

October-November 2014

PreScribe

NORTHLAND DISTRICT HEALTH BOARD STAFF MAGAZINE



Photograph: John Stone

Shaken Baby Prevention Programme launched - Pages 7



From the CEO's Perspective



Whangarei Hospital, in particular, has been incredibly busy recently. As usual, we now seem to see a winter peak in August/September and early October and this year has been one of our worst. I'm aware how difficult it has been for many of you with an overcrowded ED, full wards, demand for tests and allied health treatments, and pressure to discharge patients so that those waiting can be admitted. Our Mental Health Unit has been overflowing and many of you have been working long hours/over-time/extra shifts just to make it better for our patients. It really has been a tough winter, and not just because of the interminable rain!

Our efforts to meet the electives waiting time target of no-one waiting greater than four months have compounded the pressure on resources, but I'm afraid there are significant penalties associated with not meeting these Elective Services Performance Indicators (ESPIs) and it would be a huge shame and cost if we didn't. It would mean other services could not be expanded or delivered, so I appreciate all the effort you are putting in. Once we have got our waiting times down to four months, we should reach a new steady state and be able to maintain it so that the additional work that is currently being done should be a 'one-off'.

However, whether it's a health target, the inevitable increase in non-communicable disease that comes with ageing, or simply our desire to do more for our patients, there is always going to be pressure on you; our most precious resource. It is the nature of health 'services' everywhere.

Actually, 'service' best describes what I see and hear of every day when I'm walking around our hospitals, out visiting GPs, community health providers or reading complimentary letters. Recently, there appears to have been an increase in these compliments and a decrease in complaints, which is fantastic. You are living our values of 'Caring' and 'Respect' and the behaviours behind these - treating ALL with dignity and compassion, and treating others as we would like to be treated. This is particularly impressive over winter when it is so busy; patients are, at times, scared, in pain, shocked, confused, angry, intoxicated; and you're feeling tired and being pulled in so many different directions.

Although we plan each year for winter with additional staff employed or available, it has become particularly apparent this year that we do not have enough beds during this period of peak demand. The Northland Health Services Plan has a number of projects underway or about to commence to try and reduce demand coming into the hospital, by improving care in the community and optimising inpatient flow, particularly for those with urgent healthcare needs (Integrated Urgent Healthcare). We will also be looking at some increase in medical beds for winter.

As you have no doubt heard, Free Under-13s has been implemented early in Northland through our Partnership with our PHOs. I need to acknowledge our GPs, practice nurses, pharmacists and after-hours services who all agreed that this was the right thing to do and good for Northland. We do expect it to impact on access and reduce hospitalisations as we have seen with the free under-6s, but it should also lift the health of many other children that don't require hospital treatment. We are also commencing planning for the Neighbourhood Healthcare Homes - a new more integrated primary healthcare system where multi-disciplinary teams of existing healthcare workers in the community work with networks of general practices and their highest-risk patients.

In addition, we are working on reducing smoking and obesity (Fit for Life) and improving the health of pregnant mothers and our very young (first 2000 days).

The Patient Safety and Quality Improvement Review actions are well underway and you'll soon be able to view progress on the Intranet. These actions will deliver many benefits, including Patient and Family Centred Care. The recent survey results indicate we think we are doing a lot better than our patients perceive in this area, but that's why getting this right will be so worthwhile.

We will be working with our clinical leadership to develop version 10 of our site master plan. This will include and clarify the location for a new Acute Assessment Ward which, right now, seems to me to be our highest priority. However, we will need to look at what else can be done to increase our beds for next winter as these major building works do take time. Theatre and Endoscopy capacity, lab expansion and moving Paediatrics will need to be considered and prioritised. We are also working on significant improvements at Bay of Islands Hospital, which will include improvements to the wards, A&M, Renal Unit, and an Integrated Family Health Centre. Smaller improvements are being planned in the co-located general practices in Kaitia and Dargaville Hospitals.

Although new and improved buildings help, the heart of Northland DHB is every one of you; and again, I'd like to thank you for the last few months. I hope that as the rain seems to be a bit less frequent and the temperature a few degrees warmer, the winter peak is over. Those of you that can, please take some well-earned leave and those of you that are waiting for Xmas/New Year, it's only about 60 sleeps!!!

Regards,

Nick

Free GP Visits for Northland 6-13-Year-Olds Well-Received

Northland DHB and Northland PHOs' choice to implement the government's decision for free GP visits and prescriptions for 6-13-year-olds from October, this year, instead of July 2015 like the rest of the country has been well-received. The story was covered in National newspapers, radio and television, including Seven Sharp.

"As health organisations, our knowledge of how much cost is a real barrier for many of our Northland children to access primary health care, leads us to take this action now."

- Manaia Health PHO chief executive Chris Farrelly.

From October all Northland children aged between 6 and 12 years (up to their 13th birthday) have free access to their general practitioner, including after-hours consultations. The current \$5 prescription charge will also be covered.

Knowing that cost is one of the significant barriers for families in accessing medical care, Northland DHB and Northland PHOs have implemented this ahead of the proposed national roll-out from July next year.

Manaia Health PHO chief executive Chris Farrelly says: "We applaud both the Government's decision to roll-out free healthcare for children up to the age of 13 from 1 July next year, and the recent strong messages from the Prime Minister around the need for us to collectively address child poverty. As health organisations, our knowledge of how much cost is a real barrier for many of our Northland children to access primary health care, leads us to take this action now."

"Delay in seeking treatment could mean the difference between a short-term, easily-treated infection (such as sore throats) and the long-term cardiac damage of rheumatic heart disease."

Many children and families in Northland are living in socioeconomic hardship and have particularly high rates of admission to hospital for diseases, such as rheumatic fever and respiratory illnesses. More intervention at the primary care level has the potential to reduce some of this burden. However, the cost of a visit can present a significant barrier to access to primary care.

Northland DHB chief executive Dr Nick Chamberlain explains that Northland DHB is challenged by the practicalities of delivering health care to a largely rural, dispersed, economically-deprived population with significant health inequities between Maori and non-Maori.

"Susceptibility to illness and the need to access healthcare continue for children aged six years and over. Some conditions, in fact, become more prevalent in older children."



The recent announcement drew national media to Whangarei Hospital.

Walk for Diabetes

There are more than 9,000 people with diabetes in Northland - that's six per cent of the total population and it's estimated to increase by 72 per cent between 2009 and 2026. There are approximately 130 children and youth under the age of 25 in the secondary diabetes services.



To help raise awareness of diabetes in youth under 25, Diabetes Youth Northland are organising a fun run and walk on Wednesday November 12. It also aims to draw attention to the types of diabetes and causes, counter discrimination and provide contacts and support.

Proceeds will go towards funding camps for young Northlanders with diabetes.

Diabetes youth camps are where young people with diabetes can meet others the same age and develop

friendships, confidence and support, says Northland DHB Diabetes Services clinical nurse specialist Liz Allen.

"They learn about their diabetes management, enjoy healthy food and outdoor activities."

The fun run and walk will set off from the Canopy Bridge, Town Basin, Whangarei at 6pm (runners will start before walkers). Registration is 5.15pm onwards with a race briefing at 5.50pm. The full distance circuit is 4.2km with other options of one or two kilometres.

To enter, go to:

www.northlanddhb.org.nz/ - print out the form and email it to Elizabeth.Allen@northlanddhb.org.nz



Fizzy-Free at DHB

The decision to remove sugar-sweetened beverages from Northland DHB hospital cafeterias and vending machines from October was met with enthusiastic approval from both staff and public.

General manager of Northland DHB Child, Youth, Maternal, Public and Oral Health Services Jeanette Wedding says the decision has had a lot of support from staff, as well as receiving positive comments from the public, particularly on Facebook.

"Thanks to staff and public for their support in initiating a strategy to improve healthy lifestyles."

Northland DHB decided to walk the talk by eradicating all sugar-sweetened beverages on-site from October 1.

Sugar-sweetened beverages can contain large amounts of sugar (and, therefore, energy) but few other nutrients. These generally include soft drinks, fruit drinks, iced tea, sports drinks, energy and vitamin water drinks. Low or no-sugar beverage options include water, unflavoured milk, non-sugar-added fruit and vegetable juices, tea, coffee, artificially-sweetened diet or zero drinks and these will still be available onsite.

The move was met with strong approval from doctors, diabetes and oral health services, to name a few.

Says Emergency Department doctor Cameron Schauer: "As health professionals, we set an example for our patients and leadership starts by providing this example.

"Dropping fizzy drinks is an easy first step to help equalise energy input and energy output and gain health.

"As doctors and health professionals, we need to lead by example and, by removing sugary drinks from our hospitals, we can also show that there are plenty of great, healthier alternatives."

Northland DHB Diabetes Services clinical nurse manager Amy Savage says the sugary drinks removal is important in terms of Type 2 diabetes prevention, as well as obesity prevention, tooth decay and general health.

"There are more than 9,000 people with diabetes in Northland - that's six per cent of the total population and it's estimated to increase by 72 per cent between 2009 and 2026."

Northland DHB Oral Health advisor Dr Neil Croucher says the Northland DHB's decision is a great example of health promotion and "what better place to start than our own workplace?"

"What fantastic news to hear of Northland DHB's decision to make our work environment a healthier place to live and work.



Dr Cameron gives the thumbs up to Northland DHB's fizzy-free stance.

"The cornerstone of health promotion is to make the 'healthier choices the easier choices', or another way of looking at it is making the 'unhealthy choices the more difficult choices'. Soon I will be able to walk into my hospital café and see mostly water and natural fruit juices as the 'easy to grab' drink choices."

Dr Croucher says that, similar to the smoking cessation journey of the last 25 years, this small step of removing sugar-sweetened beverages from the café and vending machine outlets could be the start of another journey, this time with a destination that he hopes will eventually change society's perceptions and views around high-sugar-containing drinks and foods.

"If you watched Nigel Latta's documentary recently on society's sugar epidemic, he made the claim that 'Sugar is the new fat'. From a general health perspective, he is totally right. However the difference with sugar over fat is that, not only will

it cause obesity and diabetes, it is also the prime cause of tooth decay."

Tooth decay experience, in both the developed and developing world, is at pandemic proportions. Dr Croucher says the dental industry continues to see Northland children younger than three who already have all their teeth decayed.

"Frequent intake of sugary-laden drinks and foods easily overcomes the protective mechanisms of fluoride toothpaste and calcium rich saliva. The result is uncontrolled tooth decay in many of our children and adolescents that is a well-known predictor of early onset of obesity, diabetes and cardiac disease in adulthood.

However the challenges are just as big as they have been for smoking cessation and reducing alcohol consumption: We are up against multi-million dollar global companies who want to sell as much sugar-saturated fizzy drinks as they can.

"The changes we will see in our hospital cafés and vending machines on October 1 are a small step but are definitely a step in the right direction."

"What fantastic news to hear of Northland DHB's decision to make our work environment a healthier place to live and work."

- Northland DHB Oral Health advisor Dr Neil Croucher.

How much sugar is in coke?

- 355ml can - nine tsp
- 600ml bottle - 16 tsp
- 1.5l bottle - 40 tsp
- 2.25l bottle - 60 tsp



Top 10 Selling Items In New Zealand Supermarkets:

1. Coca-Cola 1.5l
2. Wattie's Spaghetti 420g
3. Coca-Cola 2.25l
4. Nature's Fresh White Toast 700g
5. Wattie's Baked Beans 420g
6. Dole Bobby Bananas 850g
7. Tip Top Soft White Toast 700g
8. Sprite Lemonade 1.5l
9. Mollenberg Original Toast 700g
10. Coke Zero 1.5l

Walk for Kidneys

A Whangarei couple, travelling the length of New Zealand to raise awareness for kidney donation, have been re-inspired by nine potential donors coming forward since they set off only weeks earlier.

Ros Cole-Baker donated her kidney to husband Hugh last year and, after the successful outcome, decided to walk and mountain bike the length of the country, following the Te Araroa Trail, with Hugh accompanying her via campervan.

They set off from Cape Reinga on September 19 and, since appearing in the media, were informed by Whangarei Hospital's renal service that, so far, nine enquiries had come through from potential live donors as a result.

Says renal nurse manager Cheryle Kiwi: "This is a great response. It is very encouraging, not only for the Cole-Bakers, but for Northlanders on dialysis awaiting kidney transplantation."

To support the Cole-Baker's mission, the renal team joined them through the Whangarei leg of their journey.

There are currently 170 Northlanders undertaking dialysis to keep them alive. Of these, 36 are medically suitable to be listed on the national kidney transplant list and are waiting for a suitable donor.

There is a robust system to ensure donating a kidney is not

going to be detrimental to a donor's health. On average, a donor will require a recovery period of around two months.

Currently 71 Northlanders have had a functioning kidney transplant and Hugh Cole-Baker is one of these. After struggling with kidney disease for 10 years, resulting in renal failure and the need for dialysis, he received his kidney from Ros last year and, now the couple is passionate about reducing the waiting list of the 600 New Zealanders in need of a transplant.

Says Mrs Cole-Baker: "The only way to avoid dialysis is to have a kidney transplant from a deceased donor or a living person. Donating a kidney will make a

real difference to the life of a person with kidney disease. In the words of one donor, 'You'll never do anything better than donate a kidney'."

The Cole-Bakers are sharing the facts about live kidney donation and the benefits of a healthy lifestyle, conducting

talks in towns and handing out brochures along the way and aim to be in Wellington by Christmas, allowing up to five months to reach the Bluff.

Ms Kiwi says, the Cole-Baker's journey was going very well and they were more inspired upon hearing the news of the live donor enquiries.

To discuss donating a kidney, contact the transplant co-ordinator service on: 09 430 4100 #8508.



(Left to right): Renal nurse manager Cheryle Kiwi and clinical nurse specialists Kim Calkin and Tafale Maddren give the thumbs up to Ros and Hugh Cole-Baker as they set off to travel the length of New Zealand.

"Donating a kidney will make a real difference to the life of a person with kidney disease."

- Ros Cole-Baker.

Patient Safety Week

November 3-9

More than a thousand years ago, Hippocrates recognised the potential for injuries that arise from the well-intentioned actions of healers.

Greek healers in the 4th century BC drafted the Hippocratic Oath and pledged to “prescribe regimens for the good of my patients according to my ability and my judgment and never do harm to anyone”.

Since then, the directive *primum non nocere* (‘first do no harm’) has become a central focus for contemporary medicine. However, despite an increasing emphasis on the scientific basis of medical practice around the world, data on adverse outcomes is hard to come by.

It is easy to make the assumption - and there is perhaps some truth in it - when following national media stories about patient safety errors in our hospitals, that not much has really changed. However, it is also clear, from media reports and government activity, that patient safety is an issue at the top of the health service agenda and that there is a renewed determination to tackle the problem and to make our care safer.

Recognising that healthcare errors impact one in every 10 patients around the world, the World Health Organisation calls patient safety an endemic concern. Indeed, patient safety has emerged as a distinct healthcare discipline supported by an

immature, yet developing scientific framework. There is a significant body of theoretical and research literature that informs the science of patient safety. The resulting patient safety knowledge continually informs improvement efforts, such as: applying lessons learned from business and industry, adopting innovative technologies, educating providers and consumers, enhancing error reporting systems, and developing new economic incentives.

The first and foremost priority of care must always be to do no harm. Work in patient safety covers many areas, including the culture of safety, leadership for safety, adverse events, medication reconciliation, teamwork and communication, high-alert medications, medication safety, surgical safety, trigger tools, falls, venous thromboembolism (VTE), pressure injuries, surgical checklist and much more.

Programmes of work with patient safety are central drive for improvement and continue to roll out at Northland DHB. Many of the activities may go under the radar. However it is the aim of the Quality and Improvement Directorate to elevate patient safety and work in the patient safety realm to a level where all staff will have clear visibility and an opportunity to participate.

So start today. Remember: Patient Safety Starts with you.



Shaken Baby Prevention Programme Launched

Jaysha was born a healthy baby but, at four weeks old, was shaken by her father and, from that day, her life took on a different path.

Jaysha suffered from Shaken Baby Syndrome – the result of a single shake. A single shake can cause brain damage, blindness, paralysis, deafness, seizures, broken bones and delays in normal development and even death.

To help prevent this, Northland DHB launched an education programme that empowers parents and caregivers with the skills to protect their children.

All caregivers that visit the Special Care Baby Unit, the Children's Ward and antenatal services will receive the Shaken Baby Prevention 10-minute education session incorporated into learning lifelong skills, such as CPR and safe sleeping.

Jaysha's mum, Northland DHB staff member Vicky Hei, was first alerted to the difference in her daughter as soon as she returned from work that day and heard her high-pitched cry.

“As soon as I got to Jaysha I knew something was wrong, she had no colour, was limp and her eyes had diverted to one side and were flicking.

"I tried to breastfeed Jaysha but she wouldn't latch on so I kept asking what has happened here," says Vicky. "Dad just repeated his story and said I should wait a while, that baby would come right."

Jaysha didn't 'come right' and the next time she received food it was through a tube at ICU.

The diagnosis was that the injuries Jaysha had sustained were the equivalent to having had a very bad car accident.

The true story finally came out and Jaysha's Dad admitted that he had shaken his daughter.

“From that moment on, our life changed forever,” recalls Vicky.

Jaysa was left with right-side hemiplegia and developed severe epilepsy, having up to 15 seizures every day. Her development was delayed significantly in terms of learning to walk and talk.

She was taking up to 10 pills per day to reduce the amount of seizures she was having.

“She always looked sedated and the spark in her eyes had gone. Jaysha endured a lot of knocks and bruises from falling, tripping up and her drop seizures.”

Last year Jaysha had major surgery on her brain to stop her having seizures. Since then she hasn't had a single seizure, which has completely turned her life around.

"She is a gutsy kid and has a strong bunch of friends who include her as much as she is able," says Vicky. "She is full of colour, life and has some big aspirations."

“Our message is never, ever shake a baby and our baby with. Never leave it lose control - it’s okay to

Every year in New Zealand, on average 20 babies under two years are admitted to hospital with injuries after being shaken, and around five die.

The Shaken Baby Prevention Programme is a component of the National Violence Intervention Programme, and it is included in Violence Intervention training provided to all frontline Northland DHB staff.



(Left to right): National co-ordinator for Shaken Baby Prevention Kati Wilson, Vicky Hei and Shaken Baby Prevention project manager Karen Towns at the launch.

be careful who you leave your baby with. Never leave a baby with anyone who might lose control - it's okay to walk away."

“As soon as I got to Jaysha I knew something was wrong, she had no colour, was limp and her eyes had diverted to one side and were flicking.”

- Mum Vicky Hei.

Key messages:

- # Crying is how babies communicate - this can be very frustrating;
- # It's okay to walk away;
- # Never, ever shake a baby;
- # Never leave baby with anyone who might lose control;
- # Share this information with everyone;
- # If you think baby's hurt, seek medical help at once.

Truck-Load of New Wooden Playroom Furniture Donated



Staff, volunteers and family members with (front left to right): play specialist Joan Livingstone, Lisa Reed, Katie Reed and Hebe's Craig McInnes.

Whangarei Hospital children's ward resident Katie Reed has spent a fair amount of time in the ward's playroom. Recently she, along with staff members, was thrilled with the donation of a truck-load of new wooden playroom furniture, thanks to the generosity of a local father.

The furniture was made by the man behind Hebe Natural Children's Furniture, Craig McInnes of Opuia, who brought the haul up to the ward.

The furniture comprised a circular table and chairs, miniature stools, a convertible table/play box and modular shelving made from Leyland Cypress.

A boat builder by trade, Mr McInnes began making children's furniture after a family member request for several items and "it went from there".

That was three years ago and he now supplies kindergartens and day cares as far south as Christchurch, first sampling his creations on his three-year-old.

Of the donation he says: "It's nice to be able to give something to the community, I get a bit of a buzz out of it."

"It's nice to be able to give something to the community, I get a bit of a buzz out of it."

- Hebe Natural Children's Furniture, Craig McInnes.

Play specialist Joan Livingstone says the ward team was "absolutely thrilled to pieces with the donation and the fact that it is local.

"We are overwhelmed by (Mr McInnes') generosity and blown away by it."

Play specialist Karen Parker added that it "brings a bit of nature to the inside environment".

And Katie, 10, says her hang-out, is now "very cool".



Hebe's Craig McInnes and Katie Reed with the new furniture he created and donated to the children's ward.

GP Launches Book

A unique photography project by Bay of Islands GP Chris Reid came to fruition recently when he launched his book and exhibition called Patient: Portraits from a doctor's surgery.

Dr Reid, who lives in Russell but works at Kerikeri Medical Centre, has spent the past two years photographing virtually every patient who walked into his surgery. He was more surprised than anyone when all but two of the 400-odd patients he asked agreed to be part of the project.

The resulting portraits were whittled down to 150 images for the book and 40 for the exhibition, capturing an extraordinary cross-section of Far North society. Proceeds from the book and any prints sold are being donated to Mid North St John.

The show ran at Kerikeri's Turner Centre through October.

For more information, go to: www.craigpotton.co.nz/store/patient



Dr Reid's work is acknowledged by the Kerikeri community.

Exercise Wisdom Tooth

They came and, like knights in shining armour, boosted the oral health of almost 750 high-need Far North residents, before leaving again two weeks later.

In partnership with the Northland DHB oral health service, a team of New Zealand Defense Force (NZDF) dental personnel and other associated health promotion personnel, provided a treatment and health promotion programme in October based at Kaitiaki Hospital.

The free service, run as a NZDF training exercise, known as Exercise Wisdom Tooth, was aimed at those who hold a community service card. All community service card holders were referred by their GP, the Kaitiaki Community Link and private dentists. Some of the patients came from as far away as Whangaroa, Panguarua,

teeth that enabled some not to be ashamed of smiling or talking, the commitment from them to look after their teeth and to ensure their children would too was, as I said, humbling. There will be many stories to tell but this population group is so grateful for this opportunity.

"This was an unforgettable experience for many of us and, I know, the Far North community."

Ms Wedding points out that many other players were working alongside the NZDF and Northland DHB Oral Health team, including GP practices, Maori providers and the eight schools visited, to make the programme a success and an invitation was extended to the NZDF to return. "We saw how teamwork can happen if the passion is there to do

"Good dental health is important and contributes to better general health, raises self-esteem, and is associated with better educational outcomes and improved job prospects."
- Oral health advisor Dr Neil Croucher.



Major Suzanne Halligan

Okaihau, Te Kao and Te Hapua to take up the opportunity and during the two-week exercise, the team packed in 750 consultations and over 2000 treatments (including a clean and scale, fillings, x-rays and extractions).

"This was an unforgettable experience for many of us and, I know, the community."

- Child, Youth, Maternal and Oral Health general manager Jeanette Wedding.

An integral part of the exercise was a health promotion road show visiting eight schools in the Far North. Classroom learning about oral health and healthy lifestyles was combined with an army assault course team relay activity. Child, Youth, Maternal Oral & Public Health general manager Jeanette Wedding describes the visit as a "humbling experience" and considers it one of the major successes for the Northland DHB this year.

"It is clear that, for this group of the population, this has been a life-changing moment for them. To see people free from pain, corrective work done on their teeth, restored

something with positive outcomes for our people."

Northland DHB was given a plaque by the NZDF to commemorate their visit and it will be placed at the front entrance of Kaitiaki Hospital.

Exercise Wisdom Tooth is designed to increase NZDF service capabilities to provide dental treatment and health promotion activity while deployed on military exercises in the Pacific region.

Major Suzanne Halligan says the NZDF works with the Ministry of Foreign Affairs and Trade to provide regular aid missions in the Western Pacific Region.

"Health-related services are provided, including dental services and, in recent years, there has been an increased emphasis on education, training and prevention."

Oral health advisor Dr Neil Croucher says good dental health is important and contributes to better general health, raises self-esteem, and is associated with better educational outcomes and improved job prospects.

Service manager, oral health service Pip Zammit passes on a special thanks to all involved in this project, particularly Kelly Larkins and the oral health leadership team, the oral health promotion team, the oral health team in Kaitiaki, Jacqui Westren and Neta Smith.

"It was a busy two weeks for all the team at Kaitiaki hospital, thank you to you all for being there for us and our patients. You all embraced the project and the food and hospitality was fantastic."



Year of Activity Culminates in Fitness Challenge

The Kaitiaki Hospital staff have been actively participating in an Active Workplace Programme since November 2013. The aim is to improve staff health, co-ordinate activities and provide education to maintain health and wellbeing. After a busy year, it culminated in a Bike/Run and Walk Challenge in September.

After a week of bad weather, participants woke to an overcast but still morning - perfect weather for the event.

Fourteen cyclists took to the road, making their way from Kaitiaki Hospital, north to Lake Ngatu, to the

turn point and then raced back to Kaitiaki Hospital where some cyclists had a relay runner. There were several runners (without a cyclist team mate)

Road loop, either walking or running - a great achievement.

In addition, there were approximately 35 staff, who walked and talked their way around Okahu Rd loop. Refreshments and prize-giving followed with prizes donated from each department and a couple of businesses. Volunteers (mostly husbands) helped with making sure everyone was safe, and also manned the water stations.



A great day was had by all.

Northland DHB Staff Member Medalist in World Waka Ama

A Northland DHB social worker was part of a local waka ama team who brought home a silver medal from Brazil in August.

Community Mental Health and Addictions Services - south team social worker Richard Pehi is a member of the Parihaka Pirates Master men's team which competed at the 16th World Outrigger (Waka Ama) Championships.

The team won silver in the 1000m V6 turns race and a bronze in the 500m V6 sprint. Richard, the team's steerer and 2012 Master Men's World Champion in the V1 (individual canoe), got silver in the 500m V1 race.

Over 23 countries were represented and the competition was held over five days on Lagoa de Freitas, overlooked by Christ the Redeemer.

In addition, Richard's wife, Manaia Health PHO's health promotion manager, Ngaire Rae Pehi won gold in the 500m V1 Master Women. This

was the only gold medal from the New Zealand/Aotearoa contingent.



Parihaka Pirates are a local waka ama club team, having paddled as a crew for the past two years and twice winning gold at the national sprints in the 500m V6 event.

At the beginning of this year the team decided to have a go at attending the Worlds in Rio.

"We knew it would be a big challenge, not only in training but also financially as we would be paying our own way there," says Richard.

"Training was very intense. We had a 16-week programme training 5.30am and 5pm (twice a day), five days a week, and competing at races in Auckland on Saturdays. Our training build-up was distance and endurance in the beginning and then tapering off to high-intensity low volume, recovery days when needed."

Richard says, while in Rio the team visited some of the sights, including Cococabana beach, Christ the Redeemer, the Sugarloaf, Selaron Steps.

"One of my favourite memories was paddling with a local outrigger club in the Atlantic ocean.

"We would like to thank all our supporters: Parihaka Waka Ama Inc and Northland District Health Board - Drink Water campaign."

Excellent Effort at Dargaville Hospital to Reduce Harm from Family Violence

Improving safety and well-being for families in the Kaipara has been the focus of the Violence Intervention Programme at Dargaville Hospital for the past year. The team at Dargaville Hospital have consistently 'out-performed' the target set for family violence screening in their area.

Violence within the home affects many of our families in Northland and efforts have been underway for some time by a number of statutory agencies and NGOs to break the cycle. The health and social consequences of family violence are widely recognised and the Ministry of Health National Violence Intervention Programme aims to reduce this harm.

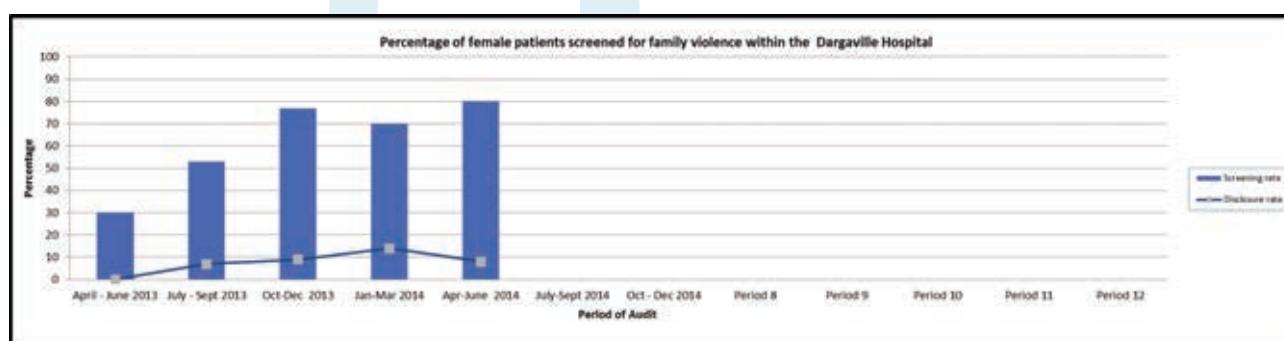
The focus within Northland DHB clinical areas who have implemented the Violence Intervention Programme (VIP) is to routinely screen all women 16 years and over who present for care, as well as men with signs and symptoms of family violence. This creates an opportunity to offer intervention in family violence and to improve safety for both the client being affected and any children in the home. The programme also focuses on addressing child abuse and neglect by supporting staff to intervene appropriately to protect children at risk.

Says Family Violence co-ordinator Paula Anderson: "The staff and management at Dargaville Hospital have been very supportive of the VIP programme and there is a strong commitment to making things safer for families within the Kaipara community."



(Left to right): Registered nurses Kim Vuleitch, Linda Gould, Rachel Beech, Bronwyn Olson, clinical nurse manager Karen Katipa and Dargaville and BOI Hospitals operations manager Jen Thomas.

Over the last four quarters, the team at Dargaville Hospital have surpassed the original target set. The steady rate of disclosures is a marker of the high-quality of screening being done as clients feel safe to disclose sensitive information.



In May 2013, during discussions regarding the VIP at Dargaville Hospital, a family violence screening target of 65 per cent by September 2014 was set. This ambitious target was welcomed by the VIP co-ordinator and work began to put strategies into place to support staff to routinely screen and briefly intervene in family violence. Support strategies included standardised family violence screening panels, in-service education sessions, one-on-one coaching and auditing and reporting on progress to the team.

"The real achievement here is not about the target. It is that the staff at Dargaville Hospital understand the difference they can make to the safety and well-being of women and children (and in some cases men) who are being affected by family violence. Family violence screening and brief intervention has become a standard part of the quality care provided at Dargaville Hospital."

Long, Colourful Career Comes to End

The retirement of Kath Smith recently has ended a colourful career which has spanned 47 years, over 40 of which have been served consecutively at Northland DHB.

Kath began her nursing training as an enrolled nurse in 1967. Four years later she was seconded to Rawene Hospital for three months to relieve staff shortages. This was followed by her OE to Australia, where Kath nursed at Cherside Chest Hospital, Brisbane. This tested Kath's resolve, as she did not agree with the manner in which patients in the geriatric wing were treated. Kath has always been a strong patient advocate.

From Brisbane, Kath moved to the Herberton Hospital in the Tablelands in North Queensland, which tested her nursing skills in another way. Kath relates how they transported a patient with a gunshot wound to Cairns Hospital in the back of a station wagon with the glass IV bottle hanging outside from the roof of the wagon. Kath also did a stint at the Royal Melbourne Hospital.

1973 saw Kath back in Whangarei, then once again seconded to Rawene. She took an interest in surgical instruments and got to scrub for tubal ligations and appendectomies. On one occasion when water was flowing from theatre into the main corridor, Kath



"Kath found a young patient had managed to turn the fire hose on and washed the theatre, including all the linen and instrument packs."

found a young patient had managed to turn the fire hose on and washed the theatre, including all the linen and instrument packs.

Kath requested to be transferred to Whangarei Hospital Theatre, where she enjoyed the camaraderie of organising Christmas parades with surgeons and house surgeons all giving up their own time to join in the fun. Senior staff retiring from the hospital received a jersey which several members of staff had been involved in the knitting of. In her 26 years involved with theatre work, Kath has seen many changes with reusable making way for disposable and the introduction of endoscopic and laparoscopic services.

After the sad loss of her husband in 2002, Kath was approached to manage the sterilisation services as she had such an interest in instrumentation. Kath embraced this with her usual enthusiasm and finally stepped down from the managerial role to complete

her years as an "on the floor" technician.

Kath's dedication, loyalty and attention to detail are a tremendous asset which will be greatly missed. She has concluded her retirement with a much-anticipated overseas trip to Italy and a European river cruise. We all wish Kath the very best for a happy and much-deserved retirement.

Jim Carney Cancer Treatment Centre Set to Open

After years of planning and fundraising for the Jim Carney Cancer Treatment Centre, the Northland Community Foundation (NCF) board and some of its staunch supporters met recently to plan the grand opening day.

The facility was completed in September and is set to be up and running on Monday November 17. In the meantime the public are invited to an open day Saturday November 8, which will include tours and entertainment for the family, such as face painting and bouncy castles.

Says NCF chairman Richard Ayton: "It's pleasing to see the end result of everyone's hard work."

NCF member and Lions representative Lindsay Caley added: "It's amazing to actually see the bricks and mortar - it seemed so far away when we first began planning."

More FM's Markby and Flash were also impressed: "It's fantastic." remarked John Markby.

Angela Gordon, AKA Flash, added: "It seemed like quite a lofty dream and now to actually stand here - it's quite amazing."

An invitation-only dawn blessing of the Jim Carney Cancer Treatment Centre will be held Friday November 7, then the Minister of Health will officially open the Centre at 10am. The following open day begins at 10am - 3pm.



(Left to right): NCF chairman Richard Ayton, More FM's Angela Gordon and John Markby, Oncology clinical nurse manager Maggie Prentice, Lions liaison co-ordinator Colin Twyman, NCF manager Ros Martin, Lions' Lindsay Caley, director strategic projects Mike Cummins and RDT Pacific project manager Simon Willson.

Room for Stillbirths in New Maternity Unit

A special room dedicated to stillbirth and neonatal loss in Whangarei Hospital's new maternity unit will be fantastic, says a mother who delivered a stillborn baby earlier this year.

October marked Baby Loss Awareness Week. Kelly Stevens gave birth to James in March at 27-weeks gestation. James died from a parasitic disease called Toxoplasmosis which pregnant women are susceptible to.

At the time, because the ward was not particularly busy, Mrs Stevens was given a wing in the maternity ward to go through her "horrendous" ordeal.

"I know that everyone doesn't get to have what I had if the ward is full so I was lucky. It's fantastic to have that privacy to deal with your grief.

"The way I was treated by my midwife and all the staff was just amazing. The Northland DHB support was fantastic."

However, Mrs Stevens says, although she did not have to listen to other mothers giving birth or babies crying, she was still surrounded by reminders of what should have been, such as breast feeding posters on the wall.

"How I was treated is how everyone in my situation should be treated and I think a specially-dedicated room will make a huge difference."

Maternity new build project leader Annette Griffin says the special facility, to be named the Butterfly Room, is the only one in Northland and will be used for stillbirth and neonatal loss.

"It will be self-contained so families don't have to wander along public corridors but will have privacy. It's in the quietest corner of the maternity unit and is a larger room

than others. Our intention is to set out the furniture so it's not as clinical as the others but more homely. It will have a sofa bed and an ensuite."

Stillbirths and neonatal loss get priority under the current system, with one-on-one midwife care, social worker and chaplain support as well as support packs from local voluntary organisation Sands.

Sands works with the hospital to fill any needs and the Whangarei group provide families with Moses baskets, support packs, memory boxes, containing teddies, inkless hand/footprint kits, a candle, memory book and a certificate of life. The group also supply early loss packs for families who experience a miscarriage and have offered to contribute to the Butterfly Room.

"The new facility will still offer this support but the families will have privacy while allowing them time to grieve without feeling rushed," says Ms Griffin.

Northland DHB record on average thirty-five miscarriages and eighteen stillbirth and neonatal deaths a year. However, this is only a portion.

Whangarei Hospital midwife and Sands liaison Ann Austin has played a part in around twenty-five stillbirth deliveries but says it doesn't make it any easier.

"This new facility is well over due."

The new maternity unit, which will also include five birthing rooms, two assessment rooms with ensuite facilities, and eighteen inpatient beds in mainly one and two bedroom units with ensuites, is expected to be up and running in April 2015.

"How I was treated is how everyone in my situation should be treated and I think a specially-dedicated room will make a huge difference."

- Mum Kelly Stevens.



An artist's impression of the front of the new maternity unit.



A Mother's Ordeal



Baby James would have loved kisses and cuddles from his big sister Sadie.

Sadie, 3, often tells visitors she misses the baby brother she never got to know.

James only made it to 27 weeks gestation before he died in utero from toxoplasmosis in March this year.

His due date of June 20, came and went and, although the busy, blue-eyed, bubbly blonde Sadie's endless chatter fills mum Kelly's days, six months on, James is never far from her thoughts.

The mere mention of his name has the ability to make her burst into tears.

"It was such a relief when we finally got pregnant with James," recalls Kelly, attempting to wipe away the steady stream of tears.

"It took 18 months with Sadie and 11 months with James."

The first 12-14 weeks of her second pregnancy was similar to her first with typical early pregnancy sickness and fatigue. However, unlike the first time around, Kelly, 35, didn't come right.

"With Sadie, I was climbing up Parahaka and doing RPM classes but this time I never caught up. I had extreme exhaustion and would come home from work, lie on the couch and make myself cook dinner," tells the Whangarei mum.

However, appointments with the midwife turned up normal results – Kelly and husband Ryan's baby was the right size for his gestation. Things got worse on Friday March 21.

"It was our fifth wedding anniversary and Ryan's mum had picked Sadie up so we could go out for dinner. I was feeling terrible that day and just couldn't get out of bed. However, I dragged myself out and made myself go out.

"But by 4am I woke and knew something was definitely not right."

"I woke and knew something was definitely not right."

- Kelly Stevens.

Kelly's midwife advised her to lie down and focus on movement. An hour and a half later there was still no movement so, later that day Kelly went to the hospital.

"I called my husband but he decided not to come because nothing was going to be wrong was it?

"I got hooked up to the monitor and we could only hear my heart beat. The obstetrician told me to get my husband up so we waited for him and then they did a scan and there was just no heart beat," she says, as the tears start their descent again.

"I think I probably just howled at that point."

For months afterwards, that scene played out in Kelly's mind. "All I could remember was seeing that monitor and hearing 'Your baby has died'.



The Stevens family

While Ryan stayed strong and held her, Kelly was given a drug to turn the placenta off and the couple returned home to await the delivery day scheduled for Monday.

"During that time I didn't sleep or eat. I didn't want to look in the mirror and didn't want to look at my tummy.

"Mum and my sister had been visiting my grandparents in Australia and were due to board for home when they got the news," recalls Kelly. "Mum turned up in the middle of the night and it was just really good to have her there."

Monday dawned and Kelly felt nothing but dread.

The couple, along with Kelly's mum and sister, went into hospital at 8am, when she was induced. Contractions began at 1pm, becoming more painful after 4pm.

"I'd had an emergency caesarean with Sadie after she got stuck during pushing so this was my first natural delivery. Apparently it's just as painful and more difficult (delivering a stillborn) because the baby is floppy and not bearing any weight."

Kelly and Ryan's 1kg baby was born at 9.40pm and it was the first time they learnt he was a boy.

"The midwife cleaned him up and I remember crying really hard because he was a boy and I felt really sorry for Ryan.

"He was quite a dark colour because he had been dead a couple of days but he was pretty perfect looking.

"He had lots of very dark hair, unlike Sadie who was white-blond, and big hands and feet – he was going to be tall like his father."

Kelly had been on morphine throughout the labour but "came back to reality as soon as she'd given birth – it sort of sobers you up".

"I was glad it was over because it had been emotional and I was sore and exhausted but, because I hadn't had a natural birth before, I was actually really proud of myself."

James was named after dad Ryan's middle name and everyone had turns holding him before he spent the night with his parents in the delivery suite. The next day he was taken for an autopsy in Auckland to ascertain what went wrong.

A long wait for the results followed and, meanwhile, James returned home for one night where he slept in Kelly and Ryan's room before his funeral the next day.

It was during this time Kelly and Ryan captured the images of their precious baby boy which now adorn their lounge room wall.

The funeral was a small family affair and *Guess How Much I Love You* was read, followed by Kelly reading a

letter to baby James. Ryan then read Sadie's favourite story as she sat on his knee doing the actions.

Pearl Jam's *Man of the Hour* played while the family let off balloons.

During all this, along with her heart, Kelly's breasts ached as her milk came in that day – her confused body going through the post-birth process.

After a long nine-week wait of 'what ifs', the results from the autopsy and blood tests came back.

Toxoplasmosis was detected in both the placenta and James' blood. Toxoplasmosis is a parasitic disease. Cats are the primary source of infection to human hosts, although contact with raw meat, especially lamb, is a more significant source of human infections in some countries. Fecal contamination of hands is a significant risk factor and, with pregnant women more susceptible, they are advised to refrain from gardening to avoid exposure to cat faeces. Kelly, like most pregnant women these days, was aware of these risks and it is still a mystery how she contacted it. James' healthy size for his gestation, indicates he had only come into contact towards the end.

"During that time I didn't sleep or eat. I didn't want to look in the mirror and didn't want to look at my tummy."

- Kelly Stevens.

"I'm trying not to think it was our wedding anniversary but it probably likely was that day," Kelly says sadly.

Although there is no risk of contracting toxoplasmosis again as Kelly now has antibodies, they have already begun going through the "frustrating" process of trying to get pregnant again and are currently seeing a fertility specialist.

Meanwhile, Kelly continues to go to work every day and says their huge support network has helped her get through.

"While our ordeal is truly devastating, the love and support we were shown from family, friends, colleagues, the community, Morris & Morris, hospital staff, my midwife and Sands (a baby loss support group), certainly made it easier for us and has restored our faith in community and humanity."

And then of course there is Sadie - a ray of sunshine in the couple's life. Kelly has displayed gentle patience with the three-year-old, who has demanded her mum's attention throughout this emotionally-exhausting, reflective afternoon.

"She has been amazing and talks about him a lot. She would have made such a great big sister to James," says Kelly, her eyes welling up again.

The photo on the wall of the curly haired big sister bending over her wee brother's lifeless body says it all.

Preventing Harm from High-Alert Medications

Over the past year there has been a transition to Northland DHB's medication administration policy. The component affected specifically relates to the medication checking process required by staff when preparing and administering 'high-risk' medications.

What are High-risk medications?



- High-risk medications bear a heightened risk of causing significant patient harm when used in error.
- Although mistakes may or may not be more common with these drugs, the consequences of an error are clearly more devastating to patients.
- Use these lists to determine which medications require special safeguards in your area to reduce the risk of errors.

Why has this change occurred?

Historically the medication policy has required staff to perform a second check with another staff member when preparing all intravenous, intramuscular and subcutaneous injections. Unfortunately this has not required a follow-up check by both staff at the patient's bedside, where a number of administration errors have high-risk of occurring, e.g. patient misidentification, incorrect pump setup, incorrect rate or titration, wrong route, etc.

Medications, such as narcotics were documented as being required to be double-checked at the bedside but many other high-risk medications were not clearly delineated in the policy to receive the same checking procedures. This often caused confusion and a number of impracticalities. By checking all intravenous, subcutaneous and intramuscular injections it also created a false sense of security for staff members feeling a double-check had been performed. Often the double-check was a casual glance and a shared calculation, instead of the required process of conducting a full independent second check. This also has the ability to lead to a false feeling of safety, bias and safety workarounds.

In 2012, the Institute for Healthcare Improvement produced a 'how-to guide' focusing on preventing harm from high-alert medications. The Institute for Safe Medication Practices (ISMP) describe "high-risk" medications as those medications that bear a heightened risk of causing significant harm to individuals when they are used in error. These groups of medications are more likely than any other medications to cause harm.

What has changed in the policy regarding checking?

A recommendation to restrict the process of completing an independent double-check to groups of medications

considered 'high-risk' has been promoted. A series of posters addressing the following key points/questions help support staff understanding as to why the need for change to the checking process within the organisation. These posters have been placed in each medication room once each area changes over and include:

- A description of what high-risk medications are;
- What an independent second check should include;
- Lists of high-risk medications and area-specific needs requiring a full independent second check, including both staff checking patient ID and pump setup at the bedside;
- A medication administration process flowchart.

What is an Independent Second Check?



- Human factors suggest that second checks are more effective if they are performed independently. (e.g. an error in the concentration of a drug will be detected more often if the person checking the medication performs all calculations independently, without knowledge of any prior calculations).
 - Two staff performing undisturbed independent checks are more likely to identify errors than if they perform these together.
- All independent second checks MUST:**
- Independently verify adverse drug events/allergy status/ & the "Rights"
 - Perform calculations & checking the final preparation of product without any cues from the first checker
 - Include both staff verifying patient's ID at the bedside

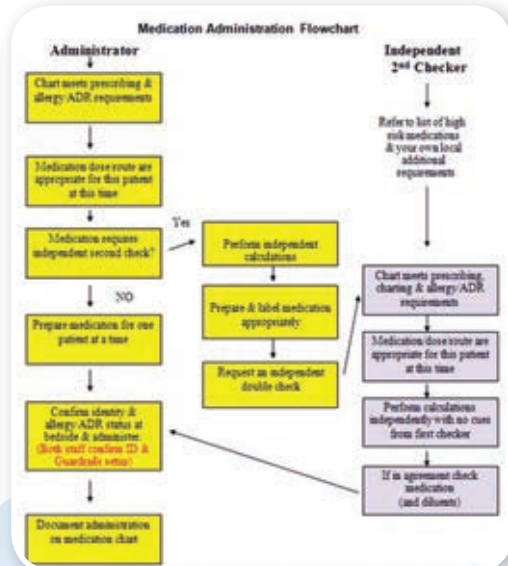


The majority of the medication administration policy remains unchanged, apart from the three pages that discuss the checking process.

What groups of medications now require an independent second check?

- The following table consists of various medication groups that have been highlighted internationally as high-risk. All the medication groups located in the black/white boxes require a full independent second check prior to both staff proceeding to the patient's bedside to verify the person's ID and pump setup.
- Any medications listed in the coloured box (brown in the following example) will require an independent second check ONLY in the medication room. This is because these medications still need to be checked for other considerations, such as chemistry values, appropriate weight-based dosing, or they may require other special filters/administration setups.
- The four points included at the top have been added for extra patient and staff protection. It is important that where staff are unsure whether an independent second check is warranted, that help should be sought from a colleague i.e. default to the independent second check principle.

Medications & Fluids requiring an Independent Second Check	
<ul style="list-style-type: none"> ALL groups of high risk medications listed in the following "high risk medication" tables & stored in designated high risk areas Medication requiring a complex calculation (e.g. some weight based calculations) & all continuous infusions All unfamiliar or new medication to the administrator All staff orientating until authorised otherwise by Management/CNE of area e.g. NCTP, CAP, New to area 	
23/04/2014	
Classes/Categories of Medications	Specific Medications
<ul style="list-style-type: none"> Adrenergic agonists, IV (e.g. adrenaline, phenylephrine, noradrenaline, isoprenaline) Adrenergic antagonists, IV (e.g. propranolol, metoprolol, labetalol) Anaesthetic agents, general, inhaled and IV (e.g. propofol, ketamine) Antiarrhythmics, IV (e.g. lignocaine, amiodarone, diltiazem, esmolol) Vasodilators, IV (e.g. sodium nitropruside, GTN, levosimendan, hydralazine) Antithrombotic agents including: <ul style="list-style-type: none"> Anticoagulants (e.g. IV unfractionated heparin) Factor Xa inhibitors (e.g. fondaparinux) Direct thrombin inhibitors (e.g. argatroban, bivalirudin, dabigatran (IV), estelate, lepirudin) Thrombolytics (e.g. alteplase, reteplase, tenecteplase, urokinase) Glycoprotein IIb/IIIa inhibitors (e.g. eptifibatide) Transcatheter Chemotherapeutic (cytotoxic) agents, parenteral and oral Dextrose, hypertonic, 20% or greater All other hypertonic IV fluids (e.g. mannitol) Dialysis solutions, peritoneal and haemodialysis Epistaxis or intrathecal medications (propofol, bupivacaine, etc.) Inotropes, IV (e.g. digoxin, milrinone, dopamine, dobutamine) Insulin, subcutaneous and IV Moderate sedation agents, IV (e.g. dexmedetomidine, midazolam), &/or Anticonvulsants, IV (e.g. diazepam, phenytoin, levetiracetam, phenobarbitone, etc.) Moderate sedation agents, oral, for children (e.g. chloral hydrate) Concentrated electrolyte solutions e.g. potassium chloride, sodium chloride, potassium phosphate, calcium chloride, magnesium sulphate, etc. 	<ul style="list-style-type: none"> Sodium Chloride for injection (hypertonic, greater than 0.9% concentration) Narcotics/opioids IV Transdermal Oral (including liquid concentrates, immediate and sustained release formulations) Neuromuscular blocking agents (e.g. suxamethonium, rocuronium, vecuronium, pancuronium) Parenteral nutrition preparations & associated additives Radio contrast agents (IV)
<p>Area specific medications deemed necessary for independent second check in medication room only:</p> <ul style="list-style-type: none"> All Paediatric medications Aminoglycosides e.g. gentamicin, amikacin, tobramycin Glycopeptides e.g. vancomycin, teicoplanin Liposomal medication e.g. amphotericin B 	



Reference:

How-to Guide: Prevent Harm from High-Alert Medications. Cambridge, M.A: Institute for Healthcare Improvement; 2012. (Available at www.ihl.org).



Pukawakawa Students Take Back Fond Memories of Far North

Twenty-four year five medical students on a year-long placement in Northland were farewelled in an emotional ceremony in October. Pukawakawa is a sought-after programme run in partnership by the University of Auckland and Northland DHB. Each year around 20 students are selected to have a taste of rural immersion in Northland. The farewell ceremony was attended by the students and their families, University of Auckland representatives and a large representation of Northland DHB staff.

Amongst, karakia, waiata, certificate presentations and speeches from all sides, the students spoke of their invaluable hands-on experience amongst poverty in the Far North and of being accepted and welcomed into the homes of their patients.

Said medical student Rachael Windsor: "I remember the beginning of this year, on our first day, being shown a map of New Zealand, divided into DHB catchment areas, colour-based on social-economic depravity. I remember Northland glowing red and hearing statistic-after-statistic on the negative social, economic and health outcomes in this part of our country. And I have heard those statistics before. But this year has given those statistics faces, faces I can't forget, faces I will chose not to forget.

"Dull graphs and confusing tables now burst with experiences, names and stories.

"My mind is full of stories of hospitality and heartbreak, of mind-numbing abuse and awe-inspiring hope, of poverty and unbelievable kindness, but there is just one story that I will tell. During my placement in Rawene, which was the single best experience of all of med school combined, I was invited to go to a tangi of a woman. I was terrified. The last time I saw a dead person was my granny and was too scared to kiss her and here I was having to hongi a woman I had never met. I remember standing in the middle of the room, surrounded by this woman's whanau shaking. But the reason that this experience stands out to me as being so significant was the walking around that room, embracing every single family member – frail kaumatua, Ridgeline-clad toddlers, gang members and 22-year-old girls like me. And they were the best hugs I have ever experienced – deep and long and meaningful - and with strangers.

"Here I was, a very white, middle-class girl and, despite

all the statistics, the lines that divide, the history that challenges me as a Pakeha, I found myself sharing these intimate moments with people I had never met, crying together, eating together, sharing our stories, for hours and hours. I found myself so deeply humbled at the unquestioned hospitality I was receiving during a whanau's process of grieving."

Another student spoke of one particular whanau who became special to him.

"The mum invited me over for lunch one day and had prepared corn beef and taro for me. I hadn't seen island food for months and the fact that she acknowledged my culture meant a lot - we had that instant connection."

While Northland DHB ENT consultant Subhash Shetty had everyone in stitches during his speech, Northland

DHB board chair Tony Norman spoke of the evolving world with technology and encouraged the students to continue to be curious and hungry for knowledge "but don't forget your humanity along the way".

Northland DHB chief executive Nick Chamberlain spoke about the students' Northland experience, apologising for the wettest winter since 1946 and said the future of healthcare is not just in the hospital.

He then proved that he is not out of touch with his own early medical career, reflecting on his time, before reminding the

students of their impending exams and wishing them luck.

One of the students recalled the beginning of the year welcoming ceremony, being told that, so far, their parents had packed their parachutes and now it was time to go and pack the parachutes of others.

"We've added to our parachutes and it's made us better."

After playing a well-composed slide show featuring photos of themselves at various locations around Northland, accompanied by fitting background music, which generated a lot of laughs, the students presented Northland DHB with a plaque.

Although some of the Pukawakawa students hail from Auckland and beyond, they said they had all become whanau and now call Northland their second home.

Said one: "I think we would unanimously agree that this has been our best year of medical school so far and it probably will be."



The Pukawakawa students.

"Dull graphs and confusing tables now burst with experiences, names and stories."

- Medical student Rachael Windsor.

What has Health Literacy Got to do With Patient-Centred Care?

That might seem a peculiar question – but the answer is quite a lot.

As part of the health literacy and Type 2 Diabetes project, Workbase has been working with three primary care practices in Northland. They observed a number of interactions between health professionals and patients.

Without exception, the health professionals were kind, well-meaning, highly-motivated people. However, the interactions were not always patient-centred. Instead they were often driven by the need to complete a checklist often linked to the dashboard in a PMS system.

A literature review produced in 2012 by the Bay of Plenty DHB with funding from the Health Quality and Safety Commission describes patient and family-centred care and the rationale for using this approach. The literature review identified these core elements to patient and family-centred care:

- **Dignity and Respect** - Health care practitioners listen to and honour patient and family perspectives and choices. Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into the planning and delivery of care;
- **Information Sharing** - Health care practitioners communicate and share complete and unbiased information with patients and families in ways that are affirming and useful. Patients and families receive timely, complete, and accurate information in order to effectively participate in care and decision-making;
- **Participation** - Patients and families are encouraged and supported in participating in care and decision-making at the level they choose;
- **Collaboration** - Patients, families, health care practitioners, and hospital leaders collaborate in policy and programme development, implementation, and evaluation; in health care facility design; and in professional education, as well as in the delivery of care.

Compare these core elements with the six dimensions of a health literate organisation and you will see a number of similarities.

For patient and family-centred care and health literacy you need:

- Leadership (and a strategy);
- Patient and family engagement;
- Workforce engagement;
- To pay attention to the needs of priority patients and families;
- To assist patients and families to access and navigate all aspects of the health system;
- To communicate in all forms and using all channels, e.g. spoken, written, online and so on.

Both health literacy and patient and family-centred approaches require a system view. The first sentence of

the literature review sums it up well:

“Establishing a culture of patient and family-centred care requires long-term commitment and is a journey not a destination.” (Boon, page 1)

As part of the health literacy project in Northland, Health of Older People and Clinical Support nurse consultant/manager Andrea Taylor and Workbase’s Susan Reid observed 22 clinical interactions between health professionals, patients and families (mostly Care Plus appointments). In the majority of cases these encounters were driven by a health professional agenda - discuss the results of tests, diet, exercise, medicines, goal setting and goal achievement.

A number of these interactions opened with general pleasantries and then moved onto discussions of the results of tests - HbA1c, blood pressure, cholesterol and kidney function. This moved onto discussions about goal setting. Near the end of the interaction, critical questions were asked, such as “How are you going?” or “How are you coping?”

Patients’ responses to these questions showed they were not coping and were under a lot of stress because of important other issues in their lives. The health professionals involved all responded really well once they became aware of the patient’s situation. The health professionals found resources, made referrals and provided support for that patient and their whānau to address the critical issues they were facing. However, how much had the patients taken in about their test results when all the time they had been worrying about other issues?

Compare these interactions with another Care Plus appointment that was observed. The nurse started by acknowledging that the patient had been acutely unwell and enquiring about how she was managing at work and home, how the prescribed medicine was working and whether she had got an appointment with secondary services about her acute condition.

The rest of the time the health professional worked with the patient to get an appointment with secondary services, discussed what would happen next and what the patient could do to manage in the meantime.

At the end of the appointment the health professional said to the patient:

“Here are your HbA1c results [handing out a graph] - they have gone up since last time which is not surprising. Don’t worry about them. I know we can get them down again once you are well because you have done it before.”

So, for a health literate (and patient and family-centred) opening to a Care Plus appointment, we suggest that, after the initial greetings, the health professional says:

“I would like to talk to you about two things today - how you have been since I saw you last and then we can talk about your test results. Now what things do you want to talk about or what questions do you have and I’ll write those down so I don’t forget to answer them during our appointment.”



SMOKEFREE FOR LIFE

AUahi KORE MO
AKE TONU ATU

Council Calls for Ban on Tobacco

Whangarei District Councillor Brian McLachlan is calling for a total ban on the sale of cigarettes and tobacco products by January 1 2025. Council unanimously supported his call and Mayor Sheryl Mai wrote an open letter to Parliament.

Mr McLachlan has smoked cigarettes for 43 years and has given up 'heaps of times'.

"What I need is simply not to have cigarettes available at the places I go to fill up my car, buy my groceries or last-minute stuff at the dairy. "Whether I can see the smokes or not, I know they're there, and I know I can get them. It's time to get tough."



Councillor McLachlan - ban the sale of tobacco by 2025.

Smokefree Pregnancy Alliance

In Te Tai Tokerau, 25 per cent of women are still smoking at the end of pregnancy and, for Maori women, the rate is 43 per cent.

In a unique response to this, Te Tai Tokerau health services and community groups who work with pregnant women who smoke have formed three regional alliances in the Far North, Mid North and Whangarei-Dargaville. They are committed to work together and reduce the rates of smoking in pregnancy.

Smoking in pregnancy is associated with increased risk of poor birth and health outcomes for women and their babies. These health effects can continue on into childhood. While many women would like to quit for baby when pregnant, less than a third succeed, so the alliances are providing innovative approaches to increase their success.

In the Far North, Te Hauora O Te Hiku O Te Ika has commenced a Quit Incentives programme 'Tupu te Kakeno' for pregnant mums. Incentives, in the form of grocery, petrol or Warehouse vouchers, are given to pregnant mums and whanau who become smokefree. The Mid North has a Quit Practitioner based in Kaikohe who runs an Incentives-based project for pregnant mums and Whanau. In Whangarei, Ngati Hine Health

Trust Aukati Kaipapa Quit Providers run regular Quit Hubs at the Mill Road Midwives Rooms, which is proving popular with the mums and midwives.

All three alliances have noticed the referral rate has more than tripled compared to the referral rate from the time prior to set up of the Alliances, as well as improved communication among service providers.

Northland College of Midwives, an Alliance member, has purchased a Smokerlyzer (a breath Carbonmonoxide analyser that measures smoking levels) and is trialling it with Maori midwife Nicole Pihema to see if it increases referrals. There are exciting results coming from this trial.



Liz Schultz, Maraea Mentor, Rubyanne Reihana, Rikki Rolleston.

Model Referrer 'a legend'

When it comes to addressing smoking, Whangarei Emergency Department registered nurse Lyn Penney is a legend. Lyn has referred over 20 smokers this year and was recently recognised as the best referrer to the Northland DHB smoking cessation line (ext. 3560). When asked how she does it, Lyn said: "I discuss smoking as part of my introduction to all patients, give brief advice to every smoker to stop, and recommend a referral to each one."

Most staff are doing well at giving brief advice, but we want to move to the next level. The best long-term quit results are achieved with behavioural support and stop-smoking medications.



Lyn Penney, Jan Marshall and the ED team.