

PreScribe

NORTHLAND DISTRICT HEALTH BOARD STAFF MAGAZINE



“The Flu Nearly Killed Me”

Pages 8 & 9



From the CEO's perspective



Values week is over, but I want to assure you that what we have learnt will continue to strengthen our organisation, our culture, and enrich and embed our values and behaviours. It is not just a 'one-off'.

Over the five days of Values Week there were 18 workshops across the four districts with 758 staff places filled and 139 patients attending 'In Your Shoes' workshops. In addition, 429 staff and 349 patients responded to a Values survey. All materials from workshops and surveys are being typed word for word and analysed over the next month. A summary document will be produced and sent out to all patient and staff workshop participants. A number of resources will be produced out of the analysed material.

We will be able to draw on this for staff training and development and in the improvement of our services. I hope those of you who participated agree that it is such a privilege to be in the company of patients sharing their very personal experiences. There were many fabulous stories of great service and some very heart-wrenching recollections that are so important for us to hear, to learn from.

Thanks to all of your views, input and energy, we are getting a really clear view of what patient and whānau centred care looks like in our day-to-day work. By living up to our values, we can create a kinder, more caring, happier workplace and become a truly patient and whānau centred organisation.

Patients who attended said they expected to be treated with a good attitude, be listened to, be spoken to like they were human beings, have their families involved and without prejudice. They expected good hygiene and a common theme amongst the feedback was our excellent care, despite a shortage of staff, with one commenting: 'While the calibre of staff was excellent, they just didn't have enough time to provide the personal care required'.

Some members of the public became upset while recalling their experiences, which were close to the heart but, overall the mood was light-hearted.

Many people said that the workshops have been a 'positive, warm and enriching experience'. The UK-based facilitator, Tim Keogh, brought over especially, has also engaged 50 staff in co-facilitation of sessions and left us with detailed Facilitator Guides to ensure we have the tools and expertise within our organisation to run more of these types of sessions in the future.

Feedback has been very positive from staff, patients and board members who attended patient listening events. Many patients said: 'I felt someone really listened to me for the first time', with staff saying: 'We should do more of this'.

One of our house officers believes he learnt to communicate better.

"I learnt that the amount of information we talk about or discuss is not presented in a way that can be understood. It really emphasised that often we speak in code. I will certainly be trying to make sure I explain things in plain English and without jargon."

And one of our managers stated that he found the experience 'humbling'.

"I was proud that we have patients willing to share their experience but, more importantly, we are willing to listen and put their comments into our everyday actions."

"I learnt from the patient that there are times when patients present with an acute condition and we have the shortest amount of time to interact with them but this can have the most profound effect upon them."

When patients are acutely unwell, they want reassurance and confidence that we know what we're doing and a simple acknowledgement in the form of eye contact, touch or voice is sometimes all that a patient may need.

"In my role I don't have regular contact with patients. I will change that."

I look forward to putting our rich information into practice and developing regular patient forums to continue our good work."

So, what next: How do we keep up the momentum:

- We are completing the analysis of what we heard from patients, families and staff in listening events and surveys;
- We want to let all of you know what we heard before we decide on what we will do as a result;
- We are considering the 100 great ideas campaign – what should we do based on what we heard;
- We will communicate to patients and staff – the behaviours/actions;
- There will be a launch event to re-launch our values and clarify the behaviours we have agreed to hold each other to account for. An example of this may be a pledge to 'never walk by' – focusing on speaking up. Another might be the 15 steps campaign which has been so successful in Ward 15, whereby no patient should have to walk more than 15 steps into a ward or clinical area before being greeted and asked if we can help;
- We will embed our values meaningfully into all aspects of the organisation including: recruitment; induction; performance appraisals; leadership and team development; measurement; improvement; strategy etc.

Regards,

Nick

Enriching and Embedding our **VALUES**



NORTHLAND HEALTH SERVICES PLAN

Whānau Ora Mahi Kia Kotahi

Kids Preaching Nude Food

Sara Hamilton has been preaching to her kids about healthy eating for years but it just kept falling on deaf ears. The peer pressure back at school was such that only packaged food was cool.

Enter Project Energize to Totara Grove School with its push for 'nude' food, and packaged foods are no longer the rage.

"I've been a believer in whole foods and natural foods and always tried to provide healthy lunches but since (Project Energize), my son and daughter come home and tell me what I've been trying to tell them for years. It's nice to have what I've been trying to teach, backed up at school."

Project Energize is a Sport Northland initiative, funded by Northland DHB, which sends 'Energizers' into primary schools to educate the pupils, parents and teachers about physical activity and nutrition and ultimately improve children's overall health.



Classmates (left to right): Ariana Naera-Kamoe, Dayshin Para and Jaxon Dalton-Steel with the four food groups behind them.

"It's nice to have what I've been trying to teach, backed up at school."
- mum Sara Hamilton.

for example hopping and jumping over the alphabetic squares painted on the courts, pool games and sandpit activities.

Says junior lead teacher Maureen Toki: "It's teaching the kids to use what's already in the playground actively. I've noticed the kids are more active during break times – it's awesome."

Fellow junior teacher Donna Smith says her 'success story' is DJ Rihia, 5, who has now shunned the packaged foods she would bring to school every day, in favour of cheese sandwiches. She also now drinks the school milk.

"It helps me go and gives me energy," says DJ. "I can run faster."

Back across the playground, Sara Hamilton has rounded up her two children - Raydyn, 7 and Kali, 6 – from their game of 'Huff-Puff'.

Says Raydyn: "Jen taught me not to use processed food or packaged food because they have less substance in them and more additives in them than fruit and nude food, which is food that comes from the ground and trees.

"I think packaged food is yuck."

"Packaged foods are bad food and food that grows is good for you," adds Kali.

"(Nude food) is becoming more the new norm," says Sara. I can't thank Jen and Project Energize enough for backing up what I've been trying to convey. It has definitely enriched our lives."



DJ Rihia, 5, now brings cheese sandwiches to school every day and drinks the school milk.

hoping it will start some conversation with their parents."

The evening incorporated a range of fundamental movement skills games utilising the school's playground,



Sport Northland energizer Jen Steele (left) and mum Sara Hamilton with kids Kali, 6 (left), and Raydyn, 7.

Values Week - Responses

Patient Feedback

Kevin Salmon had a lot of unresolved feelings about his late mother's quick and sudden cancer journey last year. So when the chance came for patients and family to voice their feedback to Northland DHB staff, he leapt at it.

Northland DHB recently launched a values campaign called Enriching and Embedding Our Values to understand what values-led care, patient and whānau centered care looks like to patients, whānau and staff.

The campaign is the result of a Patient Safety and Quality Improvement Review – a first for New Zealand and commissioned by chief executive Dr Nick Chamberlain - to take a comprehensive look at Northland DHB safety and quality systems with a key focus on improving patient experience.

Dr Chamberlain said the purpose of the review was to better understand the things staff were doing well and identify the things they can do better, striving to consistently deliver high-quality patient centred care, safely.

"We need to put the patient at the centre of everything we do, get smart intelligence, focus on improving organisational systems, and nurture caring cultures while ensuring that all staff feel valued, respected, engaged and supported," he said.

As part of the campaign, a number of listening events were held at Northland DHB hospitals, which included patients, carers, whānau members and staff.

Mr Salmon says, when he heard about the listening event In Your Shoes, he thought it would be a nice opportunity to talk to staff and pass on feedback.

"There are consequences to events that happen that staff can have control over. Sometimes there are large potential consequences. They are not inhumane so it was nice to be able to explain."

Mr Salmon, who was also there representing the Northland Health Consumer Council and Alzheimer's Society Northland, felt he was listened to and was able to get his point across.

"I didn't realise it was going to be so emotional for me but I felt (the event) was very eye-opening for everyone."

An attendee from the Far North, Iris, was also pleased she had the chance to have her say.

"When you are sick or a loved one is sick you need some reassurance and the nurses are so busy they didn't seem to have time. There is a need to ensure that wards are resourced so people have time to do the little things like sit and talk with people and give them the reassurance they need. But all in all, I was happy with the care I received," she said.

Many staff and patients attended the listening and leadership events for Values Week.

We asked several staff who attended workshops:

1. How did you find the session?
2. What did you learn?
3. What was the most surprising thing you learnt from the public?
4. Is there anything you will now change as a result of attending the event?
5. Any further comments?



Pip Zammit, service manager, Oral Health Services

1. This was a very valuable workshop. It is important to know how we can do the best for our patients and whānau. "Every experience counts".
2. I came away with a couple of tools that I have used already. The first one is great to use in situations where the values of the organisation are not reflected positively in an employee's behaviour:

"Build more constructive behaviours"

B - Talk about the behaviour, not the person.

U - Understand the context, don't judge, don't ask why.

I - Describe the impact on patients, colleagues or care.

L - Listen to their point of view.

D - Ask what would they do differently next time?

And "The ABC of appreciation" - we can never do enough of this to our colleagues!

A - Action - this is what they said or did.

B - Benefit - the positive impact it had.

C - Continue - thanks, and keep it up.

Enriching and Embedding our **VALUES**



NORTHLAND HEALTH SERVICES PLAN
Working as One Mahi Kia Kotahi



June McCabe, Northland DHB board member

1. It was an engaging session and quite amazing what can be achieved in two hours. A great process and well-run. The opportunity for patients to give feedback in a safe and encouraging setting where we, as staff, were just focused on listening. Awesome!
2. That almost all of the patients' concerns were on how we communicate, how we give them information, the timeliness of the information and the way in which we show, as individuals, that we care. In showing how we care, we have to have empathy, an understanding from them about how they are feeling and then we act. The experiences shared reflected how feelings were not considered so when things are being done, patients actually felt disrespected or not believed.
3. What I learnt was how much they care about us. How much they, as individuals, did not want to make our job hard or be a nuisance or an inconvenience. How concerned they were about our stress levels in their stories. How much meaning a smile can have. How willing they were to share their good and bad experiences to help us do our jobs better.
4. Apart from smile more often, actively support our chief executive, put patients first in our governance deliberations.
5. I was very proud to sit in a workshop where we opened ourselves up for feedback. The generosity of patients to share was inspiring and the willingness of all us to just listen and not judge or defend was a powerful experience. Only good can come from this.



Dr Tom Reynolds, house officer

1. The session was a lot busier than I expected. It was structured and we had plenty to do and talk about.
2. I think the biggest thing I learnt was around the difference between communication and understanding. They're two quite different things.
3. The amount of information we talk about or discuss that is not presented in a way that can be understood. It really emphasised that often we speak in code.
4. I will certainly be trying to make sure I explain things in plain English and without jargon.
5. It was great to have a whole mixture of people from all different places and roles across the hospital.



Peter Wood, service manager, Emergency and Medical Services

1. I found the experience very humbling and I was proud that we have patients willing to share their experience but, more importantly, we are willing to listen and put their comments into our everyday actions.
2. I learnt from the patient that there are times when patients present with an acute condition and we have the shortest amount of time to interact with them but this can have the most profound effect upon. When patients are acutely unwell they want reassurance and confidence that we know what we're doing and a simple acknowledgement in the form of eye contact, touch or voice is sometimes all that a patient may need.
3. That we still have staff in our hospitals who disregard patients and may talk to a colleague in the same room about some form of gossip, instead of talking with the patient.
4. In my role I don't have regular contact with patients. I will change that.
5. I look forward to putting our rich information into practice and developing regular patient forums to continue our good work.

Esther-Jordan's Dream Comes True



It was her 25th birthday and, while she wasn't there physically to see her dream come to fruition, there was no doubt in anyone's mind that Esther-Jordan Muriwai was present.

It was the much anticipated launch of the Bronchiectasis Foundation – not only a dream of Esther-Jordan's but the result of her hard work before the condition took her own life last year.

Esther-Jordan spent a total of 14 years, five months and five days of her 24 years in and out of Whangarei Hospital battling a life-long ailment, bronchiectasis – a crippling respiratory condition that was the aftermath of a childhood bout of whooping cough. However,

she didn't let that stop her achieving her goals and managed to touch many lives along the way.

Shortly before her death, she featured on Seven Sharp for her work towards establishing a Bronchiectasis Foundation, which will enable fundraising to support those suffering from Bronchiectasis, and their families, along with her goal of educating more people about this devastating condition. Earlier in the year she received a Bravery Award at the Asthma Foundation

Achievers' Awards ceremony, hosted by Governor General Sir Jerry Mateparae at Government House.

"Esther-Jordan was a very special young woman who was very independent at making her own decisions. She knew what she wanted and worked through how she was going to achieve it."

- Esther-Jordan's mother Ana Sadlier.

Sir Mateparae was present at last week's launch at Barge Showgrounds Event's Centre, which incorporated waiata, haka, dance, food and laughter, and, in his speech, recalled the day Esther-

Jordan received her award.

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

"I have a couple of other vivid memories of that evening. The first is from the official photo session before the ceremony. Esther-Jordan was quite happy fitting in with the various requests for photographs. For one of them, I told her it was for my Facebook page. Esther-Jordan put a halt to proceedings while she took out her ventilation tubes. When I asked her why, she explained that she wanted to look "normal". Everybody wants to present their best side on social media and she was no exception. It was her statement to the world to see her as a young woman, not as a young woman with a disease.

"Later in the evening when I went over towards her table to give her the award, she waved me back. She wanted to get her award from me the same way everyone else had, and she made it very clear that she was going to walk up to receive it.

"It was those qualities of determination, tenacity and humility that assisted Esther-Jordan in her objective of establishing the Bronchiectasis Foundation. She knew better than most what it was like to live with a chronic condition. She, better than most, understood the need to support people with her illness."

Forming a Bronchiectasis Foundation was Esther-Jordan's dying wish and her parents Ana Sadlier and Camron Muriwai have been working hard to make this happen and achieve her dream.

Said Esther-Jordan's mother Ana: "I'd like to say happy birthday to Esther-Jordan as it is her 25th birthday today.

"Esther-Jordan was a very special young woman who was very independent at making her own decisions. She knew what she wanted and worked through how she was going to achieve it.

"Growing up with a lung condition was one thing, however, growing up without a decent support network and services was highly difficult and a struggle for our whānau. Esther-Jordan found it really hard for people to understand what she wanted and would get frustrated quite easily, and that's what mum and dad were there for. We knew Esther-Jordan inside and out and what she needed. We worked hard for the Bronchiectasis Foundation to be launched before Esther-Jordan passed away but, unfortunately, our beautiful putiputi passed away. We still carried on to achieve what Esther-Jordan started and that is why we are here today. Her dad and I are very happy for the Bronchiectasis Foundation but



saddened that she couldn't be here today. But I guess she is here today - she is in all of us. Our memories of her will live on for many, many years as the young courageous woman that fought on to create a very special foundation."

Other speakers included Esther-Jordan's dad Camron Muriwai, who spoke of his 'princess' and the special place a daughter holds in her father's heart; Starship Children's Hospital respiratory paediatrician and researchers and Kaitia GP, public health advocate, New Zealander of the Year 2014 and Māori of the Year 2013 Dr Lance O'Sullivan who said, because of

Esther-Jordan, "bronchiectasis could be pulled out of the shadows".

The Northland Foundation has supported the design and development of the first ever national website for Bronchiectasis which is due to launch shortly.

To wrap up Seven Sharp's previous coverage of Esther-Jordan's journey, was reporter Michael Holland. The two formed a close bond during interviews last year and Sir Mateparae, who also shared a bond with Esther-Jordan, referred to the coverage in his speech.

"Reporter Michael Holland was correct when he said that only Esther-Jordan could get away with calling me "Uncle Jerry" on nationwide TV. All these things combine to make her a truly remarkable person, and someone that all New Zealanders should feel very proud of.

"Esther-Jordan's compassion for others, her grace in dealing with her illness, her ambition in the goals she set for herself and a hint of cheekiness are testament to the endeavour - the mahi - she packed into her short lifetime.

"To you Esther-Jordan Muriwai - sleep, be at rest."



Governor General Sir Jerry Mateparae.

The Flu Nearly Killed Me

Community clinic nurse Sam Pohe's job was to endorse the flu vaccine to her high-risk patients but, as she lay in a coma at death's door, her body riddled with complications deriving from influenza, it became obvious she'd forgotten to get one herself. She shares her ordeal with Jodi Fraser.



Sam Pohe.

The Whangarei 45-year-old was usually one to practise what she preached but, last year, got so busy vaccinating her patients, she forgot to get immunised herself.

Sam recalls leaving work early one day in August, thinking she had a cold.

"I was just feeling rather poorly. I left work early and went home to bed. I think I slept for three days. On the third day I woke for some reason, went to the bathroom, as I knew something wasn't right, and I was blue.

"I text my friend to say 'Why am I a blue colour?' I called the ambulance and was taken to hospital ED. My oxygen sats (oxygen-saturated) were about 70 per cent and dropping."

She was admitted to ICU soon after and placed on a bipap machine to help her breathe.

"I was struggling to breathe for six or seven days – it was terrifying. I never want to experience that again."

A day later Sam's doctor told her 'We have to talk'.

"I remember looking at him and saying: 'This is it? I'm going to die? ... I need to make a few calls.'

That was Sam's last lucid memory for the next three and a half weeks as she sank into a coma with multi organ failure.

While her beloved dogs pined for their mistress at home, her

family and friends rallied round her bedside where she had been flown to Auckland, with her best friend flying over from Australia.

Sister Kate says she was shocked when she saw the state of her close sibling.

"There were tubes and wires everywhere. Just seeing Sam like that – it was awful. It was the worst experience of my life but Sam is stubborn and strong-minded and I never had any doubt that we would lose her.

"We had a family meeting and, despite being told we shouldn't get our hopes up, looked into all the options.

"A lot of research doctors came in and I just signed her up for everything."

While doctors considered placing Sam on the ECMO (heart and lung) machine, Kate spent the long tough days giving her sister foot and head massages, singing and reading to her.

"We all handled it differently - our nephew, who is usually really tough, just sat in the corner sobbing his little heart out. I'd wake in the middle of the night and hear dad crying which would set me off."

While her family fretted and grieved, Sam was off in India having crazy exploits which still give her nightmares today.

"I remember having many vivid dreams while in the coma. I think I was in India with random people and we were at this place praying for forgiveness. I was paying penance I think, but I'm not sure what for. Another time I was in a bus and the oxygen was running out – I kept reaching for the handle to get out but I couldn't move my arms. It was horrific. Other things happened but I won't talk about them – they are too freaky.

"After I came out of the coma, a spiritual friend of mine asked me who Renee was. That is my aunt who's passed so I believe I met with her."

"On the third day I woke for some reason, went to the bathroom, as I knew something wasn't right, and I was blue."

- Sam Pohe.

As Sam came out of her coma she remembers everyone peering down at her.

"I don't remember what my thoughts were but my nephew told me the first thing I said was **** off to the nurses. I was shocked. I was terrified, frustrated, hallucinating. I could not walk or talk. I had a tracheostomy in situ. I was literally a dead weight. I couldn't even lift my arms they felt so heavy. My hair was a mess, I hated being turned and my bottom wiped, I was on dialysis, I had double pneumonia, H1N1, influenza A – you name it, I had it all. I was one sick puppy.

"My emotions were all over the place and I heard I was a bit of a struggle for the nurses but I felt hopeless, useless and trapped against my own will. I just wanted to get out of bed and walk home. I said to my brother, 'Just back the car up and I'll pull all these lines out' and I was trying to do just that."

Despite the odds, Sam made a miraculous recovery and, cited a 'medical mystery', was finally told she could go home seven weeks later.

"I would have run if I could. "My dogs were so happy to see me, they were doing somersaults."

Since then, she has pushed her limits every day, despite a

"I was in a bus and the oxygen was running out – I kept reaching for the handle to get out but I couldn't move my arms. It was horrific."

- Sam Pohe.

damaged lung capacity which causes shortness of breath – the only long-lasting physical effect.

After four month's rehabilitation, Sam has returned to work, albeit in a different less stressful job and says she absolutely advises her patients to get the flu vaccine.

"Sometimes they say to me, 'But it's just a little chest infection' and I say, 'Yeah? I had a little chest infection and it nearly killed me'."

And there is no way Sam will get too busy to have the vaccine herself.

"Life is different now. I live like never before. I don't feel as stressed anymore and I'm happy to be alive."

Nine months later Sam still gets emotional while recalling her experience.

"When I was in hospital and I'd see the helicopter come in, I'd just cry because they are awesome, just awesome," she says, tearing up. "I'm into raising money for the helicopter now – they are so good."

A pioneer in setting up rural health clinics for vaccination, Sam is a strong advocate for making sure that health services are accessible for Northlanders.

"We used to find out which children hadn't been vaccinated and go out and search for them. It would be like, down this dirt road, hang a right, down a gully to find the brown house."

"I knew the people from a whānau perspective and they trusted me. Very often they didn't have a car so they welcomed us to go to them and vaccinate their children. I will never forget sitting in a paddock with sea views, surrounded by babies playing in the dirt, while we watched them for 20 minutes after they had had their vaccinations."

Her advice to others, having come so close to death?

"Make sure you get your flu vaccination because life is for living – oh and don't sweat the small stuff."

To watch Sam's video clip, go to:
www.youtube.com/watch?v=Vct-M9fz9ME



Sam with her sister Kate (left).

I Met My Twins When They Were One Month Old

Remember Kim Neho who we featured last year after she met her month old twins for the first time? Jodi Fraser catches up with her.

Kim Neho watches her seven-month-old twins rolling around the floor trying to sit upright in their Kaitia home and, as she does every day, counts her lucky stars she is still around to witness these milestone moments.

Rewind seven months and she was lying in a coma at death's door, her body ravaged by influenza and a range of other complications, surrounded by her husband, three kids and, nuzzling into their mother, her newborn twins, who she was yet to meet.

With a surprise pregnancy, Kim and husband Robert learnt their family of five would be expanding to seven with fraternal twins. After a straight-forward pregnancy, it was during week 35 when she caught the flu that things began to go down-hill.

"Nothing seemed too out of the ordinary. I don't get sick often but this seemed nothing different to any other time."

Abdominal pain and extreme shortness of breath followed and, at Whangarei Hospital, after fluids, oxygen and attempts to apply special ventilation via a mask were unsuccessful, it was decided to deliver the babies in a bid to manage Kim's now-critical state.

The last thing Kim, 32, remembers is lying in theatre wearing a mask and having a panic attack while surrounded by medical staff poking and prodding her.

After she underwent an emergency caesarean, Robert was informed that their two healthy boys – (later named) Thomas, 3.1kg, and Grayson, 2.8kg – had been delivered safely and were now in SCBU.

"At this point everything was still normal," recalls Robert. "They said Kim was back in her room in ICU with a breathing tube down her lungs and I could go and see her.

But by the time I got back to ICU she had been put into an induced coma to assist with her breathing. It was meant to be only for 48 hours."

Kim was in the coma for 17 days, her breathing assisted with a ventilator and heavy sedation was used to allow it to be tolerated.

From that point, Kim's health plummeted. Conventional ventilation became impossible, as inflammation, due to the influenza, caused the lungs to fail and become stiff.

While specialists tried other tactics and considered a transfer to Auckland Hospital to be put on a heart lung machine as a last resort, a terrified but brave Robert, who had been told his wife had only a 20 per cent chance of survival, tried to hold it together for the kids.

While Kim was in the coma, her other three children met their two new siblings

and, after Robert sat them down to explain what was happening, were shocked to see their mum.

The twins stayed in SCBU for around ten days before Kim's mum took them back to her home in Kaitia to look after them.

While Kim was monitored around the clock, a range of complications occurred, including a return to the operating theatre when the caesarean wound fell apart due to poor healing in critical illness, and air pockets in the lung bursting, requiring tubes to be placed through the chest.

Meanwhile, an oblivious Kim, high on morphine, was in a world of her own seeing people on the other side and having adventures involving doctors stealing babies and people getting shot.

Finally, after nearly 20 days, Kim's breathing was adequate to reduce the sedation to low enough levels to allow memories to return. When she was coherent enough to learn of her ordeal she was shocked.

"I went in to have the babies and came out of a coma."



Kim and family shortly after the ordeal.

It was towards the end of her stay, results turned up influenza.

"I have no idea how I caught it – I didn't go anywhere as I was too big."

Kim says it didn't occur to her to have the flu vaccination but would now recommend it to pregnant women, who are more susceptible to it and its adverse effects.

The twins were one month old when she met them, although they had already spent time lying across her chest while she was in a coma.

"It was exciting meeting them and so good to see the kids, although Lara wouldn't come near me and fair enough – I had a pipe sticking out of my chest."

Today, Kim feels sad when she thinks about what her husband and kids – Jordan, 12, Chavelle, now eight, and Lara, now four - endured.

"I lost 17 days of our lives. I missed everything that every mother gets to have," says an emotional Kim.

"This (ordeal) has made a lot of changes in everyone's attitudes. Our boy has grown up so much. The kids have seen a lot of stuff they should never have had to see."

She has almost made a full recovery and lives the life of a typical busy mum: She gets up at 6.30am and makes the kid's breakfast and lunch, the older two head down the drive to catch the school bus, the twins have a feed and a nappy change before they go back to bed. Then she deals with Lara and the house cleaning and copious amounts of washing. They will usually head into town or playgroup before the kids return home from school, Robert from work before the dinner, showers, bottles, nappies and bed routine.

"I'm loving it. I'm running around with the kids and just enjoying life. Everything is back to normal.

"I do everything most mothers do. I don't sit around hoping someone will do it for me – I didn't get this far by not giving everything a go and pushing myself," says Kim, who still fits in time to exercise, ride horses and fish. "I know my limits and I keep pushing them that little bit further every day.

"The twins are two complete different boys. Both are really happy and playful. Grayson is more the trouble-maker who loves his food and Thomas is the big softie who is just happy to sit there and talk to you all day.

"The kids all help with feeding and nappy changing - even Lara will change them if the nappies are just wet," she laughs fondly, gazing at her youngest daughter who is obsessed with dolphins, horses, her cat Dora and dog Shag."

These are all traits which have developed over recent months – developments Kim is only too aware she

could easily have missed, along with Jordan's love of motorbikes and hunting and Chavelle's horse riding and netball.

"It hits me at Christmas and birthdays that I could have missed life as it is today. It was our seven-year wedding anniversary in March and it occurred to me that, if I didn't make it, Robert would have had it without me.

"Every single day when I look at them I'm reminded of how lucky I am. Every day is a good day for me because I'm getting better, I get to see my kids grow and I go to the boys' cots every morning and there's always a huge smile from ear to ear when I look in their beds. I get to

cuddle up with Lara and enjoy her cheeky attitude and laugh and have Jordan tease me because he's taller than me and witness Chavelle playing mother duck so, yes, I count my lucky stars every day."

Watch Kim's video link here:

www.youtube.com/watch?v=mM_t23Rn7ig

***"I lost 17 days of our lives.
I missed everything that every
mother gets to have."***

- Kim Neho.



After recently completing the Te Houtaewa Challenge 6km walk.



Out & About



Get Your Flu Vaccine Today

Influenza or 'flu' is more than a 'bad cold' – it can be a serious illness and anyone can catch it. Even fit and healthy people can get very sick from it, according to Northland Medical Officer of Health, Dr Shirley Crawshaw.

"Some people can end up in hospital and some die because the disease can make other conditions, such as breathing or heart problems, even worse," she says.

The Influenza virus (or bug) is constantly changing slightly so, in an attempt to keep pace with these changes and to have a more effective vaccine for New Zealand, the vaccine components are changed each year.

Because influenza-like illnesses are likely to increase sometime in May/June the vaccine, available since April, is recommended before then.

Those eligible for the free publicly-funded influenza vaccine are:

- Individuals 65 years and over with cardiac and respiratory conditions, and all high-risk children;
- Individuals under 65 years of age with other medical conditions, including pregnant women;
- Well individuals 65 years and over.

Influenza immunisation cannot give you the 'flu' because it does not contain live viruses. There can be side effects, but these usually disappear within 1-2 days.

Influenza Symptoms	Cold Symptoms
Sudden onset of illness. Moderate to severe illness lasting 7-10 days	Mild illness
Fever (usually high)	Mild fever
Headache (may be severe)	Mild headache (congested sinuses)
Dry cough may become moist	Sometimes a cough
Muscle aches	Muscle aches uncommon
Shivering	A runny nose
Bed rest necessary	
Can suffer severe complications (e.g. pneumonia)	



Maternity Unit Progressing

After a staff vote, the symbol for the new maternity building has been chosen. Te Kotuku (White Heron) is a symbol of prestige, purity, and uniqueness. One of the greatest compliments among Māori was to liken someone to kotuku for it signifies everything rare and beautiful. Sometimes referred to as a darling or treasure, the kotuku is one of New Zealand's rarest birds and is held in particularly high regard in Māori mythology. As with other birds, the kotuku stands for the connection between the afterlife, he is a messenger of the spirit world.

In addition, the Te Kotuku mosaic mural for the front entrance has been commissioned to noted ceramic artist Pat George.

Entitled Windows of Northland, the mosaic features icons from across the region with the east and west coasts

presented at the front entrance, joined together by a waka and Bream Head placed along the top of the reception area.

Pat says she was proud to have been asked to produce this unique artwork for the new maternity unit.

"The Windows of Northland theme enables us to feature places we all know, capture our people, place and sense identity."

Two tiles will be left off the mosaic for the families of the first boy and girl to be born in the unit to place.

Says Child, Youth, Maternal, Public & Oral Health Services general manager Jeanette Wedding: "Because the facility is for the whole of Northland, we wanted to ensure that everyone feels at home when they come here to have their babies or to visit."



East Coast



West Coast

Advanced Care Planning Training

The National Advance Care Planning Cooperative and Health Workforce New Zealand are offering training to doctors, nurses and allied health workers in Advance Care Planning (ACP).

Course content: Course pre-work, including completion of eLearning modules, reading and self-reflection.

Half a day on:

- Advance care planning – recap of pre-work;
- New Zealand context – legal, regulations, ethics;
- Introducing communication theory;
- How to initiate and participate in ACP conversations;
- ACP case study discussion.

Meanwhile, Jodi Fraser spoke with two nurses who attended the ACP level 2 training course in Whangarei in December about their experience and how they benefitted from the training.



Name: Marilyn Dyer

Title/Position: Respiratory Nurse Specialist/Educator with Te Tai Tokerau PHO

Why did you decide to undertake the ACP training?

I was approached by another Level 2 ACP Practitioner asking if I would like to become an ACP practitioner. Two of my prior roles involved managing/liaisoning with

people with chronic respiratory conditions and cancer. I had been already having conversations around client's future/end of life concerns. I often had concerns after having these conversations, that I could be causing anxiety because I wasn't approaching this well. And so this is why I decided to undertake the training.

What does it enable you to do? The training has given me skills and tools to enable me to open conversations and/or take part in conversations about people's future. I now have the knowledge to explain how advanced care plans work and why, the legality of ACP, who the plans acknowledge and who needs to know about them.

How did you find the course? Very well run. The facilitators were understanding of everyone's fears and questions. They created a safe and relaxing environment, allowing us to participate without feeling pressured. I found I had skills I didn't know I had and gained a lot more.

Has what you learned helped you in your role? How? My role consists mainly of training and supporting practice nurses in chronic respiratory conditions. I also have a small patient list in the community. With the tools/skills I have learnt I am able to introduce ACP to the nurses to pass on to their patients. With my patients, I am now able to start a conversation without feeling as if I am being insensitive. The responses I am now having are more positive and people are more willing to talk. After talking to my patients about ACP, with the patient's consent, I can now go back to their nurse to update them on our conversation and the results so that their nurse can follow through at the next visit.

Tell us a bit about yourself and your role: I was born in the Far North and have been nursing in the Far North for over 30 years. ACP conversations, to me, are a natural add-on to the management of chronic conditions.

Two days of advanced communication skill development:

- Self-awareness development;
- One-on-one teaching sessions to develop your communication skills through role play with actors (as patients) and using video cameras.

Further Level 2 ACP training courses are planned for later this year.

To register your interest, contact Jessica O'Donnell: jessica.o'donnell@northlanddhub.org

Level 1 ACP online training is also available. Go to: <http://www.advancecareplanning.co.nz>



Name: Sarah Willacy

Title: Clinical Nurse Specialist, Diabetes (Bay of Islands)

Why did you decide to undertake the ACP training?

Traditionally ACP has not been an area covered in health training. Although I have been a nurse for many years I had not had any training (apart from my own experience) in managing

the issue of ACP.

There are so many reasons why it is important to have 'courageous conversations' with patients. There are many decisions to make; related to life-extending treatments, quality of life issues, preferences for the setting of care, spiritual and emotional issues. I believe good ACP allows for patient autonomy and freedom to choose.

What does it enable you to do? The ACP training has helped to finely-tune my skills of communication and listening. ACP allows for co-ordination and implementation of a patients' decisions regarding their care and treatment. ACP allows us to work together with families and patients and other members of the MDT. ACP enables me to have honest and transparent conversations with patients.

How did you find the course? The course was extremely professional and, at times, challenging. The course was well-organised and kept us very busy. We renewed our skills in the art of conversation and, in particular, listening to what our patients are saying.

Has what you learned helped you in your role? How? I am now much more aware of having ACP conversations with my patients. I feel confident and able to meet the challenge of having these conversations. I have learned the difference between ACP and AD (advanced directives). I am much more clear now around the legal basis and ethical issues surrounding ACP conversations. I understand the importance of capacity and consent in the context of ACP conversations.

Tell us about yourself and your role: I have worked as an RN for over 35 years. My current role is clinical nurse specialist in diabetes based at BOI Hospital. I feel very privileged to have attended the ACP course and to be able to put what I have learned into my practice. I am passionate about educating patients and for them to have informed choice and informed consent.

Diabetes and Healthy Lifestyle Camp Success

For three nights a year Whangarei couple Mark and Liz Askew sleep soundly. The rest of the 362 days, they are fretting about their 12-year-old daughter Maeve.

Maeve has had type 1 diabetes since the age of five and every year since then, has attended the three-day Diabetes and Healthy Lifestyle Camp where she learns more about her condition and hangs out with other like-minded young people.

Not only does Maeve return full of stories and the experiences she has there, but the rest of her family feel well-rested, knowing their daughter has been in great care and company.

“Unless you have a child with a condition, you cannot understand the 24/7 worry of your child’s health and wellbeing,” says Maeve’s mother Liz. “Three night’s sleep doesn’t sound like much but, to parents, it is bliss.”

Even brother Hayden shares the joy of Maeve going to camp.

“He gets mum and dad all to himself for the entire time and we make sure we spoil him rotten, particularly with forbidden foods like lollies. Parents of type 1 children are so busy with diabetes management that other siblings often miss out, even though you don’t mean to.”

“Unless you have a child with a condition, you cannot understand the 24/7 worry of your child’s health and wellbeing.”

- mum Liz Askew.

The children’s camps are run nationally by specialist diabetes services attached to DHBs. Northland DHB Child Health Centre and Diabetes services have provided this service for Northland children and whānau for a number of years, in conjunction with STAND/Maunu Health Camp. The camps are for Healthy Lifestyle (overweight) children, as well as those with diabetes.

However, a change in funding meant that the Child Health team had to come up with new ways to secure resources. During Diabetes Awareness Week last November, the Northland Diabetes Society and Northland DHB Diabetes Service organised the successful fun run/walk to raise funds to help support the camps.

The camps are known to develop resilience, develop relationships with those facing a similar health journey, improve social skills and promote confidence and a feeling of control. The camp situation aids the development and



increases physical activity and good eating behaviours with a sense of their culture.

Child Health Centre Healthy Lifestyle Programme co-ordinator nurse Louise Kini says the team’s planning involved many meetings over many weeks to discuss, not only the medical and nursing coverage needed, but also meals, accommodation, activities, facilities and overall management of the camp.

“It all came together at Manaia Baptist Camp earlier this year. The camp gave the kids the opportunity to be with others facing the same challenges as they do. Often messages are the same for diabetes and lifestyle kids - Energy in/Energy Out balance.”

She says, as well as herself, diabetes nurse specialists Eve de Goey and Oringa Barach, along with paediatric dietitian Mary McNab were the mainstay staff at camp, while further diabetes nurses came in the evening to do the night shift.

“We were lucky to have a couple of paediatric registrars - Isaac Bernhardt and Sonja Farthing - staying with us over this time, who got a chance to see these children ‘well’ and in a different light. Our wonderful paediatricians - Vicki Cunningham and Rosemary Ayers - also visited camp each night to discuss medical issues and make insulin adjustments for the following day.”

Sport Northland helped provide activities for the kids, including dance each day - culminating in a performance to the parents, water safety and games. Other activities included crafts, board games, slippery slide, swimming and movie nights. Family members of staff gave their time and expertise with outdoor games.

Child Health Centre dietitian Mary McNab provided delicious meals to match the outgoing energy and the needs for the children administering insulin.

"We watched the kids grow in confidence over the week. New skills were attained, such as self-blood glucose testing, recognising 'hypos', giving own insulin, trying new foods and physical activities, making friends and team work," says Ms Kini.

"Both the kids and staff were exhausted at the end of camp but 'richer' for the experience."

Says Maeve's mother Liz: "Maeve is the 'same' as the other kids for her time at camp. They all do finger-pricks together, have competitions about the best blood glucose results and compare devices, monitors, needles, pumps tips and tricks. She loves being the same. She loves the discussions and learning new tricks. She mostly loves the fact that everyone 'gets it' if you need to do your diabetes thing and each child supports the others no matter what.

"Maeve is encouraged to become independent, an important aspect to life-long great diabetes management, especially as she is now entering her teenage years. The nurses, doctors, nutritionist and carers encourage Maeve to take ownership of her health and wellbeing and, as parents, we are grateful that there are others who 'go on about the same stuff' (Maeve's words). For example, good food, exercise, taking regular blood sugars, remembering to bolus, checking devices, doing site changes and, most importantly, understanding how your body feels when you're high or low."

Liz says her daughter has made good friends at the camps - some that she sees outside of camp and some she looks forward to seeing year after year.



Maeve.

"She has also taken on a mentor role with some of the 'newbies' Three of the children from the 2015 diabetes camp have looked to her for guidance as they leave primary school and embark upon their journey as year sevens at Whangarei Intermediate without their teacher aide support. Maeve was able to share her experiences from last year and set up a support team for the children to meet at the start of the school year.

"Maeve has also built great relationships with the specialist diabetes team. We are so thankful for the ongoing care and support provided to our family over the years. The time given by each of the diabetes team for the children who attend the diabetes camps have far-reaching benefits that bolster the children's confidence and independence year after year."

Parent feedback – Sila Challenger

"As a parent, I saw how important this camp was to my daughter and I strongly support it. At times, Josie (11 years old), is conscious that she is generally bigger than most of her friends. At this camp, she is relaxed and feels free to explore activities with other children who are/could be feeling the same way. I remembered the day I told her that she had been invited to attend another 'Healthy lifestyle camp.' She gave out a big cheer, ran to our new calendar on the wall and wrote 'Camp at Manaia' on the 20th to 23rd January. She started pestering me to hurry up, fill the form and send it back to Lou. It was not only a camp, Josie was meeting up with friends she met back in 2011 when she started going along to the Monday evening programmes. The timing of this camp was just right. The holiday was a little too long for me as a parent, and Josie was anxious about starting Intermediate school. The camp boosted her morale in a way that she came back, energised and feeling positive about her new school. She also cemented her friendship with another girl (Halle) who she met earlier at a similar camp, and was also going to start at the same school. Nowadays, they talk often on the phone, walk back from school together and I've inherited another daughter who is constantly at my home.

The location of this camp couldn't be better. Not only that it boasted the best view, we were fortunate to be exposed to so many others along the way. It is one of the perks of living in Northland. Thank you. My daughter had a fabulous time at the camp. She enjoyed the programmed activities with the other children. She liked the tug of war, the swimming and the dancing. The camp gave her more opportunities to be outside; playing and exploring, rather than staying inside and at home. Josie was being supported by people that she was familiar with and she was free to be herself while with them. She was being exposed to activities and experiences I would not have been able to offer her, given my financial limitations. The camp has given my daughter another new energy to believe in herself more. She is now enjoying Intermediate school, very involved in the classroom competitions, both in and out of class, attending netball trials, ready for school camp next week and the Girls Brigade camp, the week after. Thank you for allowing her to be part of the programme, and I strongly recommend its continuation for children like my daughter. If allowed, we look forward to attending the next one, next year. Vinaka vakalevu (thank you very much)."

Kidney Walkers Return and Achieve Their Goals

Getting lost until dark, stuck on a cliff and character-building loneliness were all part of Whangarei kidney donor Ros Cole-Baker's adventures while walking the length of New Zealand. But these low-lights were in stark contrast to the highlights: being followed Pied Piper-style by supporters, stunning scenery and historical trails, hospitable people, good health and no blisters and learning of potential donors coming forward as a result of her and husband Hugh's quest.

The couple returned home in February after setting off from Cape Reinga in September 2014 with Hugh following the same track in the campervan. Ros donated her kidney to Hugh in 2013 and, after the successful outcome, decided to walk and mountain bike the length of the country, following the Te Araroa Trail, to encourage others to donate.

The trip took five months, as predicted, and generated a small nation-wide media storm, which led to numerous potential donors coming forward.

Kidney Health New Zealand education manager Carmel Gregan-Ford describes the Cole-Bakers as an inspirational couple.

"I do notice that our 0800 free phone line becomes busier with inquiries from people thinking about being a kidney donor when there is a story in the media."

Whangarei Hospital renal nurse manager Cheryle Kiwi says, shortly after the Cole-Bakers set out last year they had 13 potential local donor queries, which was a 'great response'.

"It is very encouraging, not only for the Cole-Bakers, but for Northlanders on dialysis awaiting kidney transplantation."

There are currently 176 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.

The main cause of kidney failure in New Zealand is diabetes. Northland statistics from 2011 show that 32.2 per cent of Maori were affected by diabetes, 1.7 per cent of Pacific Islanders and 66.2 per cent of other nationalities.

Currently 71 Northlanders have had a functioning kidney transplant and Hugh Cole-Baker is one of these. Hugh struggled with kidney disease for 10 years, resulting in renal failure and the need for dialysis, before Ros donated one of her kidneys.

The transplant was a success and, with Hugh's new lease on life, the couple are passionate about reducing the waiting list of the 600 New Zealanders in need of a transplant.

"The main highlight," says Ros, "and the one that kept us excited for a long time was the phone call from the Whangarei Renal

Unit as I came out of the Russell Forest saying there were eight enquiries about live donation in our home town. And now I hear there are now 13! It is very exciting.



Hugh and Ros reflect on their adventures.

"The next (highlight) would be having the Southland Kidney Society people from Invercargill come out to meet us on our last walk. As we approached the big signpost at Bluff, we had grown to an excited group of 10. Visiting the dialysis ward at Dunedin Hospital (was also a highlight) where we were told they were soon appointing a transplant co-ordinator along with the idea to make use of our newspaper articles and trip photos towards the live donorship cause.

"Also the dialogue and conversations which opened up along the way through Facebook and newspapers. We started writing down the 'kidney stories', and there were more than 30, with many more people just wanting to chat. We were thanked for coming, but at the same time we found this very validating of our cause, and so gratifying for us too."

Other highlights were the 'stunning natural beauty' of some of the more scenic places, cycling old tram tracks and high-suspension bridges.

Lowlights included: "Walking alone most of the time. I was a long way from any other people but this was ok and taught me a lot. It was character-building."

"Walking alone most of the time - I was a long way from any other people but this was ok and taught me a lot. It was character-building."

- Ros Cole-Baker.

However, Ros failed to put a positive spin on getting lost till dark, walking in the opposite direction and becoming stuck on a cliff due to a 'foolish decision'.

"For Hugh it was two flat tyres at the same time at Mavora Lakes."

Ros says the couple were blessed with good health, and no blisters with four pairs of footwear to rotate as needed.

There were many features of small towns which stood out but their favourites were Wellington and Wanaka, which were 'stimulating, outdoorsy and had a lot going for them'.

However, Whangarei was right up there for them: "With its new bridges and walkways extending the Town Basin area and being used too, it's a lovely place to return to."

While the Cole-Bakers say it is good to be back home at their Whangarei-based bed and breakfast and having more living space, it is hard to find new focus and energy after such a trip.

"It is sad to finish, as it was such a huge overall experience, and not something one is likely to have again," says Hugh. "We are missing the day-to-day meeting of new people, and discovering little corners of New Zealand. We quite often said: "Well, every day is different", to each other, and so they were."

Meet the Live Donor Liaison Coordinator



Name: Kim Calkin

Title: Live Donor Liaison Coordinator.

What does your role involve?
Currently I am working three days a week as a Chronic Kidney Disease Nurse Specialist and two days a week as Kidney Donor Coordinator.

Tell us a little about your professional background:
I have worked for the Renal Service for 15 years and have worked in all the Renal Specialties that Northland Health provides.

Why did you apply for the position?

I have a real interest in increasing kidney donation as I have seen the life-changing benefits for people with chronic kidney disease that a transplant gives.

Why is the role of a donor liaison coordinator important and how did it come about?

This new role is a Ministry of Health initiative to improve live kidney donor rates nationwide.

Chronic Kidney Disease (CKD) is estimated to affect 10 per cent of New Zealand's population with Māori, Pacific and Asian over-represented.

Māori with diabetes are three times more likely to have renal failure than non-Māori with diabetes. With this in mind, there are not enough deceased donor kidneys to go around.

Increasing the awareness of live donation is seen as a way to increase kidney donation rates.

Medical Outreach Service (Established in 1997)

By Associate Clinical Nurse Manager, Gayle Crawshaw.

Clients with our service have a primary diagnosis of chronic obstructive pulmonary disease (COPD) and/or Heart Failure (HF). We manage the community VTE programme for newly diagnosed VTE patients requiring Clexane and Warfarin management. Since April 2014, we have provided the home oxygen service for the Northland area.

We have six clinical nurse specialists and one associate clinical nurse manager. Clients must live within a 30-minute radius of Whangarei Hospital to have home visits. Our hours of work are 8am-4.30pm Monday-Saturday.

The medical outreach service (MOR) objectives are to reduce hospital days/admissions, providing education on COPD, HF, VTE and domiciliary oxygen. We also encourage self-monitoring and management, early recognition of symptoms and prompt treatment. We support and encourage clients to be proactive in their health and assist the client in setting up an individual action plan. We provide a link between primary and secondary

services, GP collaboration and act as patient advocate.

Our role is to lead and co-ordinate the VTE community programme until the clients International Normalised Ratio (INR) – a test to check how thick or thin the blood is – is therapeutic for two consecutive days. We aim to



The Team – (left to right): Alma Quirey, Sue Cooper, Stephanie Fox, Fliss Rankin, Jesse Ginn, Dianne McLeod, Gayle Crawshaw.

phone contact all clients accepted by our service in the first 24-48hrs post discharge. Home visits are initially weekly post-discharge, but can vary according to client-acuity. We also attend the medical rapid rounds and ward visits as required for clients throughout the hospital. We attend GP/specialist appointments with clients as needed.

In partnership with physiotherapy, we run 'huffers and puffers' - a free low-intensity exercise class at Kensington Fitness Centre. We take part in the pulmonary rehab classes run by Northland DHB physiotherapist department. We provide community HF education sessions and have shared care with Hospice, providing palliative support.

A large part of our role is to educate our clients about COPD, HF, VTE and oxygen. This includes, medications, breathing techniques, nutrition, sleep/rest, self-monitoring and self-management skills, energy saving and coping strategies. We provide clinical cardio/pulmonary assessment, do ECGs, bloods, spirometry, medication reconciliation and monitor response to medication, titration of diuretics, ACE and beta blockers, in liaison with GP and/or hospital consultant.

Referrals can be made by hospital doctors, nursing or allied health staff for patients in the wards.

For referrals, contact:

Gayle Crawshaw 021929996

For referral to home oxygen, contact: Stephanie Fox 021471195.

Melanoma Awareness

New Zealand has the highest incidence rate of melanoma in the world and Northland is identified as one of three regional centres in the country at the top of the list, says Whangarei-based general surgeon and consultant Nita Bartlett who has a special interest in melanoma.

“Melanoma is the most serious type of skin cancer. It can spread rapidly and can be life-threatening if left untreated.”

Northland, the upper North Island and Bay of Plenty have been identified as being at increased risk of developing melanoma, given the longer sunshine hours, the strength of the UV radiation, the low ozone levels and a more outdoor lifestyle, says Mrs Bartlett, who has treated melanoma patients as young as 16.

“A large majority of the patients I see are male and have had occupations such as farming, fishing and building, exposing them to high doses of UV radiation,” says Mrs Bartlett, who deals with primary, metastatic and recurrent melanoma.

This is backed by a Melanoma New Zealand spokesperson who says, “Male registrations are nationally slightly higher than women but, more alarmingly, is the death rate being very much higher for men. Assumptions are that men aren’t as good at getting checked and don’t go to the doctor as often (resulting in) more advanced melanomas.”

Exposure to ultraviolet (UV) light from the sun is the main cause of skin cancers in New Zealand. People who work outdoors, such as farmers and construction workers, have a high risk of getting skin cancers. Even on cloudy days, the solar ultraviolet radiation level (UV light) may be sufficient to be harmful.

In New Zealand melanoma is the third most common cancer in both sexes and is more common in male patients. It is the fourth most common cancer in New Zealand.

Says Mrs Bartlett: “A prompt assessment of unusual skin changes by your GP, followed by a biopsy and referral to a surgeon, will, in most cases, mean an early diagnosis and better outcome.”

Advice from the Ministry of Health:

Prevention: The risk of melanoma is reduced by avoiding sunburn and protecting the skin against harmful UV radiation using physical methods, with the addition of sunscreens.

Physical methods of UV protection: Shade, broad-brimmed hats, clothing covering the arms, legs and trunk, appropriate sunglasses. Sunscreens should not be used as a replacement for physical methods. It is particularly important to use physical methods when UV radiation is highest. In New Zealand, this is between 11am-4pm during daylight saving months.

Check your skin regularly: Consult your GP for any unusual skin changes. If you notice anything new or changes, get it checked by a doctor without delay.

A biopsy is recommended for any suspicious lesions. The earlier the diagnosis, the higher the chance of successful treatment. Most melanomas detected early can be successfully treated by surgery alone.

Ministry of Health statistics for Northland (2011/2012)

Newly diagnosed ‘melanoma and other malignant neoplasms of skin’ for Northland patients.

Year	Male	Female	Total
2011	59	46	105
2012	45	35	80

A Farmer’s Story

After having a large chunk of his heel removed, Gavin Dacombe won’t be able to walk the same again. However, he doesn’t mind, he’s just thankful to be here.

The 72-year-old former dairy farmer and (still current) musician has survived three heart attacks a stroke and, more recently, melanoma.

According to Ministry of Health statistics, the melanoma death rate is much higher for men than women - the assumption being that men do not seek medical treatment on time.

Mr Dacombe of Ruawai admits to falling into this category after noticing a dark spot on the heel of his foot which he initially thought was a stone bruise.

“I knew I had a problem with my foot but I kept putting it off as we do but really I was forced into doing something about it by (wife) Diane because us guys don’t like going to the doctor and being sick.”

“I was pretty close to death at one stage. I was nearly there but they wouldn’t let me through the gates so they’ve sent me back to do something.”

- Gavin Dacombe.

Mr Dacombe says the doctor 'freaked out' when he first saw the spot in November last year and booked him smartly in for an operation.

"I don't worry about things like that. I've had three heart attacks and a stroke so far and I'm still here. You get one miracle after another."

The operation was a success – the cancer, a primary melanoma, was not found in the bone – although the recovery time has been slow.

"I now walk on the ball of my foot which buggers the hips a bit, it puts them out of alignment," Mr Dacombe explains. "I'm still hobbling around and won't be able to walk the same again. At least I'm not still farming – that would have been horrendous in my gumboots."

Although Mr Dacombe is at a loss to explain how the spot appeared underneath his foot, he has since found numerous other dark spots on his body, which he is about to get checked, and puts down to spending years on the tractor with no hat or sunscreen.



Diane and Gavin Dacombe.
(Photo: Alicia Burrow, Dargaville & Districts News.)

"I'd say it has a lot to do with being outside and in Northland too. Being farmers, sitting outside on tractors all day doesn't help you."

Mr Dacombe's advice to others is: "If you've got any spots or if anything comes up on your skin, go and get it checked out because, all of a sudden, it's too late."

Although he's toned down the farming side of things, the couple still live on a lifestyle block and are key members of the long-serving R&B Connection band which plays rock n roll, jazz and blues all over Northland. They also teach drama to students and carry out charity fundraising.

"I was pretty close to death at one stage. I was nearly there but they wouldn't let me through the gates so they've sent me back to do something and I think it's to do with working with children.

"I'm back here for a reason, I know that."

Northland Doctor Back From Midst of Ebola

After spending three months helping in a country overwhelmed by the largest Ebola outbreak ever known, Northland DHB's Dr Clair Mills says there's much more she could've stayed and got on with.

But the medical officer of health's three-month commitment in Sierra Leone, West Africa, had come to an end and, with the number of cases of Ebola declining significantly, a tired, yet energised Dr Mills returned to her home country to reunite with friends and family.

"I had about one day off the whole time. It was busy and very challenging – but overall very satisfying and energising too."

Dr Mills left for Sierra Leone in November to take on the job of medical co-ordinator

for Médecins Sans Frontières (MSF or 'Doctors without Borders', a medical humanitarian organisation), for three months. MSF ran three Ebola treatment centres in different districts, as well as a training project to upskill staff from other organisations, and surveillance and health promotion teams in the capital Freetown and a fourth district.

Ebola is a viral infectious disease with a high mortality rate and no specific treatment, marked by fever, vomiting and diarrhoea and bleeding. It is spread through contact with infected body fluids, so looking after sick family members or carrying out traditional funeral rites place people at high risk of infection.

Last year West Africa suffered the largest and most wide-spread epidemic

of the disease in history, with reported case fatality rates of up to 70 per cent. Since the first case reported in Guinea in March 2014, the virus has infected over 25,000 people across the region. Over



Clair Mills.

10,000 deaths have been reported. At its peak (September-November 2014) in Sierra Leone there were 450-600

Continued on page 22

People First

Sixty New Graduates

Sixty new graduate nurses from Northtec, had their graduation ceremony in March. They proudly walked through the streets of Whangarei in their academic gown professing to the local community their achievements. They are new fledglings who will be the future of nursing.

New graduate nurses participate in the Northland DHB Nurse Entry to Practice (NETP) programme or the New Entry to Specialty Practice – Mental health, to support their first year of practice. The NETP/NESP programme has grown in numbers since it was first established in 2005. The 2015 January intake for NETP is the largest group at 32, with a total of 48 participating in the programme (September and January intakes combined). They are employed in Kaitia, Dargaville and Whangarei Hospital, iwi providers, GP practices and Aged Residential Care. We also have graduates who are employed by the prison and the private hospital participating in the programme.

While we are increasing our numbers of new graduates, we have a lot more work to do to ensure we meet the vision of the National Nursing Organisation's (NNO) for 100 per cent graduate employment by 2018. The NNO report (2014) and the BERL report (2013) reinforce the fact that New Zealand has an ageing workforce and predicts that over 50 per cent of the present nursing workforce will be eligible for retirement by 2035. The report also states that the nursing workforce is not growing at the pace required to ensure financial and clinical sustainability of the New Zealand health system. The report predicts a shortage of 15,000 nurses by 2035. Also an increasing reliance on overseas nurses is likely to create a nursing workforce that does not reflect the ethnic diversity of our New Zealand population. A recommendation from the NNO report is to support pipeline growth and employ more new graduate nurses, improve new graduate employment into aged care and

primary and improve employment of Māori and Pacific nurses to match their population demographic.

We have been working closely with general practice managers and aged residential care managers to support the growth of new graduates in their organisations. This has been helped with the extra funding support from the MOH, for new graduates in Age Residential Care facilities and in 'very low cost access' GP practices.

In view of the NNO vision of 100 per cent employment of new graduates by 2018, we are currently reviewing the Northland DHB's NETP/NESP programme, reviewing any barriers that act as obstacles to recruiting new graduates including primary, aged care and Māori health providers. We want to actively recruit Māori new graduates to invest in building a workforce that is responsive to the needs of Māori.

Raiquel TePuni
NETP co-ordinator

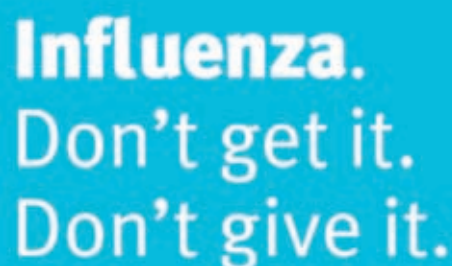


INFLUENZA

The Northland DHB staff vaccination programme aims to protect our community and vulnerable patients from Influenza disease, while also maintaining a healthy workforce. The vaccine is free to staff, volunteers, contractors and students who will be working within the hospital environment. The Northland DHB target is for 75 per cent of staff to be vaccinated and this will be promoted and closely monitored.



FLU
CAN BE
ANYWHERE



Influenza.
Don't get it.
Don't give it.

Occupational Health and Safety manager Leona Murray says being vaccinated is the safest way to obtain immunity against the Influenza strains predicted to be in New Zealand this winter.

"Being exposed to the disease is another way to try to gain immunity; this can mean that a person has the disease but symptoms do not appear immediately; in this case the disease may be spreading from that infected person to another during this time, e.g. to a patient and to family. It may also see the otherwise healthy person eventually becoming extremely ill.

"I believe both health and safety and public health views support a duty of care for health care workers to be vaccinated, even though staff as individuals are healthy. When we are vaccinated we are helping protect ourselves, our family/whānau, patients and the wider community from Influenza.

"Ultimately, it is about individuals making a conscious decision to contribute to controlling Influenza disease in our community."

Northland DHB is supportive of the use of Personal Protective Equipment (masks) during the official flu season by staff who are not vaccinated.

The publicly-funded influenza vaccine will be available until July.

Staff Influenza Immunisation is available throughout Northland DHB. You can get your vaccination from:

- In Team vaccinators
- Outside the Staff Café at Whangarei Hospital, Monday, Tuesday and Fridays 11am-1.30pm
- Occ Health and Safety, Tuesday and Wednesday 9.30am-10.30am
- Or phone Occ Health and Safety, Ext 3241 to make an appointment. Please note we do not have a reception so please leave us a brief message and we will get back in touch with you.

