have a Dream is the most effective grass roots attempt at addressing the spiralling despair that many of our children face. We can raise happy healthy children who will in turn benefit the whole family and their community. By improving the hopes and dreams of our next generation 'our children' will thrive and reach their true potential."

Are you someone who would be willing to make a difference in the lives of children living in poverty?

The Ngātahi Education Initiative costs approx. \$1,000 per child per year and covers staffing and service delivery. Your support of I Have a Dream Charitable Trust and the Ngātahi Education Initiative will make an incredible transformation to so many lives in our community.

The benefits of choosing to support I Have a Dream Charitable Trust through payroll giving are:

- your donation is tax deductible (33 percent)
- your money is being invested locally in a proven education programme
- you have an opportunity to become involved as a volunteer with the tamariki, which makes your financial support even more rewarding. We have various roles available, including After School Tutor, Mentor, Camp Helper, Guest Speaker, etc.

If you have any questions about payroll giving please go to the Payroll StaffCentral page or contact:

Liz.Inch@northlanddhb.org.nz



World Kidney Day Inaugural Fun Run Walk



For the first time in Northland and despite the torrential weather we celebrated World Kidney Day with fun run walk or ride events across the region. Supported by Health Fund Plus, the theme for 2017 was to get on the move for kidney health – healthy lifestyle for healthy kidneys.



Rae Jones with daughter Katie got 'on the move' in Whangarei

World Kidney Day is a global health awareness campaign concentrating on the importance of our kidneys, with a focus on reducing the frequency and impact of kidney disease and its associated health problems worldwide.

Although there are many causes of kidney failure, a primary cause is diabetes which factors high in Northland statistics. In 2009, 6.9 percent of the adult population had been diagnosed with diabetes, second behind Counties Manukau in the Northern Region.

Diabetes prevalence is forecast to increase by 72 percent between 2009 and 2026. In aggregate, 9.4 percent of Northland's adult population has either cardiovascular disease or diabetes or both.

In the year 2000 there were 95 referrals to the Northland Renal Service – in 2016 that had increased to 1552.

The \$2236.20 raised will allow us to provide petrol support to consumers of the renal service who give up their valuable time to present and speak at Patient Forums across Northland. These are important opportunities for sharing experiences and health messages. Previously people have had to fund their own trips which could be from as far away as Te Hapua or Te Hana.

Organisers were extremely grateful for prize donations:

Northland Renal Education Trust generously gave us \$1,000 for spot prizes – \$250 per site.

Bay of Islands

Fit Bit thanks to Northland Renal Foundation Trust, Flying Kiwi Parasail, Great Sight's Tour, Bay of Islands Cruises and Kayak, Grasshut Gift Shop, Kawakawa, Alfresco's Restaurant Paihia, Pilates be Nateele Howarth, Fullers Paihia, Kim Sinclair Books, Beauty Cave Paihia, Mac's Prime Meat, Paihia 4Square, BNZ Paihia, Wild Blue Charters Paihia, BNZ Kerikeri, AKA Yoga, Books & Gifts and Jocie and whānau (smoked and fresh fish).

Whangarei

Adult & Child Pass to The Poor Nights Trip – Dive! Tutukaka, Perfect Day Ocean Cruise made possible by Northland Renal Education Trust, Loop de Loop, Love Mussel, Whangarei Aquatics Centre, Kensington and Maunu Pharmacies; Clapham's Clock Museum, Sherwood Park Golf Course, New World Regent, William Aitken & Co, Adventure Forest, The Butchers Shoppe, Jolt Café, The Warehouse, Activ8, Kamo Pharmacy, Love Mussel, Mc Cafe, Parke's Honey, Serenity Café, Kamo Florist and Big Tree Studio.

Dargaville

Fit Bit thanks to Northland Renal Foundation Trust, BBQ providing food & equipment – RRT Volunteer group, Anzac Theatre, Esthetica, Recreational Services, Bindy Gummer, Westpac Dargaville, Massage - Graham Powdrell, Kitty Family, Kim Sinclair, Dargaville Health Shop, 100% McKay Electrical, Dargaville Orrs Pharmacy, Elf's Organic, The Central Hotel, Ocean Beach Takeaways, Books & Gifts, Kitty and her Whānau, Revive Hair Salon, BNZ Dargaville, YHPJ Accountants, Northpower, Recreational Services, PGG Wrightsons and Good Life Soap.

Kaitiāia

Rapid Response Team (RRT) an international fundraising organisation was on-site with a sausage sizzle. All proceeds from this went towards the fundraiser.

Northland Renal Education Trust spot prize money funded 10 healthy fruit and vegetable packs, put together by Bells, a local produce store.

7 tips to help reduce your risk of diabetes and therefore kidney disease:

- Manage your weight
- Exercise regularly
- Eat a balanced, healthy diet
- Limit takeaway and processed foods
- Limit your alcohol intake
- Quit smoking
- Control your blood pressure.



Bay of Islands Hospital Event



Kayaker Dr Adam Mullan takes part in the event on the water



Dargaville Hospital Event



Whangarei Event



Kaitaia Hospital Event

How Software Balances Nursing Care and Capacity



By Jayne Hill, Nurse Coordinator Information Management.

Jayne's role involves coordinating the Trendcare & Care Capacity Demand Management programme throughout the DHB.

Trendcare is a clinical decision support and

workload management solution specialising in patient acuity/patient midwife dependency measurement, clinical pathways and care plan management, patient assessments and outcome measures.

Trendcare is patient-focused and user-friendly. It assists the allocating of fair and equitable workloads to staff. It can assist in looking at trends and identifying changes in patient activity and acuity – rosters can be changed accordingly.

Care Capacity Demand Management (CCDM) is a programme that supports our DHB to achieve their core mandate to safely and consistently match the demand it places on its services (care required by patients) with the resources required to meet this (staff, knowledge, equipment, facility). This means balancing demand versus capacity. CCDM is about improving the quality of care for patients, the work environment for staff and organisational efficiency. CCDM ensures the right numbers of staff, who are appropriately skilled, are in the right place, at the right time, with the appropriate resources to meet the patient needs and deliver safe, effective and efficient care.

On a daily basis, the Nurse Coordinator provides support and education around both of these programmes, ensures the integrity and quality of data, sorts any issues, answers questions and works closely with all members of the nursing teams throughout Whangarei, Bay of Islands, Kaitaia and Dargaville hospitals.

Cancer Society Volunteers

Make Patients' Experience Easier

Here we celebrate volunteers from the Northland branch of the Cancer Society whose generosity helps fill in the gaps and make each patients' cancer journey a little bit easier. This edition we feature two of a dozen or so volunteers.



Helen Hayward, Driver and Event Helper

Helen is a volunteer driver and event helper for the Cancer Society – partly motivated because she's had many friends experience cancer and partly motivated out of pure generosity.

Being a Cancer Society driver in Whangarei usually involves dropping patients off to the Jim Carney Cancer Treatment Centre for chemotherapy or blood tests and picking them up afterwards. Helen makes the experience of going to or coming away from cancer treatment or breast screening a little bit less upsetting – but it's hard to get Helen to pat herself on the back.

"I'm just the lackey," Helen modestly says about her volunteer work. Helen volunteers shuttle driver services as well as helping set up Look Good, Feel Better (LGFB) events, in which people experiencing cancer treatment are given high quality wigs, makeup and pampering to boost their confidence. LGFB events take place around the country. In Northland they are held six times a year in Kerikeri, Paihia and Whangarei.

The makeup artists' effort, the makeup and the wigs are all donated. The event empowers women, who have typically lost their hair due to chemotherapy, to feel beautiful and confident during a time in which they're likely to experience a loss of hair including the eyebrows and eyelashes, as well as skin dryness and pigmentation.

"Often people are very nervous when they come in but once they get started they come out saying 'Wow, that was wonderful'," Helen says.

"It's a real privilege to be able to help people because it's an awful journey for them. If you can have some laughs on the way that's good. It's an awfully emotional thing to go through, losing your hair. I think most people find it confidence-building, because you can't tell in the end if the person is wearing a wig or not."

Helen says she does her best to talk about things as simple as the weather to lighten the mood during the drive to and from cancer-related appointments. "I don't ask why a person's family won't take them, I just say: we'll support you. We talk about all sorts of things. I don't go down the cancer road. Most people, if they want to talk about their cancer, that's fine, I listen, but mostly I talk about my grandchildren to take the tension off."

"I volunteered as a driver because I enjoy helping people out. I enjoy working with people and it's a privilege for me. It's a very small piece that I do, but people really appreciate it."

Helen has seen first-hand how Look Good, Feel Better can take a person's confidence from zero to hero.

"One woman from Kaitaia came in [to LGFB] and she was very agitated. She didn't want anybody to touch her face. She didn't want to be there. We told her 'You do the makeup; we'll just show you the products.' When it came time to try on the wigs, she was very hesitant. There was a young girl there trying on wigs who was a laugh a minute. I said to this Kaitaia woman, why don't you just look in the mirror. She looked in the mirror and went 'Oh my goodness! Do you think I could get picked up?!' She could not believe the transformation, the makeup, the wigs. It's a very emotional thing. I'll never forget that day. I went and cried – that's how emotional I was. She was absolutely gorgeous."



Dianne Campbell, Driver

Patients require drivers like Dianne to step in and help for all sorts of reasons.

Some cancer patients are on their own, without family or friends to help drive; others are patients who aren't able to drive

because chemotherapy exhausts them. For some, their reliable driver may simply be on holiday. Whatever the reason, drivers like Dianne step in and make the drive a time to have an ordinary conversation and a laugh and take away anxiety about everything cancer-related.

"I chose to work for cancer society partly because I know so many people who have had cancer," Dianne says. "Lots of clients I've seen in my work as an accountant over the years have had cancer. Some people have overcome, some have succumbed." However, Dianne says she feels cancer treatment today is increasingly effective. "It's amazing how many people get through cancer now."

Dianne also distributes Daffodil Day collection boxes around the north half of Whangarei for the year's most essential fundraising day in September and helps friends with volunteer driving work. She spent part of last week generously driving an elderly man with Parkinson's and Alzheimer's diseases to a new respite home.

Screening for Family Violence

In Kaitia Patients Improves



Anti-violence Hiko in Whangarei after Wowo's death.

In 2009, Kaitia Hospital was Northland DHB's pilot site for the training and implementation of the Violence Intervention Programme (VIP), which screens to identify family violence occurring in the lives of patients and offers solutions. VIP was an exciting initiative, but initially met some staff resistance, Child Protection Educator Vickie Rotzel and clinical nurse manager Rachel Thompson report. "What we discovered was most resistance centered on the lack of staff confidence asking the violence screening questions, or a background of family violence for some staff themselves. This alerted us to the fact that we had to offer staff the opportunity to feel safe and not screen until they felt comfortable and confident to do so."

The documentation used for the programme included 'the bright red form' and the 'Yes Pack' envelope for positive disclosures of family violence. These questions included:

1. Do you feel unsafe in your home?
2. Do you feel unsafe in your current relationship?
3. Is there a partner from a previous relationship who is making you feel unsafe now?
4. Have you been hit, kicked, punched or otherwise hurt by someone within the past year?

In the first stage of family violence screening the 'Yes Pack' was given to the patient and the family violence documentation – the 'bright red form' – was filled out. This was then photocopied and put in a box for the Family Violence Coordinator to collect when they visited Kaitia.

VIP was then set up to enable clinicians to better screen patients. The VIP training covers:

- Theories and models of victimisation
- The epidemiology of family violence and how it affects children
- Why and how to screen for partner abuse and what to do if the woman discloses she has been abused
- Child abuse principles and practice
- Professional dangerousness – responses that don't help
- The important role of community agencies including CYF, Women's Refuge, Victim Support, Police.

Making the screening process stronger

In 2011, the screening questions were aligned with the approved Ministry of Health questions and the required documentation. Since then the process to alert the VIP team of completed documentation has been refined; the forms are now safely emailed to VIP coordinators for processing.

Kaitia Hospital's screening and disclosure rates have improved and have remained relatively consistent. Every week, Northland DHB's Violence Intervention Coordinator visits Kaitia Hospital and provides ongoing training. Management is aware that cases that do come to the fore need debriefing and extra support.

"No one initially liked asking the questions, or unravelling the nasty stories. However, by practising asking the questions in a caring professional manner it has become easier and a normal part of 'what we do'," Rachel said. "As health professionals, we routinely ask about family violence. It's everyone's responsibility to reinforce the fact that Family Violence is NOT OK."

ENOUGH IS ENOUGH: WOWO'S POWERFUL STORY SHARED THROUGH FACEBOOK

Family Violence: It's Not OK is a campaign to raise awareness of strategies against family violence and the Enough is Enough campaign brings a Northland aspect to the campaign.

The Enough Is Enough short film and DVD, released September 2013, tells the story of Patricia Ann McGrath, known as Wowo, who lost her life due to domestic violence earlier that year. The video project was produced by Liz Inch (Northland DHB) and directed and filmed by Dean Whitehead with support funding from Northland

DHB, NZ Police and the It's Not OK Campaign. Although Enough is Enough is four years old, its message is timeless, and when Northland DHB re-posted Wowo's video on Facebook in February it provoked an outpouring of aroha for Wowo's memory. At the time of printing a total of 5,073 people have now shared the video, there have been 618 comments, 217,139 views and Facebook says the video has reached 544,000 people. We consider this a sign that the public is increasingly intolerant of domestic violence.

Northland DHB Replicates Bay of Islands Hospital Energy Savings



A project to save energy at Bay of Islands Hospital has been so successful it has been replicated at Dargaville Hospital, and Kaitaia Hospital will shortly follow suit.

The Bay of Islands Hospital project installed modern heat pumps to

replace a centralised boiler that provided hot water and heating. Northland DHB was able to access the Energy Efficiency Conservation Authority's (EECA) Crown loans programme.

Like most DHBs, Northland wants to put most available money into clinical services. The Dargaville and Kaitaia projects would not have got off the ground without the Crown loans programme which makes interest-free loans available to approved public sector agencies to encourage their uptake of energy improvements.

"Northland DHB has made a commitment to reduce its carbon emissions by 15 percent in 2025," Finance, Funding and Commercial Services general manager Meng Cheong said. "Aside from the clear financial benefits, replacing the boilers is part of the strategy to reduce our carbon footprint. The EECA Crown loan goes a long way towards reducing the use of stationary diesel on our sites and in turn significantly reduces our emissions."

Loans of over \$700,000 have been approved on the Dargaville and Kaitaia projects which are targeted to produce annual energy and maintenance savings of nearly \$300,000.

Replacing Dargaville Hospital's old central boiler with heat pumps that provide individual sources of hot water and heating to separate buildings will allow the DHB to adjust to the considerable seasonal variations, manage buildings based on occupancy and take account of the fact that only one ward is open day and night. Steam reticulation pipes to the boiler, which continuously lose heat, were also removed.

Northland DHB has a track record of saving energy and money with EECA, which has supported it to put in efficient heating, ventilation and air conditioning (HVAC) systems together with efficient lighting at Whangarei Hospital.

Sustainability Action Plan approved 20 February

On 20 February the Executive Leadership Team approved the Sustainability Action Plan and committed to 15 percent less greenhouse gas emission by 2025. The absolute target for 2025 is to keep emissions below 6.4 kilotonnes of carbon dioxide equivalents / greenhouse gases. Using 1.1 kilotonnes less of carbon dioxide equivalents should equal an optimistic cost saving of \$1.3m per year (based on 2016 total costs and CO2e).

Health board sustainability managers put their heads together



Debbie Wilson (Counties Manukau DHB), Manjula Sickler (Auckland DHB), Valentino Luna Hernandez (Capital & Coast DHB), William van Ausdal (Waitemata DHB), Margriet Geesink (Northland DHB).

Five DHB sustainability managers met in February to work together on increasing collaboration between the DHBs around sustainability. Northland DHB's Sustainability Manager Margriet Geesink met with sustainability managers from Counties Manukau DHB, Auckland DHB, Capital and Coast DHB and Waitemata DHB.

Electric shuttle



Whangarei Hospital visitors, staff and patients were pleased the courtesy shuttle buggy which carries hospital visitors and patients up the steep hill from the car park to the hospital has been replaced with an electric vehicle. The Mitsubishi Minicab i-MiEV 2011 known as the 'electric shuttle bug' is believed the tiny van is the first of its kind used as a hospital shuttle in New Zealand.

Margriet Geesink said the EV fits in with Northland DHB's transition to a low carbon healthcare system. Looking at the overall carbon footprint of the Northland DHB, 75 percent comprises transport movements – mostly by petrol cars of staff and patients, Margriet said. Where travel is unavoidable, electric vehicles are the solution for the future, Margriet added.

Farewell To Our Valued Staff



Mark Goodman Moves up to Cape York

Integrated operations and emergency manager Mark Goodman left Northland DHB at the end of March to work as a primary health care nurse helping a different northern community – that of Cape

York and the Torres Strait Islands, 800 kilometres north of Cairns. Mark has previously worked in the Northern Territory and South Australia but says the Cairns-based primary healthcare role he is taking up with Queensland Health involves new challenges.

“Remote people have less access to healthcare and less access to healthy foods. Their education tends to be compromised, and Aboriginal life expectancy is less than other people’s,” Mark said. “I’ve worked in a remote area before and I’m attracted to the health needs of remote people. I have a postgraduate qualification in remote health care. It’s the lifestyle, the people and the professional challenge which attracts me as a nurse.”

Mark’s nursing career began in the neonates, including some years in Whangarei SCBU. He left Northland DHB in 2004, worked seven years with Aboriginal communities in Australia then returned to Whangarei in 2011, moving from associate director of nursing to nurse manager of the Hospital Coordination Unit before taking on the integrated operations and emergency manager role. “Even though I come and go,” Mark said, “I will miss many people in Northland DHB. It’s a comfortable place to work, you get to know who influences what and how to get things done. It’s been great working in Northland again.”



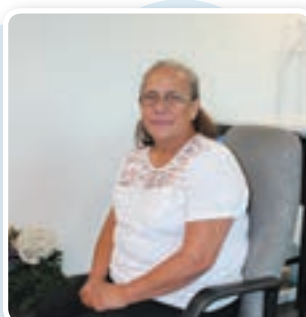
Margaret Smith Retires From Bay of Islands Hospital

After 37 years of service, Margaret Smith retired as administration team leader at Bay of Islands Hospital in February. Marg began working at Kawakawa in 1981 and on her final day

a large crowd let Marg know how much she is valued in her community. Marg’s two children, Jo and Scott, made a surprise visit, with Jo coming all the way from Wellington. Hospital operations manager Jen Thomas said Marg “Knows everything about every administration department in the hospital” and has worked every admin role there is. The hospital at Kawakawa has a close-knit team with low staff turnover and Kawakawa is a town where hospital staff are always recognised

on the street. Colleagues described Marg as ‘Mother Hen.’ “There’s nothing she doesn’t do for people,” Jen said. “She always helps. If she is in her office she will leap up if she sees someone walking past and make sure they are okay.”

Although home is just five minutes away, in Karetu, Marg said she will miss her tight team. “I’ll miss the connection to the people that I work with. Up here we’ve got a pretty amazing team. Jen Thomas has been a particularly great manager. She’s brought another light to the area. I’ll also miss the community because in the hospital, people see you and recognise you in the corridor, whether they’re visitors or patients, because you constantly connect with the local community.”



Community Midwife Mary Retires

After helping deliver just under 1000 babies, community midwife Mary McEwen has retired from community maternity service provider Te Puawai Ora.

Mary is Whangarei born and bred and has always lived and worked in Northland, beginning as a playcentre worker at Maungatapere 25 years ago, training as a Karitane nurse and working for Plunket for ten years then becoming a registered nurse with Northland DHB in 1997. Mary then completed midwifery training in 1999. Mary has carefully recorded every birth she has been associated with and the total is 950.

In the early 2000s Mary worked with three other Northland community midwives but for the last few years has been our only community midwife. The role is about ensuring all women have access to antenatal, birth and postnatal support, meaning Mary’s role has been to link mothers with the 24 midwives across four practices in Whangarei, and to act as midwife herself for any mums who need her services.

The two most important changes Mary says she’s seen over the years are the set-up of Whangarei Hospital’s Te Kotuku maternity unit in 2016, and also setting up the ‘one stop shop’ of Te Puawai Ora where nursing services, antenatal and postnatal advice and education classes, immunisation services, lactation consultants and midwifery can be accessed by whānau under one roof.

Mary still has children in her life now that she is retired, with seven grandchildren and two adult children. Gardening and serving as vice president of the Whangarei Country Music keeps Mary busy on Sundays and there are country music events to enjoy in Paihia and Hokianga each year.

INFLUENZA

Influenza.
Don't get it.
Don't give it.

YOUR FLU

COULD
HARM
A PATIENT

Please make sure
you get immunised

The Northland DHB staff vaccination programme aims to protect our community and vulnerable patients from influenza, while also maintaining a healthy workforce. The vaccine is free to staff, volunteers, contractors and students who will be working within the hospital environment. We need to get above an 80 percent vaccination level to achieve the herd immunity threshold and so the Northland DHB target is for 85 percent of staff to be vaccinated. To help us monitor this, please inform your manager if you have been vaccinated elsewhere this year or if you will not be having the vaccine for some reason.

This year's quadrivalent vaccine includes the influenza A(H3N2) strain which tends to be associated with more severe disease and dominated the recent northern hemisphere season, with an observed increase in all-cause mortality (according to the ECDC). It also contains both B/Victoria - and B/Yamagata-like strains, reducing the guess work as to which will be the season's dominant influenza B strain.

"A few years ago, an outbreak of influenza on a ward amazed even me with how rapidly it spread to vulnerable patients. Every year we see patients in ICU with influenza or complications of the virus. We need our staff to remain healthy to both reduce our patients' risk of healthcare-acquired infection and maintain our preparedness for what will likely be a busy 'flu season.'" David Hammer, Clinical Microbiologist.

Protect your patients, your colleagues and yourself

Healthcare workers are often more likely to come in contact with the influenza virus, and as such are at greater risk of catching it. WHO strongly recommends healthcare workers are a priority group for influenza vaccination, not only for their own protection and ability to maintain services but also to reduce the spread of influenza to their vulnerable patients including pregnant women.

Even your immunised patients are still at risk

Relying on your vulnerable patients to protect themselves with yearly influenza immunisation is not enough, as many at risk patients may have poor immune responses to the vaccine.

And who will do your job if you're sick?

Every year, influenza causes the wards and waiting rooms of New Zealand's health services to fill up. A number of patients will be seriously ill this winter and your help will be needed, help you can't give if you are down with influenza too.

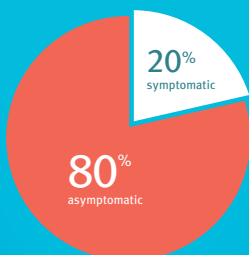
Influenza

80%

of people infected
show no symptoms*

You would never intentionally deal with patients if you knew you had influenza – but what if you were among the 80% who show or feel no symptoms.

You could be exposing many vulnerable patients or other staff members to your influenza without even knowing.

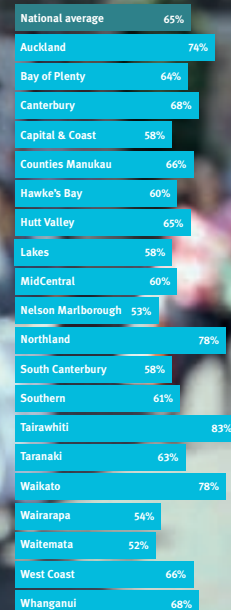


Vaccinations will be available throughout Northland DHB from April 26 - you can get your FREE vaccination via;

- One of 49 trained In Team vaccinators throughout Northland DHB
- Outside the Staff Café at Whangarei Hospital – watch Weekly Snapshot for dates and times
- Occ Health and Safety doctor clinics – watch Weekly Snapshot for dates and times
- Or phone Occ Health and Safety on ext 3242 to make an appointment. Please, if we do not answer, leave us a brief message and we will get back in touch with you.

Get vaccinated in 2017

Influenza vaccination of DHB healthcare workers by DHB last year. How did yours stack up?



Source: 2016 Workplace Influenza Immunisation Cover, Ministry of Health, 30 November 2016.

