

# PreScribe

NORTHLAND DISTRICT HEALTH BOARD STAFF MAGAZINE



“A tribute to Chris Farrelly”

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# From the CEO's Perspective



Recently my eldest son started work at Middlemore Hospital. He'd been working at Auckland Hospital for the last year and a half, but he was blown away by the contrast of working in a socio-economically deprived region such as South Auckland. The patients present late, are much sicker and have a much lower level of health

literacy. However, it's the culture of teamwork and getting on with it and having a real sense of purpose - making a difference - which also struck him.

I believe we have a similar culture in Northland and I'm really proud of all of you. I'm getting more and more people approaching me speaking about the wonderful care they or their families have had recently while in our hospitals. Unfortunately, occasionally things still go wrong and I also get to hear about those cases, but I am getting a strong impression that the improvements we are making and the care you are providing is highly valued by our community. This is backed up by plenty of evidence including numerous indicators and recent certification audit results, and it's particularly pleasing that we continue to provide high quality care despite your workloads.

It's the beginning of a new year for those of us unfortunate enough to have to worry about the end of the financial year. The good news for us is that we get two New Year's each year - the financial one and the real one. The other good news is that I didn't get a sense that this was just a problem for management to solve - we had huge support from our clinical leaders and so many of you in a variety of ways. The bad news is that we have to ensure we break even in increasingly difficult circumstances. This year has been our toughest ever from that viewpoint, and many of you will be aware of this. However, one of our key principles was that we would not compromise all the great progress we have made improving the safety and quality of our services, focusing on what matters most to patients and their whānau, while also broadening the range of services offered in Northland for Northlanders.

One of the reasons for our financial challenges is that we are growing - our population is growing, demand is growing, and we have increased our staffing this year by 70 full-time equivalents (FTEs) to nearly 2,800. The largest increase has been in nursing staff, but it is across most clinical disciplines and most services. Our population based funding does not fully compensate us for our population growth and it will take a few more years to catch up fully. However, the significant penalties and disincentives that occur if we run a deficit (just ask your

colleagues in DHBs that are in this position) mean that we need to continue to post a break-even budget.

Hospitals are always the provider of last resort and we receive all patients that can't be seen or managed in primary care. Neighbourhood Healthcare Homes is a major Northland Health Services Plan reengineering programme for general practices and community care. Six general practices (out of 15 applicants) covering nearly 50,000 patients across Northland have been selected, and will be supported to pilot a very new model of care which will ensure better access and a more pro-active planned approach to their population. There will also be improved targeting of high risk patients who will be more intensively managed in the community with all the other community services collaborating much more closely to care for these patients and keep them out of hospital. Over the next three-four years we hope to have all of Northland covered by this innovative new way of doing things.

Other community innovations that are making a difference are our youth suicide programmes, rheumatic fever screening - last year's four cases much lower than the usual 14-18 cases a year, public health nurse skin infection programme with a significant reduction in hospital admissions, and SUDI prevention. I'm sure I've missed a number of others, but I hope you can see that many of our staff and others in the health sector are working hard to improve our population's health and reduce the demand on our hospital services

We have a number of sustainability initiatives across the organisation. One of the most significant is the replacement of diesel generated heat for Dargaville and Kaitia hospitals with electric heat pumps which will significantly reduce the DHB's carbon footprint and save approximately \$200k per annum. We are looking at a sustainability role within the organisation to coordinate and deliver the large number of waste reduction, recycling, power saving and carbon neutral opportunities that we are aware of. Such a role should pay for itself, while also being the right thing to do as a socially responsible organisation.

Planning continues on the Bay of Islands Hospital redevelopment and site master planning is nearing completion for Whangarei Hospital. There are many priorities, but most urgent are increasing acute theatre capacity, ED and Acute Assessment Ward, Outpatients, SCBU, Paediatrics and Laboratory expansion. Whatever the solutions that are agreed with our clinical leaders, ELT and the Board, the demand for hospital services will continue to grow and we can't keep putting more and more staff and patients into the same buildings. We need to continue upgrading our facilities, making them more flexible to cope with inevitable changes in the way we do things. A further positive is that we have had formal confirmation our designs have been approved and work on the Hospital Rd/ Maunu Rd traffic lights will commence in October.



All our mental health and addiction staff deserve special mention. Over the past few years they have experienced significant growth in demand for their services, and have been working under increasingly challenging conditions. The recommendations from the external review that I commissioned late last year provide some of the solutions, and others will come out of ongoing work led by senior clinicians in partnership with our new general manager, Ian McKenzie. It's great news to hear that our Tumanako Inpatient Unit and the Whangarei Subacute Unit are now Smokefree. This had been attempted in the past and the success on this occasion is the result of thorough planning, collaboration between a range of teams and a genuine willingness to respect and respond to the views of staff and patients. Congratulations to all staff involved.

We have had a focus on health inequity at this year's Grand Rounds and over the next 18 months we will be running a programme for all staff entitled "Engaging Effectively with Māori" which promotes a relationship centred care approach with Māori and their whānau. Only by building relationships with patients first can we truly re-design systems and services that will support the reduction of inequities. It's a three hour course and the Board, Executive Leadership Team and senior clinical and management staff will be the first to participate. It will be one of a number of initiatives and changes led by our new general manager Māori health, Harold Wereta.

The proposed legislative change to allow district health boards, rather than local authorities, to decide on which community water supplies are fluoridated is a good decision. About 2.3 million New Zealanders currently have access to fluoridated water, but those who do not, miss out on the significant health benefits provided by fluoridation.

Northland has consistently had one of the country's highest tooth decay rates, especially among children and adolescents, with notable inequities between Māori and non-Māori. This high rate of tooth decay affects general health and wellbeing and brings significant costs to the health sector – yet much of this is preventable by fluoridation and the avoidance of sugar sweetened beverages.

The potential measles outbreak in May highlighted yet again the importance of immunisation. With a low immunisation rate amongst 16-19 year olds in Northland, our public health nurses held a series of immunisation clinics in Kerikeri which were well attended. Meanwhile medical officer of health Dr Juliet Rumball-Smith hosted a live Q&A session on social media, which reached more than 1,500 people and provided an opportunity to address myths and misinformation about immunisation in the community.

Winter temperatures have so far been very mild but it's vitally important that we protect ourselves, our vulnerable patients and our community from catching influenza (the flu) and potentially bringing it into our hospitals. At the time of writing, 74 percent of Northland DHB staff have had their flu vaccination, against a target of 85 percent. Building on previous years, we will require the wearing of masks

when in direct patient contact for unvaccinated staff once we are notified that the flu season is underway. You still have time, and flu vaccination is safe and effective - and you can't get the flu from it!

The volunteers who play such an important role throughout our organisation have deservedly received a higher profile recently. The Friends of Dargaville Hospital were honoured at an event in Auckland for runners-up in the 2016 Minister of Health Volunteer Awards. Over a period of almost six years, this group has become an integral and valuable part of the Dargaville Hospital team, spending time with patients and assisting staff with non-clinical tasks. Long-serving Whangarei Hospital volunteer chaplain's assistant Bill Kennedy was also nominated for the same awards.

Kaitia made national television headlines recently, with a mass demonstration of CPR that was a New Zealand first. One of our nurses, Michelle Roche-Trent, talked about her horrific ordeal in March with her 14-month old daughter Natalie, whose near drowning was prevented by a bystander who administered CPR. Some of our communities are very remote, and time to advanced care is often delayed by a patient's location. Only one in 10 know how to do CPR and there are many locations where there isn't access to a defibrillator, so CPR is an even more critical lifesaving skill in Northland.

Kaitia Hospital and Far North Mental Health and Addiction Services have been leading the way with their Active Workplace programme since its inception in late 2014, with up to 120 staff involved in a wide variety of wellness initiatives which are delivering fantastic results. It can be no coincidence sector teams from Kaitia also took out the top three places in the Sport Northland Step Challenge. Well done everyone, you are certainly an excellent example to all Northland DHB staff of the difference that physical activity makes in creating a positive team environment.

Regards,

*Nick*



Kaitia Hospital Active Workplace programme participants.

# A tribute to Chris Farrelly



Chris with his wife Sue

“The only way we can ever achieve a turnaround change in our health is to address it together,” says former Manaia Health PHO chief executive Chris Farrelly, reflecting on 25 years in healthcare in Northland. “Little by little over the years, we have seen this remarkable transformation and have a sense that the ‘walls’ between the various organisations have been pulled down. The environment I’m leaving today is one of true respect and working together.”

Chris was Manaia Health’s foundation chief executive. He retained the role from 2003 until his departure in late May to take up the position of chief executive/city missionary of Auckland City Mission.

His association with healthcare in Northland began with a decision to return to New Zealand after living and working overseas. “I had worked overseas for 25 years, mainly in South East Asia in community development/aid agencies and the like. I had got to the point where I knew I could become a washed-up old expat ‘sitting round the pool’, who didn’t belong anywhere. I was 40 and needed to come home.”

He had just read Claudia Orange’s book *The Treaty of Waitangi*. “The whole book was a revelation to me. I realised how little I knew and how the education system had given me one particular perspective. After many years of working with other

cultures overseas, I was drawn home to understand ‘partnership’ in my own country and work with Māori.”

However, it took time to find a job after returning to New Zealand. Chris was on an unemployment benefit for about two months before landing the role of HIV/AIDS coordinator for what was then the Northland Area Health Board.

“It was an area I had been working in, both while I was living in Sydney and when I did my master’s degree in San Francisco,” Chris says. “Northland was the first place in New Zealand to employ someone in an AIDS-related role. Suddenly it seemed a lot of Northland’s population was dying of AIDS – there were 18 deaths in one year. But the underlying reality was that people felt the need to come home as they faced death, particularly Māori men who had been living in places like San Francisco and Sydney.”

His role was threefold:

- Coordinating the care of people living in Northland with HIV or AIDS.
- Working towards a change in legislation. “At the time, the law allowed discrimination against disease status or sexual orientation [eventually overcome with an amendment to the Human Rights Act in 1993]. All five MPs in Northland at the time were vehemently opposed to the change of legislation and my focus was on changing the environment in Northland with the intention of making it possible for the MPs to modify their stances.”
- Educating the community on aspects relating to HIV/AIDS.

“In my three years in that job, most nights of the week I was speaking at a school committee meeting, a marae, a social services club or a kindergarten,” says Chris. “There was a lot of fear out there, but working quietly with people made a difference.”

A group was formed called the Northland AIDS Network, which the Area Health Board ‘went out on a limb’ to support. “The Northland Area Health Board was regarded at the time as New Zealand’s most innovative,” Chris recalls. “We had come from the era of hospital boards to area health boards – a whole new world of looking after the health of the population. Northland had the youngest-ever CEO appointed to a health position [Simon Blair, in his late 20s] and there was an air of ‘wow, we are going to do something radically different here’.

“They were days of immense innovation in Northland – good management, good leadership – and I look back on those days in the Area Health Board as absolutely stunning. There are still a lot of people [at Northland DHB] who were part of that period.”

In 1995, he was asked to move to Dargaville to manage the hospital. “Dargaville was traditionally a conservative area, but had been extraordinary in changing the environment by accepting people with AIDS. Eve van Grafhorst [a Hastings girl who became a high-profile ‘poster child’ for AIDS awareness in the late 1980s and early 1990s] came to live there for two weeks and there was a major parade to overcome prejudice. I had the privilege of managing the



Whakawatea at Pehiaweri Marae, Glenbervie.



hospital there for three to four years. The biggest achievement from that time was bringing the Dargaville Medical Centre GP practice up from the town to the hospital site, and setting the foundation for an integrated health centre.”

Returning to Whangarei, Chris then spent six years as general manager of Primary and Community Health and Public Health for what was by then a Crown Health Enterprise (CHE). He notes that the grass-roots relationships developed in his earlier years were key to this role. The Primary Health Care Strategy took effect in 2002 – “That was a revolutionary strategy to change the face of healthcare in New Zealand and made it a really exciting time for my role.”

In early 2003, a new chief executive at Northland DHB restructured the management team and Chris was one of several to be made redundant. “By that time, the momentum was underway to set up PHOs as vehicles for the primary healthcare strategy. Within a couple of months, the position of foundation CEO for Manaia Health PHO came up. I applied for the position, got it and was Manaia’s second employee. That started the journey of the past 13 years.”

Chris says the early relationship between Manaia and Northland DHB had “a certain tension” about it. “We had come out of an era where providers had to compete with each other for funding. There was suspicion and tension between those who were being funded and the funder, who had power over them. There was a lot of positioning going on. It’s night and day how things have moved on since then.”

He points to three unique factors in the development of Northland’s six PHOs. “The DHB consulted with the community and the community said we want six PHOs, whereas the DHB wanted one. To their credit, they decided to go with what the community wanted and PHOs in Northland were established as part of their local communities. But what made Northland totally special was that the PHOs had to be Treaty-based – joint ownership, joint governance and to address Māori health.”



Rose Lightfoot (Left) and Hemaima Tait (middle) from Ta Tai Tokerau PHO lead visitors to farewell Chris.

In line with this, Manaia is a not-for-profit company with two shareholders – all GPs and practice nurses as one entity, and a large group of Māori stakeholders (hapu, iwi and Māori health providers) as the second. “What does it mean to live out the Treaty is a big dilemma for us,” says Chris. “We have found that the only way has been to get into it and actually start walking the pathway together. Manaia has had a brilliant board for the past 13 years – the composition has changed a little, but has kept the kaupapa of the Treaty partnership alive.”

The second ‘signature’ element of Northland PHOs has been the recognition from day one that Northland has huge health inequities and that focusing on the social determinants of health, such as poverty, housing and unemployment, was equally important. “Most PHOs in other parts of the country have focused on providing clinical services, but our view is that we will never get our unwellness right until we get factors like housing, food poverty and poverty in general right.”

Coming into Manaia Health at its beginning allowed Chris to set the organisation’s values and employ people who are aligned with those values. “We have 50 employees. Every single one of them is here not just because it’s a job in health that they want to do, but they want to make a difference around inequity and inequality. We have been able to create a culture that supports and grows our values.”

Chris says he has “a sense of utter admiration for the workforce in primary

care, doctors and nurses who are exceptional people with generosity and spirit. Both PHOs and the DHB have learned that Māori health providers are an integral part of the whole fabric, so I leave it in good heart as I see all this weaving start to come together and I have a lot of gratitude for this time in my life.”

Chris and Te Tai Tokerau PHO chief executive, Rose Lightfoot, have been a part of the Northland DHB executive leadership team. Chris believes this arrangement is unique in New Zealand. “We’re not just rolled in for an hour every so often. We can be really proud to have the health system that we’ve got in Northland. Separation, competition and division are alive and well (or unwell) in a lot of other places in New Zealand – here we are able to roll up our sleeves and work together in a way that’s pretty special. But we still have inequity, and that’s our challenge. Northland has the country’s highest percentage of children living in poverty, so we know that the answer is a lot bigger than just the health system.”

Chris’ connection with Northland dates back to a family bach at Woolleys Bay during his childhood. Chris and his wife, Sue, are keeping their home in Northland when they relocate to Auckland. Asked if he plans to return to Northland eventually, his answer is quick: “Absolutely – there’s no question. Northland will always be home.”

# 2016 nursing and midwifery awards

Northland nurses and midwives were celebrated at an awards ceremony at Kohewhata Marae in Kaikohe in May. More than 100 people attended the evening, which was hosted by Te Tai Tokerau PHO.

Guest speaker Kim Tito talked about his ex-colleague's national District Health Board strategic reference group Tumu Whakarae, which is seeking to

develop a global agenda to bring indigenous experts together to accelerate health gains. This follows last year's visit to the Americas where they learned of tribal self-governance/tribal determination – where people work in teams, doctors are a part of a team and nurses are the leads.

## Nga manukura – effective nursing leadership



**Runner up:**

**Marilyn Dyer**

*Nominated by Maree Sharp, Mary Carthew, Hemaima Taite*



**Winner:**

**Delwynne Sheppard**

*Nominated by Kellie Priest*

## Te mana whakahaere – consistency



**Joint winners:**

**Tracey Wihongi**

*Nominated by Dr Bruce-Miller*



**Teresa Cheetham**

*Nominated by Denise Watene*

## Toiora – education



**Runner up:**

**Natalie Pere**

*Nominated by Dr Verity Humberstone*



**Winner:**

**Cushla Baker**

*Nominated by Adrienne Coats*

## Te Oranga – innovative models of care



**Joint winners:**

**Koha Aperahama**

*Nominated by Moana Teiho*



**Kerikeri district nurses:**

**Bronwyn Lee & Diane Worthington (absent Prue Lees)**

*Nominated by Maree Sharpe, Lauren Demblom, Jen Thomas*

## Mauri ora – nursing workforce



**Runner up:**

**Jeanette Rupapera**

*Nominated by Maree Sharp, Bella Stevenson, Cheryl Britton*



**Winner – enrolled nurse:**

**Kathy Johnson**

*Nominated by Margaret Hunt, Christine Baucke*



**Winners:**

**Tumanako unit and He Manu Pae nursing team**

*Nominated by Nicole Coupe*



## Waiora – excellence in clinical practice



**Joint runners-up:**

**Kellie Priest**

*Nominated by Delwynne Sheppard*



**Lisa Cutts**

*Nominated by: Denise Watene*



**Enrolled nurse winner:**

**Debbie White**

*Nominated by Alison Mills*



**Winner:**

**Sue Stebbeings**

*Nominated by Margaret Dreadon*

## Women and newborns – the heart of midwifery



**Joint winners:**

**Don Ballard**

*Nominated by Yvonne Morgan*



**Sandra Gleeson**

*Nominated by Karen Thorburn*



# May the fourth be with you

A couple of young Star Wars fans having their last hospital-based bee venom immunotherapy on 4 May suggested that their day could be themed and the doctor and nurses all agreed – “May the fourth be with you.” Paediatrician Dr Andre Schultz became Darth Vader with the nurses transformed into multiple Princess Leias.

“All the children here have had anaphylaxis reaction to bee stings which can be life-threatening”, explained Dr Schultz. “Venom immunotherapy helps reduce their chances of having an anaphylaxis reaction.”

Todd Yendell was one of those fans. For his mum Ange Yendell, a Northland DHB nurse, seeing her child have an adverse reaction to a bee sting was horrifying. “It was a very scary time even as a health professional, seeing your child in a hopeless anaphylaxis situation, so this treatment is life-

changing for our whole family. Todd has had some interesting little reactions but has tolerated it really well and has coped with the support of everyone here.”

“Each child is embarking on a five-year treatment, so it is a major undertaking,” said Dr Schultz. The amount of venom given to immunotherapy patients is gradually increased in a controlled environment to desensitise them. On day 1 they receive five injections of bee venom, three the following day, two injections on day 8, one injection on day 15 and a final injection on day 29. They then visit their GP once a month for five years for one injection. They will still need to carry an EpiPen, though the risk of a severe reaction is greatly reduced.

“Today has been great because some children can get a bit anxious, so all this Star Wars activity has taken their minds of things,” Dr Schultz concluded.



# Jeanette Anderson's new role: being a grandma



Northland DHB service manager, Maternal and Child Health Services Jeanette Anderson left the organisation in April to begin what she describes as a new adventure: being a grandma. Jeanette and husband Ross have relocated to Wellington to look after six-month-old grandson Nathan, allowing their daughter Jen to return to work.

Jeanette trained as a nurse at Whangarei Hospital straight from school, registering in 1977 and working in what was then A&E – a job she loved and to which she returned once her own children were at school. She then moved to paediatrics, and was charge nurse of the children's ward for 12 years. "When I look back, that was my favourite job. It was day-to-day hands on with the little people – I don't get to play with the little people any more, it's all paper these days."

The fulfilment from that role came from "working with families, seeing kids get well and go home. When I'd go to town, they'd all know who I was and say hello. Now it's about planning and supporting staff so they can make a difference."

She was initially asked to take up the role of service manager for Child Health on a six-month basis. "I came down here and it was a different world. It really opened my eyes to what

happens out in the community – having been an acute nurse most of my life, it made me realise what we were sending kids home to.

"We have a hardworking and passionate team here, working with kids with chronic illness and disabilities." In Jeanette's time as service manager, the team has grown from 11 to 42. Jeanette says Northland DHB's Child Health service is viewed nationally as "being the ideal because it's got everything under one roof, even if it's a conglomeration of prefabs. We have paediatrics, outpatients, allied health and the nursing team together, which allows for that multidisciplinary conversation about children and their families to happen and it's often in the tea room. In other places, they're spread around the hospital."

Her involvement in the development of the recently-opened Te Kotuku maternity unit was another highlight. "It's been exciting for the past couple of years, watching it open and hearing the wonderful comments from the mums who are in there now. I hope we can do the same for paediatrics and the Special Care Babies Unit (SCBU) with the site master plan. I think they deserve a new building."

"I still feel like I'm leaving a lot undone, but as Nick [Northland DHB chief executive Dr Nick Chamberlain] said, no matter which day I left, I would still be saying that – child health in Northland has a lot of work to do. But when you step away, it opens up an opportunity for other people to spread their wings and have new ideas."

## Nurse Practitioner Sue Stebbeings

**Whangarei Hospital Emergency Department (ED) nurse Sue Stebbeings was recently registered as a nurse practitioner – acute care (Lifespan). PreScribe spoke to her about the scope and potential of the qualification.**

Sue trained at Whangarei Hospital at what was then the Northland School of Nursing, graduating in 1984, and has been a registered nurse ever since. Although she is currently working in a clinical nurse specialist role in the emergency department, she hopes to soon be employed as a nurse practitioner there – once a new position can be created as part of the strategy to reduce patient waiting times and length of stay. If so, she will be Northland DHB's first nurse practitioner in a secondary care role, with other nurse practitioners in the region currently working in primary care and in community roles.

"It's the end of one long journey and the beginning of a new journey," says Sue. "The advanced clinical practice role in emergency nursing has been developing over the past 10 years because we recognise the value the role has in trying to meet some of the challenges in providing emergency care for our population. The numbers of people presenting for acute care continue to increase despite everyone's best efforts.

"As the role has been developing, we've reached the conclusion that a broad scope of practice would provide more efficacy, which has led to my journey to register as a nurse practitioner." This will allow her to work independently as well as collaboratively, and includes authorised prescribing.

Sue's qualification has involved completion of her Masters of Nursing at the end of last year, focusing on clinical practice. Following that, Sue applied to the Nursing Council for registration as a nurse practitioner, submitting a portfolio of work and undergoing a panel interview to ensure she is practicing at the appropriate level.

She sums up the experience as "extremely valuable, but it's been a huge effort over the last two-and-a-half years, not only for me but for my family. I have truly appreciated all the support of my colleagues and the mentoring of the ED consultants."





# Our miracle baby – CPR saves 14-month old Natalee

Learning a simple skill to save a life is one of the best things we can do and no-one knows this more so than Kaitaia parents Michelle and Nathan Trent.

In early March their 14-month old daughter Natalee had wandered down to a swollen pond, fallen and nearly drowned. On discovering Natalee, skills Nathan had learnt in his forestry work kicked in and he quickly administered CPR.

In the meantime a call was made to 111 and a paramedic going past the house heard the call and went to assist. Once Natalee's airways were secured and her heartbeat strong, she was transferred to Kaitaia Hospital via ambulance as a status one (critical and life threatening).

A multidisciplinary team was involved in stabilising and assessing Natalee's condition and a decision was made to transfer her to Starship Hospital.

Natalee spent nine days in the Paediatric Intensive Care Unit, in an induced coma to give her brain time to heal. After being asleep for eight days Natalee woke up and within a day was transferred to the High Dependency Unit and then onto the general pediatric ward.

Unfortunately Natalee suffered some seizure activity while on the ward and was transferred back to the High Dependency Unit. Once stabilised on anti-seizure

medication she was moved to the neuro ward for intense daily input from speech therapists, physiotherapists, pediatrician, neurologists and dietitians.

Nathan stayed with his daughter, assisting in her recovery by encouraging her to walk and play in-between the intensive rehabilitation therapy. She had to re-learn a few major milestones such as crawling and walking, and fine tune her fine motor-skill development.

Natalee was finally discharged on 7 April, some 36 days after her accident. Mum Michelle a registered nurse at Kaitaia Hospital has some advice for all families.

"As a nurse we are often caring for others, but it is as equally important that our own families know what to do in the event of an emergency.

"Make sure your families are first aid trained, including CPR. Learning a simple skill to save a life is one of the best things we can do.

"Our reality could have been very different and now I have a sense of security for my children, that they know what to do – it is something positive for them to help take away the fear that they have from such a frightening experience.

"Our miracle is that Natalee is thriving, has no brain damage, and has been successfully titrated off her anti-seizure medication."



Natalee Roche-Trent in Starship Hospital.



Hikoi in Kaitaia to promote CPR  
– a first in New Zealand.



BACK: Shanedion, Natalee, Michelle, Nathan, Pani,  
Paris, Pana. FRONT: Angie, Pani-Lee, Jamie-Lee.

## Kaitaia CPR mass demonstration - a first in New Zealand

A multi-agency event involving Northland DHB, St John, Emergency Services and Laerdal was held in Kaitaia on 24 June to raise awareness of how important CPR is and teach people how to give CPR to someone in cardiac arrest.

Our community is remote, and time to advanced care is delayed by a patient's location. The more that can be done for the patient by bystanders, the increased chance of survival. At present Northland has an 'out of hospital' cardiac arrest survival rate of 25 percent, with only 14 percent being discharged from hospital alive.

200 Mini-Anne mannequins were distributed for use on the day and taken home to share the CPR message with family and friends.

CPR is one of the key elements in the chain of survival: Early recognition and call for help (to prevent cardiac arrest) - Early CPR (to buy time) - Early Defibrillation (to restart the heart) – Post resuscitation care (to restore quality of life).

Everybody should have some level of first aid ability, because accidents and medical emergencies can happen anywhere at any time. St John First Aid courses give you the knowledge and confidence to provide effective first aid whenever it's needed. St John offers First Aid courses, community programmes and local points of contact throughout the region. To find out when the next First Aid course is being held near you contact St John via their website.

# Be a part of your hospital and community healthcare

Northland DHB and Ngāti Hine Health Trust have a common vision to improve access and provide a more integrated approach to healthcare in the Mid North. Our partnership will enhance individual and whānau experiences, with co-location of services on the Bay of Islands Hospital site. This will reduce travel time, while the coordination of services will ensure that patients and consumers see the right people at the right time. The overall aim is to deliver efficient, high-quality services by working in close partnership to deliver the best possible care for you.

Bay of Islands Hospital is to undergo an exciting redevelopment that will see a new accident and medical department, new medical ward followed by future refurbishment of other areas of the hospital including the renal unit. Administration and the chaplains are also moving into a refreshed area.

Ngāti Hine Health Trust together with Kawakawa and Moerewa GPs are building an integrated whānau wellness centre, known as Te Hauora O Pukepuke Rau (a healthy whānau on every hill), which will be situated alongside the new accident and medical department. The new wellness centre will bring together GP, community nursing, dental, podiatry and physiotherapy services with whānau ora navigation, mirimiri, rongoa and rehabilitation support services in a one-stop-shop for whānau, family and community health care.

We would like to hear from you about the kinds of things that you think patients and the whānau would benefit from, things that would make a difference to their stay or visit to the hospital. We know the hospital and healthcare services are important to each and every one of you. The services provided in the community and at the hospital mean that you and your families do not need to travel so far, so often.

We are growing a 'wishing tree' that will gather everyone's ideas of things we can fundraise for. The kinds of things that have already been suggested include newspaper subscriptions, lockable insect screens so patients can enjoy fresh air while they sleep, landscaping once the redevelopment and Te Hauora O Pukepuke Rau are completed, and the planting of fruit trees.

You might be an individual or a member of a local service group which would be keen to adopt a wish and fundraise for it. For example, a garden club which might manage the sourcing of new plants and landscaping of the grounds.

We want to hear from you if you experienced any gaps when you visited or stayed in the hospital. Would more comfortable



visitor chairs and facilities such as a coffee maker and microwave make a difference? Is this the kind of thing you would like to donate towards or fundraise for?

Maybe you have an interest in the history of the hospital and would like to fundraise for the photo collection to be restored, or if you have an interest in art you might like to help raise funds for new artwork. The new accident and medical centre might benefit from an item of clinical equipment and we know the chaplains would love some help to purchase new furniture for their new whānau area.

Bay of Islands Hospital is located in Kawakawa and provides primary and secondary care to the communities of the Mid North, so we are interested in hearing from people throughout the region.

Write or email us your ideas and we will place them on the wishing tree. In September, we will collate all the ideas and the Northland Foundation, which takes care of our charitable accounts and major fundraising, will assist us in making the wishes come true.

Through Health Fund PLUS, people can make donations and gifts to our Northland hospitals or services for the 'optional extras' that are so important to patients and their families. You choose exactly where you want your gift to go, and they make sure that is exactly where it ends up.

To get in touch with us contact:  
Ros Martin at [ros@northlandfoundation.org.nz](mailto:ros@northlandfoundation.org.nz)  
or PO Box 10011, Te Mai, Whangarei 0143.



# Celebrating Our Volunteers

## Friends of Dargaville Hospital

The Friends of Dargaville Hospital's good work was recognised by the Minister of Health at an event in Auckland at Ko Awatea with Hon Simon O'Connor MP hosting afternoon tea and making presentations. Norma Ker (Team Leader & Roster Coordinator), Sarah Ball, Dot Johnson, Margaret Wilkins, Delwyn Tillick and Bronwyn Bernard were nominated for a 2016 Minister of Health Volunteer Award and while they didn't win they were formally recognised at the regional event.

This small but dedicated group are an integral part of the Dargaville hospital service. They give their time for at least two hours every day of the week. They provide support mainly to the patients in hospital and also support the nursing staff.

Dargaville Hospital service manager Jen Thomas explains: "They always get on with the task at hand and always do it with a smile and a friendly hello.

"As they are all locals they know our community very well and the patients enjoy seeing a face that they recognise."

Providing comfort and support to our patients and their family/whānau for nearly six years a volunteer has visited the ward every day, between 12 noon and 2 pm. They have been so reliable and dependable that they have become an integral and valuable part of the hospital team.

"Their warm, friendly and approachable manner has been of great benefit to our patients, particularly those who don't get many visitors," offered Jen.

Other tasks include meeting general housekeeping needs such as helping patients complete menus, distributing patient lunches, making cups of tea for patients and family/whānau, making up hospital beds after a patient is discharged, helping put clean linen away and generally assisting with keeping the ward tidy.

In addition to the invaluable time they can spend with our patients, our volunteers have picked up non-clinical jobs that have traditionally been what nurses have had to do, thus enabling our nurses to focus on patient care and documentation.

We are extremely grateful for the dedication and support provided by the Dargaville volunteers recognising that their generous contribution contributes to our goal to be patient-centred in all we do.



(Left to right) Dot Johnson – St John Volunteer, Jen Thomas – Operations Manager Dargaville, Margaret Wilkins – St John Volunteer, Sara Ball – St John Volunteer, Delwyn Tillick – St John Volunteer, Norma Ker – St John Volunteer and Coordinator.

## Volunteer chaplain Bill Kennedy

Long-serving Whangarei Hospital volunteer chaplain's assistant Bill Kennedy has been a volunteer chaplain's assistant for more than 16 years and is well known to staff members in several Whangarei Hospital wards, where he uses his listening and caring skills to provide spiritual support to patients and staff.

"Bill's smiling face and winning way brings spiritual support to those who are ill and often in despair," says Northland DHB ecumenical chaplain Reverend Sue White. "To have Bill in our organisation is a blessing. He is an example of selfless service to the community."

Bill immigrated to New Zealand in his early twenties from Dundee, Scotland. He has been married for more than 50 years and has two adult children. As a young man, serving abroad in WWII, Bill spent his time off taking care of refugees and their families instead of enjoying his military leave.

He has been a lifelong volunteer and contributes to his community in a number of different ways. He has served his church, St. Andrew's Presbyterian, for more than 45 years as a volunteer elder. He was a volunteer leader in the Boys' Brigade for more than 12 years and serves as a volunteer chaplain to the Kamo Rest Home. He is also a volunteer driver for at least 20 hours per week to transport special needs children all over the Whangarei district.

Bill's good health and energy allow him to 'keep on keeping on' – putting the care of others first.



Bill Kennedy.

## Volunteers Needed

Since the opening of the Jim Carney Cancer Treatment Centre, a team of Cancer Society volunteers, The Yellow Shirts, have provided invaluable support to patients receiving chemotherapy treatments by providing companionship and conversation as needed and serving a 'cuppa' and light lunch.

The Yellow Shirts (like Kathy Wallace, pictured here with patient Marlene Tuhiwai) help staff by ensuring the patient area is clean and tidy and ready for the next person. They will escort a patient to X-Ray or laboratory for tests or just take over the request forms and other paperwork.

Cancer Society Northland would love your help to recruit a small team to cover a roster of two hours on Monday and Wednesday mornings (8am-10am) and Friday afternoons (1pm-3pm) to provide general and clerical support.

If you know anyone, or have a couple of hours to volunteer in either of these areas, the Cancer Society Northland would love to hear from you.

Email Margaret on:  
[mcurry@akcansoc.org.nz](mailto:mcurry@akcansoc.org.nz)



Kathy Wallace with Marlene Tuhiwai.

# Immunisation – an important choice for the whole community



Annie Mullenger

As a practice nurse at a medical centre in the Whangarei area, Annie Mullenger works to protect young children through immunisation.

However, when she was raising her own family, she previously held a different view – until experience changed her mind.

Annie has six children and in the 1980s, the family were living in an isolated location near the Taipa/Mangonui area of the Far North. At the time, there was not strong support for immunisation in the community, and the experience of taking one of her younger children to be immunised confirmed her views.

“I remember two of my older children were at primary school without having been immunised,” she recalls. “Then I took my son for his six-week vaccinations and it didn’t go well. I thought: ‘this is horrible, I don’t want my baby to be this upset – I’m not going to do that again’.”

However, later that year, four of her children contracted measles. Annie’s youngest son, who was then 9 months old, as well as her 8-year-old daughter, were severely affected by repercussions from contracting the disease. Annie’s baby son was admitted to Kaeo Hospital with pneumonia.

“It was really naivety on my part, because I didn’t realise how dangerous Measles is. I thought that the kids would be fine because we enjoyed a healthy lifestyle. I didn’t realise the extent of what some of these diseases can be like.”

The family later spent time living overseas. During three years in the Philippines, Annie witnessed first-hand the suffering caused by tetanus, assisting the mother of a young boy whose symptoms included convulsions.

“It reinforced to me how a very simple vaccination could have prevented all that distress.

“Now that I’m involved in immunising children, I try to make the experience as uneventful as possible, by keeping the child in close contact with the mother and also giving out lollipops and stickers where appropriate.

“It’s important that they’re happy to come back and see us in future.”

## Immunise on time for BEST PROTECTION



**E ū tonu ai tau oranga  
whanui, kia tūturu tonu  
nga rongoa oka**

## A medical point of view

Deciding not to immunise your baby is a choice that affects not only your child, but also their grandparents, their future children and the whole community. Compared to the rest of the country, Northland has very low rates of immunisation coverage – our levels are well below what we need to prevent diseases like measles from spreading around the community. A key reason for our low coverage is that Northland has a high proportion of people who choose not to immunise their kids. Studies show that children whose parents have refused their vaccination are 35 times more likely to get measles, and six times more likely to get whooping cough. These kids are often the ones who infect

children who are most vulnerable, like babies too young to be immunised or those who can’t be vaccinated because of medical reasons.

These diseases can make your child, your parent, your future grandchild, so unwell that they need to be admitted to hospital. They may be permanently disabled, or even die. And the best protection from these illnesses - these diseases that are circulating in Northland, that spread easily, and that infect our most vulnerable - our best protection is to immunise on time.

**Medical officer of health Dr Juliet Rumball-Smith**



# Cassandra Moar weaving work to be displayed at Te Papa



A two-day hui took place in Gisborne/Tairāwhiti in June to celebrate the 10-year anniversary of the wahakura – a flax woven baby bed that allows parents to sleep safer with their baby.

The weaving of wahakura in Tai Tokerau also shares this 10-year journey. Since 2013, Northland DHB has actively promoted and enabled the production of wahakura as a core component of its Sudden Unexpected Death of an Infant (SUDI) prevention programme of work.

Cassandra Moar, a master weaver of Ngāti Whatua descent living in Whangarei, has made an outstanding contribution to this programme by weaving more than 1000 wahakura, many for distribution to whānau with infants that have known risk factors for SUDI.

Cassandra has also participated in weaving wānanga across the district, teaching whānau how to make a wahakura using the waikawa pattern, a simpler traditional weaving pattern.

Cassandra attended the hui in Tairāwhiti where her contribution

to weaving of wahakura was formally acknowledged. Cassandra has been selected as one of four weavers who will have their work displayed in an exhibition at Te Papa.

SUDI rates in Northland have significantly decreased and we can credit some of this progress to the introduction of safe-sleeping spaces like the wahakura, with the associated safe sleeping messages.



## About SUDI

Some causes of SUDI are preventable, with most SUDI deaths in babies under the age of 3-months caused by unintentional suffocation due to overlying (by an adult or sibling) or wedging of a baby between two surfaces.

Māori rates for SUDI are disproportionately high in Northland and an active campaign to address this inequity continues, with better identification of babies with risk factors for SUDI, consistent safe sleep messages and provision of safe sleep spaces, such as the wahakura or PepiPod.

To improve the relevancy of safe sleep messages to whānau, Northland DHB has committed to use and distribute the Whakawhetu resources that present the safe sleep messages in the PEPE acronym:

Place baby in their own bed to sleep  
Eliminate Smoking in pregnancy and after baby is born  
Position baby on their back with face clear  
Encourage Breastfeeding.



# Introducing Dr Peter Vujcich – clinical director Primary Health



Peter pictured here with his wife Dr Ann Davis

Manaia Health and Te Tai Tokerau PHO have recently welcomed Dr Peter Vujcich to the clinical director of primary health role. He will be working with the other clinical directors, Dr Aniva Lawrence and Dr Grahame Jelley.

Peter said the role is about providing leadership in primary care across the DHB and the PHO, facilitating change and supporting practices across Northland. “Although it’s a high-sounding name, it’s about being part of a team,” Peter said. “I understand the secondary service system as I’ve worked across both primary and secondary care, so my expectations are realistic.”

Peter said diabetes prevention and intervention is one of his passions. “It’s a huge problem in Northland, particularly with Māori. When I worked in Kaikohe, 12 percent of

the adult population had diabetes.” Peter will initially become involved in the Neighbourhood Healthcare Homes project as well as diabetes strategy redesign, helping to develop a programme focusing on depression in people living with diabetes. Recruitment and retention of the rural health workforce in Northland is another focus of the clinical director role. “Our workforce is getting older and many will be retiring in the next 10 years.”

Peter’s previous experience includes being a long-time GP at Broadway Health centre Kaikohe, GP liaison at the Northland DHB and medical director of White Cross Accident and Medical Centre in Whangarei. Within the last five years he has worked extensively as a locum in Northland, Southland and also rural Australia – including Alice Springs.

Peter is dividing his week between Whangarei and Kerikeri, where he is a GP locum at Broadway Waipapa and other practice locums, while continuing to be available for after-hours rural GP services. He has recently applied to do some emergency department shifts.

The strategic thinking that Peter hopes to bring to the clinical director position involves looking at possible solutions rather than barriers, he said. “Broadway Health in Kaikohe was one of the first practices in Northland to operate with capitation-based funding, allowing us to change the way that we provided care to our patients. We were able to expand the nursing roles and responsibilities, for example.”

Peter approaches the goal of improving health in multiple ways, including travelling abroad to train healthcare workers. Peter and wife Dr Ann Davis have in recent years been carrying out voluntary work in Vanuatu as part of a team from Kerikeri Baptist Church.

“The first year we did GP health clinics, but this wasn’t a sustainable solution so for the last two years we have returned to train local health workers. We have provided them with much needed health equipment (BP monitors, blood glucose testing machines) funded by our local Rotary Club. In Vanuatu, we trained local doctors and nurses in local diseases – hypertension in particular. This year we’re doing a bit more of a mentoring approach.”

Peter said Vanuatu has some things in common with his home region. “Even though Vanuatu is tropical, the most common diseases are the same things that affect Northlanders: cardiovascular problems, heart attacks, strokes, diabetes. The roading system in Vanuatu is pretty poor so getting around is difficult – but this is an issue in Northland as well!”



# Northland DHB New Appointments

## Harold Wereta, general manager, Māori Health



(Left to right) Dr Nick Chamberlain, Harold Wereta, partner Nicole Blunt and Nelson Marlborough DHB chief executive Chris Fleming.

The new general manager of Māori Health, Harold Wereta, was officially welcomed on Wednesday 22 June at Terenga Paraoa Marae. More than 60 people attended including senior executives and board members from Nelson Marlborough DHB including chief executive Chris Fleming.

Harold most recently held the general manager, Māori Health & Whānau Ora with Nelson Marlborough DHB. He has previously worked for Capital & Coast and Mid-Central DHBs and the Māori Directorate of the Ministry of Health.

"Harold has a wealth of knowledge, experience and understanding of health

planning and Māori health outcomes. His mana and understanding of tikanga and Te Ao Māori (the Māori world) will hold him in good stead working closely with Northland iwi and hapu and our Māori health providers. Among many achievements he led the amalgamation of eight iwi health providers into one and, despite the challenges, he maintained effective relationships during the process.

Northland DHB chief executive Dr Nick Chamberlain said: "Harold has whakapapa connections to Tainui, Ngāti Raukawa, Ngāti Whatua, Ngāti Apa, Te Rarawa, and the Hokianga and he appreciates the opportunity to return home to Te Tai Tokerau. He is aware of the inequities which face the Māori population of Northland and is excited about being a leading force for change and improvement."

## Ian McKenzie, general manager, Mental Health and Addiction Services



Northland DHB's new general manager, Mental Health and Addiction Services, Ian McKenzie, was welcomed with a pōwhiri on Monday 13 June.

Ian was most recently general manager, Mental Health, for Waitemata DHB. He has extensive operational and strategic management experience within mental health and addiction services, in both the DHB and non-government sectors.

Previously Ian has also held roles of Regional Manager, Forensic Psychiatry

Services; Regional Director, Mental Health and Addictions Services, Northern District Health Board Support Agency; and General Manager, Mental Health and Intermediary Care Services, Counties Manukau DHB.

Ian commented: "Both Gail [his wife] and I are very excited about living and working in Northland.

"We've been talking and thinking about this for a long time and have strong family connections here - we've spent all of our holidays and many of our weekends in Northland for over a decade or so. Now that our children have grown and have left home, we're ready for the move, so it suits both our vocational and our familial ambitions and it's quite exciting to have made it.

"I have worked in mental health since the late 1980s, so I'm familiar with it and I've committed to mental health as my career choice.

"There are challenges in mental health all the way through but I'm really excited about the community and the warmth

of the community in Northland, which is a very good ingredient in a successful mental health environment, where people are able to live close to their own homes and with their family and whānau support.

"I think that's a real advantage that Northland has, and something that I would like to be able to work with and learn from."

On behalf of Northland DHB, general manager, Medicine, Health of Older People, Emergency & Clinical Support Neil Beney commented: "We're very much looking forward to the experience that Ian brings, right across the sector from community to acute mental health care and forensic psychiatry. We're very privileged to have Ian come and work for us.

"Keeping people in the community is the model we want to use in future and certainly the model we use with a number of people with long-term conditions. It fits very well with what we're trying to achieve here."

**We warmly welcome both Ian and Harold to the Northland DHB Executive Leadership Team.**

# Transforming primary healthcare



Dr Lauren Roche from Bush Road Medical Centre shows a patient the ManageMyHealth™ portal.

Things are changing in primary healthcare. When you next visit your general practice, you are going to start noticing changes in the way things are done. Here's the vision for the 'new look':

You book in online, and can see a summary of your records, your medications and other information on the ManageMyHealth™ website. When you go to the doctor, you don't have to wait long. The receptionist is welcoming. You discuss options and are supported to make the decisions you need to make. When you want to get advice from the team you can get to see them at a time that works for you or, if you prefer, you can talk to someone on the phone or by email, and you can get through to the practice easily. A doctor will ring you if you have an urgent need. Nurses run many of the clinics, and there are support groups or clubs for you to link up with others with similar problems if you choose.

If you are quite unwell, you agree a plan for your care, of which everyone is aware, to meet the goals that matter to you. You know the team caring for you in the different services you may need. There is a lead coordinator who is your 'go to' person. When you book an appointment, you are called before the visit to check that everything needed is available (e.g. test results), and your appointment is longer than the traditional 15 minutes so that everything can be completed.

The practice is well connected with other services, especially Māori providers and community-based nursing services, and they work closely together. There is a volunteer network around the practice, and patients give a hand to their patients for social support. The practice is actively part of the community, regularly holding feedback forums or inviting comment on their Facebook page. Services change as a result of feedback.

The workers feel that their workload is more manageable and they have a more varied working day.

The hospital has fewer people using the Emergency Department when they don't need to, and fewer people are admitted with conditions that could have been avoided with better primary care.

The Neighbourhood Healthcare Home (NHH) programme is being run as a partnership between Northland DHB and the Northland PHOs. A key focus at this time is the internal reorganisation of general practices, so that they have more capacity to manage demand and to strengthen care of the high and complex needs patients, in the ways outlined in the vision above.

In March this year, the Northland DHB board agreed to three-year funding of the NHH programme. An 'expressions of interest' process, inviting general practices to participate in this major change, was completed in early May. The following general practices are in the first phase of the rollout of this new way of working:

## Manaia Heath PHO

- Bush Road Medical Centre
- West End Medical Centre
- Widdowson Sprague Medical
- Paramount Medical Centre

## Te Tai Tokerau PHO

- Te Whare ora o Te Hiku o Te Ika
- Kerikeri Medical Centre

There will be further expressions of interest called for in 2017 and 2018. Meanwhile, if your practice isn't yet offering a patient portal, let them know that you would like it. Worldwide, patients are leading change in how their health care is delivered.

To find out if your general practice has a patient portal, go to [www.patientportals.co.nz](http://www.patientportals.co.nz). You can search by either typing in the name of your general practice, or zooming in to your region to see which practices have portals.



# Managing acute gout – community pharmacy in partnership with general practice and Arthritis New Zealand

The GOUT STOP PACK, designed to achieve better long-term control of gout, is being rolled out across Northland after a successful pilot helped secure investment from the Northland Community Pharmacy Service Development Group. The investment will cover the four blister packs required by each patient and is estimated to be up to \$150,000 over the next three years. Gout is one of the common forms of acute inflammatory arthritis and is largely managed in primary care. There is a high incidence of gout in Northland, particularly amongst Māori men.

The Whangarei collaboration between Bush Road Medical Centre, Kamo Dispensary and the gout educator from Arthritis New Zealand, recognised the need to raise the profile of gout, promote a greater emphasis of the importance of a multiple therapy approach to treating acute gout attacks, and ensure better appropriate use of urate lowering agents as preventative therapy.

Evaluation of the 2014 pilot indicated that 10 out of 16 patients were successfully treated and are now continuing on maintenance allopurinol therapy, while the remaining six progressed to an allopurinol titration regimen after discussion with the GP. The programme simplifies gout prevention management by treating the acute attack, starting the patient on allopurinol treatment

with colchicine cover, and getting the serum uric acid level below 0.36mmol/L.

The prescription is set up in Medtech and can be selected by the GP according to the patient's estimated glomerular filtration rate. One prescription covers the treatment of the acute attack and the titration of allopurinol, with colchicine cover, over a three-month period.

The community pharmacist plays an important role once the prescription is received. The medication is dispensed in four blister packs and at each visit, the pharmacist ensures that the patient understands the process and complies with the programme. The pharmacist checks the serum uric acid level at the end of the three months, and lets the GP know when the last dose of allopurinol is scheduled and when the programme will end, to ensure continuation of treatment. The gout educator supports the patient throughout the process.

The success of the Gout Stop programme highlights the importance of collaboration between healthcare providers which is showcased in Northland with the partnership between general practice, community pharmacy and the gout educator from Arthritis New Zealand.

Here is a link to a video about the Gout Stop programme.  
<https://www.youtube.com/watch?v=svyrFaUHPx8>

## Kua hinga te tōtara i te wāonui a Tane



We bid farewell to respected Māori health and education leader, Robin John Cooper, CNZM, who sadly passed away at his home in Auckland on 21 June.

Rob was appointed a Companion of the New Zealand Order of Merit in the 2015 New Year Honours for his services to

Māori health and was until his passing the Emeritus Executive of Ngāti Hine Health Trust.

Rob worked tirelessly since the 80s and has championed a number of projects for the benefit of Māori. A founding member of the Ngāti Hine Trust in the early 1990s he was its first chief executive in 2005 and remained so until 2013 when he retired from its operational management due to ill health.

Rob also chaired the Māori reference group for Housing

New Zealand and over saw the development of social housing in Moerewa. For many years he worked with the National Council of Māori Nurses, facilitating numerous positive developments.

From 2001 to 2004 he was Executive in Residence at the Faculty of Medical and Health Sciences, Māori and Pacific Health at the University of Auckland. He created the policy framework and role of Tumuaiki to preside over all Māori matters within the faculty and designed the award-winning Whakapiki Ake student recruitment programme.

In 2007 and 2010 he was appointed to the Auckland and Waitemata District Health Boards and incorporated the separate Māori Health Committees into one. Rob was appointed as inaugural chair of the Whanau Ora Governance Group in 2010.

Our thoughts are with Rob's whānau and friends at this sad time.

*Nōreira e te rangatira moe rangimārie mai rā.*

# Operating theatre staff in action

Up to 60 Whangarei Hospital operating theatre staff had their ability to manage a medical emergency tested, with realistic simulation training during a half-day operating theatre shutdown for education. Two groups of operating theatre staff were put through the same scenario in-theatre, using the most advanced mannequin currently available, a 3G Simman (loaned for the training, together with its operator Alan Gibson, by supplier Laerdal).

The Simman is a realistic surgical mannequin which can bleed, breathe and be monitored. Real drugs, fluids, equipment and instruments and realistic patient clinical notes were also used in the training, which was followed by a debrief for all staff involved.

Consultant anaesthetist Dr Lucy Stone says the main aim of simulation training is to improve communication and teamwork. Northland DHB chief executive Dr Nick Chamberlain attended the event and said he was impressed with the teamwork shown. "This is a fantastic patient safety initiative which gives a large number of staff an opportunity to experience and manage a crisis situation without a patient actually having to go through it."

In addition to the training already taking place within Northland DHB, 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'.

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. "The main



**Setting up** (from left to right): consultant anaesthetist and scenario director Dr Sarah Preissler-Hunt, OT 2 charge nurse Vicky Harris (who was a 'confederate' nurse within the scenario, receiving information from outside the theatre), clinical nurse educator Tony Harris and consultant anaesthetist Dr Lucy Stone, who played a lead role in organising the training along with colleague Dr Emma Blair.



**Control Hub during the scenario** (from left to right): Alan Gibson of Laerdal (supplier of the advanced Simman 3G patient mannequin for this simulation practice), Northland DHB resource anaesthetic technician Damian Mahoney, Consultant anaesthetist and scenario director Dr Sarah Preissler-Hunt, Consultant Anaesthetist and Simulation Facilitator Dr Lucy Stone.

investment from that point is staff time – it takes a lot of time to plan, set up and run scenarios, which need to be ring-fenced so the key people taking part are not called away to take care of patients."



**Observing the scenario unfolding via video link** (from left to right): clinical nurse educator Tony Harris, charge nurse OT 3 Kath Hughes; honorary lecturer, School of Medicine, University of Auckland Bronwyn Hedgecock, and anaesthetic technician Dennis Timmons.



# Brave, shave for a cure workmates



Registered nurse Debbie Schlatter (left) and clinical nurse manager Dee Telfer (right).

Jim Carney Cancer Treatment Centre workmates Dee Telfer and Debbie Schlatter gave up their hair in April for a good cause, Leukaemia and Blood Cancer New Zealand's Shave for a Cure fundraiser, the organisation's signature fundraising event. Dee and Debbie both achieved their fundraising targets, generating more than \$2700 and \$2500, respectively.

Dee was supported by her husband, adult children and grandchildren and a friend who has previously participated in Shave for a Cure travelled from Australia. Dee has had family affected by blood cancer and says taking part in Shave for a Cure is "something I have always wanted to do but I haven't been brave enough." She points out that patients of the Jim Carney Cancer Treatment Centre generally begin their treatment with hair, and often find that the point where they lose their hair is when people begin to treat them differently.

After having the weekend to reflect on the experience, Dee reported: "Our nerves really kicked in on Friday afternoon. Fortunately it was a busy day in the unit and that took our mind off things till about 4pm when our last patient finished treatment. Then we had an hour to stress it out. Family and friends had arrived and Grace from the Leukaemia Foundation came up from Auckland to support the Farmers Trading Company Shave for a Cure and us. Before the shave, she gave a speech about the history behind Shave for a Cure and also what the funds go towards.

"Then it was all on. Charlotte Dawn Hair and Beauty Salon shut up shop and came in full force to shave our heads. Abbey Jackson shaved Debs' head while Charlotte Colhurst shaved mine. In less than five minutes, our hair (mine at least) was off and there was no turning back. I had to go straight to the Kensington netball courts where I co-coach the Whangarei Girls High School No. 1 team and everyone wanted to feel my head.

"I covered my head as I had been warned that I would feel the cold easily now and I didn't want to start my

week sick. The next day I braved the cold and the exposure at Horahora Rugby watching my son play senior rugby. That was very interesting to say the least. Stares (most shocked) and people whispering and glaring was what I experienced. Even some of my friends were gobsmacked at my new look and some took a while to ask if I was OK (that was funny). But it is a shock, so I totally understand people's reactions and I am mindful of our patients and what they go through. I was just talking to one of our patients this morning who was so in awe of my shaved head but immediately said 'people look at you funny eh, then they ignore you as they don't know what to say'. I said, 'yes, I experienced that already.'

"I'm really glad I have done this. I am ecstatic that Debs and I raised more \$5000 between us. Yes, it will grow back and when it does, I hope I never complain about a bad haircut again!"

Every year thousands of individuals, schools and businesses across the country whip out the clippers and shave their locks in a bid to help the six Kiwis a day diagnosed with a blood cancer or related condition. The event was held from 4–10 April this year and at 15 June had raised \$1,050,734 nationwide.



In pink - Charlotte Dawn Hair and Beauty Salon hairdressers Abbey Jackson and Charlotte Colhurst.

# New aquarium lifts the spirits of cancer patients

The waiting room at the Jim Carney Cancer Treatment Centre is now home to some beautiful resident fish in a new aquarium, thanks to the Northland Foundation.

In November last year, the centre completed the 15 Steps Challenge, a tool used to help staff and patients to work together to identify improvements that can enhance the patient experience. One of the recommendations from the Challenge was the need to make the waiting room more 'homely'.

"Walking through the door you are clearly entering a clinic,



Left to right: Kathy Wallace and Kathleen Selby, Cancer Society Yellow Shirts volunteers love the homely touch.

you can see how the clinic was supported, the different companies and many individuals that donated to make the centre possible," noted Dee Telfer, clinical nurse manager. "But it was felt that the waiting areas could be a bit more homely with things like plants or an aquarium, to take patients minds away from why they are here."

After discussing ideas with patients and their families, the Centre applied to the Northland Foundation to fund the hiring of an aquarium, which arrived in early May, beginning a wave of jokes from patients about how they could now bring their fishing rods in to help pass the time. "The new addition has really lifted their spirits," said Dee. "There are smiles all round, plenty of joking going on and a genuine appreciation for suggestions being heard and acted on."

Northland Foundation takes care of Northland DHB's charitable accounts and major fundraising. Through Health Fund PLUS, people can make donations and gifts to our Northland hospitals or services for the 'optional extras' that are so important to patients and their families.



To make a donation or find out more, contact: Ros Martin at PO Box 10011, Te Mai, Whangarei 0143 or [ros@northlandfoundation.org.nz](mailto:ros@northlandfoundation.org.nz)

## Mauri Ora Breast Screening clinic 10th birthday

Ten years ago on 21 June a dawn service was held to officially open our Mauri Ora Breast Screening clinic.

With screening and diagnostic breast services coming together Northland DHB had a new partnership with Waitemata DHB to deliver breast screening and offer a one stop shop for all women accessing breast services in Northland.

It was the first new building the DHB had built for many years and along with improved patient care the team that works there makes a significant difference to the well-being of women.

"The translation for Mauri Ora is 'Breath of life' – and that is what I hear in the community every day from women, providers and GP's", offers operations manager Barbara Miller.

"That woman come here and receive a service of excellence with respect and caring and one they are happy to entrust their women and patients to."

In 2006 when Northland DHB took over breast screening services in Northland the coverage was 47 percent and there was a large backlog of woman waiting to access. By 2008 the backlog was cleared and in 2010 Northland exceeded the 70 percent coverage for all women.

Working together has been a theme with joint clinical and administration decisions being made between the two DHBs and building relationships with communities and Māori Health organisations on how access for women could be improved.

"We have had our share of challenges but we have worked together for all women, men and their whānau to make the clinic a success."

"We will have plenty more challenges and initiatives for improvement going forward and I am confident we will meet these and find a way to keep improving and enjoy working together. On behalf of Northland DHB, thank you all," Barbara said.



Members of the breast team gather to celebrate 10th birthday.



# Putting wairua (spirituality) back into health conversations

Conversations about death and dying are often difficult – and can be even more so if the resources that are available are not suitable for your culture.

“We know through literature and research that the discussions around advance care planning (ACP) are different for Māori and non-Māori, Pacific peoples, migrants, everyone,” offered Northland DHB director of nursing and midwifery Margareth Broodkoon.

The national ACP co-operative asked Northland DHB to lead the work with Māori consumers and healthcare workers, to develop culturally appropriate resources which meet the aspirations of Māori patients and whānau.

As a result ‘He Waka Kakarauri’ – a model to engage Māori in conversations that are important for future health and end-of-life care needs was developed. “Based on a waka model, people are encouraged to have conversations about their health – when they are well and when they are sick, dying or have died – that are tika (right), pono (true) and aroha



Takawaenga Ned Peita of Te Poutokomanawa – Māori Health Service Directorate with Margareth Broodkoon and the one-metre waka which Ned carved and gifted to the ACP programme.

(shared with love), and are held at a time and in an environment that is culturally appropriate to Māori,” said Margareth.

As a result ‘He Waka Kakarauri’ – a model to engage Māori in conversations that are important for future health and end-of-life care needs – was developed. “Based on a waka model, people are encouraged to have conversations about their health – when they are well and when they are sick, dying or have died – that

are tika (right), pono (true) and aroha (shared with love), and are held at a time and in an environment that is culturally appropriate to Māori,” said Margareth.

The guide is self-explanatory for patients and their support people and as Northland DHB Kaumātua Te Ihi Tito notes “This is the first model that I have seen in a long time that places the wairua (spirituality) back into health conversations, and for this we are eternally grateful.”



# New surgical scholarship programme for Māori doctors

Northland DHB surgeon Dr Maxine Ronald is part of an initiative that will mentor Māori medical students and junior doctors, encouraging them to become surgeons.

Johnson & Johnson Medical has announced a collaboration with the Royal Australasian College of Surgeons (RACS) to launch the RACS Māori SET Trainee One Year Scholarship. An AUD \$20,000 scholarship to support Māori doctors in their pursuit of becoming surgeons will be available each year in New Zealand. RACS will identify and award scholarships to the best candidates through their existing processes.

Dr Ronald, who is also deputy chair of the College of Surgeons' Indigenous Health Committee, recently joined Northland DHB as she has iwi (Nga Puhi/Ngāti Wai) connections here and has always wanted to be a part of improving Māori health. Although

she had plenty of support studying medicine at Auckland University, the lack of Māori surgeons in hospitals was noticeable.

"Often Māori come from diverse backgrounds or decide to pursue medicine later in life, which make the demands of surgical training difficult," explains Dr Ronald. "So I hope some of the work we are doing, trying to mentor Māori medical students and junior doctors, may help them reconsider their choice."

Today there are fewer than 10 surgeons who are Fellows of the Royal Australasian College of Surgeons who self-identify as being of Māori descent, compared with the more than 800 surgeons currently practicing in New Zealand. Whangarei Hospital's surgical department is therefore very supportive of developing a Māori health programme.

For more information about the



Dr Maxine Ronald (Photo credit - John Stone).

RACS Maori SET Trainee One Year Scholarship please visit the Royal Australasian College of Surgeons website.

## Inspiring wellbeing through partnership

Lucy Treadwell, Manaia Health PHO Youth Mental Health clinician, has been working in partnership with Te Ora Hou and Mike Tupaea delivering a successful project for young fathers. The success of using art as a medium for therapy is continuing with the 'He Tangata He Tangata' project during 2016.

'He Tangata He Tangata' aims to showcase Māori art in multiple mediums including music, painting, word, and dance to portray a story of mental wellness, while providing an interactive opportunity for Māori youth. Mike Tupaea and Charles Williams, both internationally known Māori Artists, are working together with a focus on mental wellbeing and resilience.

The aim of the 'He Tangata He Tangata' project is to provide three distinct and interwoven opportunities for Māori, to gain an understanding of mental wellness through a cultural lens. '@ The Wall' featured here is just one of the opportunities over the week and received some lovely feedback from one young visitor - "thank-you for giving my community this gift."



Mike Tupaea (left) and Charles Williams (right) with @ The Wall, a striking textured tui design created in collaboration with eight young people at the Otaika shops in Whangarei.



# Don't sit on your symptoms

By Maureen Morris - Colorectal Clinical Nurse Specialist

The primary focus of my role is to provide specialist care and coordination of care to those people with colorectal symptoms, colorectal cancer and other bowel conditions across the healthcare setting. As a member of the colorectal team of expert clinicians, I traverse services from inpatient areas to endoscopy, surgical outpatients, medical oncology and radiation oncology as well as the primary healthcare environment.

New Zealand has one of the highest death rates from bowel cancer in the developed world. The latest Ministry of Health figures show that in 2009, it was the second most common cancer in both men and women, the second highest cause of cancer death for men (after lung cancer) and the third highest for women (after lung and breast). Bowel cancer is also the second most common cause of death from cancer for Māori. This article therefore focuses on the colorectal (bowel) cancer part of my role.

## The journey to treatment and beyond

The journey for people with bowel cancer is often stressful and worrying, leading to feelings of fear and anxiety. This may be increased by undergoing various investigations, waiting for a diagnosis, waiting for treatment or by concern around the effectiveness of the surgery or treatment.

In my role as colorectal clinical nurse specialist, I ensure I am available at the time the patient is informed of the diagnosis of bowel cancer so I can offer support, guidance and ongoing communication throughout the pathway of care and beyond. This support is invaluable in helping patients and families feel in control, leading to a greater understanding and participation in treatment plans.

The treatment service offered to Northlanders with bowel cancer is grounded in the Ministry of Health document 'Standards of Service Provision for Bowel Cancer Patients in New Zealand'. This 2013 document describes the care and services a

person with colorectal cancer should have access to, no matter where they live in New Zealand. The aim is to improve consistency of care across all DHBs and, in particular, to improve outcomes for those living away from the main centres.

Two standards, 'timely access to services' and 'care coordination', remain key considerations for Northlanders. To address this, we recognise that it is important for patients to be given timeframes, so that they know how quickly they are going to receive surgery/treatment, and that they are managed through the complex pathway by always experiencing well-coordinated service delivery.

## How can we reduce the incidence in Northland? You can help! What symptoms are you sitting on?

Bowel Cancer New Zealand, a national charity for people and their families/whānau affected by bowel cancer, suggests:

'We need New Zealanders to become familiar with the symptoms of bowel cancer, and unembarrassed about seeking medical attention when any or all of these symptoms present:

- Bleeding from the bottom (rectal bleeding) without any obvious reason. Or if you have other symptoms such as straining, soreness, lumps and itchiness;
- A persistent change in bowel habit, going to the toilet more often or experiencing looser stools for several weeks;
- Abdominal pain, especially if severe;
- Any lumps or mass in your tummy;
- Weight loss and tiredness (a symptom of anaemia).

Educating and providing information is part of my job, so please contact me if I can help in any way:

021 873 717 or [Maureen.Morris@northlanddhb.org.nz](mailto:Maureen.Morris@northlanddhb.org.nz).



Colorectal team (left to right) Mr Mark Sanders, Maureen Morris, Mr John Lengyel and Mr Chris Harmston.

# Preventing Rheumatic Fever

Following these tips will keep your home warmer, drier and healthier.



## TIP:

**Open your curtains during the day and close them at night.**

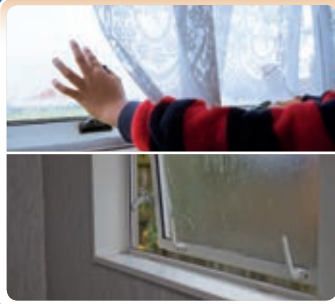
Your windows let heat in during the day. Closing curtains before sunset keeps the heat in, and the cold out, at night.



## TIP:

**Stop cold air getting into your home by stopping draughts around doors, windows and fireplaces.**

Stopping cold air coming in makes it easier to heat your home and helps reduce the cost of heating.



## TIP:

**Open your windows (ventilate) for at least a few minutes each day.**

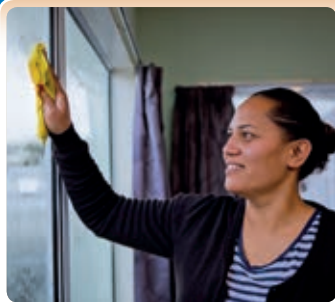
Fresh air helps to keep your home dry, makes it easier to heat your home, and helps reduce the cost of heating.



## TIP:

**Open windows (ventilate) in the kitchen when you cook, and in the bathroom when you shower or take a bath, to let steam out.**

Doing this helps to keep your home dry, which makes your home easier to heat and reduces the cost of heating.



## TIP:

**Wipe off any water that has collected (condensation) on walls and on the inside of windows.**

Doing this helps to keep your home dry, which makes your home easier to heat and reduces the cost of heating.



## TIP:

**Dry your washing outside or in the garage or carport.**

It keeps the dampness from your washing (which can build up condensation) outside of your home.



## TIP:

**Use bleach or white vinegar to remove mould from ceilings and walls.**

Mould grows in damp and wet places and it can affect your family's health.



## TIP:

**Create as much space as possible between the heads of sleeping children.**

Kids cough and sneeze when they are asleep, and this is how germs such as strep throat can spread between sleeping children.

## Sore throats matter

if your child has a sore throat see a doctor or a nurse  
He korokoro ora he manawa ora Mo tatou katoa

