

PreScribe

NORTHLAND DISTRICT HEALTH BOARD STAFF MAGAZINE



12 week old Taonga is the face of the 2017 Countdown Kids Hospital Appeal

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From the Chief Executive



By the time you read this we will hopefully know the results of the election. It is good to see that both major parties have recognised that the health system is under-resourced and hopefully we will see a significant increase in health funding over the next few years. I am also still hopeful that we will get our cap lifted, so that Northland receives the

funding that it should for its official population. I suspect I have written more than enough on this subject but will continue to advocate for this. As a passionate Northlander, all I want is a fair deal.

Having said that, I'm sure all of you recognise that no matter what funding increases we receive, it will never be enough. The problem with health is that it doesn't fit the usual supply – demand economic formula. Unfortunately, supply drives demand in health and when we provide more services, new cancer treatments, open more beds (which we have done for the last two years), increase our staffing (about 60 per year for the last few years), it feeds more demand which is already being driven by our rapidly growing, aging, high need population.

So, we will always work in a constrained and pressured environment, and I don't think we are ever going to have significant quiet times – there really is no winter peak, it's now a permanent peak. Our patients aren't going to get less sick, and there will never be enough resources to do everything we want or even need to do. Although it can be incredibly rewarding, it's a really tough gig working in the public health system! This is why your wellbeing is my and our Executive Team's number one priority.



This diagram describes a multipronged approach to wellbeing. Supporting you to maintain or improve your physical and emotional health and providing programmes to strengthen personal resilience will be a significant part of this priority. The importance of “efficiency of practice” is interesting, and how I interpret this is that the organisation needs to become much less top down. I genuinely believe that all of you see things that we are doing that could be done better; you're just not empowered and in some cases trained to make the changes. Imagine a workplace where every one of you has protected time to lead the redesign or improvement of some aspect of your work (in a structured manner using effective tools) without having

to fill in a whole lot of forms or write a business case - an environment where small improvements are continual and evolutionary rather than revolutionary.

Taking it a step further, imagine if we had “Collective Leadership” where everyone takes responsibility for the success of the organisation as a whole – not just for their own jobs or work area. This contrasts with traditional approaches to leadership, which have focused on developing individual capability while neglecting the need for developing collective capability or embedding the development of leaders within the context of the organisation they are working in.

Collective leadership cultures are characterised by all staff focusing on continual learning and, through this, on the improvement of patient care. It requires high levels of dialogue, debate and discussion to achieve shared understanding about quality problems and solutions.

So, imagine no more. Over the next year, we want to ensure that all staff can adopt leadership roles in their work and take individual and collective responsibility for delivering safe, effective, high-quality and compassionate care for patients and whānau. Achieving this will require careful planning, persistent commitment and a constant focus on nurturing and developing all of you and your leadership potential and good ideas.

If you don't want to be involved, that's fair enough, and I know you'll continue to perform your jobs brilliantly, but I'm confident that with the right support many of you will want to be part of solving some of the annoyances and challenges with your work, and helping create the future.

For Northland DHB to be a good place in which to both work and receive compassionate, high-quality care, we need to:

- enable you to do your jobs effectively
- genuinely value, support and nurture ‘the front line’
- ensure that there is a strong connection to the shared purpose, whatever one's role or position within the health system
- ensure there is collaboration across professional, role and organisational boundaries
- achieve high engagement at all levels
- enable and support consumer involvement
- ensure transparency, openness and candour
- are places where we accept responsibility for outcomes, and welcome learning and innovation from errors or failures
- promote and value clinical leadership
- support, value and recognise you
- are places where leaders create opportunities for you to lead

I'm looking forward to a new way of working together over the next few years.

Kind Regards,

Nick

12-week-old Taonga Face of Countdown Kids 2017 Appeal



Twelve-week-old Taonga Peita is a very precious child who has a range of medical complications. He spent two-and-a-half weeks in Whangarei Hospital's Specialist Care Baby Unit (SCBU) after he was born prematurely on 16 May this year and continues to rely on oxygen 24/7.

Taonga is the Northland face of the 2017 Countdown Kids Hospital

Appeal and as the appeal launched on 11 August at the Child Health Centre at Whangarei Hospital, Taonga's mum Miranda Shackell shared the story of Taonga's life so far.

"I was working as a special education needs coordinator at Whangarei Boys High School and I went on maternity leave on the Friday. The following Tuesday I was having a nap then woke up with pain on one side of my puku." Miranda already had two boys aged under three when she was expecting Taonga, and knew she needed support when the pain arrived unexpectedly – even though she wasn't expecting Taonga to arrive for another three weeks. "Pain was spreading across my stomach; I was having what turned out to be contractions en route to hospital." Taonga was in a breech position, so Miranda and her doctors opted for an emergency Caesarean section.

During her pregnancy, Miranda and her partner had been informed there was high risk that Taonga might have Down Syndrome. "While we were curious as to whether or not he had Down Syndrome, we didn't want to risk the diagnostic testing because we were in love with him already, regardless of how many copies of chromosome 21 he had," Miranda recalled.

When he emerged on May 17, Taonga cried for 30 seconds then developed respiratory distress. "He went into Special Care Baby Unit (SCBU) within 40 minutes of being born. Three of us had had Caesarean sections that day. I felt so jealous of other mums' babies crying."

A diagnosis of Down Syndrome was confirmed. Miranda recalled lots of upset in the first week and crying every day, for example when Taonga was struggling to latch on because a snotty nose made breathing difficult.

After all she'd been through, Miranda was then given some hard news: Taonga had been diagnosed with transient myeloproliferative disorder (TMD), which can sometimes lead to acute myeloid leukaemia in babies with Down Syndrome. Taonga also has a small hole in his heart.

"When they said TMD has the potential to become leukaemia, I felt like I was hit by a bus. The doctor came back a few hours later to reassure me it wasn't as bad as it sounded. But for me, you hear leukaemia and you see a coffin."

In hospital for two-and-a-half weeks, Miranda recalls having excellent care from the SCBU doctors and nurses. "I can't rate the staff there highly enough. They're passionate people. The first few days they had 14 kids at one stage when they have capacity for 10. None of the staff seemed stropky or stressed. They were amazing, all of them."

When mum and baby were ready to leave hospital, Miranda and her carers worked on a discharge plan for Taonga. "I learned about CPR and how much oxygen flow he would need. The plan was to listen to what they said and just do it. It was a lot to absorb."

After overcoming the first set of hurdles, the next complication was keeping baby Taonga safe at home. Taonga's oxygen supply could not be near a naked flame, which made it difficult to keep Taonga with the family as the family home was warmed by an open fire.

"I rang the council, Work & Income and Healthy Homes Northland to see if they would help us [pay to insulate the cold home] I didn't want Taonga banished to the bedroom. Finally I rang Hubands Energy here in Whangarei, I told them our story. Hubands prioritised us and when there was a cancellation on their waiting list they squeezed us in."

At the moment Taonga is on full-time oxygen and a regimen of medication including vitamins and minerals Miranda said the reason it's important to support Taonga and other Countdown Kids is "Because potentially we wouldn't be having this conversation otherwise."

Miranda happily recalled all the ways in which the Okara and Regent branches of the supermarket have made her daily workload of teaching, parenting and carefully monitoring medication easier by arranging delivery and pickup of her grocery shopping. "The other thing I like about Countdown is the free fruit for kids. It's healthy and it's free."

Over 7500 children and babies are admitted to one of the four Northland hospitals each year. Funds raised by the Countdown Kids Hospital Appeal help Northland DHB Maternal and Child Health Services afford items on a 'wish list', and the value of those items across the first nine years is \$677,043. Last year, Countdown donated \$96,054 towards children's care in Northland hospitals.

The Countdown Kids Appeal has helped Northland DHB provide families with travel incubators, apnoea monitors, scanners, breast pumps, an electronic hoist with scales, humidifiers, La-Z-Boy chairs and a range of medical equipment across the SCBU, Maternity Services and other departments. This year's Countdown Kids Hospital Appeal runs from 7 August to 29 October.

You can make a donation to Countdown Kids Hospital Appeal at all Countdown stores or make a donation to:

**Health Fund Plus:
02-0492-0042089-025 – Reference: Countdown.**

Anti-Meth Campaign Officially Launched

After months of hard work from a dedicated team, Te Ara Oranga was officially launched on 31 August. More than 200 people gathered at Event Cinema in Whangarei to hear from Health, Police and NGO staff and view a collection of video resources that are part of an integrated model of Police and Health activity to reduce methamphetamine demand by enhancing treatment services and increasing our responsiveness.

Northland DHB and NZ Police have been funded \$3m to deliver the Te Ara Oranga Methamphetamine Demand Reduction strategy pilot. The funding was made available under the Criminal Proceeds (Recovery) Act.



Deputy Commissioner Mike Clement Assistant Commissioner Richard Chambers

Police Perspective

Police in Northland said they are dealing with methamphetamine-related problems during most shifts, and methamphetamine is associated with crimes such as theft, fraud, poor driving, violence and episodes of family harm.

“What we are seeing is methamphetamine suppliers and high-demand users trapped by the addictive nature of the drug, pressured by the gangs and with poly substance abuse,” said Inspector Dean Robinson. “They turn to illegitimate means to finance their addictions and it is impacting their partners, children, and wider whānau. We will be working with these people and referring them to treatment where possible.”

Health Perspective

Methamphetamine admissions to Timatanga Hou, Northland DHB’s detox unit, are now second only to alcohol; methamphetamine has become the second or third most common reason for referral to DHB Drug and Alcohol services in Tai Tokerau. “Those of us working in the Drug & Alcohol treatment sector have been experiencing the impact of methamphetamine increasingly over the past few years,” said Jenny Freedman, Clinical Psychologist.

A range of new referral and treatment options for methamphetamine users and their whānau will be available across Northland and a team of seven police officers focused on reducing methamphetamine harm and supply will hit the beat.

Some of the Screening, Brief Intervention and Referral to Treatment approaches Northland DHB is using:

Rataora Trial in Whangarei Hospital ED

A trial of Rataora screening software in Whangarei Hospital’s Emergency Department (ED) has helped put patients in touch with treatment for substance use problems and addictions, depression, violence and smoking. The trial captured a snapshot of the people who presented to ED to make decisions about how to develop screening and intervention pathways in ED.

Choice Programme

The Choice programme, a brief intervention group with the aim of providing clients with knowledge, skills and relapse prevention to make choices about their use, has been rolled out. Contracts have been assigned to service providers to deliver monthly programmes in Whangarei, Kaitaia, Kerikeri and Kaikohe and bi-monthly in the Kaipara and Bream Bay. Odyssey will deliver the Choice programme in Whangarei and Kaipara, Ngāti Hine Health Trust in Mid North and Hokianga and The Salvation Army in Kaitaia and Bream Bay.

General Practice Screening Tool

A new screening tool for General Practice has been developed to identify when a person is experiencing a substance use issue. It provides appropriate and useful information for youth and adults. Tools include brief intervention and/or a referral to an appropriate agency that can provide options for treatment.

Whānau Support

Alcohol and drug counsellor Steve Staunton has become the first person in Northland accredited to deliver the 5-Step Model in treating whānau affected by addictions. The 5-Step Method – exclusively for family members – is based on stress-strain-coping-support models developed by alcohol, drugs, gambling, mental health and addiction



Pam Armstrong and Celia Henry

researchers in the United Kingdom. Authors of the method view family members “as ordinary people attempting to respond to highly stressful experiences”. The need for a family-only group arose because people experiencing addiction often cause stress and upset for family. Those relied upon to care for people with addictions may not be equipped to do so if they don’t have sufficient support or understanding – hence the benefit of the 5-Step Method.

Pou Whānau Connector

To reduce wait times, increase engagement with a population that is usually avoidant of treatment and work closely with whānau, the role of a Pou Whānau Connector has been developed. Pou Whānau Connectors have started work at the Salvation Army in Kaitaia, Odyssey House in Whangarei and Ngāti Hine Health Trust in Kaikohe.

Matrix Model Community-based Treatment

Treatment will be provided by existing Northland Alcohol and Drug services, based on the Matrix model. Individuals and their family/whānau will be offered 16 weeks of intensive community-based treatment with follow-up as needed. It is recommended that people undertake treatment at least three days per week. Four additional full-time Alcohol and Drug Practitioners have been employed, one each in Kaitaia, the Mid North, Kaipara and Whangarei. This increases the provision of case management, random drug testing and group and individual treatment for methamphetamine users and their whānau. These people will work alongside the Pou Whānau Connector and the alcohol and drug treatment teams in all of the services.



Dr Nick Chamberlain, Phil Paikea and Superintendent Russell Le Prou

Increase in Detox Beds

Northland DHB is increasing the number of beds in our specialist detoxification unit Timatanga Hou at Dargaville Hospital from five to seven rooms. This will mean that people can get into treatment when they need to. We know how hard it can be to make the decision to make a change. It’s important that access to treatment is easy and quick.

Employment

There is good evidence that engagement in employment enhances people’s recovery. Work lengthens the wellness periods of people experiencing addiction and shortens their unwellness periods as well as breaking the cycle of depression and low self-esteem.



Te Ara Oranga Treatment team with Major Sue Hay (The Salvation Army) at the podium

Northland DHB are trialling an evidenced-based employment support service within our Mental Health and Addiction Service in Dargaville. Two new Employment Specialists started work there in August. To date, the team has received over 20 referrals of people seeking employment.

The specialists have supported several interviews and two people were offered roles soon after working with their employment specialists. They have also identified a large local employer who is willing to accept people with criminal histories. A multi-agency forum has been established where the local employment support agencies (Work and Income, NGO providers and Corrections) are participating to ensure we work collaboratively.

Whānau and Community Resources

After consulting with Te Kaunihera Kaumātua, the project team went out to the community and asked what whānau resources they wanted to help build their resilience.

People wanted to know where to go for help, to better understand what kind of help was available and to gather some tools they can use to keep themselves and their whānau safe. They were clear that they didn’t want any more pamphlets and they wanted to see their own people featured in resources. Whānau asked for Māori models of practice so the kete delivery was based around the Dynamics of Whānaungatanga – a wellness model that came out of the north from Pa Henare Tate.

The dynamics of whānaungatanga are about addressing, enhancing and restoring te tapu o te tangata so that tangata may have the mana to achieve their goals. Northland DHB took a kete of resources back to the five communities who blessed the resources and took on the responsibility of distributing to their people.

Northland DHB also produced a fridge magnet that details the meth cycle of abuse showing a good time to talk and distributed 1000 units throughout Northland.

- **The Let’s Make a Change waiata was rolled out**
- **Social media training was provided to a range of health providers in August**

Meth-free Pledge Sticker

Janine Kaipo of Te Hau Āwhiowhio ō Otangarei suggested a meth-free sticker so that whānau could pledge to keeping households free of methamphetamine. We produced ten versions for our communities.

A Peek Into the Pain Management Service



Back row: Jan Haraldsson CNS, Dr Chanchal Ajodha Anaesthetist, Dr Philippa White, Anaesthetist **Front row:** Dr Sarah Reed, Consult liaison Psychiatrist, Edith Rotgans Charge Physiotherapist, Jess Hows SCN **Absent:** Elke Radewald Psychologist, Connie Egli Physiotherapist and Heather Blackburn, Occupational Therapist

By Jan Haraldsson, Clinical Nurse Specialist and Jessica Hows, Specialty Clinical Nurse

Pain Management in Whangarei Hospital is a nurse-led multidisciplinary service that involves acute pain management on the wards and chronic pain management outpatient clinics for the Northland region. The nurses also run skills-based education such as epidural training sessions and more in-depth education on pain itself, like the pain management workshop day offered twice a year.

Our multidisciplinary team members include nurses, physiotherapists, occupational therapists, psychologists, psychiatrists, and medical teams. In this group, large arrays of skills are used in the assessment and management of pain, with plans tailored to an individual's personal experience. Our chronic pain clinics, run by either nurses or doctors, are comprehensive and holistic, using biopsychosocial assessments to establish how pain affects the individual, their daily lives, and the people they share their lives with.

As a multidisciplinary team, we focus on rehabilitation and managing pain with a multimodal approach, not only on medications. We strive to follow evidence-based research regarding managing chronic pain, following standards put in place by the International Association of the Study of Pain, the New Zealand Pain Society, and Australasian Pain Society. Exciting frontier research such as how to best manage pain depending on the individual's genetic profiling is currently underway; and previously "weird and wacky" initiatives such as psychosocial behavioural management (hypnosis, mindfulness, distraction therapy etc.) are becoming more mainstream.

The daily acute pain rounds are nurse-led initiatives that are supported strongly by the anaesthetic department. Communication between the acute pain service and other healthcare professionals caring for inpatients

is a high priority for us. To provide safe and adequate communication between the pain service and other teams caring for patients, traffic light stickers were developed. When placed into inpatient notes they alert other teams to plans that the pain team may have made or suggested, and when the patient is discharged from the pain team.

In 2016, an electronic referral system was adopted onto Concerto for inpatients with complex pain requirements. The referral is filled in and is similar to a discharge summary. When completed we are able to triage and plan our day accordingly, potentially reviewing the patient in a timelier manner and therefore possibly reducing suffering and the patient's length of hospital stay.

Persistent pain involves very in-depth management plans involving multiple healthcare professionals and teams. The first point of contact is usually the general practitioner (GP) who is able to send referrals for chronic pain clinics directly via e-referrals. We triage and also use the sent referral to provide support and advice back to the GP.

By working with extended healthcare professionals such as the Emergency Department team, surgeons, mental health providers, and public health organisation members, we are able to be part of initiatives that aim to develop multimodal and multidisciplinary pain management plans for individuals when they present to the emergency department such as 'Whānau Tahī' and 'Healthy Homes'. Once a plan is finalised, it is made available to the patient and uploaded to Concerto to be used in hospital presentations for both emergency care and inpatient pain management care.

When acute pain is managed effectively with a multimodal approach, including involvement of multidisciplinary skills, multimodal non-medication related tools, and medication, the prevention of a chronic pain condition is more achievable.

Drink Driver Programme

Marks Milestones

This winter marked 10 years and 1000 participants since the Drive SOBA Programme (DSP) began in Northland. The 12-session course provides alcohol education, relapse prevention and role-playing to develop empathy and problem solving to change people who have been habitually drink driving.

Started in June 2007 by psychologist Bronwen Wood, DSP today has a success rate of well over 90 percent. Those undertaking the programme range in age from 18 to 70, are mostly male, and are referred by the justice system, by Corrections or they self-refer under Section 65 of the Land Transport Act. Anyone can refer themselves to the DSP.

Bronwen developed the Drive SOBA Programme when it was identified that the wait for treatment was too long and evidenced-based intervention to treat recidivist drink drivers was needed. The DSP was piloted for two years by Northland DHB in Whangarei. On being found to be effective it was then expanded to the whole of Northland.

Road Safe Northland, Northland DHB and Ministry of Health now fund the programme. Bronwen said the programme sits well under Northland DHB because alcohol is a health issue. The effects of drink driving on physical health, mental health, injuries and emergency department presentations are all connected.

What's in the course?

Twelve people are invited onto each DSP group, where they work on problem solving, developing empathy, learning about substances and reducing impulsivity. "We use whakawhanaungatanga to make it a safe learning environment, and it is an evidence-based programme that reduces re-offending," Bronwen said.

Lifestyle change for programme participants

Clients interviewed were unanimous in describing the programme as therapeutic as well as educational, and said the togetherness approach of facilitators is what helped make the messages hit home.

Josephine [not her real name] was referred to Drive SOBA after a member of the public forced her car off the

road and called the police when she was spotted drink driving a third time. Difficult factors in Josephine's life – the recent deaths of her parents and husband – were factors influencing her drink-driving, although she didn't reflect on these until a couple of sessions into the programme.

"I wish I'd done [DSP] years ago. I went through a lot of grief, I lost myself after my husband died. It was hard going through court, I didn't have any support, but I've come out the other end stronger. It was good that I got caught, to be honest. It's helped straighten me out."

Aged in her 60s, Josephine said she wasn't expecting the group of mostly younger men, including some who had gone to prison for drink driving, to influence her until finally she realised, "We all had the same problems. Then I didn't feel so alone."

What really helped on the DSP was the focus on treatment and education rather than blame and shame. "DSP turned out to be really informative. Alcohol is a real problem in our society."

Like Josephine, client Jerry was once arrested when he had been drinking at a pub and felt confident he could drive away safely. Jerry found

Whangarei facilitators were on his side, with a shared mission to reduce reoffending.

Jerry said planning ahead is the main skill he has taken away from the programme. "If you know you're going to have visitors turn up [for drinking], it's about preparation and being more wary." Apart from the damage done to those injured by drunk drivers, Jerry said he now understands how drink driving could have ruined his own life and how he is lucky to have ended up with just one year without a driver licence. "The programme was about being reassured that offending again just isn't worth it, eh, the consequences, the drama. Not being able to drive affects work and family and sport, the list goes on."

Clients interviewed said their behaviour around pre-loading (drinking before going out), making short car trips to the grocery store while drunk and driving between parties has changed drastically.

"As a result of that course I now never get behind the wheel after drinking," client Sophie said. "You might think you're okay but you're not."



Programme facilitators Sarah Jarman, Bronwen Wood and Steve Staunton

Breastfeeding Pride at Big Latch-On 2017



Organisers Charlene Morunga, left, and Kylee Parker

2017 marks the 25th anniversary of World Breastfeeding Week, and this year it was all about working together for the common good of 'Sustaining Breastfeeding Together', especially as Northland DHB reports another excellent result in exclusive breastfeeding of babies by mums upon discharge from Northland DHB Maternity Services.

World Breastfeeding Week, August 1–7, featured breastfeeding events around Northland and the world, including Whangarei where the mass public breastfeeding event The Big Latch-On was held on Friday 4 August at Toll Stadium. There were a record 97 mums attending, with 102 babies latching.

How Lactation Consultants Helped Rosie's Whānau

Rosie Ponifasio-Hughes joined this year's Big Latch-On in Whangarei after overcoming latching challenges first with her baby boy – and then the double trouble of twins.

The Whangarei mum gave birth to son Hughie in 2013 and, like many mums, endured some pain and frustration while an Auckland lactation consultant went to work making the experience easier.

"After Hughie was born, weeks zero to eight, I put up with cracked nipples, blanching, repeated mastitis, low supply, latch issues, cup feeding, pumping, colic, reflux, low weight gain and supplementing."

After three months, things were pain-free and easy, Rosie said. Fast forward a few years and Rosie was surprised to see "two ying-yanged bubbles, each containing a perfect little bean" appear on the screen during her ultrasound. "After the initial shock wore off, my most pressing concern was not centred around the birth, but around how we would manage to feed them."

Rosie used the drop-in service available at Te Puawai Ora, which is Northland DHB's pregnancy and lactation service. Rosie made three visits and worked with lactation consultant Helen Parker – who is a mother of twins herself – before boy and girl twins Ash and Lani were born. "[Lactation consulting] made a massive positive difference to us in getting our feeding experience off to the right start."

Rosie wants mothers to know lactation support services at Te Puawai Ora are funded to be completely free for families for however long they need the support – far longer than the six weeks care which is a set period in some other parts of the country.

Rosie emphasised her thanks for supportive coffee groups, La Leche League and her "amazing" husband Ben "who has been there every step of the way".

Rosie is pleased to report her twins have been breastfeeding for 16 months and she aims to continue feeding until the age of two, as that is the age recommended by the World Health Organization (which says infants should exclusively breastfeed for six months, after which they should receive both breastmilk and complementary food until the age of two years).

Northland Scores Top of the Country for Exclusive Breastfeeding

Northland has, once again, come out on top with the highest rates in the country for exclusive breastfeeding on discharge from maternity facilities. With an overall rating of 94.7 percent, it exceeds other regions with Whanganui at 90.6 percent and Hutt Valley trailing at 76.3 percent.

The Northland DHB lactation consultation team was phoned by the New Zealand Breastfeeding Authority to congratulate Northland for retaining the lead for the fourth year in a row. Lactation consultant and Baby Friendly Hospital Initiative (BFHI) coordinator Helen Parker said Northland has come a long way since she began ten years ago. "In November 2003, our exclusive breastfeeding rate on discharge was 64 percent. I was employed in 2004 to implement BFHI in Northland. I saw many changes in Northland and, particularly, Whangarei. Our

nursery was removed and all babies remained with their mothers, so they could feed their babies on cue and, for as long as baby needed to feed. We implemented the Ten Steps to Successful Breastfeeding policy development and implemented education for staff and support services for mothers, such as lactation clinics."

"Breastfeeding gives our babies and mothers in Northland a healthier start to life. This is a huge achievement and a team effort from LMCs (Lead Maternity Carers), core midwives, nurses (ward), lactation consultants, obstetricians and ancillary staff all working together to provide the best care to the women, partners and whānau of Northland. "Helen added that the new maternity unit will also greater benefit women as it has two-bed and single rooms, as opposed to four-bedded rooms and singles.

Improving Patients' Experience in Our Hospitals



Natalie Carter, left, with Lynette Te Ahu

Releasing Time to Care For Our Patients

The Releasing Time to Care (RTC) programme is helping Ward 2 staff to maximise the time they spend with patients. Ward 2 is one of five areas that are using the structured programme to identify ways to spend more time caring for patients and improve the experience for children and their families.

High on the list was the Acute Assessment Unit (AAU). Children can wait up to three hours to be assessed and agree a plan for treatment. The wait can cause anxiety and stress for children and families as well as frustration for the staff trying to care for them. Delays in treatment mean children are in hospital longer, tying up a bed and blocking the admission of other patients, and so increasing pressure in the emergency department.

Natalie Carter, Madison Currel and Lynne Clark looked at the physical layout of the rooms and equipment as well as how the team works together to care for patients. They measured what happens now and, with the whole team, agreed changes to improve care. The team will measure progress to see if these changes have improved the experience for children and decide what else can be improved. The work is supported by Charge Nurse Manager Lynette Te Ahu.

Issues that have been addressed so far are:

- Staff in AAU did not know when General Practitioners referred patients to hospital and were not able to plan for the arrival of children. Solution: A new screen in AAU enables staff to see via the RMS Lite programme when children are referred by GPs. They can be triaged before they arrive at the hospital to decide if they need to go to ED or if they can go straight to AAU, saving time and stress as well as relieving pressure on ED.

- Each child needs labels printed and multiple forms printed, scanned or copied. Each time requires a three-minute trip to the ward printers. Solution: Install a label printer so the nurses do not need to leave the unit and can free up to 45 minutes a day to care for children and their families. A printer/fax is ordered and should be here soon.
- Staff new to AAU were not familiar with what needs to be done. This made it difficult to staff the high pressure area. Solution: Clear instructions have been agreed and displayed. The standard operating procedures make it quick and easy for staff to do the right thing.
- Waiting for a doctor to assess a child was stressful for all. Solution: A house officer dedicated to AAU during the peak winter period is helping to ensure children are seen quickly. This is great for the many children with respiratory issues like asthma or bronchiolitis.
- A small space and lots of equipment meant time was wasted trying to find the right equipment and getting to the child safely to deliver care. Solution: A careful study of everything in the room has helped to organise things to have them in the right place at the right time. Photos of the area help to keep it organised.

When the team began the Releasing Time to Care programme it was found that 36 percent of the nurse's day was spent directly with a patient providing care. The team aim to increase direct care time by 20 percent in 6 months and will measure again to see if changes are an improvement or not.

The ward is working on further projects such as a meal delivery, staff communication and finding patient notes.

Trial of Earplugs and Masks to Improve Patients' Sleep



Sharon Waterman happy to try out the sleep mask and earplugs

Because something as simple as uninterrupted sleep makes a big difference to a person's recovery after surgery, select wards within Whangarei Hospital began trialling 'Sleep Packs' for patients from July. The packs consist of a sleep mask, earplugs and a brochure.

Associate Director of Nursing Sheryll Beveridge said 150 patients and whānau provided feedback and identified areas for improvement a year ago. Many of those surveyed reported they wanted more quiet in the wards at night with less light interfering with their sleep. This led to Nursing and Midwifery Directorate starting a project with support from Health Fund Plus paying

for a trial of 1000 sleep packs. Sheryll said improving the patient journey while in hospital is part of enriching and embedding our values.

Some noise and light is unavoidable – such as helicopter noise and light for nurses to do assessments. However, Clinical Nurse/Midwife Managers including Jo Hawley, Associate Clinical Nurse Manager Ward 3 (where the majority of the sleep packs are being trialled) hope the sleep packs will make a significant difference. Patients afterwards are being asked to evaluate the benefit of the masks and ear plugs on their stay in hospital.

Health Fund Plus

Health Fund Plus was setup in 2015 as a joint initiative between Northland District Health Board and the Northland Foundation. Northland DHB and Northland Foundation work together, raising donations and endowments to get the 'optional extras' or top-of-the-range equipment or services for the DHB.

Health Fund Plus is our way of being connected with the community. Northlanders like to make a contribution towards the healthcare services they receive. Health Fund Plus is the mechanism members of the community can use to make a donation, bequest or endowment. For more information about Health Fund Plus go to <http://www.northlanddhb.org.nz/>



Hospice Kaipara Celebrates 25 Years of Service in the Community

Hospice Kaipara celebrated its 25th anniversary of providing palliative care in the Kaipara with a function in the Dargaville Town Hall on 28 July.

Linda Newson of Te Kopuru, whose husband Alan was looked after by Hospice before he died last year, said “Hospice were just amazing, I just can’t speak highly enough of them.”

“Alan had a lengthy illness. Hospice was with us for the last eight months. As a family we wanted Alan to die at home. I had had no nursing experience, I had support from friends and the kids would come up to help on the weekends. It was really helpful to have support from the nurses, especially with the medication management as this was quite tricky at times.

“Hospice went over and above what I thought they would do – they would pick up our prescriptions, they would bring baking. Nurses Linda and Annette were just amazing. It was the little tips they gave us that were so helpful, especially towards the end with Alan.”

In 1990, Dargaville district nurse Mary Munn recognised the need for a support group for people living with a terminal illness. Two years later, social worker Marlene Calder and volunteer Jean Finlayson attended the New Zealand Hospice conference. Kaipara Palliative Care was formed with Jean as coordinator soon after.

In 2007, Kaipara Palliative Care became Hospice Kaipara Inc. affiliated to Hospice New Zealand. Marlene is still a social worker in Dargaville for the Northland DHB and Jean is a Hospice Kaipara volunteer.

Initially Hospice provided care coordination and volunteer support and this has developed into providing equipment, clinical care and specialist palliative physician care.

“The main aim of hospice is about supporting people to remain at home,” offered Annette Olsen, lead clinical nurse. “The average number of patients looked after by Kaipara Hospice at any one time is 25. It’s not just cancer, often it’s end stage conditions such as heart failure, kidney disease or motor neurone disease,” Annette noted. “The motto is Living Every Moment. We provide support and care to patients and their family/whānau and friends, managing symptoms, equipment and liaising with other support/care providers.”

Today Hospice and the DHB are part of a multidisciplinary team. Services, including physiotherapy, occupational therapy, Māori liaison (Takawaenga) and social work are put in place for people nearing the end stage of their life. “We also share care with district nurses and we have a telephone after-hours service with North Haven Hospice. We have an open admission agreement with the DHB allowing patients to come in to Dargaville Hospital after-hours because otherwise they may need to be transported to Whangarei Hospital.

We have good relationships with the local GPs, who remain the patient’s primary caregivers.”

The Kowhai Room is in the general ward at Dargaville Hospital and was set up in 1993. It’s a four-bedded hospital room which has been renovated to add a kitchenette, a fold-out couch plus ensuite which enables family/whānau and friends to stay with their loved ones. People can come in for symptom management and very-end-of-life care. However most of the patients die at home with support from the Hospice team.

Celebrations in the foyer of the Dargaville Town Hall began with Dale Schick, the chair of the hospice board speaking followed by Kaipara Mayor Greg Gent acknowledging the wonderful service provided by volunteers, staff and the community.

Kaipara Hospice’s shop Pennies From Heaven is one of the key fundraising activities supported by the 147 volunteers. “No hospice could function without its volunteers,” Annette says. “We are very well supported by our community with strong volunteer support, donations and bequests which we are very grateful for.”

The support Kaipara Hospice receives from the community means they have been able to purchase equipment and supplies and continue providing the valuable service to the Kaipara community.

Linda Newson said: “They provided us with a wheelchair and visited once a fortnight to start with and as Alan became closer to passing away it was twice a week. They would call on a Friday. If they were going past our place, they would pop in and check that everything was alright.”

“They treated us with respect and dignity and after Alan passed away they have kept in contact to check I was okay, ringing me every week. On behalf of myself and our children: thank you so much – we couldn’t have done it without you Hospice.”



Hospice Kaipara Volunteers

Out & About





Hospital Recycling Turns Trash Into Playmats

By Margriet Geesink, Sustainability Development Manager, Northland DHB.

Northland DHB has introduced the PVC recycling programme in all four hospitals where already over ten departments have started to collect eligible products. Products that can be recycled in this programme are fluid IV bags, oxygen tubing and oxygen masks. The programme has been set up by hospital waste recycling experts Baxter in collaboration with Play Matta.

Play Matta is based in Wellington and produces children's play mats out of the recycled products. About 3kg of IV fluid bags makes one play mat. In total we expect to divert about three tonnes of medical plastic per year going to landfill. This waste can be manufactured into over 1000 play mats or about 21km of garden hose.

This scheme keeps the plastic recycling in New Zealand whereas all other recycled plastics are being shipped offshore. Another bonus is the financial benefit for Northland DHB: the PVC is picked up for free and Baxter pays for the transport, so this will avoid our own handling and waste disposal fees.

Since only the PVC can be recycled in this programme, and not the hard plastics attached to many of these products, nurses have received recycling training.



Although it takes a bit more time to make a cut in the bag to remove the hard plastics and collect the products in a separate bin compared to throwing it all in one rubbish bin, most nurses have been supportive of the scheme and are happy to do their share to avoid these products going to landfill.

The packaging of the IV bags (which is the same material as milk bottles) is also being recycled by several departments, reducing our waste to landfill further.

The bags from the departments are all being collected in 1200L cardboard boxes based at our hospitals in Whangarei, Kaitaia and Bay of Islands. When full, each box will be collected and replaced with a new one. The box in Whangarei was almost full after the first three weeks.



Hospital PVC waste



Playground safety mats made from the recycled PVC

Breast Screening Booklet

Demystifies Mammograms



A mixture of IDEA Services clients, caregivers and health clinicians at the July 12 booklet launch

A booklet was released in July guiding Northland women who have an intellectual disability through the breast cancer screening process. It is hoped this booklet will help patients nationwide.

Entitled 'An Easy Guide To Breast Screening', the first-of-its-kind booklet was launched at IDEA Services in Whangarei on 12 July to ensure that women were fully informed about the process of having a mammogram, especially those aged 45 to 69.

Sue Cresswell, who is an MRT at Northland DHB's Mauri Ora Breast Screening Clinic, said the inspiration for the booklet came from an experience in which a woman with cognitive impairment intellectual disability arrived at the clinic to have her two-yearly mammogram.

Both the patient and her caregiver expressed that they found the mammogram confusing, distressing, and had no guide to indicate to them beforehand what to expect. It became evident that a booklet with the right language and pictures to prepare patients for the mammogram process was needed.

Community coordinator Kelly Leha'uli set up a team to develop the booklet including Sue, Mauri Ora Breast Screening Clinic operations manager Barbara Miller, Māori support worker Rebecca Gilbert and Population Health Strategist Lyn Rostern. Liz Inch from the Communications team took the photos.

They worked with Kim Fuller, who is health advisor for IDEA Services, and Kim communicated with IDEA clients

and their carers to bring in their perspective. This led to women such as Cindy Andrews and Beverly Clifton becoming champions for the project and the faces of the booklet – although the booklet has a deliberately wide selection of faces on its cover to help it appeal to consumers from a range of backgrounds.

The booklet might in future be adapted to demystify a range of hospital procedures for patients, Population Health Strategist Lyn Rostern said. Instead of portraying the mammogram experience, other booklets created from the template might explain to readers what to expect when being given anaesthesia or having blood taken. Meeting the needs of health consumers with disabilities is a result of constant engagement with the cross-sector Disability Working Group which provides feedback to Northland DHB's Disability Support Services, Lyn said.

Cindy Andrews serves as the main patient in the booklet and is shown using her local breast screening clinic, from paperwork to waiting room to mammogram. Cindy said she contributed an important detail to the booklet – a reminder for people like herself to "Keep still, relax and breathe" while having their breast x-rayed – and said she had a good experience during the photo shoot.

The National Screening Unit has approved the pamphlet for distribution and Community coordinator Kelly Leha'uli will now be using the resource in education sessions with eligible women and their support team.

LIONZ Ladies Convene to Build Professional Network

*By Dr Margaret (Margy) Pohl, Northland DHB
Clinical Director of Orthopaedic Surgery*



Photo from the inaugural LIONZ meeting in Queenstown in August

LIONZ (Ladies in Orthopaedics New Zealand) was established this year as a forum to advocate for and support women in orthopaedics in New Zealand. LIONZ aims to strengthen connections between women involved in orthopaedics, offer mentoring and support, show realistic role models, liaise with the NZ Orthopaedic Association over gender-related matters, and overcome both perceived and real barriers to orthopaedic careers for women, with a longer-term goal of improving the current gender disparity.

Currently despite over 60 percent of medical graduates being female, only 8 percent of New Zealand orthopaedic surgeons are female. “Ideally the aim is to foster interest and inspire more women into this challenging but rewarding career, and assist in ensuring any barriers are heard and addressed – and get to know each other,” Margy said.

The inaugural LIONZ meeting in Queenstown in August was attended by 28 enthusiastic current and aspiring female orthopaedic surgeons who voiced strong support for this network. Inspirational speeches were given by Dr Michelle Dickinson (aka Nanogirl), Judge Catriona Doyle, and Dr Karen Smith. Further events are planned biannually, with one meeting to coincide with the NZOA’s ASM.

Margy organised the event along with Tanya Dickey, PA Orthopaedic Department, who also attended the event as coordinator. Margy said she was impressed by the level of enthusiasm, especially from junior colleagues. “The aim of this group is to build a network to support and encourage women in orthopaedics whatever stage of their career or challenges they’re facing,” she said.

LIONZ members are currently working on establishing mentoring programmes, developing networks, updating guidelines on pregnancy and orthopaedic training, liaising with DHBs and NZOA regarding support for women returning from maternity leave, surveying female medical students about perceptions of orthopaedic surgery as a career, and, most importantly, organising our next event.



Dr Margy Pohl is second from right

Pamper Helps Men

With Cancer Look Good, Feel Better

Eight Northlanders became the first recipients of a Look Good, Feel Better makeover specifically for men in June. Look Good, Feel Better (LGFB) events are organised with Cancer Society to help give clients a positive self-image as they battle cancer.

One aspect of feeling positive is keeping oneself beautiful, which is something men don't prioritise as often as women, event organisers said.

Until now, LGFB workshops – held up to seven times a year in Northland – have been designed for the needs of women experiencing cancer, so Tuesday's workshop taught eight blokes from towns around Whangarei how to use warm towels, foaming cleanser and concealer, how to avoid scrubs, pumice and razor shaving, and what they can do for their lips, eyebrows and nails.

Participants knew each other from cancer support meetings, but what was new was the skincare advice as well as expert physiotherapy from Lou James of Pinc and Steel Cancer Rehabilitation Trust. The physio component was specifically designed to meet the needs of older males experiencing cancer. The men also received generous skincare gift packs.

Organiser Robyn Warin said LGFB workshops have been taking place in Whangarei for 21 years, but until now have just looked after women. Men are seldom aware of how to look after their skin, Robyn said, adding that skin needs moisturising more than ever when it is dehydrated and damaged by cancer treatment.

"Men typically have not been brought up to moisturise. So today is about teaching men to take care of their face, skin, fingernails and hair which are broken down by radiotherapy and chemotherapy," Robyn said. The men have been "a treat" to work with, Robyn added, because they are already a supportive group who know each other from their meetings.

"LGFB focuses on someone as a real person, not just a man with cancer. It makes them realise they are real people again."

Pinc and Steel physiotherapist Lou James said, "It's about the importance of movement to aid recovery. Cancer treatment brings fatigue, and getting around that by using physio helps."

The cancers experienced by the men include prostate, bowel, throat cancer and lymphoma, with some of the men experiencing multiple types of cancer. One man, Don, said medication for people in his group makes them very tired, and can cause hot flushes, aches and pains and depression.

Workshop member Ned compared symptoms and side-effects from medication to menopause. "My wife had fortunately been through menopause and she said 'Welcome to my world'. It makes parts of your body so sensitive even your t-shirt rubbing against nipples is really not nice."

Pete, who has the bleeding disorder idiopathic thrombocytopenic purpura, a rare blood condition in which the body turns against the platelets causing haemorrhaging, as well as lymphoma in his bone marrow, said while he has had a rough eight years, "There is no meeting where we don't have a good laugh".

Ned, who contributes volunteer driving of people to Northland DHB's Jim Carney Cancer Treatment Centre, said a lot of the effects of cancer "are mainly in the top two inches of your head" and positive thinking – and events like their sociable pampering – "Can absolutely reduce the pain".

How to Refer Patients Experiencing Cancer to Look Good, Feel Better:

On LGFB's website, the referral link: www.lookgoodfeelbetter.co.nz/classes/referrals/ allows anybody to be referred for a workshop on self-care. You're free to make a referral whether you are inside or outside healthcare and volunteering.



Rachel Utumapu, Robyn Warin and Lou James

The Difference a Donated Dishwasher Makes



Dee Telfer and the DishDrawer

Donations to the Jim Carney Cancer Treatment Centre at Whangarei Hospital, via Health Fund Plus, have meant the centre could purchase a two-drawer dishwasher to replace the original one that broke down in June 2017.

Cancer and Blood Service nurse manager Dee Telfer said kind donations from our patients and their families enabled them to upgrade. “The single use dishwasher was not durable for our service. When it broke down we had the opportunity to assess what kind of dishwasher would better suit our needs given we use it all day every day.”

Because the centre is a long way from the main kitchen it is important to be self-sufficient. “We have to look after our cups, because we offer our patients hot drinks while they have their treatment. Our upmarket dishwasher is a godsend. It’s a two-drawer Fisher & Paykel so it enables high use and ensures we have cups available for patients all day long.”

Dr Neil Croucher Elected to Royal College of Physicians and Surgeons

Dr Neil Croucher has been elected as a Fellow of the Royal College of Physicians and Surgeons of Glasgow, Scotland.

In 1994 Neil attained membership of the College, specialising in Clinical Community Dentistry. Over the last 20 years he has worked in hospital and community dental clinics both here and the UK providing oral health care to patients with ‘special care’ needs. He has also fulfilled a number of clinical leadership roles at a local, regional and national level. Neil currently is Northland DHB’s Oral Health Advisor and Principal Dental Officer of the Northland DHB community oral health services.

The Royal College of Physicians and Surgeons of Glasgow wrote to Neil two years ago inviting his nomination to be elected as a Fellow of the College. The College said this was in recognition of his career-long commitment to the public sector, both as a clinical leader and to special needs and paediatric dentistry. Neil went ahead and in May attended the admission ceremony in the historical Bute Hall at the University of Glasgow, “Accompanied by a very proud mum,” Neil reports.



Dr Neil Croucher with his ‘very proud mum’.

North Meets South for Telehealth Showcase



Southern DHB's CEO, commissioners, and Northland DHB chief executive Dr Nick Chamberlain (right)

Southern DHB's chief executive and three commissioners visited Whangarei Hospital on Wednesday 14 June for a day of teleconferences, meetings and demonstrations of the advantages of a strong telehealth set-up.

Northland DHB's telehealth infrastructure means clinicians at our small rural hospitals can get increased access to specialist advice. Improved decision making for base hospital specialists is enabled by using iPads and desktop PCs with the right software to instantly stream the action from emergency rooms.

Northland DHB's Telehealth Programme began nearly six years ago with the introduction of renal telemedicine. Two years ago we began a trial using telemedicine for acute advice and transfer decision-making. The trial was a collaboration with the University of Queensland, which has made advances in the implementation of the Neonatal Examination And Management Online (NEMO) system.

The June exchange began with Northland DHB chief executive Dr Nick Chamberlain welcoming Southern DHB's chief executive Chris Fleming, Commissioner Kathy Grant plus deputy commissioners Graham Crombie and Richard Thomson. They were shown a presentation on Neighbourhood Healthcare Homes, which is a new model of primary healthcare.

Southern DHB were then shown a range of presentations and demonstrations from a cross-section of staff involved in telehealth decision-making. There was a presentation on Acute Transfer Telemedicine and NEMO from ICU head of department Dr Katherine Perry. Originally it was ICU physicians in Whangarei who initiated our push for telehealth excellence to rebalance the inequalities caused by differences in mobility affecting patients disadvantaged by Northland's rural situation.

Following this was a presentation on Te Hono primary care multi-disciplinary case reviews from Dr Norma Nehren of Te Hiku Hauora – via video conferencing. Following this came a demonstration and discussion of specialist outpatient clinics involving nurse manager Chris Baucke at Kaitaia – again via video conference – and presentations on telemedicine, the Regional Tumour Stream Multi-Disciplinary Meeting (MDM) solution and a debrief about Northland DHB's future telehealth and mobility plans.

Organisers of the visit were Chief Information Officer Darren Manley and Telehealth and Mobility programme manager Roy Davidson. Roy is one of two Northland DHB staff advising on how telehealth can be deployed to support rural and provincial hospitals as well as integration with primary care. He is also on the Ministry of Health's Telehealth Leadership Group, which consultant nephrologist Dr Walaa Saweirs has also been a member of until recently. New Telehealth Clinical Lead Dr Scott Wilson will attend ongoing as part of his role.

A team of six, including five Northland DHB staff, last year won a Best Paper award at the Success and Failures in Telehealth Conference in Auckland for their paper 'Telemedicine for acute care and transfer decision making: preliminary experiences in Northland NZ'.

Roy said the day showed the importance of all the people and roles in establishing a telehealth clinical network. "That's not only clinicians, but nurse managers, operations managers, booking clerks and other supporting staff. We are very fortunate to have such a great team supporting our telehealth programme."

Northland DHB Chief Information Officer Darren Manley said the day showed that the benefits of telehealth technology go beyond enabling different models of care. "As described by a number of clinicians on the day, more collegial, team-based approaches have resulted from the well-supported use of telehealth."

Southern DHB Chief Executive Chris Fleming described Northland DHB's telehealth implementation as "very impressive".

"We greatly appreciate having the opportunity to learn from their experiences and to exchange ideas about the future potential of telehealth technologies," Chris said. "Already telehealth is an important component of patient care for many Southern DHB services – obstetrics, paediatric diabetes, neurology, and mental health are just a few examples. But, as we continue to focus on our goals of valuing patients' time, providing care closer to home and making best use of resources, it's clear that there are many more opportunities to use telehealth to improve the delivery of healthcare across New Zealand's geographically largest health district."

Elder Abuse Awareness Week: Meet the Duo Supporting Our Most Vulnerable

Elder Abuse Awareness Week June 15–22 was a time to acknowledge social workers like Rachel MacKinnon and Sally Raymond who protect our most vulnerable people every day by intervening when family fail to care for their elders.

Not all cases of neglect and abuse are due to malice or deceitful motives. Neglect sometimes occurs when families/caregivers, who have done their best for a long time become completely exhausted and overburdened with the commitment to care for a loved one, Rachel and Sally say. “Sometimes an older person’s needs increase while the ability of a family member to keep up with those needs can decline. Often the outcome of our involvement can be a recommendation and referral to ensure that the client is receiving all supports that may be available to them and their family to ensure the whole situation is as safe and sustainable as possible.”

As an example of how our social workers help vulnerable older people, when interviewed Sally was about to head out on a home visit to seek additional information about a significant amount of money being removed from an older person’s bank account. It was unknown if he was aware of this and agreeable to it or not – hence the need for social workers like Sally to assist.

Every day Rachel, in particular, does her best to educate vulnerable older people, clinicians, social services, families and caregivers about how enduring power of attorney should be properly used.

“We see a lot of people who have been appointed as Enduring Power of Attorney (EPA) who don’t really understand what it means and the rights and responsibilities that come with it,” Rachel says. “The one thing people need to know is that an EPA is a bit like a safety plan. A person – who has the mental capacity to do so – puts it in place in case of a time when they don’t have capacity. The idea is that this will ensure that their views are represented when they are unable to do this for themselves.”



Rachel MacKinnon, left, with Sally Raymond

Recently Rachel and Sally helped a client whose family had been holding onto the client’s bank card for years until the social workers intervened. Finding out about that instance of abuse began with vigilant staff from an adult activity centre contacting Northland DHB, Rachel explains. “Right from the start my role was to meet with the client,” Rachel said. “It’s not always appropriate to meet at the home so I visited at the community activity facility. After a couple of gentle, relaxed conversations to put the client at ease, the client revealed a number of concerns they had and spoke about their future wishes. Our role then became standing beside the client to achieve the outcome they wanted.”

“We often need to remind families that our client is the older person. Although families are hugely important, sometimes we have to help families to understand that this isn’t their decision to make – it’s not about what they want but what the older person wants.”

Good relationships with Work and Income, community activity facilities, Home Support Providers and Needs Assessment Service Coordinators (NASC) staff, as well as applications under Protection of Personal and Property Rights Act (PPPR) all help to keep clients safe. The aforementioned client passed away soon after Rachel and Sally supported them to resolve their worries, but they left the world from a place of their choosing and where they were respected.

In another recent case Rachel used a team approach when helping an elderly client who lacked capacity and who was being badly neglected by carers. “It was really good to have a NASC assessor at the home visit along with me to ask medical questions and note medical observations. We also rang a geriatrician to discuss our concerns and explore options we had available. We then organised for an ambulance and for the client to be admitted to hospital. The client didn’t have an EPA and, because they were lacking capacity, they couldn’t appoint one or make informed decisions about where to go. That meant we applied for an urgent PPPR order through the Family Court to enable the client’s day-to-day care needs to be met in a residential care facility and for their funds to be looked after by Public Trust.”

Urgent PPPR orders can temporarily help to ensure a person’s safety, protect them from abuse or neglect and ensure their day-to-day care needs are met while longer-term options are considered by the court and family. Rachel is skilled in managing complex cases of Elder Abuse and Neglect including making PPPR applications and coordinating interventions relating to abuse and neglect. Sally is available for site visits, working with Work & Income, family conferences and to sit down with older people and work out how to support them. Both Sally and Rachel are available to discuss concerns about vulnerable adults in our community.

Lions Tour Northland Style



A visit from the British and Irish Lions rugby players had patients and staff smiling from ear to ear on a bleak Friday afternoon 6 June 2017.

With the arrival of the Sky Sport Lions Tour 'Fan Van' with Sky Sports personality and former Welsh rugby great Scott Quinnell at the wheel, word got out quickly that the players were not far away. Lions captain Sam Warburton, along with team mates Ben Te'o and Kyle Sinckler, were met by an excited 'Flash mob' of staff amping to meet the guys and grab a quick 'selfie' on their way in.

The players' first stop was at the Children's Ward where they delighted children and their families with warm conversation and ready smiles for photos and autographs. Staff, too, grabbed their opportunity for pictures and conversation. Play Specialist Rosanne Woods presented the Lions team with some 'Kiwiana'

gifts the patients in the ward had created ahead of the visit. Captain Sam Warburton said the gifts would become part of the 'team room' throughout the tour.

Quick pre-arranged visits to patients followed, and had the players legging it to various points of the hospital. A quick on-site interview with Sky Sports and a one-on-one tutorial for one of security guards from prop Sinckler, and the visit was all done.

An amazing pōwhiri in Waitangi on Sunday gave Lions players and supporters an opportunity to witness our culture on a mass scale, with many performers travelling from Australia to be a part of this event.

We are so proud of our Northland DHB staff who took part including Arama Morunga, Vicky Maihi and Mereana Pou.



Left to right Lions captain Sam Warburton, Ben Te'o and Kyle Sinckler

Staff

Comings and Goings

Doctors Coates, Hammer and Harmston Join Executive Leadership Team

Dr Jo Coates, Dr David Hammer and Dr Chris Harmston were welcomed to new roles on the Executive Leadership Team (ELT) from 1 September. Chief medical officer Dr Michael Roberts said “These appointments mean that Northland DHB’s executive team has more clinicians at the table than any other DHB in the country. We believe this is as it should be, and facilitates a genuine partnership between clinicians and managers.”



New Medical Officer of Health, Dr José Ortega-Benito

Born and raised in Palencia, Spain, this is José’s second experience living and working in New Zealand. José’s career

in public health has seen him working everywhere from Wellington to London, from Trinidad and Tobago to the Orkney Islands, with academic professorial positions at universities in London, Fiji, the West Indies, and Spain. José last lived and worked here as senior epidemiologist with ESR, in Wellington from 2001 to 2003. José said he sees the Medical Officer of Health role as requiring the prevention of ill health in the community at primary, secondary and tertiary levels. Also the role is about developing effective communication between health professionals, patients and other stakeholders, which he hopes to “lead a little bit,” José said.



Arama Morunga Moves into Newly-created Role in Māori Health Directorate

In July Arama took up his new role with the Māori Health Service as the Advisor – Quality

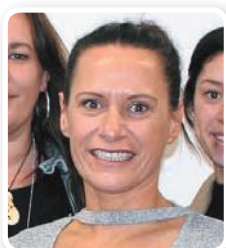
Improvement. Those who spoke at Arama’s farewell from his former Tobacco Control Advisor role shared their experience of Arama’s leadership potential and his ability to connect with people. The role of Advisor, Quality Improvement was created following this year’s Māori Health Service review.



Warren Moetara New Public and Population Health Service Manager

Warren was officially welcomed into his new role as Service Manager of the Public and Population Health Unit with his

extended team, colleagues and whānau at Tohorā House on July 3. Warren makes the step up from Team Leader of the Healthy Lifestyles team, into the service manager role and into what General Manager Jeanette Wedding referred to as the ‘nest’ – the public health management team. Warren’s integrity and quiet empowerment style of leadership was a common theme with the speakers. Hailing from the Hokianga and having spent much of his life in the mid-north, Warren said he is driven to eliminate inequities within his region.



Belinda Brophy Begins Youth Nurse Role

Registered Nurse Belinda Brophy is the new Northland DHB youth health clinician for the Co-Existing Problems Health Service, based at Rubicon Youth Alcohol and Drugs Service. The position is

provided by the Public and Population Health unit. It’s Belinda’s first role as an RN, but she brings deep experience in working to improve the lives of Northland youth. As Whangarei police officer, Belinda covered Traffic Alcohol Group, frontline policing, youth education and Youth Aid and was a Child Abuse Forensic Interviewer. Within Youth Aid, Belinda worked with youth offenders and their whānau, was a Youth Court prosecutor and worked in the Family Court.



John Wansbone new General Manager of Planning, Integration, People and Performance

John began his new role on June 7. John has extensive operational and strategic management

experience across a range of industries and workforces. John joined Northland DHB in 2015 and most recently held the role of Organisational Development Manager. John takes over from Sam Bartrum who retired recently and Pat Hartung, our Director of Human Resources will now report to John. Jeanette Wedding has taken over responsibility for District Hospitals and Jen Thomas and Neta Smith will report to her.



Belinda Edwards joins Te Tai Tokerau PHO

After ten years with Northland DHB, including roles within the Finance, Accounts Payable and Strategic Projects teams, Belinda has taken up the role of Business Manager at Te Tai Tokerau PHO.

Colleagues spoke of her calm demeanour, keen knowledge and can-do attitude, all of which will be sorely missed. The Accounts Payable team are particularly sad to see their colleague and friend leave and mentioned how they valued her leadership through the transition to healthAlliance and Oracle systems and how they will miss being able to 'send it to Belinda because she'll sort it out'.



Dr Juliet Rumball-Smith

Dr Juliet Rumball-Smith has been appointed to the role of Director of Health Intelligence & Translational Medicine, and a new member of the Executive Leadership Team. This role will provide us with exciting capability

in the Health Intelligence field, to support our work across the Northland Health System. Juliette is looking forward to applying the knowledge gained from her recent Harkness Fellowship to support health analytics and intelligence.



Farewell Clinical Coder Pat Ward After 30 Years

Pat retired on 23 June after 30 years of hard work and was given a warm send-off by her team in Whangarei Hospital's Coding Department. Pat began working at Dargaville Hospital in June 1987,

initially as an Admitting Clerk, before heading over to Whangarei Hospital in 2000 as a clinical coder, where working one day a week soon turned into five. Pat took the West Coaster bus to work every day of her 30 year career. Now she is retired, Pat plans to leave the gardening to her husband and "chill out" and enjoy a lifestyle without a timetable.

Paul Clements Receives NZ Unsung Outcomes Hero Award

Paul Clements was acknowledged at the Australasian Mental Health Outcomes and Information Conference (AMHOIC), hosted in Brisbane at the end of June, winning the NZ Unsung Outcomes Hero Award for Leadership in Action.

Paul is a consumer adviser within the Mental Health and Addiction Services at the Northland District Health Board and has been in this role for 18 years. Paul was trained as a trainer in using the Health of the Nation Outcome Scale (HoNOS) by the National HoNOS training team from Te Pou in the early 2000s and was used as a HoNOS trainer within the DHB after this.

The award is in recognition of developing the quality of the accuracy and understanding of a mandatory tool called HoNOS (Health of the Nation Outcome Scale). HoNOS is a 12-item rating tool where items cover behaviour, risk, function and social indicators. Based on a specific assessment criteria, staff rate the severity of each item from 0 to 4, where 4 is the most severe.

A HoNOS score is a snapshot reflecting the most recent three-monthly assessment and is used as an indicator to guide mental health outcomes. There were only three New Zealand and Australian award recipients at AMHOIC so this award is certainly an acknowledgement of Paul's work and commitment to outcomes and information.



Paul Clements

Health Promoting Schools (HPS)

Health and Wellbeing for Learning



Health Promoting Schools (HPS) is an approach where the whole school community works together to improve equity, whānau wellbeing, and educational outcomes through evidence-based practice. HPS was developed by the World Health Organization (WHO) in the late 1980s. WHO defines a 'Health Promoting School' as one 'that constantly strengthens its capacity as a healthy setting for living, learning and working'.

In New Zealand, HPS facilitators work with school leaders to provide leadership for their whole school community enabling them to identify health and wellbeing priorities for their students by developing and implementing an action plan. The HPS provide school communities with links to the appropriate health and social services to progress their action plan and achieve collaborative impact.

A good example of HPS in action in Northland is the 'Waiharara School' - a decile 1, Year 1-8 state primary school in Kaitiāia with a 100 percent Māori roll.

Our HPS facilitator, Josephine Nathan, established a relationship of trust with school Principal Toni O'Neill. Through the HPS approach the Toni was able to identify what was important, and immediately enabled students to lead a community-wide inquiry into 'Hauora' and what it meant to them and their whānau. The students interviewed the school community and found the key responses were around the importance of physical, spiritual, whānau, and mental wellbeing. The students and school community used 'Te Whare Tapa Whā' as a framework for their charter, student, staff and whānau profiles.

The collaborative sense-making opportunities helped the whole school community, including the Board of Trustees, to understand the value of student voice and community voice. The process of engaging whānau has also enhanced parents engaging with their children's learning. One of these projects was a school trip to clean up the local beach for 'Sea Week' that engaged both the school and the community.

The success of this work was recently highlighted in a release from the Minister of Health as 'an example of Health Promoting School in action'.

"The process increased whānau engagement to 90 percent and turned around the declining roll so that it is now increasing by 42 percent a year. There is evidence of accelerated learning for at-risk students. Year 1 students are now achieving at, or above, the national standard."

This is a great example of how well HPS facilitation can positively impact the health and wellbeing of school communities throughout Northland.

To find out more about HPS check out the HPS website <http://hps.tki.org.nz/>

