

PreScribe

NORTHLAND DISTRICT HEALTH BOARD STAFF MAGAZINE



“Te Kotuku Grand Opening”

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From the CEO's Perspective



Despite the huge ongoing growth in demand for our hospital services, and the busyness of Whangarei and Bay of Islands Hospitals in particular, there have been some recent positive stories that I wanted to highlight. Firstly though, I wanted to thank all of you in the health sector who have been going the extra mile over a very busy Christmas/NewYear and February/ March.

Unfortunately, this seems to be our new "normal".

However, we are not just sitting back and letting this happen. There is a major redesign project going on in general practice and the community which should improve access for those with urgent healthcare needs, and also improve the care of those most at risk of ending up in hospital. I will elaborate further on the Neighbourhood Healthcare Homes project in the next PreScribe and also outline the work going on to reduce our smoking and obesity rates, as well as the work going on with all of the social agencies to improve services for vulnerable families, children and youth.

There has also been a lot of building and redevelopment on the Whangarei Hospital site over the past few years with a new Mental Health Unit, Cancer Unit and office building. As you're aware, we have recently opened our new maternity unit, Te Kotuku. Te Kotuku replaces a well-used 40-year-old facility with a modern, family-friendly service with antenatal clinics, assessment rooms, birthing rooms and postnatal beds all amalgamated on one floor.

This project exemplifies everything that we aspire towards: the design involved input from our stakeholders – including Lead Maternity Carers and women from the community – who helped to create a unit that is fit for purpose, now and into the future.

The investment of \$9.8 million by the Northland DHB shows a commitment to providing a high standard of maternity facilities for our population. The facility is purpose-designed to provide culturally and clinically safe maternity care that is not only effective, efficient and timely but also safe and of a high quality. As well as the maternity unit, we have built a shell above it to avoid any disturbances of maternity services going forward. This cost a further \$5.3 million, and underneath the maternity unit we have spent another \$5 million on infrastructure services - heating, power etc. which replaces old, inefficient services and will support us as we gradually continue to build a new hospital. So, all in all, a \$20 million investment in our future.

We are now working on the next steps and version 10 of the Whangarei Hospital Site master plan is underway and some of you will be involved in the planning of this which should be completed by May/June.

Recently, we welcomed the 24 fifth-year medical students and 10 trainee interns who make up the 2016 intake of Pūkawakawa Medical School Outreach Programme with a pōwhiri at the newly-refurbished NorthTec Marae in Whangarei. Pūkawakawa is a partnership with the University of Auckland which is now in its ninth year and is hugely popular, with more than 50 fifth-year medical students applying for places in the 2016 programme. The intake includes five Māori students and a total of nine with connections to Northland. It's a very special programme for us and one we are very proud of. Positions are highly sought after and we see a large number of ex-students returning to Northland afterward.

As I told the students, Northland has some of the most challenging health statistics in the country, and in the year ahead, they will be

involved with patients and their whanau whose stories will stay with them forever.

Inequities remain an ongoing focus for us, as they do for all organisations in the healthcare and social sectors in Northland. I know that an understandable response when confronting the differences in health outcomes for Māori and our poorer patients is that we don't have the time or the skills to address the way these patients access health services. We need to be able to better empathise and understand so that we can re-design our services or design additional processes to help reduce inequities. This is why we are currently completely revamping our cultural competence programme, mirroring a very successful programme in Hawkes Bay. Over the next two years, we are going to expect all of you to participate in a three-hour programme aimed at improving our cultural competence. I will be one of the first to take part, accompanied by the rest of the executive leadership team.

Our Northland DHB Values and Behaviours have a part to play as well. A recent poll on StaffCentral asked for your feedback on the level to which these are recognised and celebrated. The majority of those who responded felt there was room for improvement, and a new initiative will be launched shortly to enable us all to acknowledge individual staff members for behaviour that demonstrates our Values.

Over recent weeks, we have acknowledged the contributions of some key people who have made a significance difference to healthcare in Northland, as they move on to new horizons:

- Kim Tito, general manager, who is the subject of an in-depth feature on the following pages;
- Jeanette Anderson, service manager of Maternal and Child Health Services, who has worked for this organisation since 1984 and has seen Te Kotuku opened and operational. Jeanette is leaving us in April and will be moving to Wellington;
- Two clinicians that I've had the pleasure of working with over many many years - Mr David Lyon, orthopaedic surgeon, and Kaye Gray, physiotherapist. I know that I will have missed many others who I'd like to acknowledge as well;
- Chris Farrelly, chief executive of Manaia Health for 13 years, who has been appointed CEO/City Missioner of Auckland City Mission. Chris has been a valued member of ELT and his resignation closes a chapter of 25 years of working for health in Northland. Chris joined the Area Health Board in 1991 and worked in the area of HIV and AIDS, care, support, education and advocacy. For three years he managed Dargaville Hospital and worked to bring the Dargaville Medical Centre onto the hospital site. Chris has maintained a strong relationship with the Kaipara ever since. Chris then worked as a general manager within the Northland DHB before taking up his present position with Manaia Health. Chris will be sorely missed by us all.

As this issue of PreScribe goes to print, the weather is showing the first signs of beginning to cool. We no longer seem to have a winter peak (it's now an all year peak!), although planning is underway to provide extra staff cover etc. for those winter months. A high proportion of our urgent presentations involve respiratory conditions, which brings into focus the need for all staff to again receive their flu immunisation. We did very well last year without compelling staff to be vaccinated, and I'd like to see further improvement in our immunisation rates as it's not only good for you (getting the flu really is awful); it's also good for our patients!

Regards,

Nick

Cover image: Northland DHB staff member Zoe Anderson and daughter Scarlet at the past midwives function held on the afternoon of the official opening of the new Te Kotuku maternity unit.

Te Kotuku Grand Opening



Te Kotuku

Te Kotuku, the new maternity unit at Whangarei Hospital, was blessed by our kaumātua and officially opened by the Minister of Health the Hon Dr Jonathan Coleman on 24 February 2016.

Te Kotuku (white heron) is a symbol of prestige, purity and uniqueness. One of the greatest compliments among Māori is to liken someone to kotuku, for it signifies everything rare and beautiful. Sometimes referred to as a darling or treasure, the kotuku is one of New Zealand's rarest birds and is held in particularly high regard in Māori mythology. As with other birds, the kotuku stands for the connection between the afterlife – a messenger of the spirit world.

Pat George, a noted ceramic artist from Matakohē, was commissioned to produce a mosaic artwork for the front entrance of Te Kotuku. Entitled 'Windows of Northland', the mosaic features icons from across the region, with the east and west coasts presented at the front entrance and joined together by Bream Head, and the Te Kotuku logo placed along the top of the reception area.

The logo was guided by the Windows of Northland mosaic koru designed by Bill Tarver. The koru represents new life, with the mother, father and newborn baby within the drawing. The other koru represent family members all coming together.

This unique artwork for Te Kotuku features places we all know and captures our people, place and sense of identity.

Te Kotuku is for the whole of Northland, so Northland DHB wants to ensure that everyone feels at home when they come here to have their babies or to visit.

Our butterfly room is a suite for families whose babies do not survive. The suite is named the butterfly room in recognition that some people feel that butterflies are messengers from loved ones.

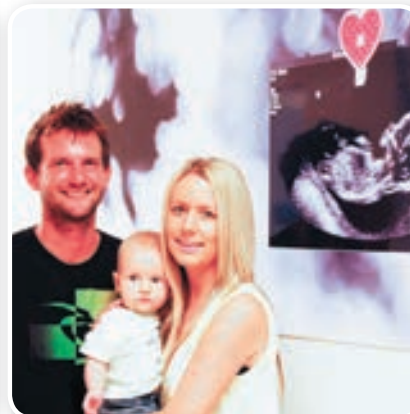
The artwork in the butterfly room has been designed and produced by Whangarei artist Briar van Ameringen, who experienced loss of a baby. "I love the watercolour textures and I think water captures all aspects of emotion that you can go through; sometimes you are drowning in it, sometimes you float in it and just cry and sometimes you are overwhelmed by it. I've illustrated the creatures so that they arise from it and travel out far away into the distance as a representation of a beautiful afterlife."

Sands Northland kindly donated a sofa bed. Sands is a voluntary, parent-run, non-profit organisation set up to support parents and families who have experienced the death of a baby at any stage – during pregnancy or as a baby/infant.

Te Kotuku replaces 40-year-old services with a modern, family-friendly facility and co-locates antenatal clinics, assessment rooms, birthing rooms and postnatal beds that were previously spread over two floors in Whangarei Hospital.

We hosted a public open day on Saturday 27 February and more than 400 people visited the unit. They came as couples, as families, as mothers and daughters, and as old and new friends from antenatal classes – but it was the conspicuous baby bumps that united the majority of the visitors.

The first baby girl was born on Thursday 3 March and twin boys arrived later the same day. Tiles were reserved in the Windows of Northland mosaic at the entrance to the unit for the first girl and boy(s) born there.



‘A different waka’ for Kim Tito

Kim Tito, general manager of Māori Health and Mental Health & Addiction Services and a long-serving health sector executive and champion for Māori health, recently ended his time with Northland DHB.

It's 44 years since Kim originally joined the organisation from school as a staff pay clerk and here he reflects on some of the events that shaped his career.

‘A hippy guy under a palm tree in Queensland’ was influential in setting Kim Tito on his career path.

Kim was the first man to gain his registered nursing qualification in Whangarei in 1976. However, before he began his training, he had left New Zealand on a surfing OE with a mate, starting in Queensland. “I met this hippy guy under a palm tree who was sleeping rough and he convinced me that I should go back to New Zealand and get started on my training, so I gave up following the waves. My mate returned to New Zealand soon after

me. We’re still best mates and still surf together – he was best man at our wedding and is also on the Bream Head Conservation Trust with me.”

“I’m just so excited about the future. I’m looking forward to having some time out and doing the things I want to do for quite a few months.”

- Kim Tito.

Kim’s most recent role was the latest in a series of executive management appointments he held from 1988. He finished with Northland DHB in mid-February. “I’m just so excited about the future,” he says. “I’m looking forward to having some time out and doing the things I want to do for quite a few months. Jenny [Kim’s wife] and I are setting ourselves up for the next couple of decades of our lives.”

The couple live on a four-hectare property at the end of Ocean Beach, and one goal is a small business,

based around walkers on the Te Araroa Trail (which runs from Cape Reinga to Bluff and traverses Ocean Beach). Kim and Jenny already raise their own beef and chickens and grow vegetables, and plan to grow more – including superfoods – to sell at market. “We’re not going to make a million bucks but we will be enjoying life, meeting people and contributing back.”

Kim says his family has a torrid history of men dying at relatively young ages. “My dad and all his brothers died before they reached 60, so making it to that age has been a goal for me.” Now 61, Kim eats healthily, exercises daily, is in “reasonable physical shape” and tries not to drink too much alcohol. “Stopping this job and doing something different should give me the opportunity to do the things I really enjoy doing.”

“Since handing in my resignation, I’ve really slept and not woken up thinking about work and what’s going to happen today. I didn’t think that I carried stress but now that I sleep, clearly I have been.”

However, Kim expects to maintain some involvement with the health



Kim Tito amongst the waves at Ocean Beach

sector – returning to auditing is one option, and governance is another. “NGOs, and in particular Māori NGOs, face a paucity of governance. My experience as an executive working with boards since 1988 has given me a reasonable understanding of what makes a good director. I’m interested in supporting building capacity in governance in NGOs and working backwards from the outside with my colleagues in DHBs and PHOs.

“Health outcomes for Māori are not really improving – inequities continue and in some cases are getting wider. I have got some skills and experience to build capacity and capability with Māori providers specifically, and iwi generally. In the next 10 years, we will be able to create something quite different to what we have now in terms of direction and structure. It’s a way off yet but if you don’t start, you will never get there.”

Reflecting on developments since he trained as a nurse, Kim says the education of nurses has changed quite dramatically and the process of nursing has also changed. “Nowadays there is all sorts of technology that nurses have to learn about and operate successfully. But the relationship that nurses need to foster when they meet people for the first time, and build some sort of trust and rapport with the individual and family or whānau, is still the same.

“The workforce today is far more multicultural. When I started, it was mainly New Zealand-trained medical and nursing staff and doctors who had come out from England. It was very male-dominated medical-wise, which created a paternalistic structure, whereas there are now more females graduating than males. In my view, having more female clinical staff and clinical leaders is healthy – along with some of the better male leaders, they are more patient/whānau centred in their direction.

“But there’s still a long way to go and I think the workforce has a long way to go as well. Having been a patient a number of times myself, it’s very easy to identify those people who have a genuine desire to listen and develop a helpful relationship between patients



Kim and wife Jenny with the taonga presented at Kim’s whakawatea (farewell).

“It’s time for me to explore a different awa [river] on a different waka. I’ve made some amazing friends along the way and met some gifted people that I can only aspire to be as good as.”

- Kim Tito.

and nurses and, similarly, to see those who are there to do a job but are not really engaging.”

“Some of the complaints we receive at Northland DHB are about poor information or wrong information and then the patients lose faith in what our people are trying to do. Nearly all of our people come to work to do a good job each day, but their effort may well be wasted and that opportunity lost.

“One of the barriers to access for Māori is a lack of sensitivity and disrespect to Māori, and very little recognition of how they engage and build that relationship.”

Although his own decision to train as a nurse raised eyebrows at the time, Kim believes the health sector is a fantastic environment for people to work in if they want to help people.

“The opportunities are unlimited really – it’s a great career destination for men, particularly as a nurse.”

Kim is preparing for kaumātuaship of his hapu, Te Parawhau – “I’m in the next line-up” – and Northland DHB kaumātua Te Ihi Tito is an uncle. “He is the head of our clan and has taught me a lot over the past five years. I’m looking forward to spending more time with him and embedding more of his knowledge so that I can pass it on to my children and grandchildren and support our hapu.”

Conservation is another important element of Kim’s life – he has a trustee/iwi liaison/kaumātua role with the Bream Head Conservation Trust. “Fifteen years ago when we moved out to Ocean Beach, I helped release the first five kiwi there. Now there are more than 160. The conservation movement has great community support and you meet marvellous people with like values who are also family-oriented.”

Summing up, Kim says: “It’s time for me to explore a different awa [river] on a different waka. I’ve made some amazing friends along the way and met some gifted people that I can only aspire to be as good as. I am going to miss my colleagues and workmates but I’m looking forward to building relationships back outside in the community.”

‘Radical change’ for Sandie Kirkman

Northland DHB service manager, health of older people, Sandie Kirkman has radically changed her life to make sure she’s around longer for her kids. She wanted to tell her story to encourage all, but particularly Māori. “As a health professional and part Māori, I think it is a positive story that may well be of influence to someone.”

On New Year’s Eve of 2015, I was waiting for the clock to tick over. Here I was, 47 years old, fat and miserable and desperately wanting a new reality. I was telling my 18-year-old son I’d had enough of being unhappy and that the coming year was going to be one of radical change. I would not be standing there on the eve of 2016 still the same.

In reality, that New Year’s resolution had been brewing since August that year when my mother was diagnosed with cancer at the age of 72. I also turned 47 in October – a significant birthday for me as it was the age that my father had died when I was 18 years old. Now I was the same age, not wanting my son or his younger sisters to have to live through the pain

of missing a beloved parent. When my Dad died, I went through a period of thinking he didn’t love me enough to change his unhealthy lifestyle, which might have prevented him from dying. So although I was overweight and unhealthy, I realised I could change the outcome for my children and myself – I just needed to make that decision.

I contacted a friend whose transformation I had followed on Facebook, and my journey began when she weighed and measured me and wrote a calorie-controlled eating plan. I decided to take a ‘before’ photo that day, and an update photo on the same day each month until I reached my goal weight. It turns out that was the most powerful motivation tool – it kept me focused, disciplined and striving for more.

I also used Facebook to hold myself accountable, documenting every walk and run by posting selfies.

I was encouraged by my friends and realised I had become an inspiration to others. I felt I ‘had’ to go for my walk/run. I had been regularly walking around the Town Basin since about November 2015 and had lost 3kg since I was at my heaviest, so I started on 5 January at 84kg.

“Here I was, 47 years old, fat and miserable and desperately wanting a new reality. I was telling my 18-year-old son I’d had enough of being unhappy and that the coming year was going to be one of radical change.”

- Sandie Kirkman.



January 2015



June 2015



December 2015

Anyway, four weeks after beginning, I had lost another 2kg and could see a definite difference in the 'after' photo. My kids were ecstatic for me as they too could see the change. This was the clincher – after seeing that progress, I knew if I kept going, in another four weeks I'd see another change. I also set a long-term goal to get from 87kg to 57kg by New Year's Eve 2015. So I wasn't expecting a quick fix.

In early February, I talked to my friend about adding weight training to my exercise regime, wanting to keep toned rather than having saggy skin as I lost weight. My mother, who was at the end stage of her life, offered to pay for me to see a personal trainer three times a week for weight training. That's when my incredible trainer entered my life. He was the right personality for me. I'm not good at taking orders, but he managed to get me to push beyond my own expectations every time. When I wanted to give up, he 'made' me keep going, using encouragement rather than orders. I had started adding bursts of running to my walks and was slowly starting to enjoy the 'buzz' of running.

I had told my friend that my problem was that I always turned to food to comfort me, and because I was so unhappy I turned to it often. The cycle was cruel! But on hearing that, my friend simply said: "change your comfort". As soon as she said the words, I realised it was that simple, and right there and then I told myself my new comfort was running. I became a runner every day.

I was caring for my dying mother and still trying to work, and life was extremely stressful. Running became my absolute comfort – I looked forward to my afternoon run like it was my lifeline. My mind seemed to clear itself of all the clutter and I could make good sharp decisions while coping with the absurdity my life had become.

My trainer adjusted my eating plan to real foods only. No processed junk! I could eat multigrain bread, but as this was a weakness I decided to cut it out completely until I became the controller of my food intake. I learnt to have breakfast, even when I wasn't hungry, and then eat something every two to three hours. I made my meals in advance. Work meant lots of trips out of town, usually (ironically) to health-related meetings where there were so many unhealthy food choices on offer. I took my own meals or chose the healthiest option possible.

During my whole weight loss journey, I ate more than I had ever eaten when fat and unhealthy. I was NEVER

hungry, so never binged. I drank water constantly, and had the occasional tea with milk, but soon changed to drinking Roobois tea without milk. So effectively I removed processed foods, dairy and wheat. I ate porridge with peaches or bananas and a dash of cinnamon and a spoonful of protein for breakfast; vegetables and chicken, fish or lamb for lunch and dinner; and almonds and bananas became my new favourite snack.

My eating continues to be 90% this now, but since I reached my goal I don't restrict myself any more. If I go to a morning tea or out for a restaurant meal, I eat whatever I want and enjoy it. It feels so good to not feel guilty about eating these unhealthy choices now and then, knowing that it's no longer part of my everyday life.

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- Sandie Kirkman.

I also read up and learnt so much about the toxins in everyday foods. I actually find it quite criminal what is allowed to be sold for human consumption, and I see why our health system is so overburdened with cancers and heart disease.

I reached my goal weight in six short months. I have never felt so well and happy in my life. Considering the other events in my life during that year, I know that without being healthy and on this journey, I may well have succumbed to ill health myself.

Instead here I am feeling great! The most massive bonus has been the effect it has had on my children. At first they didn't want to 'eat what Mum does', but now they are more and more jumping on my bandwagon. It's still hard for them as media dictates so many decisions, but they know the basic principles. They know that their mum has done everything she can to ensure she stays in this life for them as long as possible. I know I have reduced my risk factors. I know I have influenced so many along the way. I know I didn't want to follow my parents' footsteps.

I hope this encourages someone enough to make the change. It was so so worth it. I am really encouraged to see the new 'Healthy Eating Food and Drink Policy' being implemented. We are less tempted if the temptation is not placed in front of us. But as individuals it still comes down to choice. I highly recommend watching the movie 'That Sugar Film' which identifies all those hidden sugars found in commonly perceived 'healthy' foods and drinks.

I now choose to live through healthy lifestyle choices ☺. My current and maintained weight is 53.5kg – I'm short (5'2) so this is healthy for me.

Cook Islands trip ‘challenging, rewarding’

Northland DHB clinical nurse specialist in paediatric eczema and allergy Pauline Brown says she was both challenged and rewarded by an intense five-day trip to Rarotonga in late January to assess and treat children and adults with skin problems.

Pauline was invited to assist Auckland DHB dermatologist Dr Diana Purvis, who had previously visited the Cook Islands in 2015 and conducted dermatology clinics on Rarotonga and Aitutaki.

“The intention was for two dermatologists to visit in 2016 to see adults and children on Rarotonga and Aitutaki,” says Pauline. “However, it was not possible to find another dermatologist available and therefore I was approached by Dr Purvis, who I work closely with on the Clinical Network Group (Paediatric Society of NZ). Our plan was for me to take a leading role in education of the local nursing workforce, as well as seeing children with skin problems.”

The pair saw more than 220 patients on Rarotonga and Aitutaki, with Pauline triaging a number of Dr Purvis’s patients, who in turn reviewed a number of more complex patients for Pauline. Pauline also ran a seminar on diagnosis and management of common skin disorders including eczema and skin infections, which was attended by 25 staff – doctors, hospital nurses, public health nurses, nurse practitioners and medical students.

A number of public health nurses and a nurse practitioner later sat in with Dr Purvis and Pauline in the clinics to gain practical experience in recognising and managing skin diseases. “This was a great opportunity for them to ask

questions and further reinforce the key messages from the seminar day.”

Pauline says skin problems exacerbated by overweight and obesity were common – particularly lower leg dermatitis and ulceration. “However, most patients had been screened for hypertension and diabetes and were aware of how to access health advice and the need for a health warrant of fitness.

“There was significant value in having a nurse providing leadership and education for the public health nurses and nurse practitioners.”
- Pauline Brown.

“The main treatment for eczema is regular moisturising (at least twice daily) and although many of the families were using coconut oil, the older children and adults found this to be unpleasant to use and therefore avoided regular use. Commercially-made moisturisers are available at the pharmacy, but funding is not available and they are not affordable for most.

“Many people used boiled leaves from various medicinal local trees and plants which were reported by both families and nurses as being helpful – as do my Northland families with the kawakawa tree for skin infections and eczema. I

had read up on many of the Cook Island plants before the trip and found this to be very helpful. Several of the nurses took me around the grounds of the hospital to show me specific species. There is a limited choice of topical steroids and oral antibiotics, making treatments challenging. Many families have no bathtub and minimal water, therefore treating and preventing skin infections is problematic.”

Pauline says bleach baths are commonly recommended internationally, with a suitable antiseptic body wash as an alternative. However, this was also not available in the Cooks. Dr Purvis has made a recommendation for Chlorhexidine 4 percent surgical scrub to be added to their formulary, as well as increased use of existing free resources to support health delivery and educate staff and patients.

Summing up, Pauline says: “There was significant value in having a nurse providing leadership and education for the public health nurses and nurse practitioners who lead primary care both on the larger and the more remote islands.

“Overall, this was a rewarding personal and professional experience for me. I was challenged by the minimalisation of resources and humbled by the appreciation of the patients and families and by the nursing and medical staff. I have returned with a rich gratitude for what we can provide for our Northland people. I felt that I accomplished taking the leading role in education of the local nursing workforce to enable sustainability for managing eczema and common skin conditions.”



Pauline with public health nurses and a nurse practitioner



A consultation with a mother and child

A day in the life of...

An Infection Prevention & Control Clinical Nurse Specialist

By Sandra Cunningham

As with many nursing roles within the hospital, the daily routine can change at any moment. Usually it takes just one phone call: "By the way, did you know we have three patients with vomiting and diarrhoea overnight?" Yep, that's all it takes to get the attention of an Infection Prevention & Control Clinical Nurse Specialist!

There are three of us: Mo White, Premila Reddy and myself (a combined total of 2.5 FTE). We are supported by our clinical microbiologist, Dr David Hammer, and our recently-arrived infectious disease physician, Dr Yuki Ayoyagi. Each specialist has designated areas of responsibility and is generally well-known in these areas as a resource for all infection control advice and issues.

We are sometimes affectionately referred to as the 'hand police' and while that's OK, we prefer to think of ourselves much higher up the chain of command – as detectives, because much of our work requires investigation, surveillance and reporting.

Let's take a look at a usual day. We begin by checking all overnight admissions to hospital (including the regional hospitals). What are we checking and why?

Firstly, does the patient have any adverse medical reaction pertaining to Infection Prevention & Control: for example, a multi-drug resistant organism for which the patient requires a single room with appropriate isolation. And has that actually happened?

Secondly, other important information is checked, such as the patient's address. Do they live in a rest home? Has the patient been admitted to another healthcare facility, either in New Zealand or overseas, during the past six months?

If the answer to any of these is 'yes', they will require a multi-resistant organism screen and sometimes



Sandra Cunningham (centre) with colleagues Premila Reddy (left) and Mo White.

"We are sometimes affectionately referred to as the 'hand police' and while that's OK, we prefer to think of ourselves much higher up the chain of command – as detectives."

- Sandra Cunningham.

immediate isolation is necessary. Again we check to see if this has happened and if not, we gently remind staff to get this done within 48 hours if possible. Why do we need to do this? Multi-resistant organisms are predominantly spread by the hands of the healthcare workers or the healthcare facility environment.

Unwell patients are more susceptible to cross-contamination with these organisms, and as part of our duty of care, as nurses we are bound to do all in our power to prevent their spread. Hand hygiene is the simplest and most effective method of preventing spread of organisms (WHO 2006).

So having checked 'our' patients and being satisfied they and the hospital are safe, our attention turns to the many other duties.

The five (5) Moments of Hand Hygiene was introduced into Northland in 2009 and has now become 'business as usual'. The Health Quality and Safety Commission supports and monitors this programme nationally. Auditing takes place monthly across most areas with the help of Gold Auditors, with the operating theatres joining with a modified Hand Hygiene tool from January 2016.

The Infection Prevention & Control team supports two other national Infection Prevention & Control programmes: Surgical Site Infection Improvement programme and Blood Stream Infection surveillance. Our team is proud of our consistent and worthwhile contributions to the national targets set under these programmes.

Education is a vital component from our service, both in-house and within the community. We endeavour to provide education to all healthcare workers from consultants to the cleaners throughout the year, especially to those who are new to our organisation. There are many rest homes within our community to which we also provide education and advice.

So 'that' phone call I mentioned can disrupt our planned day very quickly, but as with all departments or services within the Northland DHB, patient safety and risk management supersede all else!

Protecting the future of our wāhine



Northland DHB has consistently increased its breast screening rates and until the 2013 census data was received, had exceeded the national target of 70 percent for Māori (with 73 percent) and non-Māori women (74.6 percent).

However, the 2013 census captured an additional 2000 people (500 of whom were Māori) who had previously not been counted. Within that figure are women who needed to be offered breast screening.

The communications strategy includes identifying community champions from five locations throughout Northland, with a priority focus on Māori and Pacific Island women.

The plan has a multimedia approach, using:

- billboards;
- Facebook graphics and promotion;
- production of videos telling the stories of the community champions;
- a six-month radio campaign on both iwi and mainstream stations.

Key messages are:

- Early detection is extremely important – the sooner breast cancer is detected, the easier it is to treat.
- Having a mammogram every two years improves a woman's chances of surviving breast cancer.
- Breast Screening is free for all eligible women aged 45 to 69.

Mahinaarangi Reihana-Kopa



Mahinaarangi Reihana-Kopa was diagnosed with an aggressive malignant tumour in her left breast in 2008. Surgery was recommended, followed by chemotherapy and radiotherapy. She had previous insight into chemotherapy as her husband Hone had undergone treatment for non-Hodgkin's lymphoma three years earlier.

Her surgery turned out to be complicated, with a risk of losing feeling and use of her arms due to the way the tumour had grown following the initial diagnosis and the fact that her nerves were involved. Secondary infection also developed and Mahinaarangi was re-admitted to hospital for a further week. It was then discovered that Mahinaarangi was diabetic and had high blood pressure.

Mahinaarangi spoke with humour about losing her hair: "Showering takes minutes. No shampooing or conditioning; in fact, no hair styling, blow drying or moussing. It's incredible."

She was still undergoing chemotherapy when husband Hone passed away due to heart and renal failure.

How has breast cancer affected my life?

"We should never take life for granted. Cancer is silent in its attack. It is not discriminant in who it takes: young or old, male or female, irrespective of culture. Self-check – often."

"Do all those woman checks annually on your birthday as a regular WOF."

I take time for myself, evaluate what is important – family and friends. What do I value most? It's not about the materialistic things, it's about relationships and valuing time with loved ones and not having any regrets."

May Seager



I had breast cancer in 2010.

Growing up, I was very aware of making sure all the 'woman stuff' got dealt to, so when I turned 45, I rocked on up to the mobile clinic. It was nowhere near as bad as I thought it was going to be. OK, they flatten your boob like a pancake but I've been through worse

things. But the ladies were so nice, they were kind, they were really considerate, they were respectful, they warned me about everything they were going to be doing, when they were going to touch my body. They warmed their hands which was really really nice. I can't emphasise enough how important it is for women to go and have that screen. I don't know why you'd want to leave it to chance.

They found something straight away; they could have found it when I was 50, they could have found it when I was 55. But they found it really early and I think that's what's really important. It was early enough that they could do something about it.

I really think that our Pacific women almost have a duty to go and get it done. You don't want to leave it till the very last minute and: 'oh my gosh, I've got to fit all this life into the last couple of months'.

Melva Davis-Mahoney



Melva, from Kaitaia, became aware of breast screening in her early thirties: "At the time I thought: [breast cancer] can't touch me, I am fine.

"I moved back to Kaitaia about 12 years ago and became aware of breast screening again. I was 45 and thought why not, I should go and make sure I was healthy. I did breast screening for a number of years and became quite blasé about it because it always came back negative. Last year I got my appointment and it was for 1pm and I decided not to go because it always came back fine and I wanted to go to a funeral instead.

"My husband started badgering me: 'you should go, you need to go, you need to make sure that you are healthy'. He kept badgering me right up until the early morning, so I gave in and said I would go.

"Two weeks later I received a call from the breast screening team and it changed my life in just three seconds. Oh my goodness, I am not invincible. I thought it only happened to other people but it has happened to me.

"Breast cancer doesn't sleep – it is like rust."

Moana Poutai and Jeannie Poutai

(mother and daughter)



Mum Moana says: "I've been doing breast screening for 15-odd years now. When I first went, I thought: 'oh my gosh, what do you have to do, are they poking and prodding?'. But I've had no problems when I go to have a breast screen – it's just in there and out. You've got to look after yourself so you're there, especially for your mokos."

Daughter Jeannie adds: "I've always sort of bypassed it really, for no reason, just probably lazy myself and the thought of getting news about it. I was pretty much encouraged by Mum – I needed to know for myself and I think it will help my girls because they're having babies now too.

"I've only been once. It was nice – they were good, they were fast, they just guided us along, they looked after us really well so we knew what to expect."

Raewyn Taaffe



Also from Kaitaia, Raewyn's business is pharmacy. "What prompted me to get involved in breast screening was that I had a health scare with it. Luckily I got a good result.

"I think it is so important to have your breast screen. The majority of our customers in the pharmacy are women and they become our friends and then you see them go through that sort of health scare and it really does wrench at you."

Call 0800 270 200 to make an appointment.

Payroll giving: a new way to support worthy causes



This voluntary scheme allows Northland DHB staff to elect to donate from their pay to two organisations selected each year by the Executive Leadership Team. The donations qualify for a 33.3% tax credit.

The two chosen organisations for 2016–17 are Health Fund Plus (Northland Foundation) and I Have a Dream.

Northland Foundation works with the whole community to inspire generosity for Northland. Northland DHB has a special relationship with 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 district health board that can make all the difference in providing the best quality healthcare possible. It is never an alternative to government funding.

If you are interested in talking to us about Health Fund Plus, or about any other aspect of the work of Northland Foundation, give us a call on 09 459 6327. Email info@northlandfoundation.org.nz or check out www.northlandfoundation.org.nz

I Have a Dream's launch of the Ngātahi Education Initiative (ngātahi means together, in unison, as one) to the three schools in the Tikipunga/Otangarei communities in Whangarei will inspire the dreams and enable the futures of 1500 children growing up in material hardship.

"The thing that impressed me is that the I Have a Dream pilot showed some superb evidence of educational achievement and improvement in a population that is significantly under privileged, and that result was inspirational," offered Northland DHB chief executive Dr Nick Chamberlain. "The advocates and champions were also young people that have succeeded and have developed a vision for their lives that they would never have had on their own."

Navigators follow each year-level of children from early primary, through secondary and into tertiary education to provide mentoring, academic oversight, advocacy and support. Navigators have a formal relationship with the participating schools, work alongside the children's families, and help coordinate community services.

"The concept of navigators and mentorship and support over many years was very compelling and the infrastructure and talent that is supporting the whole project gave me confidence as well," said Dr Chamberlain. "The fact that three high-needs communities in Whangarei have been chosen was why Northland DHB felt that we should get behind this. I strongly encourage our staff to support I Have a Dream through payroll giving to enable a difference for a few more Northland children."

www.ihaveadream.org.nz

For more information, look for the Payroll Giving Page under the Human Resources section of StaffCentral.



Free WiFi for patients and visitors

Free WiFi is now available for our patients and visitors.

Patients and visitors who bring in their portable devices (e.g. laptop, smartphone or tablet) can access the internet, download files, watch video content, and send and receive emails from providers such as Gmail.

The objective is to make the hospital experience more pleasant by allowing patients to maintain communication with their whānau, friends and business contacts, and also to access sources of entertainment.

WiFi networks are initially available at three of our four Northland DHB hospitals (Whangarei, Dargaville and Kaitia), with the service to be expanded over the coming months and also added at Bay of Islands Hospital in Kawakawa.

Staff are able to use the new WiFi network but are advised to use the SWA WiFi network for work purposes as the patient and visitor WiFi will not allow synchronising or access to Northland DHB email or access to applications via Citrix.

Working together to eradicate rheumatic fever

Northland DHB is extremely pleased with the reduction in the number of rheumatic fever cases in Northland over the last year, with four confirmed cases in 2015, down from 15 the previous year. This is great news for Northland families, because it means that fewer children are being affected by this serious preventable disease which may cause permanent heart damage.

The result can in part be attributed to all health providers working together in Northland promoting one key message – 'sore throats matter'. Billboards throughout rural Northland communities such as Kaikohe, Kaeo, Rawene and Moerewa feature their local school and children, helping to take the message into homes.

We also have a comprehensive school throat swabbing programme. The 'rapid response' model in Northland has provided free swabs and treatment of sore throats

for those aged 4–19 years, at high risk of rheumatic fever, who present with a sore throat. No appointment is needed.

In Northland the DHB and Māori health providers have been offering free throat swabbing and treatment through school-based throat swabbing programmes, in all decile 1–3 schools, youth-based drop-in clinics, via GPs (free for under 13-year-olds), public health nurses in schools, and adolescent health clinics in schools.

Our focus this coming year is to continue with the school throat swabbing programming and rapid response service, and empower families with easy, free 'top tips' to help keep their homes warm and dry.

Our goal is to have no cases of rheumatic fever in Northland. Although we are on our way to achieving this, we will not stop until it has been eradicated.



Living life to the full on home-based dialysis



Colleen and Graeme Dunn

Networking and social isolation were two of the key topics at the first Contact Energy Renal Fund patient and support people seminar held in Whangarei during March.

“When Contact Energy offered us the opportunity to provide something for people on home-based dialysis, we were so delighted because this is a group that never has the opportunity to come together,” noted Northland DHB renal social worker Nicolette Crump.

The Contact Energy Renal Fund was established as a result of discussions with the Northland DHB around the most effective way to support the renal unit. Contact Energy head of environment, sustainability and community Tina Porou says that rather than purchasing new equipment for the renal unit, it was decided to put equivalent funds into an endowment to support home-based dialysis.

Guest speakers included the Kidney Society and Civil Defence, and an important topic on the agenda was holidays. It was acknowledged that people’s lives change dramatically when they start home-dialysis, but also emphasised was the importance of having a break from the routine, reconnecting with family and friends and having fun.

Participants Graeme and Colleen Dunn talked about the sense of loss, the grief, when they thought that they could no longer go on their campervan tours they loved so much.

“Colleen needing home-dialysis was a real curve ball for us and we started thinking that we would need to sell the campervan and sit and wait for God,” offered Graeme. But actually the campervan has been our saviour. I built a trailer for all the peritoneal dialysis equipment we need to take with us and off we went to the South Island for two months. Being mobile means we can be independent, but still visit family and friends when we want to.”

There was a buzz in the air as people worked in small groups talking through topics, and then coming back into a big group to share learnings and thoughts.

“I think the way this seminar has been organised is great because rather than just sitting and listening to people we have been able to participate, which has been really beneficial.”

“Colleen needing home-dialysis was a real curve ball for us and we started thinking that we would need to sell the campervan and sit and wait for God.”

- Graeme Dunn.

“Contact Energy, this money has been well invested. It has meant that we could get out of our homes and connect with like-minded people, make new friends. Today has been great.”

Contact Energy gifted \$25,000 to establish the Renal Fund in 2009, managed by the Northland Community Fund. Since then the endowment has grown to more than \$33,000 and is now available to recipients in the form of the financial hardship fund, available at the discretion of the Northland DHB social workers via referral, and to host seminars for patients and their support people.

Congratulations to the renal social workers for planning and delivering such a successful event.

Contact®

Diabetes and healthy lifestyles camp an 'amazing' experience

Nineteen young Northlanders with Type 1 diabetes enjoyed three nights and four days at the annual Diabetes and Healthy Lifestyles camp.

These camps have been run nationally by specialist diabetes services attached to district health boards and were previously provided in Northland for a number of years. However, following a change in funding, Diabetes NZ Northland Branch and Northland DHB Diabetes Service had to find new options to fund the camps, including the annual Diabetes Fun Run & Walk last November.

This is the second year the camps have been run in Northland on the new funding basis. The camps help the children and young people with diabetes develop resilience, develop relationships with those facing similar health journeys, improve their social skills, increase confidence and gain a feeling of control.

Along with a major commitment from Northland DHB diabetes and healthy lifestyles staff and dietitians, former professional cyclist Aaron Perry visited the camp to share insights and inspire the children. "Hopefully in

the years to come, I will be reading their names and their achievements in the news," he said. "I have been to a couple of these camps now and have seen the way they bond."

***"Hopefully in the years to come,
I will be reading their names
and their achievements
in the news."***

- Aaron Perry.

Sport Northland staff were also at the camp, hosting activities that helped the children learn how to work as a team. Northland DHB dietitian Mary McNab commented: "What the kids get out of this is amazing. Some of them come here not doing their own testing

and finger-pricks, and are doing it by the time they leave just a few days later. Some of them are also using insulin pumps."

Healthy Lifestyles registered nurse Louise Kini highlighted the learning from peers. "It's all very well medical people telling them what's right and what's not but in a very relaxed environment like this, they can visually see how kids react and at different levels."

Diabetes nurse specialist Eve de Goey pointed out that for some of the children, the camp is the first time they've met another child with Type 1 diabetes.



Aaron Perry with the camp kids

Rural doctors revel in Kaitaia experience

A new training programme for medical graduates planning to specialise in rural hospital medicine is receiving an enthusiastic response from some of those taking part through Northland DHB. The first four registrars approved to train through the Rural Hospital Medicine (RHM) programme across Northland DHB began in December 2015.

Generally in New Zealand, medical students graduate as house surgeons (surgical) or house officers (medical). After two years they usually apply to their specialist training programme (e.g. surgery, medicine, paediatrics, gynaecology, general practice) and start training towards their vocational registration.

RHM is another type of specialty which began in New Zealand in 2008. It allows the specialist to work independently in New Zealand's many rural hospitals and cover a wide scope of practice, from emergency to inpatient work. The four-year training programme includes time in general medicine, paediatrics, ICU/anaesthetics, emergency medicine, rural hospital (on two sites) and rural general practice, plus elective time for further training.

Northland DHB's programme guarantees all of the training requirements over a four-year period, all within Northland and all accredited by the division of rural hospital medicine, Royal NZ College of General Practitioners.

Namibian-born Dr Amanda van Zyl had already worked in centres such as Hamilton, Rotorua and Tauranga when she heard Kaitaia Hospital clinical leader Dr Sarah Clarke speak about the RHM programme at a conference. "As soon as she finished talking, I was up the front saying: 'Hello, I am your first participant'," Dr van Zyl recalls.

Following a couple of visits, she and her husband and their baby daughter relocated to Kaitaia, where they live in a house on the hospital site. Dr van Zyl describes Kaitaia as "a glorious place. I really love it here. The hospital's great – it's really welcoming – and town is really nice. I feel like I've got everything I need to have here.

One of the standout features is the range of work. "I remember on my first week going home to my husband and saying: 'I cannot believe the stuff these guys are competent to deal with'. The hierarchy here in the hospital is quite flat, so everybody's available and happy to be questioned. The benefit is that patients can be treated in their home area, with the accompanying family/whānau support.

"I think it's a really good training scheme and I'm going to be spreading the word about training in Kaitaia,"



Doctors Nick Buist and Amanda van Zyl

says Dr van Zyl. "I intentionally didn't tell anyone at the beginning to make sure I got a place."

Fellow resident medical officer at Kaitaia Hospital, Dr Nick Buist, grew up and did his medical training in Auckland. But he decided to do something different and came to Whangarei for his first year of work, where he was a house officer at Whangarei Hospital. He is now doing his community attachment at Kaitaia Hospital as a Post Graduate Year 2 house officer.

"It's a decision I'm really glad I made," he says. "I believe, in general, it's important to work in a different place. I think people in Auckland are definitely aware that there are different things that happen in other areas, and that includes everything from the way of life to facts like poverty. But until you actually work in it and live in it, you don't quite appreciate the full gravity of what's going on."

Dr Buist says his main reason for applying for the community attachment in Kaitaia was the 'big learning opportunity'. "I get to see patients in ED, admit them and try to work out their issues myself," he says. "There's no real hierarchy – all doctors do their own paperwork and consult together, so it's quite refreshing as a junior doctor to have that and I think it's a really good opportunity."

Another factor is gaining a first-hand appreciation of the initiatives that are underway to address inequities in health. "It's something you read about and you have an idea about, but until you actually see how it works first hand, you don't really know what's going on."

Dr Buist sums up: "I'm finding the community attachment very worthwhile and I would encourage other house surgeons and students to apply to come up here. I think there's a lot to be gained from it."

"As soon as she finished talking, I was up the front saying: 'Hello, I am your first participant'."

- Dr Amanda van Zyl.

Simulation training ‘a chance to train without risk to patients’

Simulated medical crises are on track to become a regular part of training for more Northland DHB staff.

Members of the anaesthetics team at Whangarei Hospital (among other staff) have been carrying out their own simulation training, prompted in part by new guidelines brought out by the international Difficult Airways Society late last year.



Consultant anaesthetist Dr Lucy Stone rehearses emergency front-of-neck access in a ‘can’t intubate/can’t oxygenate’ scenario.

Although top-end ‘high-fidelity’ mannequins for simulation training are expensive, consultant anaesthetist Dr Lucy Stone led the way, developing a ‘part-task trainer’ from low-cost materials.

“This clinical skills training allowed everyone in our team a chance to practice what we do if we couldn’t intubate or oxygenate,” says Dr Stone.

“However, the main aim of simulation training is to improve communication and teamwork.

“There is a wide range of patient crises that can potentially take place but the majority of them don’t happen very often. The benefit of simulation training is that it gives people a chance to train and practice managing difficult scenarios without any risk of harm to patients.

“The most effective approach is to run the training with

a team that normally works together, and it’s really important to debrief afterwards and reflect on what happened and how it could be done better next time.”

Dr Stone adds: “It can be a stressful thing to go through but it’s less stressful than a genuine crisis.”

Paediatric and Emergency Department team members at Whangarei Hospital, as well as Kaitiaki Hospital staff, are among the Northland DHB staff who are already undertaking simulation training.

Northland DHB’s Medical Education Committee has asked for simulation training to be provided throughout Whangarei Hospital, and a multi-disciplinary simulation group has been set up, with the opportunity for additional members to join.

Dr Stone’s experience with simulation training began in previous roles in the United Kingdom, before joining Northland DHB about a year ago.

All anaesthetists are required to take part in Effective Management of Anaesthetic Crises (EMAC) training, and Dr Stone is training to become an EMAC instructor.

Along with fellow anaesthetist Dr Emma Blair, she also attended a simulation instructors’ course in Wellington in early March. She says there is the possibility of a second course later this year – an opportunity for other Northland DHB staff with an interest in the discipline.

In addition, the Government announced late last year that an operating room simulation training programme, developed and piloted at the University of Auckland and known as Multidisciplinary Operating Room Simulation (MORSim), will be rolled out to all DHBs.

Training champions within each DHB will work with the MORSim team to build capacity for the training simulation programme within their hospitals, so that these become ‘business as usual’.

“It can be a stressful thing to go through but it’s less stressful than a genuine crisis.”

- Dr Lucy Stone.

Dr Stone says the Government’s investment will see Northland DHB (and other DHBs) provided with high-fidelity mannequins and training for instructors, as well as formal measurement of the benefits.

Dr Stone adds that critical event reporting provides a ready source of scenarios that can be used elsewhere: “taking a critical event that took place and re-running it as a scenario.

“It’s also a great way of testing a system or testing whether changes to a system have led to an improvement.”

The classes of 1966

Nurses who trained at Whangarei Hospital in the two classes of 1966 came from France, Canada, the United States, the Cook Islands, Australia and around New Zealand to celebrate their 50-year reunion in March. Although most of them had not been in touch for the past 50 years, 70 percent of the 1966 classmates came together and discovered the enormous impact they had had around the globe.

Each person was invited to send a one-page blog about where they had been and what they had done. "As the blogs started to come in, I was overwhelmed by the diversity and magnitude of leadership skills of the women," explained reunion committee member Pam Ryan.

"One woman had become the first female head of correctional services in New South Wales and she and her husband had built prisons and established new operational systems, while another had gone on to cross-breed miniature horses. "One woman who had left in her first year of training to get married had returned when she was 42, completing her comprehensive nursing training at NorthTec, then the diploma and degree in nursing before going on to completing a degree in midwifery."

A common theme amongst the

women was a strong work ethic, which organisers attributed to values imparted to them by their parents. "We were born in the post-WW2 era, many of us being brought up on farms and doing it quite hard. This gave us a driving spirit, the ability to work hard and save, which in turn

"We were born in the post-WW2 era, many of us being brought up on farms and doing it quite hard. This gave us a driving spirit, the ability to work hard and save, which in turn helped us be highly successful at what we have chosen to do."

- Pam Ryan.



helped us be highly successful at what we have chosen to do."

At the dinner, the nurses honoured a woman from each intake, Maureen Morris and Rae Tillick, who cut the reunion cake.

Maureen Morris, Northland DHB Clinical Nurse Specialist Colorectal, was acknowledged for having excelled in her career, completing a Post Graduate Certificate in Advanced Nursing, a Post Graduate Diploma in Advanced Nursing (Cancer and Palliative Care) and more recently, a Master of Nursing Science, while working as Charge Nurse Manager of Oncology Inpatient services at Auckland City Hospital.

Rae Tillick had travelled from Vancouver Island to attend the reunion and shared her journey of working lunch shifts as a waitress while building a 3000 square foot log home with her husband, entirely from timber sourced and milled from their farm.

Lesley Clyde was acknowledged for her outstanding service to nursing in Northland having racked up 50 years' service, which was interrupted for just two years as she had to resign to have her children. Back then there was no such thing as maternity leave. Jodi Fraser-Bryant caught up with Lesley while she was recovering from a lower leg operation to learn more about her extraordinary career.



Fifty years in healthcare

Many nurses have 'seen it all' and, as an ED nurse for most of her 50 years in healthcare, Lesley Clyde is no exception. From a scrotum degloving, after an incident involving chains, to witnessing the raw emotion following death, Lesley, aged 67 and currently on a forced break following her own surgery, reflects on the career she has no intention of giving up any time soon.



Lesley Clyde

Lesley began her training in 1966, aged 17. After passing her hospital finals, she worked in a number of wards, with longer stints in orthopaedics and particularly Outpatient, Accident and Emergency/ED. "I was always drawn to emergency nursing because it was excitement and a bit of everything. You had to have the knowledge for all nursing areas, from triage, fracture, gynae to surgery.

"I've certainly witnessed some weird things: the scrotum injury, for example. You could almost tell what was wrong with the patient by the way they walked in. There were the ones who didn't want to wait and would get stropky and punch holes in walls. The atmosphere could become quite violent."

Although nurses quickly learn to 'harden' themselves to the job, Lesley remembers times when she would cry with the patient. "Usually I could stay dry-eyed but there was just one or two, like the man in his 70s who was playing outdoor bowls. He had no one with him when he died and then his wife came up and you had to tell her that her husband had died and she was all alone too.

"I remember one little kid had the same pyjamas as my daughter. He been sitting on the knee of the front passenger when the car rolled and the kid rolled out. That kid was killed and I just saw these little pyjamas and little feet."

Back in the early days, with three young children, there was a time when Lesley worked 72 hours a week at both a retirement home and the hospital. "I'd go from geriatric nursing to emergency nursing, working 8am-4pm at the rest home. I'd come home, have a quick catch-up with the kids around the dinner table, finish my dinner and get up from the table and go. Then I'd work from 6pm to 11pm in emergency."

"You can go to work and come home and hate that day, but the very next day you can go to work and think 'I really enjoyed today'. It's the feeling that you actually achieved something for that patient."

- Lesley Clyde.

Over the years, Lesley has kept her finger on the pulse with training and gained her degree in 1997: "I could see the world going around and younger nurses coming in and thought I'd better get on board with it." She has been instrumental in the evolution of improving the design features of



ED and, in 1995, when the hospital changed from paper to computer records, was the emergency and outpatient module coordinator for the integration of patient management systems.

Not that it seems to have cut down any of the paperwork, says Lesley. "There is an extreme focus on paperwork on top of your actual physical workload. Sometimes it's duplicating paperwork and ticking boxes. I call it a 'tick box society of nursing'."



Lesley Clyde

In 2000, Lesley moved to Coronary Care "because the environment in emergency became a bit more hostile. Coronary Care was still quite acute nursing and it was specialising in an area that I had dealt with in ED."

It's the patient contact that's kept Lesley in nursing. "I've had a bit of variety but always come back to my role of bedside nurse. You can go to work and come home and hate that day, but the very next day you can go to work and think 'I really enjoyed today'. It's the feeling that you actually achieved something for that patient."

Her recent surgery has meant Lesley has been on the receiving end of patient care herself while she recuperates at home. "My eyes were opened to the plight of the disabled and to what my own daughters were capable of doing and what they were prepared to do."

However, she is itching to get back to the other side and enjoyed reminiscing with fellow nurses from the first 1966 intake at their reunion.

By Jodi Fraser-Bryant

SMOKEFREE FOR LIFE

AUAHI KORE MO
AKE TONU ATU

World Smokefree May

'It's about whānau.' Whānau is a driving force for many people wishing to protect others from the harms of second-hand smoke. The call to action is for smokers and non-smokers to take control and stop exposing others – especially children – to second-hand smoke.

TUMANAKO A BREATH OF FRESH AIR

Tumanako (Mental Health Acute Inpatient Unit) and He Manu Pae (Sub-acute Unit) on the Whangarei Hospital site are going Smokefree on World Smokefree Day: 31 May 2016.

Tumanako Service Manager Nicole (Nik) Coupe is committed to seeing that the Mental Health and Addiction Service's focus on wellness and recovery extends to a smokefree environment and support to stop smoking for people who come into the unit.

"It is a team approach so that the community, staff and NGOs as well as Tumanako staff are providing consistent messages and support to service users who are admitted to Tumanako," says Nik.

"We are refining our processes to ensure all service users are asked about their smoking and all people who smoke will be provided with Nicotine Replacement Therapy (NRT) to manage withdrawal. This will be monitored regularly and activities are being set up to provide a distraction from smoking."

Smokefree Tumanako aligns the unit with the Northland DHB Smokefree Policy and will go towards addressing the high rate of smoking among service users.

Mental Health and Addictions service users die on average 25 years earlier than the general population – mainly from smoking-related diseases.

"We have a duty of care to provide both a smokefree environment and the best possible support for people to stop smoking," says Nik.

A launch of Smokefree Tumanako and He Manu Pae will take place on World Smokefree Day (Tuesday 31 May).



SMOKFREE MAY: WHAT'S ON

Whangarei Hospital

Date: 31 May 2016

Time: 10.30am - 1.00pm

Venue: Tumanako Inpatient Unit

An opportunity to try a smokerlyzer, new NRT products like the Inhalator and Quickmist, and some Sensory Modulation activities.

Hokianga Health

Date: Monday 2 May 2016,

Time: 10.00am - 1.00pm

Venue: Cnr Parnell and Esplanade Rd, Rawene.

Quit Smoking Station, offering support and nicotine replacement therapies. Rawene Four Square will also stop selling all tobacco products for one hour and all Rawene Ferry morning services will be Smokefree.

Whangaroa Health Services Trust

Date: 26 May 2016

Time: 10.00am - 1.00pm

Venue: Outside Four Square, Kaero

Quit Stall, offering quit advice support and NRT patches, gum and lozenges.

Hauora Te Hiku

Date: 31 May 2016

Time: 10.00am - 1.00pm

Venue: Old Pak n Save car park, Kaitaia

Hauora Day with music, live performances, free sausage sizzles and other kai for purchase, a variety of Social and Health services on offer, come celebrate with our WERO teams.