

PreScribe

NORTHLAND DISTRICT HEALTH BOARD STAFF MAGAZINE



Preventing Same Cancer Path for her Daughter - Page 11



From the CEO's Perspective



In the past few years, a number of my PreScribe articles have been dedicated to the behaviours we display that are aligned to our values. In these, I touched on: "Caring" and compassion, which is why we all got involved in health; that "Respect" applies to every staff member, no matter what your role or what the situation, and this ties in with our work on reducing bullying and inappropriate behaviour; the importance of "Communication" because, when done poorly, it's the biggest cause of complaints, and that there is a need to speak up because 'silence kills'; that "Excellence" involves diligence, critical thinking to avoid cognitive bias and, I'm afraid to say it, the use of checklists; and that "People First" refers to all of you, as well as our patients, and that in improving and planning for the future, we need consumers/patients involved and we must become more patient/person and family/whanau centred.

You'll be aware (through posters, Weekly Snap-Shot, Facebook etc.) that, from March 9-13, we have Values Week. This is where our

behaviours, and what makes both your day and your patient's day, will be explored in a much more detailed and effective manner than can be achieved by reading an article from your CEO. Over 200 staff have completed the Staff Values Survey and we want at least 500 of you to complete the survey and attend the workshops during Values Week. The focus is also on recruiting patients and families to complete the Patient and Family survey. We have a superb facilitator, and I know that the sessions will be fascinating, enlightening and, for some of you, a game changer! It will also be a culture changer for Northland DHB and we will all be held accountable for the behaviours that we agree to.

Our values will also flow through into improving our recruitment practices, and we will be using new interview questions and techniques to ensure we employ the right people every time. It's not enough to recruit highly-competent staff in their area of expertise. They must also have values and display behaviours that are aligned with those of our organisation and commit to understanding and buying into the culture that makes Northland DHB and Northland unique.

We have been successful with our 2013 Census campaign in finding some of our "missing" Northlanders who traditionally do not fill out the census. This has resulted in a one-off boost in funding split over the next two years. Unfortunately our population growth has still been estimated at about one per cent

each year so on-going funding increases will continue to be very modest. Because it was only a correction of what we should have been receiving, this extra money has already been spent a number of times over. The additional funding will allow us to address major clinical risks, including: not having enough adult medical beds during winter/spring; investing in some of our deferred hospital maintenance; future-proofing by building a shell floor above both the maternity unit and ED/AAU (when it is built); expansion of our stroke unit and sleep service; and continuing to fund the rapid growth in Aged Care. Finally, it will allow us to ensure our upstream services and public health initiatives are better developed to avoid the sort of acute demand we are seeing in our hospital services. The five Northland Health Service Plan Projects – Fit for life (Reduce Obesity and Smokefree by 2025), First 2000 days (preconception to five years), Neighbourhood Healthcare Homes (Integrated Care), Patient and Family Centred Care, and Urgent Healthcare are our strategic approach to addressing this challenge. This investment must also ensure that we are able to continue to address the health inequities and life expectancy gap that we see between Māori and non-Māori in Northland.

Regards,

Nick

Kick-Starting Tamariki into a Lifetime of Healthy Dental Habits

Over 60 per cent of Northland pre-schoolers have experienced tooth decay and, in a bid to address this, dental health promoters from across Northland have produced free story books. The books, written in both Māori and English, will be used as a resource for teachers in kōhanga reo and early childcare centres.

“These story books are absolutely awesome. Kids and teachers are going to have great fun using them together.”

***- Northland DHB oral health advisor
Dr Neil Croucher.***

The interactive and fun story books teach tamariki how to brush their teeth, help them learn what food and drinks are healthy for teeth and encourage a visit to a school dental clinic once a year.

Free copies of ‘Te Pukapuka Oranga Niho’ and ‘Happy Tooth Book’ are set to be distributed to all Northland kōhanga reo and early childcare centres in April.

Northland DHB oral health advisor Dr Neil Croucher says: “These story books are absolutely awesome. Kids and teachers are going to have great fun using them together. In doing so, we hope it will kick-start tamariki into a lifetime of healthy dental habits.”

Te Wahaora Roopu (a group of dental health promoters from Ngati Hine Health Trust, Te Hiku Hauora, Whangaroa Health Services Trust, Hokianga Health Enterprise Trust and Northland DHB) was given the responsibility to create and develop the resource.

The story books took two years to develop, involved wide community and stakeholder consultation and are the first of their kind to be published in Northland.



The team behind the new booklet (left to right): Whangaroa Health Services Trust's Helen Foley, Ngati Hine Health Trust's Jonette Chapman and Isabelle Cherrington, Northland DHB's Shareen Swastika Ali, Hokianga Health Services Trust's Tina Quitta and TeHauora O Te Hiku O Te Ika's Sonya Butters.

Project Energize a Success at Northland Primary Schools

More Northland school children are set to reap the health rewards of Project Energize which Northland DHB has funded for the past three years.

Project Energize, delivered by Sport Northland, works with primary schools to improve physical

activity and nutrition, and ultimately improve children's overall health.

The programme is tailored to each school. Working with an individual ‘Energizer’, schools develop their own plan in consultation with the children, teachers, parents and wider school community.

Results have shown improvements in the children's fitness, the reduction of sugary drinks and an increase in the consumption of water, now with around 45 Northland schools on board.

Examples of positive outcomes include:

- Sugary food brought to school is placed in the classroom “junk food” box, and goes home again after school;
- Teachers are motivated to be out there with their classes during fitness;
- Fruit tree planting and growing veggie gardens.



A Day in the Life of a District Nurse

Whangarei district nurse Chyvon Gray had just returned from a four-day break over Xmas but, despite the short holiday and the weather being grand, cheerily greeted her clients like family. Jodi Fraser followed her for a day in the life of a district nurse.

Chyvon Gray swings into the driveway and, leaping out, is warmly greeted with a New Year's hug from the smiling, bearded man who was waiting at the gate.

"Good morning Barry," she says jovially, before collecting her bag of supplies and following the man as he shuffles indoors chatting amiably.

Inside, Barry takes a seat and extends his arm for inspection. Many years ago, he had a motorcycle accident and had plates inserted. However, the removal of one last year is taking a while to heal, resulting in an infection. Chyvon dresses the wound every second day and the two have built up an easy-going rapport.

"You've been smoking haven't you?" she admonishes.

"Yes but I've cut back to one every three quarters of an hour," replies Barry.

"I used to have three an hour," he explains.

"Does that have something to do with the New Year's price going up?" asks Chyvon.

"Yes," confirms Barry.

Chyvon explains that Barry is also a diabetic which, combined with the smoking, hinders wound healing. Part of her service as a district nurse is to offer smoking cessation support, gum and patches.

"Right that's us then. See you Wednesday." She hops back in her car, writes in the log book and reverses out the drive, waving to Barry, who has already returned to the gate to wave goodbye.

"See ya," she calls, winding down the window.

Round the road, Chyvon pulls up at her next client's home. Chyvon covers the Denby area, incorporating Tikipunga, Otangarei and

Kamo. She can see up to 14 clients a day of all ages – from newborns to the elderly, including tetraplegics and IHC clients. Many are GP, hospital, ACC or hospice-referred with a wide variety of health issues.

The next client is a woman in her 50s whose busy lifestyle came to a sudden halt due to painful varicose ulcers evolving from varicose veins.

Ngahuaia is seated on the couch, and heaves her legs up, her large open wounds exposed, ready for their daily dressing. Her condition is very restricting, she says, and, after cooking dinner for everyone on Christmas Day, exhausted, she spent the rest of the day laid up on the couch.

"You get the feeling you are the highlight of some of their days and they do save up their stories for you."

- District Nurse Chyvon Gray.



Chyvon is well-liked by her clients.

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Varicose ulcers are nasty and painful, explains Chyvon. They derive from inadequate venous supply, resulting in eczema and then wounds.

"I used to run my own catering business," says Ngahuia. "I had just got it up and running and then it all came to a big halt. I'm grounded now. It's frustrating because I'm such an active person."

That was two years ago and Ngahuia is on the waiting list to have surgery, after which, she is hoping to regain her active lifestyle. However, underlying issues have, so far, deemed her unsuitable for surgery.

Meantime, from her couch, she sits and watches her grandchildren and the 12-year-old boy she's raised, growing up around her.

"I've watched my mum go through this. It's horrible and the pain is the worst of all."

But she's certainly not lonely. During the 15-minute appointment, there is a constant flow of whanau coming and going.

The ulcers have been dressed with fresh bandages and they exchange New Year's stories, amid much laughter, before Ngahuia declares: "She's my best nurse – Chyvon."

We leave her with her 'cuzzie' – the sounds of coffee being stirred, drifting through the open window.

Next it's onto an elderly woman's home and, along the way, Chyvon explains why she loves her job. She carried out home help at 19 and decided to become a nurse. After a number of years as a medical nurse, which gave her a good overview, 14 months ago, returned to where it all began and became a district nurse.

"I love being out and about, going into peoples' homes and working with them. It's nice to be able to help them stay in their own home. They remain more settled in their own surroundings."

District nursing is also about continuity of care, which the patients like. "If I'm seeing the same person on a constant basis, I can monitor changes, plus you end up having a nice relationship with each other."

Besides the continuity of care in their own homes, Chyvon sites the highlights of her job as helping her clients regain their independence and life back. "I always ask them: 'What is this stopping you doing?' and then we set a goal and work from there."

Her jobs can include dealing with skin infections, intravenous medication administration, catheter management, changing peg tubes, post-bowel surgery care, abscesses and wound care in both private homes and supporting aged care facilities. "Basically we do what the hospital nurses do but in somebody else's home. We get to know our clients and their families really well."

And of course there is the copious paper work. As well as documenting each patient along the way, there is further paperwork to complete in the office. District nurses have two shifts, seven days a week. The day shift begins at 8am-4.30pm and the twilight shift begins at 4pm-11pm. The day starts with making appointments from the office, before going out and about on the road, returning to the office to make follow-up notes, plan further appointments and make referrals. The car is then re-stocked ready for the following day.

At the next stop, Colleen is waiting on her Lay-Z-Boy recliner with her leg outstretched.

"Come in," she calls beaming and Chyvon heads straight over to investigate Colleen's Pseudo Gout.

"Gosh, it does look nasty," she confirms, before heading down the hall to wash her hands, explaining that Colleen is allergic to the alcohol in the hand sanitizer she usually uses.

She dons her apron and gets to work, chatting all the while.

After an update on Colleen's Christmas day and a show-and-tell of presents, the two plan the next consultation and bid farewell, before Colleen remembers another juicy story she forgot to tell earlier.

"Chyvon's fabulous," she finishes with a twinkle.

"You do need to be a good listener," Chyvon says, once we're back in the car.

"You need to be compassionate but professional because you can't take it home. You need to decipher what you have to report and what you can work through with the clients."

Witnessing verbal abuse in the homes is one of her least-liked aspects of the job, along with the loneliness of some of her clients. "You get the feeling you are the highlight of some of their days and they do save up their stories for you."

"You hear about caregivers not doing something good and you hear about bad hair dressers, lawns not being mowed and, of course, their ailments."

Dogs can be a problem when out in the community and then there are the no-shows. The information from some referrals is often scant, making the district nurses' jobs difficult in trying to track down people in the community.

"One of the most frustrating things about district nursing is trying to find teenagers who, for example, might have a leg ulcer, be diabetic and obese and are not working in partnership. It's in both our best interests that they be found because not finding them costs more in the long run if the wound doesn't heal."

It's time for a quick stopover for a coffee and bathroom break before heading to Otangarei to track down the wayward teen.

"I've tracked him down at school, the park and in whanau's homes before but his mother assured me this morning he will be home," says Chyvon with a knowing smile. "We shall see."

"One of the most frustrating things about district nursing is trying to find teenagers."
- District Nurse Chyvon Gray.

Meet the Northland Health Services Plan Team

The Northland Health Services Plan (NHSP) is a five-year strategic plan with a 20-year horizon. Implementation of the headline actions of the NHSP is the responsibility of the Northland DHB Executive Leadership team who each report on progress against a group of headline actions. Many important service improvements carried out by operational staff contribute to the NHSP aims. In addition, five major projects will support progress towards achievement of a number of NHSP headline targets and objectives. These are in the planning stage and are being managed by the new NHSP team.



(Left to right): Corrina Davis, Jenni Moore, Liane Penney, Anna McKernan, Jacqui Westren and Jamie Leaf.

Liane Penney holds the NHSP portfolio manager role and is project managing the Patient and Family Centred Care project. Previously Liane has worked in health research and evaluation, as well as health planning, funding and management with a particular public health and Māori health focus.

Jamie Leaf has been in a project management role with NHSP over the past year, working on a number of projects and establishing the NHSP project and programme processes. She has worked as a project manager in various cities, and across a number of sectors including finance, I.T and education. Jamie is managing the Fit for Life Project.

Jenni Moore is the project manager for the Neighbourhood Healthcare Homes project. She comes to this role with a nursing background and broad experience across the health sector, including experience in project management, particularly in primary care, and Māori health development. Most recently she was a nurse lecturer in the Bachelor of Nursing and Enrolled Nurse programme at NorthTec. Prior to that, Jenni managed an aged care facility.

Anna McKernan originally came to Whangarei Hospital as part of her social work training and subsequently joined the Health Promotion and Planning unit of the then Northland Area Health Board. Since that time, she has been involved in a range of planning and project-focused roles across the health, local government and sport and recreation sectors in Northland. Anna is project managing the Integrated Urgent Healthcare Project.

Jacqui Westren works for Child, Youth, Maternal, Public and Oral Health Services as a project manager with particular

interests in intersectoral service improvement. Jacqui has a clinical and management background with experience in primary and secondary care. Jacqui is managing the First 2000 Days Project.

Corrina Davis worked with Landcorp as a property manager with a diverse portfolio from quarries to residential properties for many years. She then moved into the state housing sector as needs assessor then project manager working on Community Group Housing in Northland, Healthy Housing, partnering with the Auckland DHB, National Energy Retrofit Programme and Māori Demonstration Partnership loans. Corrina provides project support and programme administration, as well as working on the Patient and Family Centred Care project.

The NHSP team are part of the wider Planning, Outcomes, Integrated Care and District Hospitals Team (POID).

NHSP Projects

Five major NHSP projects are in the planning phase: Fit for Life; Neighbourhood Healthcare Homes; Integrated Urgent Healthcare; Patient and Family Centred Care and First 2000 Days.

The Fit for Life project has two main focus areas: tobacco and obesity. These align with the NHSP outcome goal of 'Improving the health of Northlanders and reducing health inequities'. The project's priority focus is currently tobacco, with a collaborative process underway to assess the effectiveness of current services and how they fit with expert advice on best practice, providing recommendations on the future configuration of tobacco services across Northland.

The Neighbourhood Healthcare Homes project aims to improve integration for patients in the community through engaging with patients and providers to design sustainable solutions. Recognising that, despite many projects and approaches previously, issues still remain, means that we need to tackle things differently.

Involving patients at the centre of the design process is the point of difference in this project.

The Integrated Urgent Healthcare project aims to both increase same-day access to primary care for people with urgent health needs and to optimise patient flow in Acute General Medicine in Whangarei Hospital.

The Patient and Family Centred Care project is aiming for an exceptional patient and family experience of Northland DHB services. Establishing structures and processes for consumer engagement in healthcare decision-making at a personal, service and organisation level, will be important to achieving our aim. A number of recommendations from the Northland DHB Patient Safety and Quality Review will also be addressed through the Patient and Family Centred Care project. Reaffirming Northland DHB as a values-led organisation is critical to this work.

The focus on improving outcomes for children is a high priority. "No Child Left Behind" is the driver for ensuring that all children in Northland have equal access to universal screening, assessment and health protection services and, where issues are identified, there is a "seamless" and

systems approach to intervention and treatment. The NHSP First 2000 Days is a collection of projects toward improving health outcomes for all children under five years.

Two of the key projects in this programme of work are:

- Safe Sleep for Every Sleep – KohungaAituaaOhorere (SUDI prevention through provision of safe sleep

education and distribution of safe sleep spaces i.e. PepiPods and WahakuraWaikawa;

- Development of a Case Management Forum for women experiencing multiple adversities during pregnancy and for their infants until their first birthday.

Look out for further information on the five major projects as they develop over the forthcoming months.



Enriching and Embedding our **VALUES**

Enriching and Embedding Our Values is a campaign launched at the end of 2014 about identifying how we can be 'at our best' consistently for patients, whānau and each other.

It's part of the NHSP Patient and Family Centred Care Project and supports the work the team is doing to address the recommendations of the Patient Safety and Quality Improvement Review. It is all about how we can live up to our shared values, every day, with every patient and every colleague.

In Your Shoes

For patients to talk to staff about their experience in our care.

Mon	March 9	11.30am – 1.30pm	Whangarei Hospital
Tues	March 10	9am – 11am	Kaitia Hospital
Tues	March 10	5.30pm – 7.30pm	Bay of Islands Hospital
Wed	March 11	9.30am – 11.30am	Dargaville Hospital
Wed	March 11	4.30pm – 6.30pm	Whangarei Hospital
Thurs	March 12	11am – 1pm	Whangarei Hospital

A number of listening events will be run during the week beginning March 9, 2015. To participate in these events shown below, email: values@northlanddhb.org.nz. Leading up to the events, patients and staff can have their say by completing the online surveys. Staff are encouraged to have their say by going to www.surveymonkey.com/r/NDHBvalues. Patients, families and carers are encouraged to have their say by going to www.surveymonkey.com/r/NDHBCare.

In Our Shoes

For staff to talk about how we can improve your experience

Mon	March 9	2.30pm – 4pm	Whangarei Hospital
Tues	March 10	12pm – 1.30pm	Kaitia Hospital
Tues	March 10	3.30pm – 5pm	Bay of Islands Hospital
Wed	March 11	12.30pm – 2pm	Dargaville Hospital
Fri	March 13	10.30am – 12pm	Whangarei Hospital

Farewell to Influential Teacher

After 30 years in an influential role in health education for youngsters, Helen Manning has retired.

The Health Promoting Schools (HPS) facilitator for the Far North, was the home economics teacher and head of the health department at Kaitia College.

In 1997, while teaching at Kaitia College, she became involved in the pilot of HPS and, in 1999, started with the DHB as the HPS advisor in the Far North. The role has meant being able to work with virtually every school in the Far North area in developing strategies to improve health and educational outcomes for students, and this has seen Helen develop some strong and long-lasting relationships with the schools and their communities.

Helen played a key role in establishing HPS in the Northland region and, in 2005, she became the HPS regional co-ordinator for Northland.

She has also been involved in developing HPS for national delivery, and has been a member of key national HPS bodies,

including Taihere Hauora, the National Health Promoting Schools Association.

Helen will, no doubt, now be enjoying more time at home in Ahipara, and spending more time with her grand-children.



(Left to right): Whangarei/Kaipara HPS facilitator Dan Bowmar, Ministry of Health national HPS portfolio manager Annie Davey, Far North HPS facilitator (and Helen's replacement) Josephine Nathan, Mid North HPS facilitator Tania Rawiri, Helen Manning, Public and Population Health service manager Marion Bartrum and Healthy Lifestyles team leader Warren Moetara.



Out & About



STI Vaccine for Year Eight Girls Campaign

A campaign has been launched enlightening parents and caregivers of Year Eight girls to the benefits of having a vaccine preventing a sexually transmitted infection which can lead to cancer.

Since 2006, New Zealand Year eight girls have been offered a free vaccine against Human Papillomavirus (HPV) but some parents and caregivers are still apprehensive.

A Northland DHB campaign, involving radio advertisements and brochures, explains that HPV is a virus that causes genital and anal warts, and certain types of cancer in both men and women. It is easy to catch as is transmitted through skin-to-skin contact as a result of normal sexual behaviour. Therefore it can be caught without having intercourse. A person only needs to have one sexual partner to be exposed to the virus and catch it.

School Based and Community Clinical Services service manager Kathryn Bowmar says, in the past, some parents and caregivers have associated the HPV vaccine with their children being sexually active and so have not consented to the vaccine being given when their child is 11-12 years old.

"One of the reasons we offer the vaccine then is because it's before they are sexually active and research has shown they develop a good vaccine response at that age."

However, if a girl is already sexually active it is still worthwhile as the vaccine, Gardasil, offers protection against HPV viruses.

Whangarei father Steve McLaren was surprised when his 11-year-old daughter came home from school with the flyer.

"I guess I was initially surprised with the whole sex scenario being mentioned but, on reading the flyer, discovered what it was all about and realised that this vaccination is about future-proofing her health.

"I want to ensure she has the best chance for a healthy and safe future so I will be making sure she has the vaccination."

The vaccine is given over three doses and is currently only offered free to girls from Year Eight until their 19th birthday. There are many types of HPV. The HPV vaccine protects against the two types that cause over 70 per cent of cervical cancer and the two types of HPV that cause the majority of cases of genital warts.

Over 160,000 New Zealand girls have now been vaccinated and Auckland Sexual Health Clinics have noticed a 63 per cent drop in genital warts in young women since the vaccine was introduced.

Studies worldwide are showing 99 per cent of genital warts are being prevented, 98 per cent of cervical pre-cancers, 100 per cent of vaginal pre-cancers and 100 per cent vulva pre-cancers through vaccination. Pre-cancers are the changes that are seen on cervical smears (Pap Smear).

"Gardasil is not classed as a new vaccine as it has been available since 2006 and over 70 million worldwide have received the vaccine. There is continuous monitoring of Gardasil in New Zealand as part of routine medicine/vaccine surveillance," says Ms Bowmar.

She adds that, although boys are not currently funded to have the vaccination in New Zealand, they can receive it at their GP with a charge.

For more information on HPV and the Gardasil vaccine, contact your Public Health Nurse, GP or the Immunisation Advisory Centre (IMAC) 0800 466 863.

It's NOT about whether you daughter is having sex. It is:

- about protecting your daughter before she becomes sexually active;
- about protecting her from cervical cancer;
- about protecting her from genital warts;
- because her immune system is at its peak at 12 years of age and it's **free**.



Preventing Same Cancer Path for her Daughter

When Christina Rasmusen's 11-year-old daughter came home with a form seeking permission to have a vaccination to prevent contracting a common STD, she couldn't fill it out soon enough.

While other parents balked at the idea of their young daughters being associated with a sexually active disease, Christina's memories of her own cervical cancer ordeal were enough of a reality to not think twice.

As a mother of a pre-schooler and baby, Christina was forced to face her own mortality when diagnosed with cervical cancer – caused by the human papilloma virus (HPV).

HPV is a common sexually transmitted viral infection affecting an estimated 80 per cent of sexually active women at some point in their lives. Most HPV infections clear by themselves but some high-risk types can cause cell changes on the cervix that may lead to cervical cancer 10 to 20 years after infection.

"A common reaction is that you've had multiple partners but even just one partner can give you the virus," explains Christina now 46. "You can have it and not even know."

Christina was 32 when she was diagnosed. Her daughter Lucy was three and her baby Charles, four months old.

"I did the typical thing and had my regular smear test every three years but this time I got called back," she recalls.

"The poor locum girl was freaking out. She said 'Your smear results have come back irregular – you have fully-blown cancer'."

"I think I was too busy feeling sorry for the young locum to think much else at the time."

But back home, reality hit.

"When things are so perfect and you have two perfectly healthy children and then suddenly you might die, it's a huge shock. You have to face your mortality - it's horrible. I just thought 'Please let me live so I can see them reach ten.'"

Husband Hayden adds: "It didn't dawn on me until I saw the graphics, but the doctors said she had a 90 per cent chance and that was good enough for me. I never let myself go down the road of becoming a solo dad – I think we were just trying to look on the bright side."

Not long after, she had an operation to remove most of the cervix. This proved unsuccessful, so a further operation was required before she ended up having a hysterectomy.

Because the cancer was contained in the cervix, no chemotherapy or radiation was required. However, Christina still went through five years of pain.

"It was 'invisible pain' because I had nothing to show for it but it was like going into labour all the time.

"It definitely meant that I was not as active with the children.

I was still on the Board of Trustees etc. but less physically active because I was in so much pain."

As a result of Christina's plight, the members of her Plunket mum's group at the time all rushed off to have smears themselves.

"One turned up cervical cancer but hers was more advanced and she had a life-changingly horrendous time having chemo and radiation," remembers Christina.

"But if I hadn't found out about mine then she wouldn't have got checked and would have died."

At the same time, the five members of her Plunket group also decided to have breast checks. Two of them turned up breast cancer and one later died.

When Lucy came home from high school with the permission form to have the HPV vaccine, Christina says she was excited.

"It means it's taken away a potential cancer for Lucy that she might have been susceptible to. It kills about 70 women each year so it's one less cancer to worry about.

"Because she knew I'd had cervical cancer, Lucy was keen to have it. She remembered me being so sick for so long. I think she just had vague memories of me hugging hot water bottles."

Adds Lucy, now 15: "I just remember getting up really early in our dressing gowns to take mum to hospital and visiting the zoo lots."

"Some parents were a bit anti about the vaccine," continues Christina. "But if you say 'cancer vaccine' it sounds fantastic. If you say 'warts vaccine' they worry about their reputations.

"There's a ridiculous stigma that some people have but it's a cancer vaccine so why wouldn't you take advantage of it for your daughters?"

"Because it's attacking your reproductive organs and it

can happen at any age, there's a chance that, if your daughter gets it, you may never have grand-children."

Christina hopes New Zealand will introduce the vaccine for males like in other countries which could help wipe out the virus completely.

"I'm really lucky that I live in an era where it can be treated and prevented."

Now ten years in the clear, Christina still appreciates the small things in life.

"The main thing is I've learnt to enjoy every single day. Whether it's having a cup of tea with a friend or smiling at pedestrians as you let them cross the road – all the little things in life are so precious.

"Every New Zealander has had a family member or friend who has had cancer and the rates are constantly rising so there are constant reminders of how lucky I am."



Christina and daughter Lucy.

***"You have to face your mortality
- it's horrible."***

- Christina Rasmusen.

Your Holidays and New Year's Resolutions

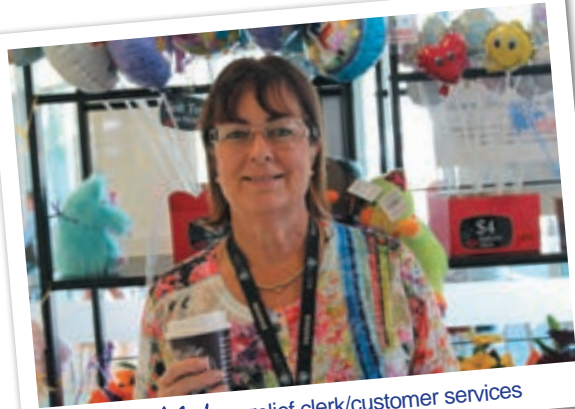
Now that we've returned to work, our holidays seem a mere distant memory.

We ask: What was the best part of your holiday and What was your New Year's resolution?



Dr Alan Murray - BOIs Hospital clinical leader

"The beach with my family." "Enjoy every day. (I must be approaching 50 with a resolution like that!)"



Helen Musker - relief clerk/customer services

"I worked right through but I'm planning to have a holiday in March." "Nothing concrete."



Judy White - health social worker

"I just had the stats, plus another two days off but the highlight for me was Christmas Day, having Christmas dinner on the balcony and enjoying the friendship of a dear friend and her extended family, enjoying the whole unity and celebration of life."

"I love my job so the intent is to continue to maintain good health and to continue the relationship and fellowship of my work colleagues, embrace the changes in the health system and also continue to work towards saving hard for my retirement."



Andrew Muir, Gareth Le Grice, Isaac Bernhardt

Andrew Muir – intern

"Seeing family in Nelson." "Just smile more."

Gareth Le Grice – trainee intern

"Probably Hong Kong. I flew back in on Sunday and was back at work on the Monday." "Find a job – locally would be great."

Isaac Bernhardt – paediatric registrar

"Pretending to surf at Ahipara." "To cycle to work."



Olivia Collyns, Caitlin Prendergast

Olivia Collyns – renal registrar

"I got to go back home to the South Island to catch up with all my family which was cool." "I make goals that I want to achieve for the year instead as most New Year's resolutions fall through."

Caitlin Prendergast – house officer

"My four days that I spent outside at the beach and going to see Katchafire and Black Seeds at Opononi, which was awesome." "No, I don't believe in them."

Water Fountains for North

After two years in the pipeline, six water fountains were blessed ready to be placed in public areas around the Far North.

Northland DHB's Healthy Lifestyles Team, Far North District Council (FNDC), Te Pu O Te Wheke Whanau Ora Collective and Te Hauora O Kaikohe are the main partners in the project and had representatives at the blessing.

Formalities, led by Kaumatua Te Ihi Tito, included karakia, waiata and speakers acknowledging everyone involved - particularly the drive behind the project - Oral Health promoter Shareen Ali - and the importance of clean drinking water, before the fountains were unveiled to reactions of "Chur" from around the room.

Said Kaumatua Te Ihi: "There's one thing essential to good health; it's clean, fresh, healthy water. When you've finished him there, you can put him onto one of these," he said, referring to a breastfeeding mother in the room.

He added: "It was totally unheard of when I was a kid to buy water but now it's the norm. People make a business out of it."

The fountains are set to be placed in Kawakawa, Moerewa, with Hokianga and Kaitiaki receiving two. Kaeo and Kaikohe will each receive one at a later date.

The freestanding stainless steel fountains, promoting Water is the Best Drink, include a bubbler tap and bottle filler. Each is adorned with individual art designs, along with explanations to their meaning, following an art competition held in each community. All surfaces have graffiti-proof stickers.

Says Ms Ali: "We organised art design competitions in each area to encourage local ownership and reduce the risk of vandalism."

The designer of the Kawakawa fountain was present and explained the relevance to nurturing pepe through water so the tamariki grow strong.

According to recent Ministry of Health Statistics, Northland has the highest tooth decay among five-year-olds in the country.

Northland DHB has been working closely with Te Pu O Te Wheke Whanau Ora collective for almost two



Oral Health promoter Shareen Ali and Public Health Nutrition and Physical Activity advisor Edith Bennett unveil the new water fountains.

years (with reference to Northland Health Services Plan) to promote and enrol preschool children into Northland DHB school and community dental services. The second phase of the project looked at developing strategies around healthy diet to reduce tooth decay and for general well-being.

"It was totally unheard of when I was a kid to buy water but now it's the norm. People make a business out of it."

- Kaumatua Te Ihi Tito.

Around the same time, Te Hauora O Kaikohe had been advocating for water fountains to be installed in Kaikohe. This would provide an opportunity for people to choose water rather than buying fizzy drinks - a contributing cause of tooth decay. This initiative was supported by Northland DHB and FNDC. As a result, two water fountains were installed in Kaikohe. This project also complemented the initiative for all Northland DHB hospitals removing sugar-sweetened beverages and for more water to be available from its vending machines.

A subsequent submission to FNDC was made outlining the Water is the Best Drink message while highlighting the reduction in environmental impact of recycling plastic bottles.

Says Ms Ali: "The council was very keen to support this initiative. We scoped and purchased eight water fountains from Mountain Fresh. FNDC will support installation and on-going maintenance of the water fountains. FNDC also did community consultation to agree on where the water fountains will be installed in each area."

She adds that the community involvement behind the art design competition was the best part of the project personally.

"We received 35 art designs from Kaitiaki in one week and the two we've used were done by school children of around 11-years-old. I decided they were both so good and I couldn't break their hearts so we split the prize money in half and used them both."

Te Pu O Te Wheke and Te Hau Ora O Kaikohe representative Te Ropu Poa said it is not a privilege but a human right to have readily-available access to water.

"I hear in Europe they are everywhere to stop people buying fizzy. Diet is a big problem in the Far North and fizzy is too readily-available so it's important we support that. It's something so simple but it is a human right.

"Ours (the water fountains installed in Kaikohe) are used every day. It's about utilisation for everybody."

Te Wahaora Roopu (Northland Oral Health Promoters Group) consisting of Ngati Hine Health Trust, Hokianga Health Enterprise Trust, Te Hiku Hauora, Whangaroa Health Services Trust and Northland DHB, also supported the project.



A Day in the Life of - Dr Alan Murray

It's not hard to imagine how busy an emergency department gets at this time of year. Jodi Fraser pops into a small rural accident and medical unit in a popular tourist spot for a glimpse at a day in the life of a clinical director.

For a three-bedded accident department, the Bay of Islands Hospital accident and medical unit is humming. But, unlike many EDs, there's a sense of friendly calm over the room.

That's probably because an elderly patient is regaling the room with his life story to anyone who will listen in that affable way one can only find in the mid and far north.

Tom is his name and, although he has just polished off a fine lunch, he is now keen to go home.

Dr Alan Murray finishes his phone call about a patient transfer from Kaeo and comes around behind the curtain to greet Tom. He takes a seat next to him on the bed where they discuss his ongoing respiratory care.

Behind the other two curtains, family members sit quietly with their loved one listening to the goings-on, interspersed with quiet words to one another.

A student doctor is researching notes on the computer and nurse Desireunobtrusively goes about her business.

Today is a quiet day for the Kawakawa-based hospital but, as it covers the popular Bay of Islands tourist spot, at this time of year, it gets pretty busy.

Fish hook injuries, jet ski accidents, cruise ship patients, vomiting and diarrhea or teenage campers overdosing on dodgy pills are all common occurrences.

The hospital is one of five under the Northland DHB and the largest regional hospital in Northland with 35,000 people feeding into it. However, although that number doubles at this time of year, the flow of patients to the accident and medical unit is consistent year-round.

"That's because during the winter you get more of your respiratory-type illnesses which peter out during the summer and are replaced with holiday-type accidents," Dr Murray explains.

As well as the usual alcohol and drug-related overdoses, there are the water accidents, including divers with the bends, road accidents (around one a day in December), DIY'ers falling off ladders, and violence – Dr Murray recently attended to the publicised American tourists involved in an altercation at Paihia.

"At this time of year we have quite a lot of injuries like that."

Surprisingly for an emergency department, Mondays are the busiest. Unlike Whangarei Hospital, where ED is for emergencies only, Bay of Islands Hospital takes on many GP-referrals with Mondays being the busiest at a general practice.

Dr Murray's shift begins at 8.30am when he has a handover meeting with the doctor who covers the alternate shift. Following that, he will cover the ward round of the 20-bed general ward, before completing discharge summaries and paperwork. The rest of his shift is spent in the accident and medical unit for the next 24-hours, grabbing, at most, up to four-hour's sleep.

"If you ask my family they'll probably tell you the sleep deprivation is the worst part of the job for me," says Dr Murray. "I start to crack jokes that I think are funny when apparently they're not."

But, as clinical leader, there's not much he doesn't like about his role. Originally from Scotland, Dr Murray emerged from medical school in 1990, before arriving in New Zealand two years later where he was a GP in North Canterbury.

"I was lucky because I sort of fell into it but now I feel passionate about it," he describes, when asked why he became a doctor. "I went to a school where, if you got good grades, you were sort of expected to do law or medicine. The more I've gone on the more I've loved it but I know of others who didn't end up liking it."

A GP job for a Māori medical provider brought

him north before he settled into his current role.

"The rural lifestyle is fantastic. I like the warmth and friendliness of a small hospital and the lack of hierarchy, which is even less in New Zealand. The continuity is great – you see the patients through their illness and know their GPs.

"You are working with limited resources and staff and you don't have CT scans, which makes it challenging, but I'm constantly trying to create a warm, welcoming hospital which, being a smaller hospital, is possible. We can give the patients our time and I always encourage staff to do that.

"It's often from their stories that you get the answers if you're listening."

Naturally, most of the people Dr Murray sees coming through the doors are anxious.

"I'm in my own environment so I feel comfortable. But, for them, the curtains aren't sound proof, I'm asking personal questions, they don't know what's happening with their



Dr Murray with nurses Ruth Prime (left) and Desire Prinsloo.

"It's often from their stories that you get the answers if you're listening."

- Dr Alan Murray.

own body - I imagine you'd be anxious about that."

It's this empathy and easy-going manner that help calm the patients but, despite Dr Murray's professionalism, he is only human and there are times when he takes the day's events home.

"The most memorable ones are the one who die – especially kids. Being rural we often have people presenting late. It's just you and the nurse and your adrenaline is high. You're on your own for that first couple of hours (until help comes to transfer the patient) and it can feel a bit isolated."

The phone rings and Dr Murray discusses another patient transfer – this time from Russell via ferry in the volunteer ambulance. It could take a while depending on the queues.

By then, Tom will have vacated his bed and returned to his much-loved Kerikeri home where, if you park under the brimming avocado trees, you're likely to get a dent in your car.

And as he chuckles away, the town train toots in the distance, setting the rural scene.

New Staff



Name: Denise Manning

Title/position:

Duty nurse manager

When did you start your new role?

December 8, 2014

What does your job involve?

Daily operational management of the hospital:

- Assisting with staffing short falls in the wards;
- Management of patient flow with a focus on after-hours;
- Emergency Management processes;
- Ambulance bookings;
- Transfer of patients to other DHBs;
- Anything else that happens in the hospital that needs extra hands on deck.

What has your career involved to date?

Last 19 years at Auckland DHB in operational management roles.

What do you like about your role?

The diversity in the daily work load.

Dislikes?

At this stage nothing to dislike.

Why did you choose to come to work at Northland DHB?

Life-style change.

Hopes and plans? Buy a house and enjoy what the north has to offer.

Tell us a bit about yourself: I've been nursing for 40 years, I love running – especially half and full marathons, I enjoy tramping, travelling and have a very cute puppy called Maxie.



Name: Michelle Panov

Title/position:

Professional Development Recognition Programme (PDRP) nurse co-ordinator

When did you start your new role?

I started in my new role January 5, 2015

What has your career involved to date?

I am originally from Canada where I worked as a surgical nurse and clinical instructor for second year nursing students. I moved with my family to New Zealand in 2009 and joined the theatre team. I have since been part of the Public Health team and spent the last year as Whangarei Hospital's Orthopaedic elective co-ordinator.

I have enjoyed working in all the areas and feel blessed with the knowledge, skill, networking and connectedness that it has brought me.

New Zealand is an amazing country that has a welcoming, friendly feel, beautiful weather and scenery that is a wonderful place to call home.

I have been active with the PDRP programme since 2010 and became an assessor in 2012. I believe the PDRP programme provides valuable reflection for nurses and I enjoy being able to provide the support and guidance to others to achieve their goals.

I believe, through the completion of our PDRP's, we demonstrate to our wider community the integrity and commitment that we have to offering quality health care that focuses on patients first.

SMOKEFREE FOR LIFE | AUAHI KORE MO AKE TONU ATU

Local faces front Quit campaign

Four billboards featuring locals to promote quit-smoking services, have been installed at strategic locations leading into Dargaville, including one in the driveway to Dargaville Hospital.

Quit Story | Max Connolly

"I was seven-years old when I started smoking," recalls Max Connolly. "I used to watch my older brothers smoke. They would get Dad's butts and smoke them."

"I tried it and didn't like it, but I eventually got used to it. I did it on the sly, behind their backs."

It was when Max turned 13-years old that his parents said 'You may as well smoke and stop taking ours'. This was around the time he left school and started working, earning £5.00 per week, which was a lot of money back then. A packet of Pall Mall cost him 1/6pc.

Max was always very active and did a lot of body building and cycling back in the day. His wife couldn't understand how Max could look after his body with regular exercise and a good diet but still smoke?

My wife quit smoking and drinking the day after we got married. I would smoke in the house with the door open and she would nag me.

"Do you realise that your smoking in the house means I'm smoking as I'm inhaling your second-hand smoke? Go outside and smoke," she'd say.

It wasn't until, at 38-years old, when Max collapsed at work and was rushed to hospital that the doctor told him: 'Give up or die in five-years'.

Max had made several attempts to quit smoking: when he was milking one day, he threw his tobacco into a pile of cow dung and said 'no more'. His mate then ground the tobacco packet into the cow dung so Max couldn't retrieve it.

"I was quit for about 12-13 months but, with a drought; having to sell stock and farm equipment; then my Dad passed away, followed by one of my brothers, I ended up on the smokes again."

Max was spending up to \$700 per week on alcohol and tobacco, "I could go through two packets of 40 cigarettes a night."

Max had a knee operation and knew he had to quit smoking before the operation, which he did. However after the operation, while recuperating, Max got bored and started smoking again.

Max has been Smokefree now for over a year. He quit smoking using Champix, a 12-week course of tablets used to help people stop smoking. "I didn't even feel like a smoke. But you have to take the whole 12-weeks or it doesn't work."

"I've given up the smokes and the booze and have started to look after myself again; I'm exercising regularly and eating healthy - it's great, I can really taste my crayfish and oysters now. I can also breathe better - no more gout and my diabetes has improved heaps.

"Smoking is an addiction, it doesn't relieve your stress - the stress is still there. The stress is the smokes. You've got to think about your kids and grandkids. Do you want to live or do you want to die?"

