

PreScribe

NORTHLAND DISTRICT HEALTH BOARD STAFF MAGAZINE



“Coming Full Circle 50 Years Later”

Pages 6 & 7



From the CEO's perspective



Great teamwork is probably one of the most effective means of achieving high-quality healthcare. Yet, we often don't do this well or value our high-functioning teams. I've quoted Dr Atul Gawande before and was lucky enough to hear him speak in Wellington recently. He says that clinical staff, even our generalists, only have a piece of care now. We've trained, hired and rewarded people to be cowboys. Everybody with their own plan. But it's pit crews that patients need - a well-oiled team that works together to support all of their needs as they traverse our health system. This is especially so for patients with multiple complex conditions, including cancer, as well as those with urgent healthcare needs.

Dr Gawande noted that we've got enormous power out of reductionism, breaking each problem down to its finest component part - the gene, the neuron, the drug, the sub-specialist. But we're now arriving at a place where we realise we've exhausted the power of just breaking things down. It's how much they can fit together that's going to be crucial. And similarly, it's how the drugs, devices, doctors, nurses, pharmacists, physios, social workers and everybody knit together most effectively to produce the outcomes that we are interested in. This system-approach and teamwork will define how well we care for our patients, maximise value and improve the health of our population.

It will also get us to a state where what matters is simply done as it will be the norm. Dr Gawande pioneered and championed the international use of the surgical checklist and recorded a

reduction in complications of 36 per cent and a reduction in deaths of 47 per-cent!

On a much smaller scale, we have our own examples of a system-approach and great teamwork - improvements in our own surgical checklist compliance, hand hygiene (where we used the responsibility to remind campaign, encouraging any staff member to remind another to wash their hands) and falls prevention. Yet another example is the huge improvement in our ability to provide brief advice and support to over 95 per-cent of our patients who are smokers. This was achieved by training over 500 staff but also including this in our A to D planner and regularly providing feedback to staff on our performance.

Dr Gawande compared the engineering of a good health system to that of a machine where the diverse components 'fit and work together in concert to produce its ultimate outcome'.

He said: 'We can imagine healthcare could be thought of as like a car that way. People who build cars know that great components are not enough. But that's not the way we usually think about healthcare. For us in healthcare, and for the public, what we want to know is: Do we have the best drugs? Do we have the best device? Do we have the best specialist?'

We think very little about how they tie together.

Institute for Healthcare Improvement president emeritus Don Berwick says: 'You can try building a car the way we do things in medicine ... And it would lead you to what? Ferrari brakes, and a Porsche engine, and a Volvo body, and a BMW chassis, and you put it all together and what do you get? A very expensive pile of junk that doesn't 'go anywhere'. And there are times in medicine where that's exactly what we do feel.'

As I stated earlier, two groups of patients who, at times, don't seem to be 'going anywhere' are those living with cancer and those with urgent healthcare needs. In both areas we have health targets which measure the timeliness of our care and in both areas Northland DHB is currently struggling. The solutions

are complex and a lot is being done to improve our Faster Cancer Treatment and ED Length of Stay performance. However, in both cases, working in effective teams is likely to achieve more health gain than fancy drugs or big new facilities. Although leadership is vital, it's not going to be one or two individuals who drive the improvement we need - it has to be all of those involved in these patients' care. Surgeons working closely with oncologists, radiologists, cancer nurse specialists, navigators and, of course, our patients and whānau, will ensure the all too common gaps and fragmentation and unnecessary waits in cancer care do not occur.

On the other hand, to improve our ED Length of Stay performance and meet our patients' urgent healthcare needs, we need our senior decision-makers involved earlier in our patients' care. For many years, most of the early decisions on whether patients are admitted to hospital and their initial care has been left to some of our more inexperienced doctors, particularly after-hours. With our much greater emphasis on Patient Safety and Quality Improvement, over 6-12 per-cent per year growth in ED presentations and hospital admissions, and the constant pressure on beds, this will have to change. Senior medical officers (physicians and surgeons) and their registrars must be more present in ED and work together as a team with ED specialists, nurses, social workers, and the hospital wards etc. Also there needs to be a system to support them - rules, pathways, checklists, information, communication, enough beds and adequate staffing. Only this team-approach will ensure that all the information and experience is available to make a rapid, informed decision on admission or discharge, and what care will be needed. And isn't that what you'd want if the patient was your own mother or grandmother?

Regards,

Nick

Immunisation DVD Launched

Months of hard work has culminated in the blessing and launch of the Immunisation and Pregnancy DVD.

The DVD is collaboration between the Northern DHBs and the Immunisation Advisory Centre.

Following the karakia, himene and blessing, performed by Kaumātua, the 20 people present listened to speakers on behalf of the project.

First was Waitemata DHB's Lisbeth Alley, a former employee of Northland DHB, who spoke of the DVD's four main messages: enrolling with a midwife as soon as pregnancy is determined, the immunisations available and free to pregnant women, including influenza and whooping cough, enrolling yourself with a doctor, as well as baby soon after birth and immunising on time – at six weeks and five months.

Northland DHB communications manager Liz Inch produced the DVD, along with Whitehead HD's Dean Whitehead, and spoke about her passion for making health educational programmes, stemming from her nursing and TV producing backgrounds.

"As a nurse, health educator and family planning educator I was able to combine those skills with TV production."

"I am passionate about giving people the information they need to make an informed decision and watching videos is a fun and interesting way of learning more about health topics."

Liz thanked all those behind the project, including some of the immunisation 'talent' – the Morunga whānau who were present.

Parents Arama and Bronwyn Morunga featured on the DVD with Arama telling the listeners that when he was asked by his wife if he could be a part of 'this awesome kaupapa', he didn't know what he was getting into.

"For us as Māori, we fight for our rights, our land, our taonga, and we should fight for our kids. Everyone

can talk a good game but not everyone can play a good game. So I got me my flu jab straight after (the promotion work). I thought 'Gee, I'm gonna be on these posters so I'd better get immunised'.



"For us as Maori, we fight for our rights, our land, our taonga, and we should fight for our kids."

- Arama Morunga

"I made the conscious, informed decision to get the jab. We have a huge population of Māori up here and we'd like to make a difference."

Kaumātua Te Ihi Tito commented that he used to catch the flu twice a year and would end up in hospital but, since having the vaccination, has not had it since.

"We need to educate our young Māori people about immunisation and then they can take that knowledge back to the marae."

Northland DHB general manager of Child, Youth, Maternal, Public and Oral Health Services Jeanette Wedding said it is easy to lose sight of the reasons why parents don't immunise.

"I think as health practitioners we often don't think from their perspective. Many first-time mums just don't want to hurt their babies. We need to find a way to explain how immunisation works, the benefits that will outweigh baby's discomfort."

Following the speakers, the DVD was played followed by a round of applause.

Immunisation and Pregnancy can be viewed at: www.northlanddhub.org.nz

New Face for Countdown Kids Hospital Appeal

There are many children in Northland who have benefited from the Countdown Kids Hospital appeal but none more so than six-year-old Arkeles Mafi-Komene.

Arkeles has been named this year's Northland face of the Countdown Kids Hospital Appeal.

Born premature at 27 weeks with a lung infection, Arkeles spent the first three months of his life in Starship Hospital intensive care unit, becoming one of the longest residents of the unit.

Mum Teawhi Hepi recalls the day they learned of Arkeles' arrival: "We received a phone call that there was a young baby born in Starship Hospital and, if my partner and I would like to come to Auckland, there was a baby waiting for us.

"There was a young mum who had five children under five and she couldn't cope with another one."

Finally, Teawhi and her partner were given the all-clear to fly home with their new baby, via Whangarei Hospital so the doctors and nurses could 'get to know Arkeles'.

"Arkeles decided to have a bit of a turn when he got here so it wasn't just a couple of days - it was probably a month or two," remembers Teawhi.

Diagnosed with Dystonic Spastic Quadriplegic Cerebral Palsy, Arkeles spent the first two years of his life visiting doctors and specialists at Whangarei Hospital and the Child Health Centre.

In doing so, Arkeles has used nearly every piece



Arkeles and mum Teawhi

"Until people have had a loved child come into the ward, they probably don't appreciate the help the Countdown Kids appeal gives."

- Mum Teawhi

of equipment that Countdown Kids fundraising has provided Northland DHB. Being a premature baby,

Arkeles would have used the incubators and, if SCBU had the heated cots when he came through, he would have benefited from those also. He has used: the hoist when attending the Child Health Centre appointments, the EEG for investigations of seizures, ward two's Welch Allyn blood pressure monitors,

the DASH monitor when he has been very unwell, and the wall monitors when he requires isolation. Arkeles has also benefited from the AIRVO machine when struggling to breathe and these have prevented him having to be admitted to ICU. In addition, when the ultrasound machine arrives, he will benefit from this as he will not have to wait to have his kidneys scanned when having an acute episode.

As if Arkeles didn't have enough to deal with, three years ago he was also diagnosed with Nephrotic Syndrome, a non-specific kidney disorder characterised by a number of signs of disease: proteinuria, hypoalbuminemia and edema.

"Our visiting nurse thought something was up and, when she tested his urine, it became apparent that there was too much protein in it," recalls Teawhi.

As Arkeles so eloquently puts it: "I was like a big blue berry."

"This is the fifth relapse since being diagnosed but a couple of days ago we started on another tack and



Arkeles, Ruth and Michael



Ruth Krippner and Michael Ravlich with Katie

this morning what happened son?" Teawhi prompts Arkeles.

Teawhi continues: "The test went from a positive trace to -."

"To nothing," says Arkeles, with a big grin.

"If we get three days of a no trace we can go home."

"That will be good. I am going to ride on my sister's shoulders," says Arkeles.

As part of the nationwide launch of the new faces

for the appeal, Arkeles was visited by Countdown Kids Hospital Appeal chairperson Ruth Krippner and Countdown's store manager Michael Ravlich, who presented him with his own topped up Countdown card with which he planned to buy 'chocolates, lollies and DVDs'.

Arkeles has taken over the role of the face of the Countdown Kids Hospital Appeal from Katie Reed, 11, who Ms Krippner and Mr Ravlich also visited while touring ward two.

Katie thought it was 'cool' that her younger ward mate was having a turn at her former role and Ms Krippner said 'Katie will always be one of our girls'.

Following the visit to ward two, Ms Krippner and Mr Ravlich, were taken to SCBU to be shown some of the equipment purchased by previous Countdown Kids Hospital Appeals.

Said Arkele's mum Teawhi: "Until people have had a loved child come into the ward, they probably don't appreciate the help the Countdown Kids appeal gives."

Teawhi's message to all Northlanders is: "Shop at your local Countdown because it makes a difference, a really big difference to the children and their families, who need it most."



Ruth and Michael with last year's cheque

Coming Full Circle 50 Years Later



Helen Brown's life has a strange way of coming full circle. From nursing her husband-to-be's father who tried in vain to set them up from his hospital bed, only to later cross paths in a chance-meeting, to winding up her nursing career back where it all began 50 years earlier – in

the former nurses' home. She reminisces with Jodi Fraser-Bryant.

Helen (nee Clark) was a 'quiet, shy and naïve' 16-year-old Kaitia girl who had rarely ventured over the Maungamuka, when she was delivered to the Whangarei nurses' home in 1965. The death of her father and his subsequent funeral the day before her nursing training began contributed to her unease.

"It was daunting," Helen recalls. "There were approximately 40 girls in our intake. It was exciting, scary and overwhelming."

On arrival the girls were issued with starched uniforms - blue ones for off-duty and white ones for on-duty.

"Mine looked hideous," remembers 4'11" Helen with a shudder. "They came almost to my ankles and they would not alter my size. Everyone else's came to their knees. And we had starched caps, then later, paper caps."

Although she made friends quickly, Helen admits to not enjoying the first year. "I remember walking into the dining room the first time and I just burst into tears. I found it hard nursing sick people at first because it reminded me of my father."

"I remember walking into the dining room the first time and I just burst into tears. I found it hard nursing sick people at first because it reminded me of my father."

- Helen Brown

However, by the second year Helen had found her niche and, 50 years later, the district nurse has never looked back.

The former nurses' home, onsite at Whangarei Hospital, has been used as a Northland DHB admin building, named Maunu House, in its original state since the 1980s and is currently undergoing extensive renovations and reshuffling. As a result, the district nurses have now moved from the central Dairy House to Maunu House with Helen's office the former ball room.

"I have memories here of dancing, concerts, laughter and fun," says Helen nostalgically looking around her new office. "It's a good thing walls can't talk."

But it wasn't all fun and games. The rules were strict: The hours of curfew for the first 18 months were 9pm with either one 10.30pm or one all-night leave per week. The nurses trained onsite and worked six days a week with shifts of 6.15am- 3.15pm, 2.30pm-11.15pm and 11pm-7am.

"To get through our work we were often on duty at 5.30am. We had a half-hour meal break and, in that time, had to change out of white uniform into blue uniform, walk to the nurses' home (never run unless for fire or emergency), acknowledge the matron by way of curtsy, gobble food, allow time for a

'ciggy' and catch up and get back to the ward – out of blue uniform and into white uniform again."

This was back in the days of hierarchy when anyone with one more stripe than yourself was respected and stood up for if they entered the room. "You didn't question anything you were told to do – that would have been disrespectful,

and christian names were unheard of; it was 'nurse', 'sister', 'Dr' or 'Mr'.

"Our annual leave was rostered from the matron's office. We never questioned or challenged this," Helen adds.

However, many of the nurses took great delight in breaking the rules, sneaking out at night to go on dates and throwing stones at the ground floor nurses' windows to let them back in.





Helen's wedding day at the hospital chapel with her brother Bruce Clark, a physiotherapist at the hospital.

Unlike many of her counterparts who often found themselves before the Matron, Helen says she had a sheltered upbringing and was a 'good girl'.

She remembers pay day being every second Thursday when the house manager would bring his brown suitcase and set up a table in the foyer of the ground floor. All the nurses would line up to receive a brown envelope with their wages in it, which would duly be spent on clothes and down at Kendalls, the local soda hangout.

On the ward, she remembers matron's rounds performed regularly.

"The wards were spotless. Ward tidies were meticulous – floors polished and shiny and windows sparkled. Wheels of the beds had to be pointed in the same direction and open-ends of pillow cases pointed away from the door. Counterpanes had to be white and crisp (patients were not allowed to sit on top of them) and cigarettes put away inside the drawers with ashtrays clean on top of the bedside table. Cigarettes were promoted post-surgery to help that cough!

"I recall being in charge of a ward on night duty at 17 years of age. Be it men's surgical, men's medical or paediatrics, it was frightening."

It was during this time she nursed a man who was so impressed with Helen, he told her he was going to set her up with one of his two sons.

The idea was laughed off but, not long after, aged 17, one of Helen's class mates threw a pyjama party, inviting some former school friends from Waipu and her patient's son was one of them.

Helen and Craig, who later became the Whangarei mayor in 1998 for six years, were subsequently married in the hospital chapel in 1969.

"I went away as staff Nurse Clark and came back as Sister Brown."

The couple went farming together and had a son and daughter, who have now given them seven grandchildren.

But unlike many of her colleagues who gave up nursing once married, Helen returned to it.

"I just really missed it. It's funny to think that I was thinking of giving it all up in my first year but I stuck at it and now I just love my job. I love working with people – the patients, the staff. I like what I do."

Helen has specialised in a range of nursing fields but has worked in district nursing since 1980. Her role as clinical nurse specialist in continence takes her all over Northland but when she's back in her new office, she can't help but have flashbacks.

"I recall being on night duty in summer time. We would come off night duty and head for the nurses' home roof to sleep for the day. We applied coconut oil and vinegar to the body – the more roasted and toasted we got the better."

That attitude is one of many Helen has seen change over the years.

"There have been many lifestyle changes – everybody smoked and now it's unacceptable and obesity wasn't such an issue. Also, everything is now based on research when before it was just accepted; our values were ingrained into us and now they are learned; these days you need a degree to become a nurse, whereas back then you got paid to train.

"Probably the biggest change is documentation. We must be more accountable and documentation and paper work is huge."

However, one thing that hasn't changed is the value of putting the patient first.

Aged 67, Helen is not thinking about retirement just yet – she still enjoys her job too much – but "I do have to remind myself that I'm not going past my 'use-by' date or 'best-before' date."

Along with the memories, Helen made life-long friends within the walls of her new office all those years ago and

the once-shy girl from the other side of the Maungamuka can't help but smile to herself when she thinks of how her career has come full circle.

"Would I do it all again?" she asks. "Yes!"

For more nurses' home memories, go to pages 16-19.



"I had borrowed a pair of children's pjs from the ward. I got talking to a farmer who said his name was Craig Brown. I recognised the name and told him his father had been trying to set us up!"
- Helen Brown

From Elephant Keeper to Nurse



We featured Whangarei nurse and midwife Donna Collins for International Nurses Day In May. On the eve of flying out to help earthquake victims in Nepal, she spoke to Jodi Fraser-Bryant about her career to date.

When she was young, Donna Collins wanted to be the elephant keeper at Auckland Zoo but her mother told her to 'do something feminine for once in your life' so she became a nurse instead.

Along with a zoo-keeper, a motor mechanic was on her future career list but after the lecture from her mother, Donna worked as a nurse aide in an old folk's home.

"Because I had no grandparents and, therefore no exposure to older people, I was shocked and upset by 'old age'," recalls Donna.

"My very wise father told me to always take the time to listen to peoples' stories and I would not see them as 'old people' but as people

who have experienced things I couldn't even dream of. He was so very right. I had found my calling. So in 1984 I rode my motorbike to

"Because I had no grandparents and, therefore no exposure to older people, I was shocked and upset by 'old age'."

- Donna Collins

North Shore Hospital nurses home and started my nursing career."

She trained as a New Zealand enrolled nurse and qualified at the age of 19. Afterwards, she travelled around Australia and worked as a cook and, nurturing the tom boy in her, a deckhand on a prawn trawler off Darwin, as well as an enrolled nurse in New South Wales.

In 1987 she returned home due to her dad being unwell. He subsequently passed away, but Donna knew she had made him proud for undertaking training to be a New Zealand registered comprehensive nurse at ATI, qualifying at the end of 1989.

In 1990 Donna and her partner did

their 'OE' for a planned six months but ended up staying overseas, mainly the United Kingdom, for six years. In that time they had their first child and, when he was six months old, Donna undertook midwifery, training at the University of Guildford, qualifying as a midwife in 1994.

From there her passion for women's health grew. After returning to New Zealand in 1996, they had two more children and Donna worked as an independent (LMC) midwife.

"Looking for a new challenge in 2004, our family moved to outback Australia where we lived and worked for five years in remote indigenous communities. I was called 'Sister' and my partner was 'Mr Sister'. This was the most amazing experience for us professionally and personally and our children thrived being immersed in a very different culture and language (English was a second language after Pitjantjara and Yonngu Matha)."

As a remote-area nurse, Donna was a 'jack of all trades'. "We took x-rays, nursed patients with TB, leprosy, melioidosis - diseases I never thought I would encounter - attended vehicle roll-overs, triaged and treated emergencies and undertook primary health initiatives.

"I've even plastered a dog's broken leg and bandaged a burnt snake (someone's very important 'dreaming' snake). I felt very privileged to be invited into indigenous 'women's business' as a nurse and midwife, and my passion for women's health and indigenous nursing continued to grow."

Returning to New Zealand in 2011, she commenced working again for Northland DHB as a breast care nurse and as a core midwife. She

joined New Zealand Red Cross as a humanitarian worker which aligned well with her personal beliefs and philosophies.

Last year Donna went to Sierra Leone as part of the International Federation of the Red Cross Emergency Response and was part of the team to establish the Red Cross' first Ebola treatment centre in Kenema.

"This was a stellar moment in my career. I was in awe of the people around me, the incredibly resilient and beautiful West African people, and the amazing and diverse Red

Cross team and I faced the most challenging situation of my life with great vigour, enthusiasm and respect.

"I've even plastered a dog's broken leg and bandaged a burnt snake."

- Donna Collins

"I returned from West Africa proud to be a New Zealand nurse and midwife and privileged to have worked on behalf of our profession. I was over-whelmed by the support shown to me by colleagues from

around the country."

Before she left for Nepal to work as part of the Red Cross Field Assessment Co-ordination Team, Donna said she was prepared to do whatever it took to help – whether it entailed sleeping out in the open or helping shift bodies from under rubble - citing humanitarian work as her passion.

"I'm not sure I would have experienced the full and rewarding life I have if I'd become an elephant keeper or a motor mechanic - I love being a nurse and midwife."

From Nun to Midwife

We featured Mary-Ann Kaye for International Day of the Midwife. She shares her career with Jodi Fraser-Bryant.

It's midnight and Mary-Ann Kaye is calmly cajoling an exhausted woman to push a ten-pound baby into the world.

Two minutes later a thatch of dark hair appears and the anxious father's emotions turn to excitement.

"Come on," he cheers his weary partner.

One more groan and a face appears, the body slides out and Mary-Ann guides the father in detaching the umbilical cord.

Her pager goes off. It's a home-birth mother saying her waters have broken.

Looks like sleep won't be coming to Mary-Ann tonight.

But that was eight years ago when I last caught up with Mary-Ann. Today life is much slower for Mary-Ann who is winding down her 29-year midwifery career as she heads towards retirement.

Although she has caught an estimated 1,500 babies, the novelty has never worn off.

"It's a phenomenal thing," she says and smiles, shaking her head.

"It never ceases to amaze me how this little baby just manoeuvres itself out so cleverly."

Mary-Ann has no children of her own. She made up her mind at the age of 12 to become a nun.

"I thought if I could in any way help to bring about a better world I would. It certainly coloured my growing up. I think that is why I'm in a caring profession still."

So at 19 she joined a Holy Order to become a nun.

Eighteen years later she began to realise she wasn't totally committed to being a nun and decided to re-enter the world.

"I think for some years I had been unsettled but suddenly felt that I was a square peg in a round hole.



"It was a huge lifestyle change for me after 18 years, at the age of 37 – leaving. I had to learn what to do with a cheque book for example.

"You're kind of cut off from the world a bit."

However, by now she felt she was past raising a family. She trained as a nurse in the 1970s and then a shortage of midwives in the '80s inspired Mary-Ann to study for a career in midwifery.

"I would love to have had children but it was just a bit too late. But I come from a family of nine and keep in touch with a lot of the children I have delivered."

She grew to love midwifery and, at its peak, was on-call 24 hours

a day, attending around five or six births a month.

Over her 20-year career, she has seen many changes to the profession.

“Yes, most women vocalise a bit and you might get the odd swear word.”

- Mary-Ann Kaye

There's been a huge improvement in the way women are able to give birth today, from the days when the whole birthing process was very controlled but well-meaning. Mothers weren't given a lot of information, she says, and now it's much more personalised with parents having a more in-depth understanding of what they are about to go through.

“I think what makes it more fulfilling, both for the midwife and the couple, is the joy of building up a trust in one another and being able to work together.”

Where once the midwife would often only meet the mother for the first time while she was in labour, their initial meeting nowadays is when the mother-to-be is first confirmed pregnant. Monthly meetings follow, with visits becoming fortnightly and then weekly as the pregnancy progresses. The midwives also accompany mothers to obstetrician appointments, receive home phone calls from anxious parents-to-be at all hours and deal with all the false alarms.

“You're in and out of the car a lot,” Mary-Anne says.

“It can get very busy. You work on adrenaline a lot of the time. You might have had only two hours sleep. If I'm having a clinic day, for example, I might have arranged to see six women and then I'll get a call from a woman in Waipu saying she's starting

to get niggles. You think, do I cancel clinic or wing it?”

This is where the back-up midwife comes in – each independent midwife works closely with a partner who stands in when necessary.

Then there's the big event itself – the birth. The midwife meets the mother at the hospital once labour has become established or at the home if it is to be a home birth and, unless the birth becomes complicated, they will be the only medical expert present.

“You're really just there to be the hands, to gentle them into the world,” says Mary-Ann modestly.

However, the midwife's role includes keeping the mum and partner calm, setting up pain relief and taking notes, both for their own records and for those of the parents.

The midwife then provides four to six weeks of post-natal care.

Other changes in midwifery include elective caesareans and parents opting to find out the unborn child's gender. Many women also invite their family and friends in to witness the birth where once even the partner stayed away.

However, one thing that hasn't changed, Mary-Ann says, are the parents' emotions.

“There's the odd dad who faints during the labour. I remember one time suddenly hearing this crash and realised someone was missing. The father had keeled over, hitting his head on the corner of the table. He needed stitches.”

And although pain relief is more common, many women still like to take it out on their partner.

“Some women get a bit snappy. One woman would pull her husband's hair with every contraction.

“Yes, most women vocalise a

bit and you might get the odd swear word.”

She's delivered babies to mothers who she once brought into the world herself but 64-year-old Mary-Ann who, in 2007's story had no intention of slowing down, says life is different today.

“I always thought that maybe when I got to the stage when I couldn't contribute as a midwife anymore I'd still like to care for people but at the end of life, like hospice work. But, in 2008, my husband George died and with younger midwives starting their career in Whangarei, it seemed a good time to start slowing down.

“I am employed by Northland DHB to work 24 hours a week and that is mostly in the postnatal area. This means that I don't have much hands-on with the birthing mums. While I probably only deliver two-three babies a year now, I really enjoy the privilege of being with women in those early days as they learn to know their babies.

“Because of the slower pace, I am now revelling in the luxury of going for long beach walks without having to check my phone is with me, or going to a movie without a text coming through, or having friends popping in for a cuppa.

“It never ceases to amaze me how this little baby just manoeuvres itself out so cleverly.”

- Mary-Ann Kaye

“I am not sure what the future will bring. I would eventually like to do some volunteer work overseas while I still have good health, but, meanwhile, I'm looking forward to experiencing the new maternity unit which is due for completion at the end of this year.”

Neighbourhood Healthcare Homes

Joe, 44, is a fairly healthy builder. He doesn't go to the doctor much, doesn't see the need, unless he's really, really unwell. Joe doesn't smoke and he's fairly lean and fit, his job is quite physical. While working, he cut his hand on the saw, and he's unsure whether it needs to be stitched. He calls the health clinic and they ask him to send a photo of it through. He will need to show how deep it is in the picture. He does this and they tell him to put a couple of steristrips on it, keep it clean and it will be ok, but to let them know if it gets sore or red.

Mary is a newly-diagnosed diabetic. She lives out in the country. She has been working with her iwi nurse to learn to manage her condition. Sometimes, when she is unsure, she emails or texts her nurse. Her GP knows what's happening as there is a shared record of her care, and the doctor can see that she is working with the iwi nurse.

Jessie is 78 and is quite unwell. She smoked for many years, and now has breathing problems. She goes to the health clinic regularly, and before she goes the nurse rings her and talks through with her the key things she wants to get out of the visit. She also arranges any blood tests or x-rays to be done before the visit so that the results can be included in the discussion. The doctor has scheduled enough time to get everything done that Jessie needs on this visit. She has a clear plan of how to manage her condition and she knows exactly who is in the team of health professionals who are supporting her. It is all co-ordinated and she gets what she needs.

Does this all sound like pie in the sky?

This kind of approach to primary healthcare is already happening in communities and neighbourhoods around the world and some of it is already happening in Northland.

As with other countries in the world and regions in New Zealand, the Northland healthcare system is under pressure from an ageing population and increased long-term conditions, such as diabetes and cardiovascular disease. The continued health disparity between Māori and other Northlanders requires us to think differently about how we can achieve more equitable health status.

The historical view of the hospital as the centre of the healthcare system is, by necessity, having to change. Northland primary health, community and hospital

services face increasing demand pressure. The forecast future escalation in demand means services need considerable increased capacity, but this cannot simply be 'more of the same' if population outcomes are to improve and inequities are to reduce.

Future-proofing requires different resource allocation patterns and adoption of new ways of working that improve access, make better use of the available workforce, and improve service performance. New and enhanced facilities and improved use of technologies are also required.

Furthermore, people don't really want to be away from their families and familiar surroundings, unless they really have to be. Therefore the health system outside the hospital needs to become stronger and more effective.



The neighbourhood healthcare home concept recognises that most people have a general practice that they see as their natural health place or 'home' and that it is well-placed to co-ordinate and link people up with other services that they need. In order for general practice to fill this role well, they need to consider new ways of using technology and their workers to provide better, co-ordinated services to their patients.

This might mean more use of email and phone access for people who want it and for situations that can be safely managed in this way, better linkages between the general practice and other services in the community that can help with the person's health needs.

The key point is that it is co-ordinated and one way to do this is for health professionals to share a health record.

For any of these types of changes to work, they need to be established in partnership with patients, understanding what will work for them, and this is the heart of the patient and whānau-centred approach that underpins the Neighbourhood Healthcare Homes initiative.

In Northland, there are pockets of these types of initiatives occurring and the Neighbourhood Healthcare Homes project, which is a joint project between Northland DHB and the Northland PHO, is supporting the development of this concept by working with interested groups, initially in the mid north.



Out & About



Volunteers: Rays of Sunshine Bring Comfort



Every day 'Rays of Sunshine' are at work in Whangarei's Jim Carney Cancer Treatment Centre but they're not getting paid and they wouldn't have it any other way.

The Oncology Support Volunteer team, AKA Yellow Shirt Volunteers, was established for the new Jim Carney Cancer Treatment Centre at the Whangarei Hospital when it opened in November 2014.

According to Northland DHB Cancer and Blood Service acting clinical nurse manager Dee Telfer, the Cancer Society volunteers are known in the unit as 'Rays of Sunshine' to the patients, whānau and friends, as well as to staff.

"Their generosity of their own time is invaluable."

The role of the 'yellow shirt' is to meet and greet patients, settle them in and help provide a supportive and more relaxed experience for people having treatment for their cancer. They offer tea, coffee, home baking and conversation, or silent support to patients. They also provide general assistance to the hospital team, such as transporting patients to the hospital for further tests and taking specimens to the lab. The yellow shirts work

alongside health professionals and encounter people from all walks of life from across the wider Northland community.

Cancer patient Shirley Grylls says: "They are really caring, loving people. It is great to have a smiling face, it makes such a difference. Always willing to make a cup of tea or sit and chat, they do a brilliant job."

The volunteers have committed at least a half day each week or every second week, having put in more than 500 hours so far. Cancer nurse Brenda Hogan acknowledges that since the yellow shirts have started with them they have become invaluable, allowing the nurses to know that the patients are being supported, freeing up the nurses time and taking the stress off them.

A ray of sunshine, Kathleen Selby, who has travelled the cancer journey herself, felt she wanted to give something back. Kathleen enjoys knowing that the team make a difference to the patients and nurses.

"It's good to be able to help ease anxiety when they are new to the procedures at the unit."



Meet Kathleen Selby



How long have you volunteered for?

I've volunteered since November 2014 so around seven months.

Have you ever volunteered before?

I've helped my mum with the coffee morning she runs in Ngunguru on Daffodil Day but otherwise I've never been a volunteer before.

What prompted you

to become a volunteer?

I volunteer because when I was being treated for cancer I was so appreciative and impressed by what the society offered to support me at a time of shock and confusion that I decided to ask what I could do to try to give something back.

What does the role involve?

It is different from anything I have ever done. The role involves welcoming and setting patients at ease, making drinks, chatting, serving lunch, keeping an eye on any needs emerging in the waiting room, running errands for the nurses, taking forms, bloods etc across to the hospital, filing patients' records, tidying an area when a patient leaves, checking they have water on hand and generally being there to do whatever helps anyone.

What do you enjoy about the role?

What I most enjoy is knowing that what we do at the oncology unit is of real value to the patients and nurses, that our being there makes a difference. I also enjoy meeting and talking with the patients, getting to know them over the course of their treatment and trying to make the new patients feel less anxious by being around for them.

What advice would you give to someone thinking about becoming a volunteer?

I would advise a would-be volunteer to get in touch with Daffodil House to register interest and find out what is available to do. I would tell them to expect to be asked why they want to do it, what they could offer etc. Also that, for everyone's good, the staff may want to check that they are ready and strong enough, if they themselves have been cancer sufferers. I would say that there may be some training.

Any further comments:

The Cancer Society is extremely supportive of its volunteers. The staff are always willing to answer any queries, advise us, etc. We have feedback meetings and I feel that they watch out for our welfare as we do the work. They express appreciation and do all they can to help us in our role.

I am so glad to have the chance to do this. Volunteering day is a highlight in my week. People say we give a lot and I hope we do but I want to say that I have received much in return from the people I meet each week.

Donations Ensure Kids Leave Hospital Cosy

Over three hundred children visiting Whangarei Hospital's Ward Two will be that much cosier this winter thanks to a donation from Mangawhai's Causeway Church.

Members of the church delivered 306 pairs of new winter pyjamas, 50 singlets and a box of slippers to the children's ward. Donations had been made by the local community at the church's second annual movie night, held in May.

The evening includes snacks for \$10 and a donation of a new pair of pyjamas. Slippers to accompany the pyjamas were then purchased with the surplus takings from the evening. This year's overwhelming response saw the donations more than double last year's 147 pairs of pyjamas.

Church member and one of the event organisers, Gale Matheson, said the increasing response have ensured it will be an annual event.

"The community response was overwhelming, building momentum like this, we need to continue every year."

She said one of the driving forces behind the event is



fellow church member Lauraine Sloan.

"Unfortunately she couldn't be here today. It would be great for her to see this side of things."

Clinical nurse manager Lynette Te Ahu joined her team in the playroom to thank the ladies for the generous donation.

"What a fantastic effort. Thank you so much. These are exactly what we need to keep our babies warm in winter."

Lynette added that kids can choose their own pair of new pyjamas.

"Occasionally we meet a family where, including their siblings, this would positively impact their whole family."

Jamain Tohu, 6, was first to choose a pair of winter pyjamas, eventually deciding on the red ones with guitars. He was particularly proud of his new slippers, inviting everyone to feel how 'fluffy' they were.

Teenager Bryar Bartlett was delighted with her cosy new onesie with Jamain insisting she needed matching pink slippers.

Nurses' Home Swinging



With Whangarei Hospital-based Maunu House currently undergoing extensive renovations, we decided to look into its history, beginning with its origins as the nurses' home.

Originally built in 1924, most of the original building was demolished in the 1990s due to earthquake risk. However, meanwhile, a new extension, which had taken four years to build, due to the post-war shortage of materials, was officially opened by the Minister of Social Welfare in 1951, followed by the new nurses' home wing in September 1959.

In the late 1980s when nurses were no longer trained onsite, it ceased functioning as a nurses' home and became home to hospital administration staff, known as Maunu House. Eerily, numerous admin staff have spoken of experiencing strange encounters in the oldest part of the building.

During the first three year's training, it was compulsory for nurses to live in the nurses' home. Many came from farms on the outskirts of the district and didn't know a soul. The strict rules took some adjustment and many a rule was

Memories Jennie Wellwood (née Nuttall)



During February and March of 1965, there were two intakes of nurses to begin their training. We were from all walks of life, from country and to town. Most were seventeen to eighteen years old, with some in their twenties. For many it was the first time away from home. So we all experienced the nurses home together, and the friendships that developed in the first few weeks are just as strong today, fifty years later.

We had one day off per week, with study and case studies being written up in our own time. And there was a book of rules. For the first three months we had one all night leave and one late leave of 10.30 pm, otherwise we were to be in the nurses home by 9pm. Girls of the modern times would find this unbelievable.

There were three shifts: morning, afternoon and night. The morning shift went from 6.15am to 3.15pm, with a half an hour for breakfast and for lunch. The afternoon shift went from 2.45pm to 11.15pm, with half an hour for dinner. And the night shift went from 10.45pm to 7.15am, with half an hour for supper.

We manned the wards mostly alone on night duty, with Supervising Sisters on call when required to check medicines or patients needing extra attention. The Supervising Sisters were mostly supportive and understood our lack of experience. The Doctors didn't appreciate our knowledge of diagnosis, often responding with a curt "Who is the Doctor here, nurse?" During this time, sleep was a problem. And at the end of 6-8 weeks we found friendships tried.

Matron Brenda Gardner, Head Tutor Sister Moynihan and Maternity Annexe Sister Boland all had flats within the Nurses Home, and kept an eye on any mischief. However, their appearance was mostly all that was needed.

Life wasn't all work and no play. We had our fun as well. Some of the girls had scooters, and we would play hide and seek in the avenues hiding behind the trees in Mander Park. Coffee at local nurses' homes and a taste of home cooking was a treat. The Traffic cops thought we were more a nuisance than a traffic hazard. We would often walk down Maunu Road to the pie cart on Railway Road for fish and chips, or to Kendall's for a soda from the fountain on Bank St. The girls with cars would load up with mates and go and dig for Toheroas on the west coast, and fritters would be made in the lounge kitchen. We gathered in the lounge of the nurses home to study or discuss problems or teach the odd judo hold. The judo got a bit out of hand one afternoon. Two nurses fronted up the home sister, she may not have got the gist of the story, but we got a new glass door in the lounge.

Many of our tutors and ward sisters and Doctors have gone and we appreciate how these people shaped our lives in the three years and three months of our training, and making the people we are now.

We got married and our nursing friends became sister-in-laws to our husbands, and aunties to our babies.

We have had a few reunions over the years, and now meet every month for lunch. The friendships are still as solid as they were in 1965. The conversations are more about what we are doing now and the grandchildren.

Our lives have taken several turns over the years, the babies we delivered into this world are nearing their fifties. They were also a major part of our growing up.

Yes life was regimented, but we didn't know any different and accepted it. We learnt self-discipline, respect for other people and cultures, to be courteous to our elders, tolerant to each other, to be supportive and the importance of respecting others' dignity.

It was a great time of our lives and a great experience.

Sixties Shenanigans

broken in the process ... and after! Living in such close proximity and with an attitude of "all being in this together", the nurses formed strong friendships which have lasted the years.

Fifty years ago, the 1965 intakes of young nurses took up residence. This intake, in particular, formed a close bond and still meet for monthly lunches where they reminisce about past antics.

This month's turnout was smaller than usual, due to the weather, but it didn't stop the flow of memories. Northland DHB writer Jodi Fraser-Bryant joined them, where they shared some nostalgia (and, although intrigued when informed of the 'resident ghost', none of this group had experienced any encounters in the 60s).

"The rules were so strict, we weren't allowed any males in

the building – not even our fathers," remembers Coralie, who organises the monthly lunches.

"If someone had a date, their arrival would be announced over the loud speaker system and we'd all gather in the front room with our noses pressed against the windows watching.

"We had curfews. If it was after 9pm and we decided we were hungry, we'd all put in our money and book a taxi to pick up some fish n' chips and deliver them to the front door then it was who drew the short straw to go outside and get them off the taxi driver.

"And if you had a room on the ground floor, you'd have to let the ones in who'd snuck out. We were all in it together."

Laurel: "We were quite lucky with our class because we've always had that connection and we still do."

Memories June Henwood (née Cullen)



For the first three months in our training we were 17 years old. We came into an environment from school to a place where we had to live with 36 other student nurses from our intake and then 36 from the March intake. I knew no one, as was from the country, but had six brothers and sisters so quite like a crown and I had my own bedroom - a real luxury. Our curfew was 9pm every night for the first three months with one late pass a week of 12.30pm and the leave application had to be signed by the home sister, ward sister and the matron so leave could be and was not granted for naughty nurses!

The first week we soon learned about discipline and military correctness, like standing up for anyone that walked into the room, especially doctors who were seen as gods!

One particular night after we had started, relationships were happening and there was four of us in one of the girls' rooms and suddenly there was a tap-tap on the window.....shock horror the windows were too high off the ground to tap. We were petrified and the tapping kept up about three times over a 10-minute period. We were so frightened, none of us would look out and that night we all slept together. If we had looked out we would have seen the broom from the floor above us tapping on the window. Yes it was girls from the year ahead of us. We only found out because I had my first cousin who was a third year and she had invited me up to her room soon after. I wasn't allowed to go to her room as we were encouraged to stay on our own floor - power and control - and she told me it was like an initiation ceremony for us. So next year we were into the same tricks.

The next time I was on the mat, one of my mates had thrown some of my clothes out of my bedroom window and dared me in my shortie pyjamas to get out the window and retrieve them as it was after 9pm and dark I thought 'ho-hum why not?!'

Not too long into getting out there was an authoritative voice in the dark saying 'I will see you in my office at 7am tomorrow morning nurse!' Shock- horror, I had forgotten the matron's flat was on the floor above us caring for her little chickens (she was like our mother away from home)!

Seven in the morning, with my knees shaking, I faced the music with a long lecture about the dangers of the night and my disgraceful attire and the punishment was no late pass for two weeks and the next time we were placed in the wards I was on night duty in the geriatric ward.

I really think living together was the key to the closeness of our year's intakes and today, at 50 years, we continue to celebrate our years of nursing. When we meet, we talk constantly about our memories.

Memories Judy White (née Gracie)



In 1965 I was accepted to do my nursing training by the Hospital Matron Miss Brenda Gardner. Part of the training criteria was that you had to live in the Nurses Home for three years.

I was brought up on a dairy farm so I went from wearing gum boots, feeding cattle, riding horses and being a free spirit to this huge change of lifestyle and 'rules'!

I was signed into the home by Sister Stirling who wore a vale and white uniform.

I learnt very quickly that there were many 'rules':

- Sign in and out through the main entrance only when leaving the nurses home. If we were on duty, we left through the doors allocated. You were disciplined if you did not comply;
- No noise after 9pm and/or outside a nurse's room that indicated they were on night shift;
- Wear something on my feet at all times and including going to the bathroom (this was hard coming off a farm);
- Attend meals at dedicated time in 'off duty' uniforms and eat within 30 minutes (that included getting back to the ward or tutorial);
- Sit at allocated dining table and only get food when the head table had been served;
- Only use the lounge room on the level our bedrooms were, there was no going up to other levels. Naturally we did!;
- We had to obtain permission to bring family to our bedroom, including signing them in and out. This was a very formal process and the Sister in charge had to be fully informed prior to their visit;
- Each day I had to indicate whether I was on am/pm/night shift, study day and leave on my bedroom door. If I was on am shift we would be woken up by Sister Bolland who also dressed in a vale and white uniform. She would knock loudly on your door, call your name, open the door and shine a torch into your face at 5am so that you were on the ward at 6am;

- Often the fire alarms would go off and if you were working night shift you were expected to go out onto the tennis court (now public car park) in your night clothes. I found myself in many embarrassing moments as you had no time to grab a dressing gown as the Sister would come to my room and clearly stated 'out now!'

The fun memories:

- Being picked up on your first date; for those that knew would gather in a bedroom that faced onto the round-a-bout. Lots of embarrassing moments trying to have some privacy. There was none! We had to inform the Sister of who was picking us up and bringing us home. We made up some good stories..... like it is my brother or cousin;
- If I did not get in at the right time I often got grounded then my leave was declined so this is where it was handy to work out a way of using the fire ladders or someones window to continue my social life. I was fit in those days!!!
- Entertainment in the Maunu House In-service room was used for many things, including dances, shows and nurses gatherings with the Matron. I participated in a show and sang on stage with Anne Sutcliff. This was so much fun as we also made up our own songs and dances as there was no producer. It was an opportunity to demonstrate our talents. Family members and relatives would be invited;
- Graduation successors were always very exciting as there would be some flexible rules on that day. Lots of fun memories;
- Living in the old block of the nurses home was very cold and noisy but once we passed the six-week prelim we were moved to the newer area which was much more warmer and modern;
- The many memorable times living in Maunu House was the unity that was felt and having opportunities to play tennis, use the swimming pool, learn new hair styles, put make up on and, of course, discuss the man in your life or the parties that were on. We were like a family away from home.
- Miss Gardner (Matron) lived in the flat that was on the ground floor where Te Poutokomanawa is located now. Because Miss Gardner had a very structured day you knew exactly when she went to work and home. It was at this time we immediately went on guard while she walked through the corridor. In these days your senior always went through the door before you. Respect for seniority was paramount in anything you did, both in Maunu House and working in the hospital.
- I lasted two years then went to the Matron to beg to go flatting as I became so unsettled with all the restrictions but mainly I could not sleep with all the noise, especially when on night shift. I went to Miss Gardner, who at that time, had just decided to lift the three-year rule to two years before you could go flatting.
- I had to promise her that I would put my rubbish tin out every week if she agreed to it. Luckily there were new flats built across the road so she decided she could keep an eye on me from her flat. Freedom was granted!!!

Memories Wendy Jones (née Barry)

My first go at nursing training began in 1961. Even if you lived in town you were required to live in the nurses' home. My first bedroom was on the second floor, right by the stairs. As I was handy to the door there was many a time late-comers would throw stones on my window so I could sneakily let them in before the Sister would catch them.

Rooms were inspected periodically to see we had kept them tidy and you were certainly told if they didn't measure up!

Curfew was 9pm during the week and midnight Saturday which meant there was a scurry to get home from the dances often held at Hora Hora Hall. Everyone had to sign in and out. Your boyfriend or escort had to meet you in the little lounge at the right of the front door, always watched by the eagle eye of the Matron!

Keeping your white hat starched and in shape was a nightmare but we did have beautiful blue pure wool capes to wear in winter for students and red for registered nurses.

A challenge was to see who could get up the fire escape without being seen and peer over into Miss Gardiner's roof top garden. One afternoon we were nearly caught when the Matron came out of the flat to see what was going on. My friend, in her haste, scrambled down the ladder and landed in some tin buckets that were nearby making a huge racket. We raced back to the lounge convulsed with laughter!

Life was very full-on nursing and studying at the same time but our environment was very pleasant as we had the tennis courts and the swimming pool for recreational times and of course the good company of friends and colleagues.

On the wards you were definitely the bottom of the heap starting out and you certainly didn't speak to the doctors until you were asked. Venturing an opinion was pretty brave!

Before the end of the shift the ward had to be tidy, wheels of beds in a straight line, the patients tidy, the sluice room clean and shiny with everything sterilized and put away. Somewhere there was a patient to care for in all this!

I was in my second year when the Brynderwyn bus crash occurred. I recall the Matron of the nurses home banging on all our doors telling us to get to work straight away (I was on a PM) as there had been a big accident and we were all needed. We had been practising bed making in ward one and this was turned into a triage area. Another friend and I were dispatched to look after the TB ward while the senior nurses were sent to help on the surgical, orthopaedics wards. It was very hectic but appeared well-organised. Operations were carried out late into the night and I remember we were not relieved from the shift until midnight. I remember helping the senior nurse on the surgical ward look after the bus driver for a few days. When it had calmed down, about three or four students were sent to help clean up the triage area, remake the beds and generally restore things to order.



Our head tutorial Sister was Sister Monaghan as well as Sister Green. They were firm but fair. I greatly respected Miss Gardiner whom I believe was actually quite forward-thinking for her day. We were all terrified of 'Boli' Sister Boland, who ran the Maternity area with an iron fist but she was a hugely knowledgeable midwife and I was happy to have her deliver our daughter.

When our son was born we lived on Hospital Rd and our dog would follow my husband down to the maternity ward each day. He would sleep on the doorstep while the nurses would just step over him and then he'd go back home at night.

I've watched the hospital completely disappear and change. It was exciting to see the middle part of the hospital being built and there was talk of the second wing going up. The main entrance was on Hospital Rd and there was a very good hospital shop there too.

I felt very lucky to be there at that time but unfortunately I developed an allergy to the harsh soaps and cleaners used in those days on my hands and was compelled to stop nursing at that time. In 1986 I was able to retain via the polytech programme and have nursed ever since.

Farewell Kipp – Florence Nightingale Recipient Hangs Up Uniform



She's spent 37 years working at Whangarei Hospital but the CCU nurse, affectionately known as 'Kipp' or 'Kippy', donned her nurses uniform for the last time in June.

Carol Kippenberger began her training at Whangarei School of Nursing in 1968 finalising with her nursing registration in 1971, aged 21.

She has fond memories of the 'innocent mischief' she and fellow nurses' home residents got up to in those early years, from riding the linen trundlers up and down the corridors 'until some poor nurse on night duty got disturbed', to using the wooden laundry chute in the sisters' home for after-curfew (9pm) access.

"Invaluable peer support was had while living in," recalls Kipp. "As one might come off pm shift after a traumatic duty and be able to debrief over a ciggie and a cuppa, as there was always someone around."

"Bonds of friendship forged in those days enable us the pleasure of reunions every few years, the most recent last week as we celebrated 47.5 years since we were 'prelim nurses'."

Upon graduating, Kipp was awarded the Florence Nightingale medal for excellence in nursing.

"It was a great honour to be awarded 'the Florrie' but I was aware that many others practised their nursing skills with integrity, advocacy, commitment and caring and it could have been awarded collectively," says a modest Kipp.

After completing a post basic Certificate in Intensive

Care Nursing at Wellington Hospital in 1973, she spent the next three years in the United Kingdom on a working holiday. Agency nursing provided extended Intensive Care Unit (ICU) experience in many leading London ICUs.

She returned to Whangarei Hospital in 1976 until 1985. In that time she was involved in the commissioning of the new Coronary Care Unit (CCU) in Phase 2, as well as over-seeing the old ICU and the embryonic renal dialysis room.

"We had one machine - an old open-bath Kolff, whose haemoglobin detector was a constant visual check."

Kipp's long-standing desire to serve with World Vision led her to Ethiopia in 1985 as part of a medical aid team and then on to Pakistan with Afghan refugees for the next three years. It was here that Carol faced some of the toughest challenges of her career.

"The Tribal Territories of Pakistan provided huge challenges when facing cultural differences in the value of human life. Healthy female babies

were sometimes found abandoned post-delivery just because they were female and considered lesser value."

"The Ethiopian famine of 1984/85 resulted in the loss of a whole generation because of political differences/interference."

Always one to further her career, upon returning to New Zealand, Kipp undertook a Diploma of Ministries at the Bible College of New Zealand in Auckland, returning again to Whangarei where she has whānau.

Between 1992 and 1999 she worked between CCU nursing and as a volunteer pastoral assistant with her church and from 2000 - 2004 she completed a Counselling qualification in Auckland and worked part-time at Whangarei Anglican Care Centre as a counsellor

"Healthy female babies were sometimes found abandoned post-delivery just because they were female and considered lesser value."

- Kipp





until 2009, with her ongoing commitment to CCU.

There are many stand-out moments from throughout Kipp's career. But the first one to come to mind is the wee girl admitted to ICU after being hit by a car in Kaikohe in 1979.

"Her pupils were fixed and she was intubated and ventilated. We didn't have the scanning facilities we

have today so it was considered that sedation would be withdrawn and see what happened.

"Some hours later, whilst checking her pupils, there was the slightest reaction. The surgeon decided to send her to Auckland (by road in those days). A subdural haematoma was relieved and she woke up. She had one-sided weakness. Her dad brought her back to see us eventually and it was a thrill to see her."

Another stand-out moment for a different reason was many years ago, while on night duty.

"A patient who had had a myocardial infarction, had a severe reaction to IV Lignocaine and they became psychotic. Pulling their drip out and chest leads off, they ran into the foyer, picked up the sand box for ciggies and threw it at the Night Supervisor who had just rounded the corner. She sustained a laceration to the head and the patient suddenly reoriented to the situation and calmly went back to bed - chest pain free. We don't know how lucky we are with Alaris pumps and syringe drivers."

She counts herself privileged to witness the many advances in nursing (medicine and surgery), from the advent of thrombolysis for myocardial/cerebral infarction, cardio-specific medications/interventions to modern scanning and laparoscopic interventions. After being diagnosed with bowel cancer in 2013 she also counts herself privileged to have been the recipient of all these advances in care.

"Nursing has provided me with numerous opportunities and I am grateful to have had such a vocation. Being part of a team is vital to the 'body' - we need each other's giftings and abilities. There has been much satisfaction, frustration at times and deep sadness at the trials we, as human beings, undergo. My gratitude is also to God, my family, friends and colleagues. Their support over many years has been invaluable."

Kipp says she is saddened by the current high incidence of obesity, diabetes, renal and heart disease, stroke, domestic violence and poverty in New Zealand.

"The explosion of junk food and highly-processed foods is a huge concern."

"Some side-effects of chemo remain but that is a small price to pay for subsequent good health. I will miss the people but I need to go before I get too old and too grumpy."

- Kipp

But she leaves with many happy memories.

"They are mostly related to the interaction with patients and their families and working as part of a team. Knowing that what we do does make a difference, whether it be a return to health or supporting people as life fades."

Having just turned 65 and, although Kipp planned to work until 67, she says she is tired.

"Some side-effects of chemo remain but that is a small price to pay for subsequent good health. I will miss the people but I need to go before I get too old and too grumpy."

"I want to have time to 'smell the roses'. Apart from 2013 when I was sick, I've never had an extended period of time off. Family and friends time is to feature more. As part of my retirement plan, I began water-colour painting classes six years ago and I delight in this and look forward to painting more than just on Wednesday mornings."

Bird-watching, home maintenance and travel will also feature.

"I have travelled high up in the Hindu Kush and the highlands of Ethiopia but I have never been to the West Coast of New Zealand. That will happen!"



Northland Leading the Way for Up-and-Coming Doctors



Team Building: Far north doctors and students.

Medical graduates planning to specialise in Rural Hospital Medicine no longer need to chase their dream around the country to obtain the required training, thanks to a New Zealand-first programme being rolled out by Northland DHB.

Collaboration within Northland DHB has enabled the Rural Hospital Medicine (RHM) training programme all under its collective roof.

Unlike other specialities, such as surgery, so far in New Zealand there has not been an all-inclusive programme for RHM trainees to enter that guarantees training requirements within one region with one employer, says Kaitaia Hospital clinical leader and project driver Dr Sarah Clarke.

“There are tales of registrars working almost for free to get in their last run where they couldn’t get anyone to pay them a salary to do it in other regions.

“So Northland DHB has come together to make a programme that guarantees all of the training requirements over a four-year period, all within Northland and all

“This is going to be a wonderful thing for the future of rural health in Northland, which of course makes up a large component of our population.”

- Kaitaia Hospital clinical leader Sarah Clarke

accredited by the college.”

Dr Clarke says that this means trainees have job security and will know that they can complete their programme in the allotted time. In return they will provide specialist service within Northland for a minimum of two years after they are awarded their fellowships.

She explains that, generally in New Zealand, medical students graduate as house surgeons (surgical) or house officers (medical). After two years they usually apply to their specialist training programme, such as surgery, medicine, paediatrics, gynaecology, general practice etc, and start training towards their vocational registration.

RHM is another type of specialty which began in New Zealand in 2008. It allows the specialist to work independently in rural

hospitals, of which there are many in New Zealand, and cover a wide scope of practice, from emergency to inpatient work.

The four-year training programme is popular and includes time in general medicine, paediatrics, ICU/ anaesthetics, emergency medicine, rural hospital

(on two sites) and rural general practice, plus elective time for further training. Some course work is also involved.

“This programme is the first of its kind in New Zealand and Northland DHB has been very forward-thinking in investing in such a programme for the betterment of our future,” says Dr Clarke.

“This is going to be a wonderful thing for the future of rural health in Northland, which of course makes up a large component of our population.”

The sites for training are Whangarei, Kaitaia, Bay of Islands, Dargaville and Rawene.

The first four RHM registrars have been approved to train through this programme across Northland DHB and will begin in December.

Kaitaia Opening Doors for Junior Doctors



Kaitaia Hospital is opening its doors to help junior doctors along their career path by offering a three-month community setting placement for new medical graduates from November this year.

The Medical Council of New Zealand (MCNZ) has a new requirement that, by 2020, all medical graduates will

work for three months of their first two years of pre-vocational training in a community setting. As a result, Kaitaia Hospital is one of the first to offer the placement to house officers from November.

Combined with the recent launch of the Northland DHB Rural Hospital Medicine training programme, this means that Kaitaia will have medical students in their fourth, fifth and sixth years,

as well as house officers and a registrar half the time.

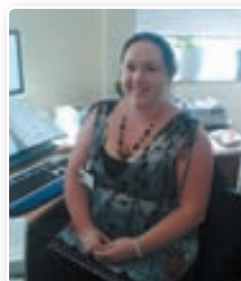
Says Kaitaia Hospital clinical leader Sarah Clarke: "This is a very exciting change for us given that, last year, we only had senior medical officers and 5th year students.

"This is all part of building the 'rural pipeline' and being able to show a defined vocational pathway for students and doctors who want to live and work in rural Northland."

Dr Clarke says it is also about 'growing our own', which will benefit recruitment and retention, but also make the communities in Northland more visible to medical professionals.

"Hopefully this will make people feel safer living in such communities, knowing that they have a hospital that has a future, rather than one at risk of being closed as has been the case in many of our rural centres across the country."

Fracture Liaison Service Meet Clinical Nurse Specialist Jess Browne



The Fracture Liaison Service (FLS) is a new service to Northland DHB. Beginning in November 2014, its purpose is to help develop and deliver a model of care that provides appropriate treatment and advice for patients identified as being at risk of having osteoporosis. This will contribute to a reduction in

presentation of re-fractures as a result of osteoporosis in women aged over 50 years of age and men over 60 years of age.

This is through co-ordination and liaison between primary and secondary care professionals and patients.

The incidence of hip fracture in New Zealand was estimated to be 3,803 cases per year in 2007, at a cost of NZ\$105 million. This represents 20 per cent of all of the 19,000 fragility fractures that come to clinical attention in New Zealand every year. With New Zealand's one million baby boomers retiring from 2011, hip fractures will continue to exert a tremendous burden on older New Zealanders and our healthcare system.

Northland DHB data collected over a 12-month period during 2012/2013 showed 161 hip fractures and 534 fragility fractures. After observing the outcomes seen elsewhere, it is predicted we could reduce these by 20 per cent by implementing a FLS, meaning that approximately 32 hip fractures would be prevented each year. This would

potentially save \$901,600 of the \$4,508,000 currently spent on hip fractures annually.

There is one clinical nurse specialist - myself. The service is currently offered only at Whangarei campus at this stage, but planning to expand to regional hospitals in the near future.

I 'case-find' appropriate patients from data collected in the Emergency Department (ED). I also accept referrals from Radiology and the Wards/Outpatients within Whangarei Hospital.

I follow-up cases at the earliest possible time, although not acutely necessary. I do sometimes meet patients on the ward or in outpatient clinic, or contact will be made with patients up to eight weeks post-presentation/admission.

Our aim is to ensure all patients aged over 50 years presenting to urgent care services with fragility fractures receive assessment and treatment, where appropriate, for osteoporosis and referral to local falls prevention services to reduce their risk of subsequent fractures.

A large part of my role is health promotion. I spend time talking with patients about healthy lifestyles, including diet, exercise, adequate sun exposure, quitting smoking and limiting alcohol use.

I am currently planning a health promotion campaign for World Osteoporosis Day on October 20.

I find the role very rewarding and feel like I make a difference to our patients and our wider community. It is a privilege to be part of that.

SMOKEFREE FOR LIFE | AUAAHI KORE MO AKE TONU ATU

Northland Retailer Proudly Tobacco-Free

Rawene Service Station was recently presented with a Tobacco-Free Retailer Award in recognition of their courageous decision to no longer sell tobacco products.

Owner Ivan Hauraki says it took a month for the community to accept that they had gone tobacco-free, but they are now behind the decision 100 per cent.

This is an example of retailers putting the community first and getting rid of tobacco products completely. "It's about being responsible retailers - our children deserve a childhood free of the pressure of tobacco."

Employee and cousin of owner Ivan Hauraki, Gemma Hauraki, says: "I was smoking at the time and Ivan said to me, 'If you don't care about your health, then I will', and he stopped selling tobacco to help me and others quit smoking. None of our staff smoke now - we are now tobacco-free and smokefree."

Northland has 17 tobacco-free retailers, with 36 nationwide.



(Left to right): Hokianga Health's Patricia Dargaville with DJ Lemon, Verna Hauraki, Ricky Siosua and Hokianga Health's Tina Quitta.

Quit Stories - Kerry Gribble and Marie Birkenhead

Kerry Gribble began smoking at age 13. Her friend's mum used to ask her to light her smokes for her while she was on the phone, "... and I got a taste for it," recalls Kerry.

After 36 years of smoking, Kerry decided to quit. Her husband was having an operation and she walked down to the pharmacy to pick up his prescriptions.

"It was the walk back to the hospital - I was puffing and gasping for breath. As soon as I got back to the hospital I asked my husband's nurses for some patches.

Kerry and her husband quit smoking together:

"June 13, 2010 was the day I quit. I had made up my mind and I wasn't going to start again."

Kerry says her blood sugar levels are much lower and she no longer has any blood pressure issues.

"I have money in my wallet and food, especially coffee, tastes soooo much better."



(Left to right): Kerry Gribble, Marie Birkenhead, Ryley and Lachie Anderson, Kody and Drew McDermott

Marie Birkenhead started smoking when she was 20 years old and was living with smokers. But it wasn't until one day when she was the only smoker at the bowling club that she decided to quit.

"My daughters also didn't like me smoking or smelling of smoke around my grandkids and, being a school teacher too, it's not a good look."

Marie remembers thinking, when a person came into the office one day smelling of smoke, "God, do I smell like that?"

Marie tried nicotine patches and quit on January 31, 2011 at 3pm.

"It was a New Year resolution. I had counted out how many smokes I had left and planned on when I was going to smoke them and then that was it."

Marie found that if she removed herself from situations where people would be smoking, she couldn't and wouldn't be tempted. When Marie felt a craving for a smoke she would busy herself doing something else.

Since Marie has quit, her blood pressure has dropped, she doesn't smell like an ashtray and she has more money to spend on her grandkids.

"Whatever your reason to quit is, just stick with it. It's worth it in the end."