

PreScribe

NORTHLAND DISTRICT HEALTH BOARD STAFF MAGAZINE



“A Tribute To Marlene Tuhiwai”

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From the Chief Executive



It's the end of another year, and by the time you read this we will have a new Prime Minister. There have also been some pretty massive political disruptions occurring during the past few months at a global level. It's made me reflect a bit on how quickly things can change nowadays and how we

need to embrace, and in some cases lead change if we want to do anything more than simply tread water.

Usually at this time, I reflect on some of the changes and excellent things that have occurred in the Northland health sector over the past year, but as I've tried to keep you updated during the year, I would rather focus on some of the changes we are likely to see in the next year. Having said that, a couple of weeks ago 250 of us celebrated the Northland Health and Social Innovation awards 2016, and I do want to congratulate all the nominees and winners and let you know how proud I am of all of you. We all have so much to be proud of, working for Northland DHB, and indeed working in the health and social sectors. We sometimes forget to celebrate and promote ourselves and our organisation, so this really was a fantastic opportunity to do just that.

Even more important than all the initiatives and projects that are going on throughout the sector are the patient and population health outcomes that we see as a result of these interventions. Although it is early days, it appears over the last 18 months we have seen a sustained reduction in rheumatic fever from about 15-20 cases to 1-2 cases a year. Our SUDI rates have also declined dramatically and in both cases, this can be largely attributed to a range of initiatives that the DHB and our broader health sector partners have implemented over the last few years. We have also begun to get really useful information from our investment in information systems such as the Copeland's Risk Adjusted Barometer (CRAB) which utilises an international database of over 20 million patients to compare our results and also predict risk. Our mortality and complication rates are of such a uniformly low rate now that Graham Copeland has stated that he has only seen this once before and it's in a teaching hospital in the US! Knowing that our hospitals are safe and that the quality of our care is getting better and better, and that our projects and programmes are actually saving lives and preventing lifelong disability, is truly something to be proud of.

However, another year is about to begin and after celebrating our success, we need to look forward. I want to assure you that we aren't going to sit on our laurels. To be able to afford to continue to expand and develop our services and provide better care, we need to be able to afford it because our hospitals consume nearly two thirds of our budget and are growing in cost at about three times the rate (percentage) of Primary Care, Māori Health Services etc. Nearly all our new money effectively goes into our hospitals. So, there are three key new areas that we want to focus on over the next year:

The first is something we are calling Operational Excellence. This will have a number of components to it. If we simply keep doing more and more of what we have always done, putting on more and more staff and treating more and more patients the way we have always treated them, we simply won't cope, and with over 80 more staff this year, we won't be able to fit you all in, no matter how quickly we build new hospitals etc. We need to not only provide safe and effective care, but it should also be efficient. With our constrained resources, waste is tragic, even criminal considering the opportunity cost of what can't be done because of that waste. So, eliminating waste and optimising decisions about what we do and how we do it are essential.

We are going to launch a 'Choosing Wisely' campaign which ensures we are doing the right things, ordering the right tests, prescribing the right drugs, and doing the right procedures on the right people - those who will benefit most.

We also need to focus on doing things right and we are going to implement a programme called 'Releasing time to care'. We can't simply respond to demand pressures by putting on more and more staff every year - that level of growth which sits at about three percent a year is unsustainable and would only be justified if we know we are doing everything as excellently as we possibly can.

Our sustainability project commenced earlier this year, beginning with the appointment of our Sustainability Officer, and it will be a major area of focus over the next year as we continue to strengthen our efforts and investments on saving energy, recycling, and reducing our carbon footprint. Recently, when visiting one of our wards, I heard of the huge cost of disposable bedpans and even worse, what happens when the macerator (which chews up the bedpans) gets blocked! One has to wonder whether we have taken the disposable approach to our supplies a bit far. Our health system seems to have developed a new condition - "disposability".

We will also ensure that rostering, scheduling of patients for procedures and outpatients, production planning, patient rounding et cetera are optimised and we will ensure staff are trained and supported to continually challenge and improve how we do things. We will also continue to try and get better value procuring supplies and equipment.

The second area we want to focus on is mobility. Our Patient Administration System is finally approaching the time to "go live" but for most of you, particularly clinicians, this will be largely invisible. We will be rapidly adopting mobility solutions (using mobile devices) over the next year in an attempt to help you improve the care you provide.

The third area is improvements in the interface between primary care and our hospitals and then discharge back into the community. These 'care transitions' are where we see many of our errors occurring and are a steady source of frustration, complaints and harm for our patients. Admission avoidance, early facilitated hospital discharge to the community with the right support in place, and improvements in our readmission rates are the outcomes we expect from this project.

The reason we need to be operationally excellent and as productive as possible is that if we don't, we will never be able to address our biggest health system challenges - eliminating health inequities and improving Māori health, bending the obesity curve, becoming smokefree by 2025, and reducing the acute demand on our hospitals.

Last week I spent two days at the Waitangi Tribunal defending Northland DHB, and we are certainly winning some battles and doing and achieving excellent things, but we are still a long way from winning the war!

Bill Clinton once said, "The price of doing the same old thing is far higher than the price of change." So, it looks like we are going to have another changing year ahead.

Before that though, I want to wish you all a very pleasant and restful Christmas and New Year. Thanks to all of you for everything you've done this year to make Northland DHB an awesome place to work and care. A special thanks to those who are working through the holiday period, and I hope everyone gets an opportunity to spend some special time with your families and friends.

Regards,

Nick

A Tribute To Marlene Tuhiwai

Marlene Tuhiwai passed peacefully surrounded by her loving whānau on 29 November after a strong fight against cancer.

Marlene was the face of our Cancer & Blood Service from the very start, attending the Jim Carney Cancer Treatment Centre dawn ceremony with one of her mokopuna in November 2014.

"Marlene was one of our regular patients coming in for treatments and would always have a beautiful smile as she greeted everyone by name, freely sharing her stories about her cancer journey," offered Clinical Nurse Manager Dee Telfer.

"Her late husband George would often accompany her, and their humour would have the staff and other patients receiving treatment in fits of laughter which was great medicine for everyone."

When Marlene's niece died as a result of family violence in 2013 she put her own struggles aside and became a family violence prevention advocate, participating in the

production of Enough is Enough – a documentary made in memory of Patricia Ann McGrath (Wowo). Marlene shared wonderful memories of her niece and was a very passionate advocate against family violence in the community and on her marae.

The team at Jim Carney Cancer Treatment Centre have honoured Marlene and her whānau placing a portrait photograph in the main entrance corridor of the centre. This is the first portrait depicting patients' lives outside the cancer centre. "For Marlene, her whānau and her marae were extremely important and we are very grateful she chose to share that with us. The whānau came to the centre for the unveiling and blessing so that we can now share the picture with the wider community."

"She will be missed greatly by our team and it's been a privilege to have been in the waka with Marlene and her whānau on her cancer journey."

He waka eke noa.

We are all in this together (patient's cancer journey).



Marlene Tuhiwai and Whānau, Korokota Marae, Titoki, Whangarei

Northland Farewells

Rose Lightfoot

The official farewell for Rose Lightfoot was held on Friday 28 October in Kerikeri. Rose resigned after 13 years as chief executive of Te Tai Tokerau PHO, having been in this position since 2003 when the PHO was first established.

In her leadership role Rose had overall responsibility for the day-to-day management of the PHO: covering rural Northland from Kawakawa north, maintaining active relationships with 52 GPs, seven iwi providers, and supporting services for over 63,000 enrolled patients.

Rose said it had been an honour to work alongside the primary health workforce and she has great respect for their commitment, skill and expertise as they work tirelessly to improve the health status of rural Northland. At her last ELT meeting in October, Rose said "It has been a privilege to be part of the team, participating at such a crucial level in the strategic planning, engaging in discussions and being part of decisions made."

Rose thanked Northland DHB chief executive Dr Nick Chamberlain. "I want to acknowledge your foresight in this respect, as the leadership you have shown in enabling and including Primary Health CEOs to

be part of the Executive Leadership Team is truly significant, and highlights the true point of difference that is characteristic of Northland. The collaboration that this 'one team' approach represents is evidence of our shared and collective vision and is the only way we can address the challenge of achieving equity and improving outcomes for our population in Tai Tokerau, with all its complexities."

Rose gained her General and Obstetric Nursing Registration at the Auckland School of Nursing and has a post basic certificate in Plunket Nursing. She holds a BA (Social Science) from Massey University, a Certificate in Teaching Practice (AIT), and a Masters in Public Health (Hons) from Auckland University and has completed two post graduate certificates in evidence-based medicine (2000). Rose has also been a member of the Northland Rural Service Level Alliance Team (SLAT), developing strategies for sustaining the competency and capacity for the rural workforce.

We wish Rose all the best for the next chapter of her life which will involve travel to see family and friends, sailing, and tending to her avocado orchard in the Far North.



Rose Lightfoot's farewell ceremony in November.

Pūkawakawa Medical

Students Farewelled



A haka performed by Pūkawakawa students at NorthTec's marae in October.

Twenty-four students from the Pūkawakawa Medical Outreach Programme were farewelled at NorthTec's Te Puna O Te Mātauranga marae in October. The hugely popular programme is in its ninth year and is run by the University of Auckland and Northland DHB. It is the first partnership of its kind between a medical school and a health board.

In 2016, the Pūkawakawa students were based at Whangarei Hospital for two thirds of the year and spent the other third based at our district hospitals in Kaitiāia, Bay of Islands and Dargaville. They also experienced smaller medical centres such as Hokianga Health at Rawene. With the help of Te Poutokomanawa (Māori Health Service) the students learned about Māori culture, with particularly close support from takawaenga Ned Peita. Many stories were told about Ned's supportive role. In one anecdote, Ned gave a student a crash course in rongoā Māori medicine after her eye swelled from mosquito bites.

The three-hour whakawātea farewell was packed with speeches, waiata, karakia and presentations from Northland DHB, University of Auckland coordinators, Te Kaunihera elders and Pūkawakawa students past and present. Demonstrating their new confidence in Māoritanga, the students performed a rousing haka and several waiata and demonstrated reo Māori mihimihi

(introductions) which they had carefully practised.

Northland DHB Deputy board chair Sally Macauley said the students enjoyed everything from the 'wild west' of Hokianga to Bay of Islands fishing as well as surfing at Shipwreck Bay. A student slideshow depicted both recreation (visiting waterfalls and beaches) and cultural immersion (waka ama, mau rākau and noho marae in Moerewa).

The class gave special thanks to University of Auckland pastoral carers Dr Win Bennett and Caroline Strydom. Student Dillon Manuirangi said while the first three years of qualifying for his medical degree have involved lectures with an intake of over 200 students, years four to six see the students placed in hospitals. Like most of those in Pūkawakawa, Dillon had only visited Northland as a tourist and hadn't experienced our region from the point of view of people who live here.

Student Aroha Ihaka said she learned whakawhānau (engagement/togetherness) this year, and said practising whakawhānau puts patients instantly at ease because she can establish a rapport with them.

"Pūkawakawa is second to none in creating a culture for learning," said another student. "In the past I've always preferred to learn from books – but books don't get diabetes. It's about learning from nurses and patients."

"We created a whānau, Pūkawakawa has become my hapu," student Will Utley said. "We are about to go our separate ways, but this experience has shaped the doctors we're going to become."



Students at Otiria Marae in Moerewa

Patient Safety Week



We recognised Patient Safety Week from 31 October to 9 November this year. The message of Patient Safety Week was Patient Safety Starts With You.

Quality and Improvement Directorate Manager Cristina Ross says patient safety is an issue at the top of the health service agenda and there is a renewed determination to tackle the problem and to make our care safer. "Examples of the work going on in Northland DHB include falls and pressure injury reduction, improving medication management, the intraoperative surgical team project, reducing adverse events, improving dental care for children, patient and whānau centred care, reducing rheumatic fever, working with primary care on the 'healthy homes' programme, Fit for Life, reducing cancer waiting list times, improving care for the deteriorating patient, maternity trigger tools, reducing surgical site infection and many more. All of

this contributes to our vision of a Healthier Northland." Methods to raise awareness of patient safety in Northland's hospitals this year have included:

- A screensaver campaign with advice and statistics
- 24 noticeboards around the DHB with patient safety week messages
- A large patient safety display stand moved around the hospital
- Staff, patients and whānau were invited to write on a poster about what matters to them
- Copeland's Risk Adjusted Barometer (CRAB) is being implemented to predict the individual clinical risk for each patient, based on his or her physiology and treatment prescribed. It also tracks avoidable harm within an organisation.

Introducing the new Northland District Health Board

Twenty-one candidates stood for election to the Northland District Health Board on 8 October this year.

Those elected to the board were:

- John Bain (returning)
- Colin Kitchen (returning)
- Gary Payinda
- Debbie Evans (returning)
- Sally Macauley - Chair (returning)
- Libby Jones
- Craig Brown (returning).

Those appointed to the board were:

- Sue Brown – Deputy
- Sharon Shea (returning)
- June McCabe (returning)
- Denise Jensen (returning).

Newly elected and appointed board members took office on 5 December.

40 Years of Smiles:

Thanks to Long-serving Dental Therapists



Sheryl in 1975 after graduation.



Sheryl in 1976.

Kaikohe Dental Therapist Natalie 'Sheryl' Wright has given an impressive 40 years of service – spanning five decades – to Northland District Health Board. Sheryl, now 60, grew up in Kaikohe and currently works from an oral health clinic on the grounds of Kaikohe East School. Sheryl graduated in 1976. Training was bonded in those days, meaning her education as a dental nurse (later dental therapist) was paid for so long as she went on to work for three years following graduation. Sheryl was initially placed at Kaikohe West School and over the years has delivered dental services in townships such as Opononi, Awarua, Mangamuka, Kerikeri, Kawakawa, Paihia and Tutamoe.

"When I graduated we wore veils which had to be starched and folded in a certain way, and red cardigans, white uniforms, white stockings and white shoes. Over the years the veils, shoes and stockings all went." Masks, gloves and goggles weren't mandatory in the 1970s. Implements were sterilised by being boiled and chairs and benches were wiped with methylated spirits.

Despite Northland continuing to have some of the highest rates in the country for dental caries in children aged under 12, Sheryl said pre-schoolers' oral health is "improving amazingly" in her area thanks to new techniques, especially radiographs (x-rays.)

Today, grateful patients remind Sheryl from time to time of the importance of her work. "A 38-year-old guy came in one day recently and said 'I just came in to thank you. You're the reason why I've still got all my teeth.' Hearing his comment makes me understand why I am so passionate about my job, so I can't be such a bad old bag after all!"

Our Other Dedicated Dental Therapists

Two others graduated from the dental school in Mt Eden in 1976 and brought their expertise to Northland. They are Elaine Tailby of Northland DHB's school

dental service and Oral Health South Team clinical manager Karen Boyce-Bacon.

Karen said after she graduated 40 years ago she worked in dental therapy for around six years, then raised two daughters and ran a kiwifruit and avocado orchard before returning to dental therapy in 2000. "The Oral Health Service has been a great environment to work in and during the past 16 years there have been many changes. I worked for several years with adolescents which I really enjoyed and now my clinical days are spent treating children from 0 to 18 years. Each age group brings its challenges and rewards and I really enjoy the interaction with these patients and their parents. The clinical environment has changed hugely in the 40 years since I graduated, we now have modern state-of-the-art equipment, buildings and mobiles."

"I would like to acknowledge the dental therapists who have worked in the Oral Health Service for over 40 years. These women have such a wealth of clinical knowledge and expertise. Many of them have only had a year or two away from dental therapy over the years and are still full of enthusiasm for providing their patients and their whānau/families with the best care possible."



Dental assistant Amanda Bates left with Sheryl Wright right.



Regional Hospital Roundup



Dargaville Hospital resuscitation room

Bay of Islands Hospital

Operations Manager Jen Thomas says Bay of Islands Hospital has had another busy year, with more patients coming through the services than ever before. "The redevelopment of the hospital is starting to feel real as the demolition of the old building is underway. The staff are to be thanked for their absolute patience and tolerance during all of the changes. The end result will be a fantastic new facility that the mid-north region can be proud of. There have been a number of staff changes and retirements throughout the year. Several staff have left and are missed and the new staff bring change. Here's to a peaceful and happy Christmas and New Year spent with family and friends."

Dargaville Hospital

Dargaville continues to go from strength to strength as the new doctors settle into the role, Jen says. "The hospital was fortunate to have some improvements which include a new resuscitation room and the purchase of some new equipment. It is important that we acknowledge and thank our Kaitiaki colleagues who have done an amazing job in providing clinical cover since October 2015 to ensure we remained open and functioning. We are forever grateful for the amazing collegial support. We have a second doctor starting in January 2017. A number of staff have come and

gone throughout the year and we are currently fully staffed by a team who are passionate about their job. Merry Christmas and happy new year to all staff and their families."

Gay Jillett and Liz Clarke bid farewell to Dargaville Hospital

In late November Dargaville Hospital farewelled Liz Clarke and Gay Jillett, two nurses who between them have given the organisation a total of 67 years nursing practice.

Liz started working at Dargaville Hospital in 1983 as an Enrolled Nurse (EN) and was made redundant in 1994. But she didn't stay away for long. She soon enrolled with NorthTec to do her bridging training to become a Registered Nurse. Liz worked as an EN on a part-time no fixed hours basis throughout her training and when she graduated was quickly employed again as a Registered Nurse.

At her farewell Liz talked about her love of nursing, how she had enjoyed her career in Northland and was always supported by her colleagues. Liz is a perfectionist and is well known for chasing doctors up to make sure the drug charts are in order. Her colleagues talked fondly of how she would have the patient spick and span, including the bed linen which

was changed even if the patient had spilt the tiniest bit of their dinner.

Liz is unsure what she will do in her retirement but we know she will enjoy her time with her family in the Hawke's Bay over Christmas.

Gay started her nursing career in Thames where she trained to be a Registered Nurse. She worked there until she and her husband moved to Northland in the early 80s and settled in Dargaville. Gay worked at Dargaville Hospital for 34 years. Gay and her husband Peter raised four children, owned a dairy farm and Gay worked nearly full time for many years.

Gay has a huge wealth of knowledge around cardiac patients and loved sharing her knowledge with all new nurses and doctors. "She would spend hours testing us on the side effects of medication and arrhythmias and she knew all her patients from the medications they were on and what was wrong with them – but often forgot their names!" noted operation manager Jen Thomas. "Gay has an amazing ability to make everyone feel at ease and she never appeared to get in a "flap", unless of course a doctor refused to transfer the patient when they had ongoing chest pain."

Gay and her husband have fitted out a house bus and they intend to set off on an extended holiday to the South Island. They are also building their retirement home on their farm.

Both women will be greatly missed by colleagues and patients. We wish them both all the best in their well-deserved retirement.



Liz Clarke (left) with Gay Jillett

Kaitaia Hospital

Kaitaia Hospital operational manager Neta Smith reports the hospital has had a year of positive and helpful news media reports, and important news from Kaitaia Hospital includes:

ACC audit

This year Kaitaia was the base for the organisation ACC Audit. We were pleased to be advised that we have

successfully retained our ACC Partnership Programme tertiary accreditation. Along with recognition that our workplace health and safety system continues to meet the highest level within the ACC Partnership Programme framework it also represents a significant saving in our premiums – in the vicinity of \$500k annually.

Active workplace

Kaitaia Hospital active workplace continues to support staff to be active and healthy. The team graduated from the Sport Northland Active workplace programme. Heads of Department will continue to update the calendar and organise activities.

Sport Northland 10,000 step challenge

Sport Northland had 46 teams entered into the 10,000 step challenge. Kaitaia came 1st, 2nd and 3rd. A presentation was made to the teams by Sharon Adams. Fantastic effort by all staff involved.

Use of operating theatres

We continue to work on using the operating theatres at Kaitaia, with patients choosing to travel from all over Northland to have their procedures performed. Weekend lists of colonoscopy procedures have been a regular feature over the last year to accommodate patients that work and find it difficult to get time off. Orthopaedic clinics have also been provided in the evenings to accommodate working patients.

New Zealand Baby Friendly Association – re-accreditation

Kaitaia Hospital Maternity Facility once again received re-accreditation as a Baby Friendly Hospital Initiative (BFHI) Facility by meeting the standard criteria and passing all of the Ten Steps. This is our fourth consecutive accreditation and spans a 12-year period.

New GP practice

Broadway Health has taken over Lance O'Sullivan's GP practice and is located on site.

Long-standing staff retire



Peter Dryburgh retired from medicine after 36 years of service to the Kaitaia Community.

Kathy Johnson (Enrolled nurse) retired after 35 years of service.

Putiputi MacMahon (Registered nurse) retired after 11 years of service.

Sustainability Update



Margriet Geesink

Margriet Geesink began her role as sustainability manager at Northland DHB four months ago. Her appointment followed approval gained by members of the Executive Leadership Team (ELT) to create a sustainability policy and appoint someone to develop supporting strategies across the DHB.

Margriet moved to Whangarei from the Netherlands where she had significant experience in sustainability development, including time at the Dutch Ministry of Infrastructure and the Environment as a senior sustainability manager. Her experience includes energy and carbon emissions reduction, green procurement, and sustainable building construction. Her previous experiences include work as an aircraft design engineer.

Margriet's immediate priorities upon joining Northland DHB were to review our energy and utility consumption, our transport, travel and waste management and report

back to ELT on the opportunities we have to reduce consumption and waste.

ELT approved five key focus areas and success drivers as an outline for the sustainability strategy. They are:

- Waste
- Energy
- Transport
- Procurement
- New builds and renovation.

Joining Global Green and Healthy Hospitals

Northland DHB Chief Executive Dr Nick Chamberlain has signed a letter of intent with the Global Green and Healthy Hospitals network where we are now registered as a member in a network of 700 global health organisations. The letter of intent means Northland DHB shows its commitment to work on reducing our environmental impact; at the same

time it gives us access to resources, tools and a global peer network.

Staff Sustainability Suggestions

Margriet has found there are a lot of people passionate about sustainability, especially around waste reduction. There have been quite a few initiatives from individual staff members trying to make a difference. These initiatives range from diverting plastic milk bottles from general waste, introduction of potato starch pill dispensers, creating business cases to recycle IV bags and high levels of waste segregation in Dargaville.

For energy reduction at Whangarei Hospital, LED lights have been installed in some areas, the chillers and fans have been modified, the roof of a theatre has been insulated and diesel boilers are being replaced with electrical ones. Northland DHB is also looking at procuring more food from local rather than far-away sources.



Providing a Seamless Continuum of Cancer Care

By Lesley Dill-Russell, CNS Uro-Oncology

Prostate cancer is a long-term condition. In males, prostate cancer accounts for 27.3 percent of all cancer registrations. However the most common cause of cancer death in males remains lung cancer, followed by colorectal and thirdly prostate cancer.

Inequalities in cancer outcomes in New Zealand mean Māori men are 18 percent less likely to be diagnosed with prostate cancer than non-Māori men, but 37 percent more likely to die from prostate cancer due to later diagnosis and therefore more advanced disease. With an ageing population and the increase in awareness and education about prostate cancer, the number of men being diagnosed will continue to increase – the number is predicted to quadruple by 2030.

Advances in the treatment of prostate cancer continue, especially in the case of metastatic disease with improved radiation techniques, advancing technology like PSMA, PET and CT scans, new medications like abiraterone being funded, and chemotherapy agents such as docetaxel being more widely used. This means we now have more men who are living longer with their disease.

The question is how will we manage this and who will be involved in their care? In Northland we are looking at how we can improve the continuum of care for our men living with prostate cancer. General Practitioners are an integral and pivotal part of long-term care.

The Ministry of Health has published two guidelines to assist with providing access to information, consistent care and equitable outcomes across the care pathway. These include:

1. Prostate Cancer Management and Referral Guidance <https://www.health.govt.nz/publication/prostate-cancer-management-and-referral-guidance>.

2. Guidance on Using Active Surveillance to Manage Men with Low-risk Prostate Cancer

<https://www.health.govt.nz/publication/guidance-using-active-surveillance-manage-men-low-risk-prostate-cancer>

Men who are stable on hormone treatment like anti androgen therapy – bicalutamide, cyproterone or LHRH injections like Zoladex, will be discharged back to the General Practitioner with a care plan of treatment options when there are signs of disease progression. Pharmac has decided to only fund Zoladex and not Eligard or Lucrin. For men not currently on Zoladex, more information can be obtained on these changes at <https://www.pharmac.govt.nz/medicines/my-medicine-has-changed/goserelin-and-leuporelin/>

The Urology team has been working hard this year to educate and inform our community and Health Providers of the changes and improvements to the treatment for prostate cancer. We have had talks to community groups such as men's working groups, a Men's Wellness talk in Rawene as well as to health professionals including Māori Health providers and Practice Managers.

We have undertaken roadshows in Whangarei, Kaitia, Kerikeri and Dargaville to GPs and their practices, Community, Cancer and Hospice Nurses. Topics included Ministry of Health referral guidelines by Tony Nixon, Metastatic Prostate Cancer and the Role of Radiation by John Childs, Metastatic Prostate Cancer and the Role of Medical Oncology by Vincent Newton. Lastly, I presented about Side Effects from Hormone Treatment.

There is more work to be done with creating stronger bonds and communication with the wider team to provide seamless continuum of care with a good quality of life for our men living with prostate cancer.

The Esther-Jordan Muriwai (Ngā Māreikura) Scholarship

On 25 November the Leadership Academy (Māori Battalion) & Te Kāpehu Whetū charter school hosted their annual ball where they dedicated one of their new scholarships to Esther-Jordan Muriwai.

Her parents Ana Sadlier and Camron Muriwai attended the event on behalf of the Bronchiectasis Foundation, which was founded by Esther-Jordan to provide education about the devastating condition bronchiectasis.

In approximately 2012 Esther-Jordan started writing a document called 'Māreikura'.

"It was her aspirations for young Māori (wāhine) to discover their inner beauty, talents and gifts," offered Camron.

"She wanted wāhine to be the best, stand tall."

Māreikura was gifted to Te Kāpehu Whetū chief executives Raewyn Tipene and Alisha Kawiti by Esther-Jordan a short while before her passing in 2014.

The promise was fulfilled when nine senior wāhine received the first Esther-Jordan Muriwai (University) scholarships at the annual ball. The scholarship is to support young Maori wāhine to study at University.

"It is the beginning of a wider conversation about the original concept 'Māreikura' which in the traditional understanding holds great knowledge and wisdom in regard to female essence and untapped potential," Camron said.

Esther-Jordan completed her Bachelor of Māori studies, which due to her health she could only complete one paper at time, taking her over five years. This is a testament to her will and inner strength to complete tasks she sets herself.

"We were very proud on the evening to represent Esther-Jordan as her parents and on behalf of the Bronchiectasis Foundation NZ, and wish the first scholarship recipients all the very best for their journey at university."



Northland Health & Social

NORTHLAND DISTRICT HEALTH BOARD

Te Poari Hauora Ā Rohe O Te Tai Tokerau



Hauora Māori AWARDS



**Tangata I Te Tuatahi
PEOPLE FIRST**
Drinking Fountain Project
Te Roopu Wahaora, Te Hau Ora o
Ngapuhi, Far North District Council,
Kaipara District Council, Northland
DHB, Northland Branch of NZ Dental
Association, Kaipara Community Health
Trust, Dargaville Gardens Trust.



**Te Ara Whetu Award
BRIGHT STAR CHAMPION
Kaumātua Te Kopa
Tipene**



**Manaaki
CARING
Cassandra Moar
Master Weaver**



**Whakaute (Tuku Mana)
RESPECT
Tukaha Milne
Ngāti Hine Health Trust
Atutangata Programme**



**Whakawhiwhi Koero
COMMUNICATION
Sharon Henare
Māori Competency
Framework**



**Whakawhiwhi Koero
Taumata Teitei
SERVICE TO EXCELLENCE
SUPREME AWARD
Rhonda Zielinski-Toki
Te Hā Oranga Mobile Nursing
Service**



Primary Care Awards



**Auaha
Innovative Practice Award
Mental Health
Credentialing
For Nurses**



**Hautūtanga
Emerging Leadership
Award
Rachael Hetaraka**



**Kotahitanga
Building collaborative
relationships
Otuihau C 3**



**Matauranga
Implementing quality
primary care research into
practice Award
Access to Primary
Healthcare Research
Team**



**Primary Care Service
Award
Rose Lightfoot**



Supreme Nursing
Sue Ste
Emergency Departme



Cedric Kelly Su
Kay Le



Senior Medical C
Dr David
Clinical Microbiolo

Thanks to our
sponsors



Northland Innovation Awards 2016

Manaia Health PHO



NorthAble
DISABILITY SERVICES



& Midwife Award
bbings
nt Whangarei Hospital



Best Innovation for Social
Outcomes
**Far North Safer
Community Council**



Best Innovation creating Social
Wellbeing for Māori
**NorthTec & Pehiaweri
Marae and Church**



Best Contribution to Social Good
by an Individual
Rowena Jones



premiere Award
ngyel

**PATIENT SAFETY &
QUALITY IMPROVEMENT
DIRECTORATE**
Quality &
Improvement Awards



Innovation
Award
**Cancer
& Blood
Services**



Collaboration
Award
**Exercise
Wisdom
Tooth**



Patient Safety
Improvement Award
Kay Lengyel



Patient Whānau
Centred Care Award
**Far North Newborn
Hearing Screening**



Improvement Health &
Safety Award
**Northland DHB Healthy
Food Policy Team**



Scientific, Technical and
Allied Health Award
**Healthy Lifestyles
Physiotherapy
Outpatients**



Officer of the Year
Hammer
gist Northland DHB

PHOTOGRAPHY Guy Robinson

IC Motor Group
Being local, it's what drives us.
& **Northpower FIBRE**

Northland Health &
Social Innovation Awards **2016**

Respect



Fit For Life Project Update



The Fit for Life Obesity Project began in April 2015, and was initiated because New Zealand has the third highest rate of obesity in the OECD and is tracking to be the first. The project determined gaps and provided recommendations to Northland's Alliance Leadership Team Te Roopu Kai Hapai Oranga (a collective including Northland PHOs, Māori Health Providers and Northland DHB), on the most effective projects to best tackle the obesity epidemic in Northland. Fit for Life aims to improve the proportion of Māori tamariki who are at a healthy weight by five percent by 2021, and Northland DHB has two pieces of good news to share about the project.

Under 5 Energize

Te Roopu Kai Hapai Oranga undertook an extensive and thorough process throughout 2015 to develop a Childhood Obesity Prevention Framework for Tai Tokerau.

Northland DHB's Executive Leadership Team recently approved funding for the establishment of an Under 5 Energize service in Northland. Northland DHB has signed a Memorandum of Understanding with the concept owner Sport Waikato. The service will be delivered in the early childhood setting to both educators and parents. A formal RFP process is currently being run to identify the most suitable provider to deliver the service.

Food Rescue

A feasibility study was completed towards the end of 2016 which identified the need for a food rescue service in Whangarei that could expand across Northland. The aim of the study was to assess the need, to identify the local distribution network for surplus food and to identify potential recipient and donor organisations in Whangarei. Interviews were conducted over a one-month period with key stakeholders from community volunteer groups, schools, growers, supermarkets, health and social service providers, a local volunteer agency, food rescue organisations and local council. Northland DHB have partnered with One Double Five Community House to establish a Food Rescue Organisation in Northland, initially in Whangarei.

Broadcasting the Fit for Life Message

Part of our campaign is radio advertisements and social media newsfeeds with the following messages:



Forget The Bling, Do The Whānau Thing

12 Days Of Christmas



- On the first day of Christmas my whānau gave to me, a treasured old family recipe.
- On the second day of Christmas my whānau gave to me, a hand in the garden and a treasured old family recipe.
- On the third day of Christmas my whānau gave to me, three books at bedtime, a hand in the garden and a treasured old family recipe.
- On the fourth day of Christmas my whānau gave to me, a walk down the beach, three books at bedtime, a hand in the garden and a treasured old family recipe.
- On the fifth day of Christmas my whānau gave to me, a batch of home-made scones, a walk down the beach, three books at bedtime, a hand in the garden and a treasured old family recipe.
- On the sixth day of Christmas my whānau gave to me, meditation training, a batch of home-made scones, a walk down the beach, three books at bedtime, a hand in the garden and a treasured old family recipe.
- On the seventh day of Christmas my whānau gave to me, seven foot-rub vouchers, meditation training, a batch of home-made scones, a walk down the beach, three books at bedtime, a hand in the garden and a treasured old family recipe.
- On the eighth day of Christmas my whānau gave to me, artwork from the mokos, seven foot-rub vouchers, meditation training, a batch of home-made scones, a walk down the beach, three books at bedtime, a hand in the garden and a treasured old family recipe.
- On the ninth day of Christmas my whānau gave to me, nine Gangnam lessons, artwork from the mokos, seven foot-rub vouchers, meditation training, a batch of home-made scones, a walk down the beach, three books at bedtime, a hand in the garden and a treasured old family recipe.
- On the tenth day of Christmas my whānau gave to me, 10 minutes for a chat, nine Gangnam lessons, artwork from the mokos, seven foot-rub vouchers, meditation training, a batch of home-made scones, a walk down the beach, three books at bedtime, a hand in the garden and a treasured old family recipe.
- On the eleventh day of Christmas my whānau gave to me, a new family photo, 10 minutes for a chat, nine Gangnam lessons, artwork from the mokos, seven foot-rub vouchers, meditation training, a batch of home-made scones, a walk down the beach, three books at bedtime, a hand in the garden and a treasured old family recipe.
- On the twelfth day of Christmas my whānau gave to me, 12 reasons I'm important, a new family photo, 10 minutes for a chat, nine Gangnam lessons, artwork from the mokos, seven foot-rub vouchers, meditation training, a batch of home-made scones, a walk down the beach, three books at bedtime, a hand in the garden and a treasured old family recipe.



Medtronic Award for Anaesthetic Technician Heather Godfrey



Heather Godfrey second from right.

Anaesthetic technician Heather Godfrey has won the Medtronic Award at this year's NZ Anaesthetic Technicians Society (NZATS) annual conference for her presentation paper, 'The Case of the Bubbling Rotameter'. It was a double win for Northland as it was also the first time a Northlander has made a presentation at the conference.

Heather researched 'The Case of the Bubbling Rotameter' for submission in August, following an unexpected occurrence in February 2016. During a routine check before an MRI list, moisture was noticed in the medical air rotameter of the anaesthetic machine. The moisture content increased dramatically over the next few minutes to form a clear liquid. The staff present realised the implications of this seemingly innocuous 10ml of fluid and cancelled all MRI general anaesthetic procedures for the foreseeable future. What followed was a six-month multi department investigation to establish the cause, effect, damage and resolution of the issue which destroyed two anaesthetic machines and completely changed the practice of anaesthesia in the MRI suite.

- Heather researched and documented a series of events which – whilst individually benign – combined to create a set of circumstances which has only been

reported and documented on four other occasions to date worldwide. Her paper looked at production of medical air in an abnormally high humidity environment and the factors involved to create dew (and therefore moisture) in a high-pressure system. The practical components of the paper dealt with the safe delivery of medical air in the anaesthetic environment, should these conditions be present.

Heather said, "The whole process has been a learning experience from plant air production to dew point monitoring. Many departments were affected by this rare combination of events. The processes implemented to counteract these circumstances in the future has been long, arduous and expensive."

Heather's Medtronic Award – judged by two NZATS Executive Members and AUT University – included \$1000. Colleague Damian Mahoney, Resource Anaesthetic Technician, said the Medtronic Award is the main award at NZATS and is highly sought after. "Winning the award is kudos for the whole of Northland," Damian said. "Heather's talk was well presented and received and it was a learning experience for the DHB. It's about making the medical community aware that these obscure problems do happen."



Award for NEMO Telehealth Team



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

The award followed a presentation on telehealth by Whangarei Hospital Intensive Care Unit (ICU) Consultant Intensivist/Anaesthetist Dr Michael Kalkoff. The award itself was picked up by Northland DHB Telehealth Programme Manager Roy Davidson on 2 November at a busy conference in which 95 papers were presented. The team who compiled the telehealth paper were Dr Michael Kalkoff, Dr Katherine Perry, Dr Sarah Clarke, ICU Charge Nurse Sarah Pickery plus Roy Davidson and Dr Nigel Armfield, telemedicine researcher at the University of Queensland's School of Medicine.

The award-winning paper describes how Northland DHB has been collaborating with the University of Queensland in conducting a two-year trial on the use of telemedicine for acute advice and transfer decision-making. In the trial, clinicians at Kaitiaki Hospital were linked with ICU clinicians at Whangarei. The aim was to audit the first six months of the use of telehealth, looking for improvements to quality of care. Those improvements were found in the audit. As Sarah Pickery told Māori Television in a profile of the system in 2015, "It means Northlanders requiring acute care get to the right place at the right time, while for people who we thought might have needed [transport], they can stay up north with their family."

Results presented in the paper showed the use of telemedicine has a positive effect on both transfer

decision-making and on acute management, with no reported concerns regarding quality of care. Dr Michael Kalkoff's presentation described the five-year project, initiated by ICU physicians in Whangarei, to implement some sort of telehealth to rebalance the inequalities caused by differences in mobility affecting patients in Northland's rural areas.

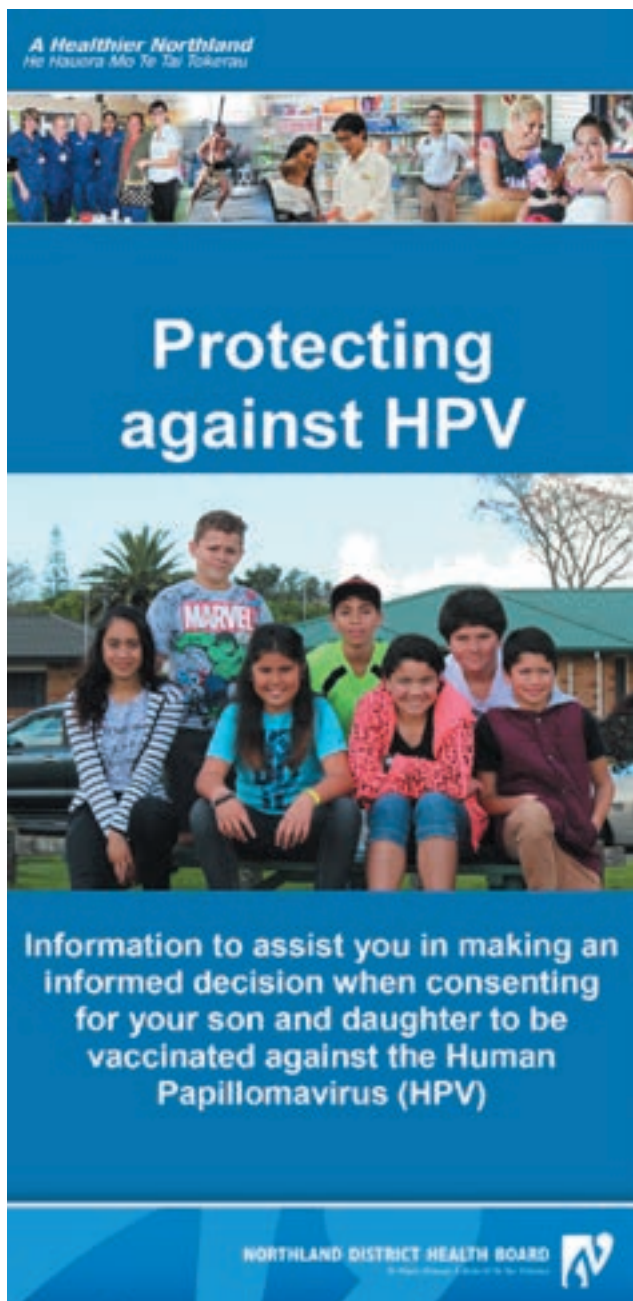
Michael said his team became aware of the Neonatal Examination And Management Online (NEMO) system at the Centre For Online Health at the University of Queensland in Brisbane. Telehealth has proved to be reliable, fast, easy to use, safe and secure. However the process to implement NEMO in Northland was complicated by technical hurdles, getting engagement from medical personnel, safeguarding records and establishing consent.

Michael's presentation included case studies of critically ill patients whose acuity and transport were worked out within minutes of them presenting to hospital, thanks to the use of NEMO. Quality was added to the patient's care in almost three-quarters of cases the paper studied. "There should be no excuse for any trauma or critically ill patient to die in any emergency department room just because there was no ED or critical care specialist available on site to help with resuscitation," Michael said.

Michael described winning one of the Best Paper awards as "nicely surprising", especially considering much larger telehealth projects from Australia were also gunning for the award. "It meant so much more that they chose our paper. Something like that hasn't been set up in New Zealand to this extent, so we presented because we wanted to share [our findings] with other ICUs and DHBs."

Talking to Our Community

About Free HPV Vaccination in 2017



The Ministry of Health has added Gardasil 9 to its immunisation schedule for boys as well as girls, effective 1 January 2017. This means all Year 8 children will be offered the vaccine at school against the Human Papillomavirus (HPV). It is Northland DHB's responsibility to talk to the community about all health issues, and one of the many topics is vaccination. Accordingly, Northland DHB's Public Health Nurses and Communications team developed the 'Protecting Against HPV' brochure in October. The brochure is informative, demystifies HPV and ensures parents and children are well-informed about how and why HPV vaccination is being offered.

The brochure will be given to all Year 7 children before the end of the fourth school term 2016 to take to their parents for whānau to decide whether to agree to the vaccination. The messages delivered by the brochure include:

- What HPV is and which types of cancer it can cause
- Why Gardasil is used
- How many doses the child will need
- What side effects can be expected
- Statistics about how safe Gardasil is.

The updates which the brochure communicates to whānau are:

- Why Gardasil 9 has been added to the vaccination schedule by the Ministry of Health
- Statistics on the effectiveness of Gardasil 9
- That boys are being offered the vaccine in the same schedule as girls
- Two doses of the vaccine are now given instead of three
- The Cancer Society have endorsed our brochure and the vaccination programme in Northland.

Our Medical Officer of Health and Public Health Nursing team are communicating the changes with all schools and Northland DHB's Communications team is updating relevant radio, printed and poster information.

Our latest communication follows a successful year of talking to the public about an issue which some people find confusing, upsetting and stigmatising given that HPV is associated with sexual activity. The brochure stresses that Gardasil is best taken up by the body if given to a child well before they start any sexual relationship – hence Ministry of Health research deciding on the ages of 11–13 (Year 8) as being ideal for the immune system to take up the vaccine safely.

In 2016, Northland DHB published opinion pieces in regional news media explaining our position on HPV vaccination. We contributed to a range of news stories, and we spoke to our community regularly through social media.

Outside of school, funded access via GP will be widened to include people up to and including the age of 26. A two-dose regime is funded for children under 15. A three-dose regime will be funded for people aged 15–26 inclusive.

More information on protecting against HPV can be obtained by:

- speaking to the school public health nurse, your doctor or practise nurse
- phoning 0800 IMMUNE (0800 466 863)
- www.health.govt.nz/hpv
- www.cancernz.org.nz

Chaplains Easing Our Patients' Journeys



Deacon Jim Nees left with The Reverend Sue White right



Some of the 42 Volunteer Chaplain's Assistants

Northland DHB's chaplains have been helping raise awareness of the role of spirituality in healthcare. These three chaplains and 42 Volunteer Chaplain's Assistants (VCAs) represent denominations including Baptist, Nazarene, Open Brethren, Methodist, Presbyterian, Anglican, Catholic, as well as some non-denominational churches.

The Reverend Sue White is the Northland District Hospital Ecumenical Chaplain and began working in Northland at the start of 2016. Sue has helped raise awareness amongst clinical staff about how chaplaincy provides relief to patients. As an ecumenical chaplain, Sue represents Christianity across denominations and is employed full time by the Interchurch Council for Hospital Chaplaincy. The Reverend Susanne Green, who is also an Ecumenical Chaplain, serves part time in Whangarei Hospital while Deacon Jim Nees is employed by the Auckland Catholic Diocese.

Spirituality Ties In With Advance Care

Northland DHB asks patients if they want to declare their faith when being admitted. This information is shared with Chaplains and Te Poutokomanawa Hospital and Cultural Quality Services. Māoritanga is one of the areas in which spirituality is recognised as important to patients. In April 2016, the Northland Māori Advance Care Planning Working Group and Nursing and Midwifery Directorate developed 'Rarangi Tohutohu o te Waka Kakarauri', a model for engaging Māori in conversations so future health and end-of-life care needs can be developed. This model advises that clinicians should, amongst other things, be aware of the need for members of cultures such as Māori to stay beside the body of deceased whānau until the person

is buried. Information like this is part of Advance Care Planning training VCAs go through.

Our Chaplains do what they can to support all cultures and faiths when called upon. For example, the chapel includes a prayer area for Muslim staff and patients to pray, while Chaplains are brought in at times to help patients from faiths including Rātana, Hindu and Buddhist. Sue even had a new experience in September in which she organised for ecumenical Orthodox minister Father Michael Ruskin to rush from Paihia to get to a patient's bedside. "Staff tell me a lot of patients who are dying become so much more calm and at ease when Anointing of the Sick is done," Deacon Jim Nees says. "They say they can't explain it."

Northland DHB would like to recognise and thank the following dedicated volunteer chaplains across Northland's hospitals.

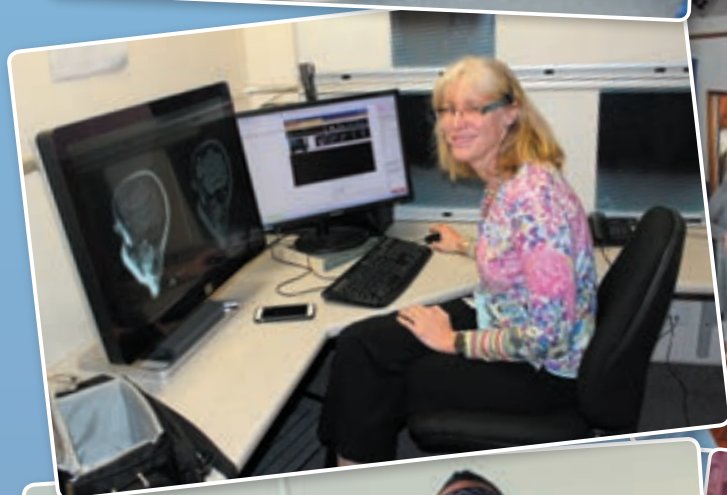
Whangarei: Frances and Jack Freeman, Lance Ireson, Bill Kennedy, Lyn Northover, Peter Schultz, Andy Payne, Alan Upson, Donna Evers, West Hill, Robert Hinz, Jenny and Mike Johnson, Ann Ling, Burnham Poutai, Bridie Southall, Julia Vincent, Tony Hassan.

Kaitia: Gil Price, Phyllis Tailby, Connie Hassen, Michael Withiel, Beatrix Van Blerk, Vera Laupa.

Bay of Islands: Beverly Deverell, Gail Boyd, Joanne Brown, William Cash, Mary Hape, Christine Sales, Maria Tu'inukuafu, Jan Gough, Alice Hinirini, Katrina Frankum.

Dargaville: Gwen Aldersley, Bernadette Isaacs, Edith Perreau, Bob Banders, Beth Muir, Jacqui Hart, Mandy Woods, Maggie Berkhout.

Out & About





Whānau Gather For Day of Premature Birth Awareness



SCBU nurses left to right Georgia Kidd Merophy Brown Sarah Middlemass



Holly Morgan with baby Sophie



Dad Ben Haselden with Harper left and Max right

For the third year running, past and present friends, whānau, guests and patients gathered at Whangarei Hospital's Special Care Baby Unit (SCBU) for a morning tea marking World Prematurity Day, held on Thursday 17 November. Organised by The Neonatal Trust and observed nationwide, the event raises awareness of the 5,000 Kiwi babies who are born prematurely each year. Whangarei's SCBU cares for an average of 350 babies each year and receives knitted items from 80 donors regularly, Associate Clinical Nurse Manager Merophy Brown said.

New mum Holly Morgan was in the SCBU on the Thursday with baby daughter Sophie Ferris. Around 9 weeks ago, Sophie and her brother Jack were born at only 32 weeks in Christchurch Women's Hospital. Sophie's health is reasonably good although Jack

remains on oxygen support in the SCBU. Holly visits her children every day and often sleeps at the SCBU, which has rooms dedicated to three levels of acuity amongst the eight babies typically cared for at any one time.

The Neonatal Trust has received a lot of support from mayors around the country happy to be the first to pin woollen booties to their lapel in recognition of World Prematurity Day, including Whangarei's mayor Sheryl Mai. Sheryl was given a tour of the SCBU and spoke to whānau and staff. Sheryl said the topic of premature babies has been on her mind as a friend in the South Island currently has a baby in a Neonatal Intensive Care Unit. Sheryl was pleased to report her friend will be able to leave hospital with her baby in around four weeks.

Exciting Rescue at Trauma Study Day



Dr John Lengyel being extracted from the crash vehicle

Traumatic experiences made a lasting impression on Northland DHB staff on 11 November as the General Surgical Department's Trauma Study Day was delivered at Toll Stadium.

Trauma (sudden injury) was studied from every angle – clinical, historical, academic and practical. The afternoon featured presentations from police, fire and ambulance services about how road crashes should be responded to and investigated, and how those injured in car crashes should be extracted. This last part of the Trauma Study Day was an exciting highlight for many of the 100-plus attendees, with the Fire Service giving a practical demonstration of how people are cut free from wreckage. Presentations covered post-traumatic stress disorder, telehealth, vascular access, the role of

ultrasound scanning in trauma, the history of trauma management and perioperative nursing care of trauma patients.

"We wanted to make the programme as interesting and as wide-ranging as possible," Organiser and general surgeon Mr Mark Sanders said. "This year it wasn't just concentrating on the surgical aspects [of trauma]. To make Trauma Day interesting in general, we got the police talking about how they investigate a serious crash. It was fascinating, salient and sobering when we saw what they have to investigate. I got the Fire Service talking because you see these mangled crashes and you wonder how the patients ever get to hospital."

SUMMER FOOD SAFETY TIPS

TOP 5 FOOD SAFETY FACTORS



Food service - e.g. Restaurants and cafes



Get the right training



'Most foodborne disease is caused by poor hygienic practices and improper handling of food' -WHO

It doesn't need to be a formal qualification

Cleaning & Sanitising

Germs can be found everywhere - even on surfaces that look clean. They can be found on people, cloths, sponges, utensils...

The average kitchen sink contains 100,000 times more germs than a bathroom.

The average chopping board has around 200% more faecal bacteria than the average toilet seat!

Bacteria can survive on average 20 min - 4 hours on hard surfaces.

Regular **CLEANING** and (in some cases) **SANITISING** reduces germs



Temperature Control

Cook and store potentially hazardous food at the right temperature to stop germs growing.



75°C and over



COOK FOOD

60°C and over

HOLD FOOD HOT

5°C - 60°C

germ's ideal temperature to thrive! Food should not be in this zone for more than 4 hours.



DANGER ZONE

5°C and under



CHILL FOOD

Separation

Keep cooked food separate from raw food. Keep allergens separate. Use separate equipment.



Fresh produce can have soil and pesticides - keep away from ready to eat food unless washed.

Germs in raw food can make people sick, it's important to avoid cross contamination.



Allergens include:



Peanuts



Soy beans



Milk



Cereals and grains



Eggs



Sulphites



Tree nuts



Fish



Sesame seeds



Shellfish



Bee products

THESE CAN KILL

Even small traces on equipment and chopping boards can cause an allergic reaction.



Hand Hygiene

you can **KILL 90% of GERMS** by washing your hands properly

1 in 4



people have faecal bacteria on their hands

Wet hands under running water



Rub hands together with soap for 20 seconds



Rinse hands with water



Dry hands thoroughly with a clean, dry towel or hand drier



Find out what food safety law means for you
www.mpi.govt.nz/foodact

Ministry for Primary Industries
Manatū Ahu Matua

