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NORTHLAND DISTRICT HEALTH BOARD STAFF MAGAZINE



From Rural To Raro – Winter In Paradise For Kaitaia Doctor

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From the Chief Executive



As our Northland Health Services Plan approaches the last year of its five year cycle, I've been reflecting recently on what really matters to us. By us, I mean Northland DHB and the health sector, indeed the whole of Northland. We need to be asking not only our patients but also ourselves 'What matters?'

rather than 'What's the matter?'

Unfortunately – or fortunately – many things matter. There isn't necessarily one single thing which can be our main priority. This is why the Northland Health Services Plan uses the Triple Aim policy. It's about focusing on population health needs and equity while also improving the safety and quality of our care while ensuring we consider and deliver value in everything we do.

It matters that all our patients are satisfied with the care we provide. As I've said before, I'm receiving some great compliments about our services, and on many metrics, we seem to be providing care which delights or at least satisfies the vast majority of our patients. That is a huge credit to all of you.

I visited the Maternity Unit recently and someone made the comment that the whole organisation is a much safer place for patients than it was a few years ago. We have come a long way in the last six years with our Certification audits and our most recent audit had about 10 percent of the corrective actions that our 2010 audit did. This has been due to a lot of hard work from many of our staff with a much greater focus on safety and quality rather than simply balancing the budget. It matters that we keep getting better and can measure that.

It matters that there are huge inequities in health and that our Maori patients (throughout NZ, but particularly in Northland) have a much shorter life expectancy and significantly poorer outcomes for a number of health conditions.

It matters when our children and youth aren't doing well.

It matters that after three good years, we are again seeing an outbreak of youth suicide in the Kaitia region with six suicides in a three month period. Again, we see the same problems of lack of resilience brought about by poverty, unemployment, family violence, sexual abuse, alcohol and drug abuse in the family, bullying, truancy, and a loss of hope and feeling loved. It matters that our children and youth in Northland have to live these lives and don't do as well or have the same opportunities as youth in many other places. It matters that one of our Northland towns has been dubbed the 'murder capital' by the media.

In fact, what really matters is that we focus on what matters and what we can do about it. Some of the things I've mentioned above may seem like things we can't do much about, but actually we as the Northland Health Sector can.

The concept of 'social investment' means if we invest in targeted health (improving access to youth services or mental health services etc.) and other social services (healthy housing, reducing family violence, funded apprenticeships, scholarships etc.), then this will not only improve physical and mental health, but will also reverse some of the social determinants of health such as unemployment, benefit dependency, truancy, criminal offending, poor housing and educational underachievement. The investment is that if we spend something up front, we will see a reduction in downstream costs.

So, one of our roles as the largest business, funder and employer in Northland is to be heavily involved in this activity. The government is funding a new organisation in Northland called Kainga Ora which involves leadership from iwi and all of the social agencies including Northland DHB. It will initially focus on three 'places' - Otangarei, Kaikohe and Kaitia but will eventually co-ordinate and commission services across Northland for up to 6000 at-risk children and youth between 0-25 years. Data shared between agencies as well as information from communities will inform and drive these social investments.

It doesn't have to be the way it's always been. Kainga Ora is an opportunity to do things differently, but there are many others. Your interactions with your patients every day makes a huge difference. Some of you may want to do more, and give either time or money to help with some of these local challenges. I can't think of a better charity at the moment than the I Have a Dream trust which is one of our two charities that you can contribute to by Payroll Giving through our internet site or by volunteering.

I Have a Dream are working in the primary schools in Otangarei, Tikipunga and Totara Grove as well as Tikipunga High School starting from Year 1 and will be following every child through to Year 13 providing them all (eventually over 1500) with a volunteer mentor or dreamer which will allow all of the children in these communities to become 'dreamers,' live their dreams and create their own futures. The results of the pilot in Mt Roskill with 55 children were stunning, and we are incredibly fortunate that the Trust and the extremely talented team have decided to roll this out in Whangarei. I know how caring you all are in your jobs and you are already giving a huge amount, but it is a great opportunity to help change these children's lives. Some would say it's 'paying it forward' but all those who have been involved say that they get out of it so much more than they put in!!!

Kind regards,

Nick

From Rural To Raro

Winter In Paradise For Kaitia Doctor



Left to Right - Dahlia (6yo), Waimarie (4yo), Toni (holding baby Emma 5 weeks old), Joel (holding Kahukura 2yo) and Nikora (9yo).

Rural doctors sometimes have pretty remote callouts, but travelling 3,000 kilometres to the Cook Islands is something else. Dr Joel Pirini, Rural Hospital Medicine (RHM) registrar and Medical Officer at Kaitia Hospital, is almost three months into a six-month placement at Rarotonga Hospital.

This follows the July signing of a memorandum of understanding between the RNZCGP and Cook Islands' Ministry of Health, meaning the University of Otago's postgraduate rural programme will help establish training opportunities for doctors from both the Cook Islands and New Zealand. Placements enable New Zealand registrars to gain exposure to a wide range of clinical practices as well as experiencing a different culture and health system.

Joel is the first Northland doctor to take up a six month stint on the new registrar training post established at Rarotonga Hospital programme in the country's capital, Avarua. The placement enables New Zealand registrars to gain exposure to a wide range of clinical practices as well as experiencing a different culture and health system.

Joel said his placement involves a two-month attachment in general surgery, two months in obstetrics and gynaecology and two months in the paediatrics and outpatient department, which Joel describes as "like a mixture of ED and GP".

Joel said the Cook Islands stint contributes to achieving his fellowship in Rural Hospital Medicine, which requires him working in at least two approved rural training sites. The opportunity to go to the Cooks had been envisioned a few years ago by Rawene Hospital RHM Specialist Dr Kati Blattner. Through the combined efforts of the RNZCGP, Division of RHM, University of Otago and the Cook Islands Ministry of Health the run is now accredited for Rural Trainees.

The programme also gives Cook Islands Medical Officers the opportunity to further their postgraduate careers by completing the Cook Islands Fellowship in General Practice. This involves a one-year attachment in two General Practice sites in New Zealand, participating in the GP year 1 training programme and completing postgrad papers. Dr Mareta Jacob is the first Cook Islands doctor to come to New Zealand. She has already spent six months at Rawene Hospital and is currently in Wellsford completing her second six-month attachment.

Joel said he has observed a 'tidal wave' of non-communicable diseases in the Cook Islands attributable to a 'Western lifestyle' – a problem shared with NZ, although a major difference is that Rarotonga has a small, relatively captive, population and fewer layers between clinicians and the Ministry of Health. Joel sees these as strengths to be exploited to combat non-communicable diseases.

Joel said that being in a part of the world which is so remote has made him aware of the importance of coordinating care with larger medical facilities, particularly when patients must be flown to New Zealand.

Joel's ultimate goal is to complete his fellowship in rural hospital medicine and general practice. Luckily instead of losing Joel to the tropical paradise we will soon have him back in our subtropical one. Now that he is experienced with one-to-one treatment, Joel hopes to move into bigger-picture community health improvement on his return. Joel cited Northland's achievement in nearly eliminating rheumatic fever this year as an example of community health success.

Joel's wife Toni and five children are stationed in Rarotonga with him. The family were excited to welcome their first Cook Island baby, Emma, in early July. "We are missing home, but it's great we've had a chance to check out something different – especially when we've heard how cold it is back at home! The other day on the local radio the announcer said 'It's a chilly 24 degrees in Raro' and I cracked up laughing. Locals here are wearing beanies and scarves while I'm walking around in a shorts and a singlet."

Sir Jerry Mateparae

Agrees To Remain Bronchiectasis Patron

In July, Camron Muriwai and his wife Ana Sadlier (representing the Bronchiectasis Foundation) attended the Vice-Regal Patronage reception at the invitation of former Governor-General Lt Gen The Rt Hon Sir Jerry Mateparae. The Bronchiectasis Foundation was one of many organisations selected to attend an evening of farewell speeches and acknowledgment of the contribution community groups make to New Zealand.

Sir Jerry Mateparae has been the patron of the Bronchiectasis Foundation since April 2015 after accepting a request from founder Esther-Jordan Muriwai, daughter of Camron and Ana. At the launch of the Foundation last year in Whangarei, Sir Jerry spoke about first meeting Esther-Jordan at the Asthma Achievers Awards at Government House in 2014.

"It was there that she asked me if I would become the Patron of her Foundation, and I am delighted I could eventually say yes to her request. 'Request' might not be the right word – I got the strong impression that saying 'no' to Esther wasn't an option. She may have been frail physically but her

inner strength and determination were patently obvious," he said.

Guests at the Vice-Regal Reception on July 14 were given some private

"To our great surprise he said yes and has agreed to remain Patron of the Bronchiectasis Foundation for a further seven years."

- Camron Muriwai.

time with Sir Jerry, and Camron and Ana took the opportunity to provide him with an update on the Foundation's developments. "We shared the launch of the new website which is the platform we are using to support those that live with and care for people with bronchiectasis, along with raising awareness of and conducting research into the rare disease."

During the meeting Sir Jerry offered the couple the opportunity to apply to the incoming Governor-General for patronage of the Foundation.

"We decided to ask Sir Jerry if he would consider continuing as Patron," Camron explains. "To our great surprise he said yes and has agreed to remain Patron of the Bronchiectasis Foundation for a further seven years."

The launch of the Bronchiectasis Foundation was on what would have been Esther-Jordan's birthday, and a poignant milestone in her remarkable legacy. The Foundation was so much her work that she even wrote its constitution deed, which she saw as a labour of love. It stands as an example of her courage and determination.

At the launch, Sir Jerry said, "Esther-Jordan's example reminded me of the words of author Leo Rosten who said: 'The purpose of life is not to be happy – but to matter, to be productive, to be useful, to have it make some difference that you have lived at all'. Esther mattered and her legacy, the Bronchiectasis Foundation, will continue to make a difference in the lives of others."

(The new Governor-General, Dame Patsy Reddy, was sworn in at Parliament on Wednesday 28 September.)



Camron (second left) and Ana (second right) with The Rt Hon Sir Jerry Mateparae (third right).

Two Approaches To Improving the Health of Māori



Sir Mason Durie Stimulates Discussion

Professor Sir Mason Durie hosted a game-changing hui in July to stimulate strategic discussion on what could be done differently in Te Tai Tokerau to improve the health of Māori. Members of the Māori Health Gains Council, iwi leaders, Māori health providers, Tai Tokerau Strategic Maori Health Alliance, Northland DHB board and executive leaders came together to consider what an indigenous health service in Te Tai Tokerau could be like. Northland DHB chief executive Dr Nick Chamberlain and board chair Anthony Norman introduced Sir Mason together and said Northland DHB “might consider alternate governance-partnership relationships, our health leadership structure and the way we fund and deliver healthcare”.

Sir Mason acknowledged past efforts which have seen some improvement in Māori health. “Back in 1984, the Whakaoranga Māori Health Planning Hui was discussing similar challenges that we are addressing today. Recommendations from this hui identified that health services for Māori should reflect Māori values, perspectives and priorities.

Partnership between Māori, Hospital Boards and Government and the establishment of marae clinics and community health programmes shaped by local priorities were seen as key to improving health for Māori. Fast forward to 2016 and I believe while the same principles still apply we need to build on progress and shift the emphasis to pae ora, a health horizon.”

Pae ora encourages collaboration between everyone in the health and disability sector and has three interconnected elements – mauri ora (healthy individuals), whānau ora (healthy families) and wai ora (healthy environments.)

Sir Mason presented four different possible scenarios for future collaborative arrangements for Māori health gain in Te Tai Tokerau. Hui participants reviewed and commented on these and offered other options. While a range of collaborative groups are already in action, it was suggested that a working party including people who attended the hui be established to agree on five common principles for Māori health: collective impact; inclusivity; a shared vision; a common agenda; and high trust and mutual regard to achieve the best outcomes for Māori.

The hui was a great opportunity for our new General Manager of Māori Health Harold Wereta to meet the key leaders of Māori health in Northland and begin a conversation about a new strategic direction for Māori health. Harold will be leading the work that follows on from the hui.

Effective Engagement Game-Changer

Meanwhile, Dr Nick Chamberlain and Harold Wereta have kicked off an 18-month Northland DHB-wide programme entitled ‘Engaging Effectively with Māori’. “We are going to transition our services so they work for Māori, build relationships with Māori to improve their care, and spend time with our people to understand their needs,” Nick said.

‘Engaging Effectively with Māori’ has been developed by Hone Hurihanganui, director of Hearts and Minds Limited. The programme promotes a relationship-centred care approach with Māori and their whānau. It facilitates a professional conversation designed to provide participants with knowledge and skills enabling effective engagement with Māori that will support the reduction of inequities.



Harold Wereta (left), Hone Hurihanganui (centre) with Dr Nick Chamberlain (right).

Proactive Campaign

Raises Anaesthesia Awareness



Whangarei Hospital Anaesthetic team - Left to right, back row – Kevin Roberts, Radek Stetina, Daniel Cochrane, Michelle Gatter, Dominik Benning
Front row – Richard Harding, Lucy Stone, Faustina De Veer, Fiona Aiken, Falko Hexel

A key focus in August and September has been to create news stories to raise awareness of National Anaesthesia Day, being held this year on October 17.

National Anaesthesia Day was established by ANZCA (the Australian and NZ College of Anaesthetists) in 2013 after a survey revealed poor public understanding of what anaesthetists do and suggested many people did not even know that anaesthetists are doctors. National Anaesthesia Day aims to raise public awareness about the role anaesthetists play in patients' well-being and the ways anaesthetists can help patients before, during and after their procedures.

The 2013 ANZCA survey – (the results of which can be read at www.ANZCA.edu.au) – discovered misconceptions including 50 percent of people saying they feel uninformed about anaesthesia, three in 10 people saying they would have concerns about undergoing anaesthesia/sedation, and four in 10 people saying they believe anaesthesia/sedation is a moderate to high-risk procedure.

In response to this, Whangarei Hospital Consultant Anaesthetist Lucy Stone has worked with Communications to profile patients who have benefited from regional anaesthesia. These stories are being released to local Northland media in time for National Anaesthesia Day.

Many patients don't realise there are some significant benefits to regional anaesthesia, including:

- Good pain control
- Faster recovery
- Fewer side effects
- Less stress on the body.

Patients profiled included Lionel 'Barry' Moor of Kaikohe, who had an epidural anaesthetic on Monday

15 August. He said the epidural resulted in zero pain after almost eight hours of surgery for a burst gall bladder. "This is the first time I've had an epidural and I swear by it now," Barry says in the news story in which he features.

Another patient profiled was Robert Danks of Mangawhai. Robert benefited from an axillary block anaesthetic in his arm so controlled that it allowed surgeons to operate on him while he was wide awake. They cut into his tendons and fixed a cord of skin which was bending Robert's fingers, and took a thick skin graft from his arm and applied it to his hand.

"The anaesthesia was pretty painless," Robert said; "I didn't feel a thing." The anaesthetic allowed Robert's hospital experience to be so quick and decisive that he was released within hours, and his hand regained sensation the following morning. "I went in for the operation at 3pm and I was out by 5 or 6pm," he said. "I wasn't drowsy at all afterwards."

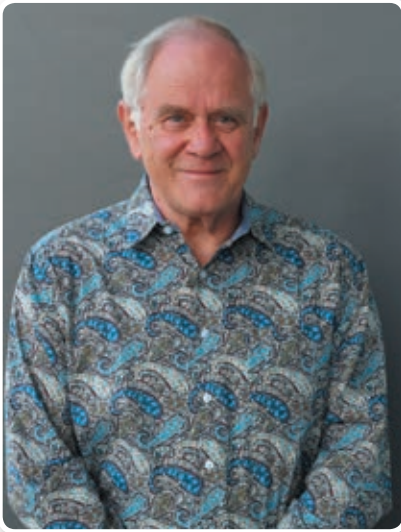
As with every procedure doctors perform, anaesthesia comes with risks and benefits. Anaesthetists are trained to assess patients, and make an individualised plan for every patient in their care, weighing up these risks and benefits. Epidurals like the one which Barry Moor had will not be recommended for every case, but when they are they can provide excellent pain relief.



Lionel 'Barry' Moor

Anaesthesia Has Changed

Dr Fred Muller's 30 years of insight



Dr Fred Muller, who has been preparing to retire in November, talked about what he's experienced after 30 years as an anaesthetist at Whangarei Hospital.

Dr Fred Muller qualified as an anaesthetist in Bloemfontein, South Africa, and entered private practice in Durban in 1979. He first became interested in New Zealand after meeting a GP from Natal who had had a great experience working in Whanganui and, in a roundabout way, made contact with Dr John Swinney, who was head anaesthetist at the time.

"I got into a catch 22 at first – the hospital said we'll give you a job if you get residency – but the government said we'll give you residency if you get a job!" Fred says.

At the time, NZ and South Africa both offered world-class medical facilities – but the clincher was that moving to NZ coincided with the opportunity for Fred to see Bob Dylan performing at Mt Smart Stadium.

"I came out in February 1986 and John showed me around the hospital. I looked at prices for houses and school.

"My wife wanted me to pick Auckland [to settle in] because our four year old son turned out to be deaf and she thought there would be more support here. But Whangarei was more rural with fewer traffic hassles,

and to rent in West End Avenue was just a nominal rate.

"So in a way, Bob Dylan had an effect on where we ended up living – and I did see Bob Dylan at Mt Smart."

Fred said NZ hospital standards have always followed or been on par with Australia and Britain, and fresh interns from countries such as India always bring new ideas.

In the 1980s – when 'putting people to sleep' was the prevailing conception of what anaesthesia could and should do – the barbiturate Sodium Thiopentone (Pentothal) was most often used. "It would make people groggy and sick for hours afterwards," Fred says. "We now have the general anaesthetic propofol (Diprivan) which is a big improvement in that patients awake clear-headed and are much less likely to be nauseous."

Another major development was the arrival of the laryngeal mask airway (LMA) meaning direct vision wasn't necessarily needed to secure the patient's airway. "LMAs became common practice in the 1990s. Propofol and LMA became used together [because] you couldn't easily use the LMA with Thiopentone." The downside has, however, been a reduction in our skill with endotracheal intubation which, in turn, has led to the arrival of more 'toys' in the form of video laryngoscopes, Fred says.

Anaesthetists are increasingly performing ultrasound-assisted procedures. "With these devices we can directly observe the needle tip in relation to muscles, nerves and blood vessels and can observe the anaesthetic injection, verifying its correct placement," Fred says.

"You would almost be bordering on negligence if you didn't use ultrasound these days."

Epidurals (the injection of anaesthetic superficial to the dura membrane enveloping nerve roots) are another aspect Fred has seen change.

"When I was training, the default

approach for a Caesarean section would be a general anaesthetic; now it's more common to do an epidural or spinal anaesthetic. I have found that most mothers prefer to be awake and bond early on with their newborn."

Fred has dealt with an average of six to 10 patients per day over the years. The role of the anaesthetist has undergone changes, Fred says. "Initially our contact time with patients was more limited. Nowadays we are seen as peri-operative physicians establishing, for example, nurse-led Pre-operative Assessment Clinics. They guide patients to complete a questionnaire and can channel more complex cases to ourselves at the daily specialist-led clinic at which we establish a rapport with patients and their whānau and can initiate referrals to other specialties such as cardiology and haematology. Patients most commonly are admitted on the day of surgery whereas the previous practice was to have to come into hospital the day before.

"The peri-operative journey is now more user-friendly and we endeavour to minimise cancellations on the day of surgery. Patients are required to give informed consent to procedures and anaesthesia and this process facilitates that.

"Another innovation has been the Pain Team. We document the anaesthetic and procedure and initiate post-operative pain management. The daily pain round enables the regimen to be reviewed and, if warranted, tweaked to optimise patients' comfort, recovery and mobilisation."

The skills required in the Post-Anaesthetic Care Unit (PACU) have also changed significantly and our PACU team diligently manage patients' awakening, airways, local anaesthetic infusions, blood pressures and pain scores. "In the past the recovery room was little more than somewhere for patients to 'sleep it off,'" Fred says.

He Matariki School for Teen Parents

Supporting fabulous young women



Muriel Willem (right) with students

He Matariki School for Teen Parents is calling for more students to enrol, take advantage of wraparound support services and join its successful culture.

There are 23 schools around the country which have a teen parent wing, but He Matariki, which is part of Mangakahia Area School, is the only one which isn't on site at a school campus. Currently He Matariki is next door to The Pulse campus, beside NorthTec in Raumanga. Metres away from He Matariki is He Kakano daycare centre so mums are never far from their babies and they can pop down to breastfeed whenever necessary.

Careers Counsellor and Transition Coordinator Muriel Willem said He Matariki began 12 years ago as a coffee group run by Te Ora Hou which saw the need for a facility for teen mums. Before the school was purpose-built by Ministry of Education four years ago, it was briefly attached to several Whangarei high schools.

With around 10 staff including teachers, He Matariki has an extremely favourable student-to-teacher ratio. The school is licensed for 35 students, although the roll is often around 20 students.

"Mums go on maternity leave after they give birth but after three months they're often desperate to come back and study among their peers," Muriel said.

At He Matariki, each student is on an individual learning plan and teachers try to deliver unit or achievement standards. There is an emphasis on gaining a restricted driver licence so mums can drive their babies around safely and legally. Career planning is also particularly emphasised. "Our girls have gone onto Auckland Uni, Victoria University in Wellington, and almost all go into employment or further studies," Muriel said. "One of our former students, at BP Maunu making coffee, has held her job for four years."

"Another is in management at the

swimming pool, and Jodie Shaw who is the face of the school has become a qualified nurse. We've one student studying nursing now, one completing a Bachelor of Teaching (Primary), a student tutoring at People Potential and another who now works for Work & Income and occasionally refers young mums to us. Very few students we know of come out and do nothing."

Wraparound Support Services

Sharon Davis of Te Ora Hou said her organisation partners with Northland DHB to provide childbirth classes, teen parent network meetings are put on once a fortnight, there are groups for teen fathers and Te Ora

Hou provides social workers and has set up a residential house for young women.

Northland DHB Public Health Nurse Phillipa Butturini does a holistic health assessment of each student, works in partnership with the student and links them into Te Ora Hou wraparound services. Phillipa's aim is for the young women to become confident and independent in accessing healthcare for themselves and their babies. The wraparound support may include Northland DHB midwives assisting with childbirth classes, lactation consultants, as well as referring students to a variety of appropriate providers and ensuring all students and their babies have a GP. "We work closely alongside Manaia Health PHO and Octane Youth Health," Phillipa said. "I know all the girls by name and I build a trusting relationship with them. These are fabulous young women and I enjoy supporting them along this part of their journey."

Breast Screening Champions

Reunite at the Movies



A group of inspirational Northland women are no longer surprised when their whānau come running up to them excitedly shouting “Aunty, they’re talking about you on the radio!” Northland’s Breast Screening Champions gathered at the end of July to reflect on their contribution to the newly developed breast screening communications campaign.

Northland DHB has consistently achieved its breast screening target and up until the new census data was received, consistently exceeded the national target annually for Māori (73 percent) and non-Māori women (74.6 percent).

The 2013 Census captured an additional 2,000 people (500 Māori) who had previously not been counted. Within that number were women Northland DHB needed to reach to offer the breast screening service. A communications strategy led by Kelly Scott-Ritchie and Liz Inch was developed as one initiative to achieve this goal. The strategy included radio commercials voiced by the women, video clips and billboards.

The women who were the faces of the strategy celebrated the campaign by watching their video interviews on the big screen at Kerikeri’s Cathay Cinema in July. Their stories helped raise awareness of Northland and Waitemata DHB’s Mauri Ora Breast Clinic and mobile services, which contributed to an increased uptake of breast cancer screening services.

Breast screening service operations manager Barbara Miller thanked the women for their inspiring example. “Your stories are a gift and have helped us create awareness of breast screening, hope of survival and empowering us as women to take ownership of our health,” Barbara said.

Breast screening champion Raewyn Taaffe said seeing billboards around town reminded her about her own breast screening appointments. Mahinaarangi Reihana said her bus driver tends to do a double-take when seeing her on a passing billboard. “It has been exciting and empowering,” Mahinaarangi said. “I did a presentation [about breast cancer screening] at the marae with my sisters and brother and it was well received.”

The video clips were also broadcast in the cinema before the showing of the Kiwi film Mahana. “In The Warehouse one lady followed me around the shelves and then came

up and said ‘Have I seen you at the movies?’ It gives me an opportunity to say to total strangers, Go and get your breast screening,” said Mahinaarangi. “The movies have been a great time to screen the interviews because so many mums and their kids go to the movies in the holidays.”

The strategy focused on Māori and Pacific Island women, encouraging them to not put their screening off. May Seager, breast screening champion and manager of the Northland Pacific Islands Charitable Trust, said the campaign has helped Pasifika women work through fear and anxiety around medical appointments. “For a lot of Pasifika women [breast screening] is something they are a little bit afraid of. But we can be proactive – don’t be shy.”

The Mauri Ora Breast Clinic service is based in Whangarei and the breast screening mobile service visits 13 remote and rural towns across Northland. A key aspect of the campaign has been to work with breast screen champions from these local areas so that locals interpret the messages as important for them.

Hokianga breast screening champion Dawn Harris said hearing her voice in radio campaigns resulted in several women coming to see her, then booking their screenings.

Pane Matthews said her Hokianga billboards seemed very effective. “We were at the garage at Rawene filling up and my six-year-old mokopuna spotted my poster in the window and called out ‘Nanny, there’s you.’ It was – and I was wearing the same clothes as on the billboard!”

Moana Poutai from Whakapara said her daughter Jeannie was thrilled to see her in a campaign on Facebook and “raced off to find the billboard.”

“I was encouraged by mum and it’ll help my girls, too,” Jeannie says in the campaign’s YouTube interviews. Moana said women who don’t know her have been approaching her outside coffee shops. “They say ‘We know you’ and there’s been awesome feedback from our tribe, Ngāti Hau. There’s a lot of good feedback when you see yourself on a big screen.”

“I have had lots of people approach me,” said Melva Davis-Mahoney, a breast cancer survivor from Kaitia. “They have told me how they saw me at the movies and ‘Boom, you were there and your story was so realistic.’”

Northland DHB is again increasing its breast screening rates by achieving 69 percent of the Māori population for the two-year period to 30 June 2016.

Breast screening is free for eligible women 45–69 years. To make an appointment call 0800 270 200.

Northland’s Mauri Ora Breast Clinic is located beside Whangarei Hospital at the corner of Maunu Road & West End Avenue and can be reached on 09 470 0096.

The Breast Screening Champions’ videos can be viewed at <http://northlanddhb.org.nz/Communications/NorthlandDHBVideoResources/BreastScreening.aspx>

Diabetes Support Group

Relief For Parents

Northland DHB's first evening for parents to meet other parents of children with Type 1 diabetes was held on Friday 2 September at St John Ambulance Headquarters in Kensington, Whangarei.

Clinical Nurse Specialist Diabetes Oringa Barach organised the two-hour evening, which included Sport Northland entertainment for diabetic children along with a presentation of insulin pump options. Around 20 couples and 30 children attended. Oringa said the evening resulted in plenty of networking between parents, as well as a plan for a newsletter for families experiencing Type 1 diabetes.

The evening was a relief for parents who shared the emotional effect of caring for their children. Many parents had only had their child



diagnosed with Type 1 diabetes this year. Some described the diagnosis as 'scary' and an 'emotional journey'; many reported feeling alone, worrying about their children constantly and said that the diabetic lifestyle makes their kids feel left out of activities and frustrated at having

to carry their insulin kit everywhere.

For information about the diabetes support group for parents, please contact:

oringa.barach@northlanddhb.org.nz
or phone 09 430 4101 ext 8679.

Gale's Group Gather Raincoats For Children's Ward



Gale Matheson of Kaiwaka has once again rallied to supply clothing for children under care at Whangarei Hospital's Children's Ward. This time around Gale organised much-needed raincoats, kindly given by Kaiwaka Clothing. Gale said Kaiwaka Clothing were happy to help out and also laser-cut calico dolls for the children.

Hospital Play Specialist Karen Parker said Gale regularly organises donations both from her own knitting group and via Mangawhai's CauseWay Church. Gale's angels sourced 300 pairs of pyjamas for the Children's Ward earlier this year, a feat they performed in 2015 as well.

"We really want to send our sincere gratitude to both Kaiwaka Clothing and the CauseWay Church which continues to support Ward 2 and the children of Northland," Karen said. "They're always bringing in lots of woollies, singlets and hand-knitted toys."

The wonderful knitting group are behind many other donations of toys, blankets and clothing which help keep the kids positive. Gale said the giving is a win-win situation, as the 25 or so women in the Kaiwaka Whangarei Hospital knitting group don't usually have anyone else to knit for, and enjoy keeping their hands busy. The knitting group is separate from CauseWay Church, which also regularly donates.

Playing With Pokémon Helps Jethro Through Plasma Infusions

Shannon Gantley brings her 6-year-old son Jethro Morrow from their home in Mangawhai to Whangarei Hospital's Children's Ward every Thursday. While the caring nurses and play specialists keep Jethro entertained, he receives an infusion of plasma to keep him alive.

Jethro requires plasma infusions for atypical haemolytic uraemic syndrome (aHUS). This genetic, chronic, ultra-rare disease can progressively damage vital organs, potentially leading to stroke, heart attack, kidney failure, and premature death. Shannon says the infusion alone takes around 4.5 hours. Including set-up, it's a whole-day event – hence the importance of play specialists.

"Jethro's got an amazing relationship with the play specialists here, in particular Rose Wood and Karen Parker," Shannon says. "They know him well and know his likes and dislikes. They are amazing in catering for his entertainment – toys, iPads, movies and Play-Doh. He actually looks forward to coming here." Jethro's current obsession is Pokémon Go and he has managed to catch quite a few Pokémon in the Children's Ward's Adolescent Room.

When Jethro was eight months old, Shannon rushed him to Starship Hospital as his kidneys were failing from what was then an undiagnosed condition. He has been having the infusions ever since. At the time, Jethro appeared to be the only child in New Zealand with aHUS.

It takes an astonishing 28 donors to give Jethro what he needs each week – that's two bags of plasma per infusion, with each bag containing plasma from 14 donors. The infusions bring into his blood the missing Factor H protein, which is deposited by the fresh plasma platelets.

Shannon says the plasma infusions have kept Jethro's health mostly stable for five years. Unfortunately

Jethro's story doesn't end with the infusions. "He won't respond to plasma infusions for ever," Shannon explains. "Once he stops responding, the only drug that will keep his illness under control is Soliris (eculizumab) which costs \$500,000 a year."

Those wishing to donate can go to Jethro's Facebook page <https://www.facebook.com/supportforjethromorrow/>.

Meanwhile, Shannon and Jethro are dependent on the weekly 14–28 donors generously giving their

plasma to better Jethro's life. "Only one in eight people qualify to donate plasma," Shannon says. NZ Blood Service requires 3,000 donations each and every week to meet hospital needs. Currently only four percent of New Zealanders roll up their sleeves and donate blood products regularly.



Nurse Irene Dunn helps Jethro find Pokémon - mum looking on,

A Day in the Life of the Emergency Clinical Nurse Specialists



Chris Thomas, Kath Erai, Sue Stebbeings

There are two Clinical Nurse Specialist (CNS) roles in Whangarei Emergency Department (ED).

Despite strong collaboration between these roles, each has a different primary focus. One role focuses on implementation of the nursing quality framework and quality initiatives, and provides clinical leadership and mentoring of nursing staff in liaison with the Clinical Nurse Educator. The other role focuses on clinical case management in collaboration with the shift Senior Medical Officer to decrease waiting times for minor injury and lower acuity presentations.

Kath Erai said the CNS plays an important clinical leadership role in assuring the delivery of high-quality health services within the ED in collaboration with the MDT. "Chris Thomas and I share the role responsibilities, which integrates well with my other role as Clinical Nurse Educator," Kath said. Aspects of this CNS role that support patient-focused care and facilitate inter-service collaboration include:

- mentoring and coaching, clinical skill development, scenario and simulation teaching
- clinical support when ED resources are overloaded or with complex high acuity presentations
- auditing and monitoring Ministry of Health quality targets and screening requirements
- collaboration with ED team and other services to resolve issues/concerns/processes and assist with quality improvements, e.g. introduction and support of AIRVO oxygen delivery in children.

The CNS provides consultation, support and education for nursing staff, and actively participates in the development of protocols/policies and guidelines. "The day and life of a CNS in ED is never the same and ED is an unpredictable environment that brings many challenges to our role."

Low Acuity Zone

CNS Susan Stebbeings said lower acuity presentations are not necessarily low complexity. However they often have long waits for assessment, especially during busy shifts – hence the low acuity zone which has been set up. Recent renovations increased the space able to be used by the ED consultant and CNS during the middle of the day, when generally higher numbers of people are expected to attend ED. At midday on a typical day, the first stop is at the whiteboard to see who is in the department – especially the waiting room. Clinical Nurse Specialists share information about why the patients are there, how long they have been waiting, and what is needed to move onto the next stage of their ED journey or discharge.

The Hills Were Alive With the Sound of Our Staff

The famous Rodgers and Hammerstein production The Sound of Music finished in August after a very successful season.

Directed by DHB senior clinician Ian Page, the cast included a number of DHB staff and their families.

Staff included Janet Askew (Laboratory), Caylee Mackintosh (Surgical Admission Unit Nurse), Bronwyn Kennaway (Renal Charge Nurse), Imogen Harmston, Gayle van der Sluis (Surgical Admission Unit Nurse), Dean Watson, Kate Hutchinson.

The story followed the journey of Maria Rainer, a novice who is clearly not destined to become a fully-fledged nun. Sent by the wise Mother Abbess to be governess to the seven children of widowed Austrian military man Captain Georg von Trapp, her life changes in ways she could not imagine.

Maria uses songs and humour to gain the affection and trust of the children, and music plays a large part in the outcome. Behind the romance, the family story and the

lovely alpine setting lies the brooding threat of Nazism and the German push for reunification with Austria.

The show contained many memorable songs well known by older audiences but which delighted all ages.



100 Tonnes in One Month

Record Load of Laundry

Winter is always a busy season for Northland's four hospitals. At Whangarei Hospital, this was reflected in the largest-ever volume of laundry processed by the hard workers in the laundry department.

Whangarei Hospital's laundry handlers work for Dargaville, Kaitaia and Bay of Islands hospitals as well as many private organisations including sports clubs, clinics, St John Ambulance and marae.

Commercial Services Manager Deb Borovich said the incredible 102,370 kgs (=102 tonnes) of laundry washed onsite at Whangarei in August alone was an all-time record and the peak workload for winter 2016. "Winter coming into spring always trends high numbers of patients," Deb explained, "but all Northland hospitals were at maximum capacity for part of this month."

May saw 94,629kg of laundry processed, June 91,999kg, while July created 83,825kg – vast workloads even considering the laundry's industrial washers can handle up to 180 kg of laundry at a time. The astonishing laundry loads are even more impressive considering the laundry only operates five days per week and Northland DHB laundry has just 14 workers to cover the usual 21 working days per month.

To put this into perspective using domestic equivalents:

- using the largest home washing machine (10 kg) this would mean 512 loads were washed every working day in August

- one sheet weighs 0.9 kg and the longest edge of each sheet is 2.75m. If each single home washing machine load was packed only with sheets, meaning 11 sheets totalling 30.25 m of edge, 512 loads of sheets lain end to end would reach 15.48 km – roughly the distance from Hikurangi to Whangarei CBD.

"There's no break, it carries on, we have an awesome crew. I'm very lucky. The laundry team often doesn't get any acknowledgement. People think [laundry] is just something that gets done unseen."

***- Deb Borovich
Commercial Services Manager.***

Now that the August bump has been 'ironed out', there is no time for the busy laundry team to rest.

"There's no break, it carries on," Deb said. "We have an awesome crew. I'm very lucky. The laundry team often doesn't get any acknowledgement. People think [laundry] is just something that gets done unseen."

Integrated Operations and Emergency Manager Mark Goodman said Whangarei

Hospital was at near capacity late in August. "Whangarei Hospital managed through the best use of Dargaville, Kaitaia and Bay of Islands hospitals as well as increased treatment and review of patients at weekends. The peak of the influenza season is yet to strike so hospitals expect continuing high levels of presentations and occupancy."

Mark said the significant rise in presentations and occupancy through the winter period is seen every year and can continue until October. "This year hospitals have continued to see a rise in presentations with up to 140 presentations per day in the Emergency Department."



Laundry staff (left to right) Deb Borovich, Kasey Hoeta, Lorraine Howson and Shane Trow.

Dedicated Orthotist

Paul Peters Retires



After a career spanning an impressive 51 years, Whangarei Hospital Orthotist Paul Peters has retired. Orthotics is the branch of medicine dealing with artificial devices such as splints, halo head supports, braces and specialised footwear. These devices speed up the recovery of bone structure following surgery. Orthotic devices provide immense comfort for patients.

Orthotics and Podiatry manager Alison Riddle said Paul, 68, is well known around the organisation and his most outstanding quality is the way he relates to his patients. Paul has always “gone the extra mile” in their interests, Alison said.

“Other staff say he’s very friendly and caring. If he has an unusual case he’s not come across before he enjoys doing research and finding out what’s best for the patient. That can mean being creative – he likes to build things and sew things. We have a workshop here and he’s skilful with his modifications.” Northland DHB’s

orthotics service is distinct in that it is in-house instead of outsourced.

Paul said he’s always enjoyed healing bodies from the outside. “From the day a person comes in to when they walk out [...] the work and the result you do is visual, which makes it very rewarding,” Paul said. “I can clearly see whether I’ve helped people or not. And the patients will tell you if your work has made an improvement for them.”

Paul began as an apprentice, hand-sewing orthotic shoes. “Way back in my earlier time I was making custom footwear for people with polio and making full-length calipers – in fact we still service the occasional [polio] patient today.”

A unique aspect of Paul’s work at the hospital has been a dual role as a Justice of the Peace since 2004. “My JP service saves medical staff having to find someone downtown,” Paul says. “JPs are common in most DHBs these days. A typical

requirement is doctors needing verified copies of their qualifications, affidavits, verifying birth and marriage certificates or Kiwisaver documents. When overseas medical staff apply to bring their families to New Zealand, I help to verify their documents to the Internal Affairs department.”

Paul was also founder of the Hospital Staff Social Club in 1980, director and trustee of the Harbours & Health Hospital Credit Union from 1975 to 2000, and a PSA Union delegate since 1985.

After saving for two years Paul headed off to Europe at the end of September. “We are going on a six-week trip to Europe, going to Ireland then a river cruise through France and Spain. We’ll stop off in Melbourne on the way home to see my two grandchildren.” Paul also said he looks forward to spending more of his retirement lifestyle with his lovely wife.

Gone Fishing

Clarke Wynyard Retires After 25 Years



In July, staff at Bay of Islands Hospital farewelled maintenance technician Clarke Wynyard after almost 26 years of service. "I have really enjoyed working here, it's been an awesome place to work," Clarke said. "The staff have been awesome and it's only five minutes from my home, which is what really appealed."

Born and bred in Kawakawa, Clarke has a farm where he breeds some dry stock. With three adult children and eight grandchildren, Clarke says now is the time to spend more time with his family. "I'm coming up 67 and I want to spend more time with my grandchildren, you just don't know how long you have on this earth so that's why I've decided to retire now."

Staff said they are going to miss Clarke, his cheerful smile and willingness to do whatever was asked of him. "He would look at you and screw up his nose and say 'Oh Jen, I'm not sure we can do that' and then just get on and do it," said Bay of Islands Hospital operations manager Jen Thomas. "One highlight of the amazing work that Clarke has done was last year when we urgently had to relocate the laboratory. He managed the project and was never shy to pull out a nail gun or paintbrush himself to ensure the really tight timeframes were met."

For Clarke, one of the highlights was meeting new doctors. "They came from South Africa, India, everywhere and I would just get to know them and then they would leave."

Having travelled all over the world and spent five years working in Western Samoa with the Ministry of Foreign Affairs, Clarke reckons it's time to stay home by the fire and watch Super 18 rugby – that is, when he's not fishing. "Fishing is my passion. I bought two brand new rods and reels yesterday – \$1,300 worth – and I can't wait to go and try them. I'm yet to catch a marlin. I've caught every other species of fish so catching a marlin is on my bucket list."

Clarke expressed strong compliments for manager Brett Attwood who started at the same time as him in 1991. "Brett has been awesome to work with – nothing was a problem. The Bay has been a great place to work, good managers and wonderful staff who have all been like family."



Clarke Wynyard with Brett Attwood facilities manager.

Payroll Giving

Helps Realise Dreams For Northland Kids



Jaycee with Ant and Ngaio

I Have a Dream trust (IHAD) is one of two charities added to Northland DHB's Payroll Giving programme, which helps staff donate to selected causes.

IHAD CEO Ant Backhouse explained to the monthly meeting of the Northland DHB in August how Payroll Giving donations can enable the trust to help school children meet their dreams. Donations of as little as \$10–\$20 a week from 100 staff can cover the cost of making real the dreams of an entire year level of children from any of the schools the charity is active in. IHAD focused its August Board presentation on strengths and positive aspirations instead of dwelling on negative socio-economic indicators. "We ask students 'What is your dream?' and wrap support around that," Ant said.

IHAD provides in-depth support, with IHAD navigators pledging to 'invest' in students from Year 1 until they enter tertiary education or employment – up to 15 years. "We'll be there for a long time and we don't just spend money at the end [when problems are occurring]. Eighty percent of IHAD dreamer graduates from the initial Auckland pilot went on to tertiary education compared with only 30 percent from the control group studied," Ant said.

I Have a Dream is currently focused on four Tikipunga and Otangarei schools where navigators (mentors) cover a total of 600 children. Each new entrant will have a new navigator matched to him or her until up to 1,500 children directly receive assistance in being matched with their dreams.

Jaycee Maunsell-McMenamin is navigator for 80

children including Ngaio Morunga, 11, of Totara Grove School, whose father Arama Morunga is a Northland DHB Tobacco Control Advisor. "Jaycee is cool and supportive and she gets me. She's Māori and I'm Māori. I relate to her," Ngaio said. "Over the next 10–15 years Jaycee will push me to try my best. Jaycee is trying to get me out of my box because I usually like staying in my box."

"Jaycee is cool and supportive and she gets me. She's Māori and I'm Māori. I relate to her."

- Ngaio Morunga.

The organisation's relationship with Northland DHB began when chief executive Dr Nick Chamberlain helped the trust find its first Whangarei donors. While IHAD may superficially appear to be a cause 'outside of health', the work the group does preventing deprivation "has such a high impact on health," Nick said.

Rosemary Lockie of Northland DHB's Coronary Care Unit said she was inspired to become one of the first four Payroll Giving donors to the charity because it's important to enable improvements in our own communities. "I read weekly SnapShot's story about IHAD's support for building the capabilities of school children. That rang close to my heart because I think that's a great way to support kids to become the best they can be – especially if they don't get that support in their private lives."

Payroll Giving is a voluntary scheme which enables Northland DHB to pass employees' donations on to their chosen donee organisations. Donors will qualify for a 33.3 percent tax credit for payroll donations. The other donee organisation for 2016–17 is Health Fund Plus (Northland Foundation).

Rheumatic Fever Stopped Through Stickers and Swabs



Northland DHB is seeing positive results from a campaign to get children treated for Strep Throat A. First-time episodes of rheumatic fever have dropped from 15 in 2014 to five cases in 2015 and in 2016 just one case was reported.

It is likely that the focus on early identification and management of strep throat, much greater access for children at risk to free treatment via schools and pharmacies, and an extensive national and regional communications strategy have contributed to the recent decline.

The school-based throat swabbing programme in all schools decile 1-4 in Northland is delivered by non-government organisation providers along with Public Health nurses providing opportunistic throat swabbing in schools, rapid response clinics in three pharmacies, free GP services for under 13 year olds, and the Sore Throats Matter publicity campaign.

Northland's Medical Officer of Health Dr Clair Mills says the throat-swabbing projects were set up to combat rheumatic fever in the North.

"As well as a reduction in the number

of new cases of rheumatic fever, we see that families are more aware of the importance of treating sore throats and preventing rheumatic fever. However, there is no room for complacency because many of the risk factors that contribute to rheumatic fever, such as poor housing, still exist in Northland."

The School Based throat swabbing programme is delivered by Māori Health Providers Hokianga Health, iMoko, Te Hau Ora O Ngapuhi, Te Rūnanga O Whaingaroa, Ki A Ora Ngātiwai and Ngāti Hine Health Trust.

Schools are chosen on the basis of historically high numbers of rheumatic fever. Community health workers visit the schools three times a week to swab any children with sore throats, and if a child tests positive for Strep A, a ten day course of antibiotics is provided free of charge.

"One of the key advantages of the school programmes is that they are free, universal and don't depend on factors over which children themselves have no control – such as cost, and the logistics of getting an appointment and transport to a doctor or nurse," Dr Mills said.

The comprehensive campaign is all about preventing rheumatic fever in Northland by curing the Streptococcus bacteria which can cause the inflammatory disease. The end goal is total eradication of rheumatic fever in Northland.

"Preventing rheumatic fever not only saves cost to families, society and the health sector – it represents a better future for up to twenty young people and their families every year."

Abe Botur, 5, benefited when Northland DHB public health nurses picked up his Strep Throat infection in early September. Abe had had a sore throat for two weeks before nurses swabbed his throat at Whangarei Primary School. His parents were then informed and Amoxicillin was given to him at school, along with a sticker chart so Abe could keep track of his ten doses of antibiotic.

These sticker charts have been particularly effective in increasing rates of adherence, meaning family members ensure the entire course of antibiotics is taken over the prescribed number of days.

Abe said his Northland DHB sticker chart, which allowed him to 'wipe out' cartoon germs over ten days, was "Cool" and he enjoyed filling it up.

Abe said filling up the sticker chart also meant he was allowed a reward from his "treasure chart box" (sic).

Abe described the Amoxicillin antibiotic as very palatable. "I fink it was banana...banana milk," Abe said. Billboards featuring children from local schools have also proven effective in delivering the Sore Throats Matter message which urges parents to have their child receive a throat swab via a nurse or doctor. Those billboards were placed throughout rural Northland communities such as Kaikohe, Kaeo, Rawene and Moerewa.

Northland DHB has also ensured advertisements in print and on radio let Northland whānau know tips to keep their homes warm and dry, as cold, damp and mouldy homes have been linked to rheumatic fever.

Dawn Breakers

Breaking Through Obesity

Ariana Martin is part of an inspirational group of women who have been fighting obesity at the crack of dawn each day. Fight Fitness Moerewa was set up in 2015 and has already produced astonishing results, helping its members to lose hundreds of kilograms collectively and give them a new lease on life.

Northland DHB Waioara Programme Advisor Ariana Martin saw a newspaper clipping about Fight Fitness Moerewa in Feb 2016. As her daughter Te Paihere weighed 140 kg at the time, Ariana was inspired to join the programme. "Te Paihere was having migraines, bloating and felt worthless. She wasn't losing weight despite lots of walking. I found that one reason was her car was full of snacks. A week later she came back to me and said 'Mum would you like to join this gym with me? I'm a bit shy.' Initially Ariana was put off with worry over having a stroke due to high blood pressure. But when mum and daughter began putting on weight after missing a few training sessions, they realised it was important to return.

The self-motivation Ariana has discovered is impressive considering she works out at the gym 5.30 to 7 each morning then drives down to Whangarei Hospital to do her day's work. It's no surprise the early risers have dubbed themselves the Dawn Breakers.

Since joining the programme, Ariana and Te Paihere have both lost over 20 kg. "I notice my daughter's clothes are hanging off her now. She felt like a balloon, pressured to explode, but the dawn workouts have taken the pressure away. She's not constipated

anymore and I've been making her nice salads and fruit every day. My daughter and I have made a pact that if we miss a day's work out we pay \$5 into a kitty. That's how we get inspired to get down there each morning. Each day I get out of bed, grab clothes, and get down there on time because if you're late, you have to find a bag and a mate to share with. If there's a full house you may end up jumping on tyres, pad work or swinging kettle bells."

"I think Fight Fitness can be a viral movement in Tai Tokerau. Everyone can do this in their communities."

- Lynette Stewart.

The principle trainers at Fight Fitness Moerewa are Olive Brown, Pay Brown, Elai Smith and Erana Paraone. Erana had been involved with Fight Fitness Whangarei (FFW), an initiative of Ki A Ora Ngatiwai Health Trust,

before founding the Moerewa initiative. Ki A Ora Ngatiwai Health Trust CEO Lynette Stewart said FFW started in 2014 when Te Roopu Kai Hapai Oranga, the Northland Alliance Leadership Team, identified the need for a strategy to tackle obesity especially amongst Māori "in a way that's not converse to reality".

"The women wanted to know if we could help them to establish something which felt accessible. Out of that [demand] we worked with Mike May – who is part of our team now – and Erana came along in that group as well. Then when she moved back to Moerewa she realised why don't i ask Ki A Ora Ngatiwai to take the same models to create Fight Fitness Moerewa. So Erana took it to Moerewa."

"I think Fight Fitness can be a viral movement in Tai Tokerau. Everyone can do this in their communities."



Fight Fitness Moerewa Dawn Breakers

Staff Social Club

Farewell Function

The Whangarei Hospital Staff Social Club met in September to likely wind up after a vote on its future. The club had to leave its premises by 24 August and the building, on Hospital Road, has now been sold. A well-attended farewell function took place in August at which it was agreed that two final meetings would be held to work out whether the club winds up or finds new premises. The club had the option of continuing to rent the building, but has been unable to meet the costs of renovations and rent. Since its inception in 1980, the club has raised money for x-ray machines, the Children's Ward and cancer treatment – and even helped Whangarei compete on the TV show Top Town. Shane Whitehead, club president and Northland DHB maintenance worker, said over the past few years the club served as a venue in which new intern doctors could find a welcoming culture and get to know Northland DHB staff. Shane said he understands Whangarei's was the last hospital staff social club in existence in the country. "We were still active until

recently," Shane said. "We would have a band in, hold fancy dress nights, there would be hangi, quiz nights, karaoke nights. Those sorts of things were always popular and drew 150–200 people."

Retiring hospital orthotist and club patron Paul Peters said the club would have had the expense of rewiring the building. "At the final get-together were the regulars: me and another 30-odd people. It was a sad but happy final night."

Hospital electrician and treasurer since 1987 Colin Friend said the 1980s and early 1990s were the heyday of the club. "Originally we were open Thursday and Friday nights. We had two pool tables, table tennis, the bar and socialising. It's a pity to see it gone."

The second-to-last club meeting was on Friday 2 September. Anyone wanting to help decide the club's future can contact Shane Whitehead on 021 445 661. Many comments of nostalgia about the club can be read in the published Weekly SnapShot article on StaffCentral.

Countdown Kids

Hospital Appeal Launch

In August, DHB and Countdown representatives came together at the Child Health Centre to launch this year's Countdown Kids Hospital Appeal. This year's Northland face of the campaign was Noah Joseph. Noah, who was born early, was chosen as he has used nearly every piece of equipment donated by the campaign over the many years the campaign has been running in Northland. Maternal and Child Health Services operations manager Yvonne Hunter said the team also received an amazing letter from Noah's family. "They wanted to let us know how important it was to them that they felt so supported, knowing how safe and cared for they felt in SCBU."

This year Countdown, Northland DHB and the community plan to work more collaboratively in achieving fundraising goals. Northland Foundation manager Ros Martin said the Foundation is delighted to support Northland DHB with Countdown Kids Hospital Appeal again in 2016. "Apart from the many activities and events that Countdown staff will be involved with, there will also be an event

for Northland DHB staff to engage in – 'Kilometres for Countdown Kids'." Staff can enter the event as individuals or teams to set a goal for kilometres travelled in that period – walking, cycling, running, swimming – anything goes. Each person will be asked to get sponsors for their goal to raise as much money as possible to add to the amount raised by Countdown for the benefit of our children and babies.



let's
KICK BUTT
together



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