

# PreScribe

NORTHLAND DISTRICT HEALTH BOARD STAFF MAGAZINE



Photography: John Stone, Northern Advocate

“Easing Their Way Back Into Normal Life”

Pages 4 & 5



# From the CEO's Perspective



Aristotle once said that we should treat equals equally and unequals unequally - in proportion to that inequality. While preparing a talk for a conference on 'How DHBs address Health Inequalities through Funding and Service Decisions', I was thinking how much better we need to get at doing this.

The truth is that human beings have deep-seated

psychological responses to inequality and social hierarchy. The tendency to equate outward wealth with inner worth means that inequality colours our social perceptions. It invokes feelings of superiority and inferiority, dominance and subordination – which affect the way we relate to and treat each other.

As well as health and violence, almost all the problems that are more common at the bottom of the social ladder are more common in more unequal societies – including mental illness, drug addiction, obesity, loss of community life, imprisonment, unequal opportunities and poorer wellbeing for children. The effects of inequality are not confined to the poor. A growing body of research shows that inequality damages the social fabric of the whole society. When he found how far up the income scale the health effects of inequality went, Harvard professor Ichiro Kawachi, one of the foremost researchers in this field (and an Otago classmate of mine), described inequality as a social pollutant. The above health and social problems are between twice and 10 times as common in more unequal societies. The differences are so large because inequality affects such a large proportion of the population.

So, how can we, as the funder or provider of most of Northland's health services, respond to the causes of inequality which result in such dramatic health inequities? As Northland's largest employer, with 2,700 employees and contributing over \$500m per year to the local economy, we also have a significant social responsibility. You'll have heard that we have decided to reject the National Food and Linen and Laundry business cases. Neither case stacked up financially, and there were risks to the quality of the service, but as big a consideration was the potential loss of jobs to Northland and the impact on inequalities. Child poverty, poor housing, overcrowding, low health literacy, poor water quality and roading in rural areas, lack of fluoridation, low educational achievement, unemployment, high dependency rates (children and over 65s) - in all these areas we feature as one of the 'top' regions. It results in us also being top or near the top in a number of alarming health statistics - rheumatic fever, bronchiectasis, pneumonia and childhood respiratory illnesses, dental caries, high avoidable admission rates and presentations to ED, late presentation for cancers and cardiovascular disease, high mental health, addiction and suicide rates. And of course, Māori are highly-represented in all of the causes of inequality and the health inequities that result from them. On average, Northland Māori die nine years earlier than non-Māori.

Depressing reading, but it is also one of the reasons why Northland has the best health system in the country to work in. We have so many opportunities to make a difference, and together we now need to make it a world class integrated health and social system for our patients and their whanau.

You'll note that I mentioned a world class integrated health and social system. This is not just about hospitals, and that's where the challenge comes as both a funder and provider of health services.

You'll all be aware of how busy our hospitals have been over the last year and we could easily consume all our resources many times over building more wards, employing more and more staff to try and keep coping with the unsustainable growth. To a large extent, we have had to do that this year through our urgent healthcare programme to ensure our services are safe.

However, we also have to start investing in stopping the growth in demand - we need to eliminate smoking by 2025 (this will reduce the life expectancy gap between Māori and non-Māori by two years), halt the obesity epidemic, get it right for our kids, improve access to primary care and do it differently, focus on our high-risk population and frail elderly and keep them out of hospital and aged care facilities. As members of the Northland health system, we need to be forever challenging and looking for new and better ways to get it right every time. We need to be more patient-centred, innovative diligent, become more culturally competent; and live our organisational values and behaviours every day.

I'm sure you're thinking that's all very well, but if we can't address some of the underlying causes, then are we really going to make a difference to the actual causes of inequality. By working with the police, schools, MSD, Māori providers, iwi and our communities, we appear to have made a difference with youth suicide after a terrible 2012, and we are very involved in combating family violence and helping our vulnerable children. There are other areas where we are already making a difference, Healthy Housing, Sudden Unexpected Death of an Infant (SUDI) ... while some initiatives, e.g. throat swabbing in schools for rheumatic fever, we have more work to do.

But what about each of you when you're caring for the patient in front of you? Recently there was a Grand Round on health inequities and, unlike most of our Grand Rounds, it was only half-full. I guarantee that if we had a presentation on an interesting clinical case we would have had a packed room, and yet the topic of the Grand Round has a much greater impact on health than almost any single clinical diagnosis, and most parts of our health system are contributing to these health inequities without even realising it.

Probably the most important issue for us to reflect on is that many health inequities are not because of underlying socioeconomic inequalities, but are because of our health system. Both primary care and hospitals are less accessible to those living with the greatest inequalities and these patients are treated differently, and have poorer outcomes. Maybe we just don't have time or the skills to address the health literacy, cultural nuances, and false beliefs that affect the way our Māori patients access and respond to that care. Should we ensure that we explore a patient's fears when a patient is threatening to self-discharge against advice? It's often because they are scared they will die in hospital because members of their whanau have done so (from local qualitative research on CVD, this is a common fear among Māori pertaining to their local hospitals).

Clearly, we need more Māori doctors and nurses and Allied Health professionals (only four per cent of our doctors in Northland are Māori, making up 34 per cent of our population); they should challenge us and can affect the sort of change we need. However, more Māori health professionals is only part of the solution; of even greater importance is that we are all culturally competent, that we are comfortable having patient and whanau meetings; and where appropriate, we consider options and potential solutions to improve care. Perhaps some of you will even be able to redesign our services or design in additional processes to help reduce inequities, even if at times they seem unworkable.

Regards,

*Nick*



# Kaitaia Teens Bucking the Trend



(left to right): Christian Linder, Kelly Lum, Kyla Smith, Dakota-Li Lum, Brooke Ah Sam.

Northland's population has been renowned for its high rate of obesity but five young Kaitaia residents are breaking that cycle and recently represented New Zealand with their fitness expertise.

Sixteen New Zealanders represented the country in CrossFit Kids in Ramona, California in July with five of them from Kaitaia College, supported by Northland DHB, and two from Whangarei. Four of them gained honours on the podium.

The Brand X Method held its second annual CrossFit Kids event. The team from Kaitaia was Brooke Ah Sam, Kyla Smith, Christian Linder, Dakota-Li Lum and Kelly Lum and Ioane Job and Krista McKay from Whangarei.

They were welcomed back to Kaitaia College with a public pōwhiri and appeared for the second time on TVNZ's Seven Sharp.

Brooke collected first place for Junior Varsity Girls with

Kyla collecting second. Kelly Lum came third for Junior Varsity Boys with Ioane Job coming in first for Varsity Boys.

Kaitaia Hospital operational manager and Kyla's mother Neta Smith, travelled with the group and said the children worked hard building up to the games, which was evident with most of them gaining their personal best with their lifts.

"The experience was absolutely amazing for the children with their second week watching a number of their idols competing in the Fittest of the Fittest Reebok Cross Fit games in Los Angeles."

To enable the teens to participate in the international event, \$35,000 was needed and after months of community fundraising through a costume party, and garage sales, as well as family support, the amount was secured.

***"It is imperative that we, as a part of the Northland community, encourage our young people to strive towards good health and fitness."***

***- Kaitaia Hospital clinical leader Sarah Clarke.***

Kaitaia Hospital is a major supporter of the team with clinical leader Sarah Clarke saying Kaitaia is fortunate to have five youngsters who were selected based on their athletic ability to represent New Zealand.

"Kaitaia's population is unfortunately known to have a high rate of obesity and its consequent diseases, including heart

disease, diabetes, osteoarthritis and hypertension. It is imperative that we, as a part of the Northland community, encourage our young people to strive towards good health and fitness."

View the Seven Sharp items here:

[Video 1](#)

[Video 2](#)



# Easing Children Back into Normal Life

***Few people have heard of Northern Health School but, behind the scenes, it is working wonders on our children with long-term illness and self-esteem issues. Jodi Fraser-Bryant went along for some insight.***

When Callum Jones went swimming in the shallows at a calm Whangarei Heads beach he wasn't expecting to be stung by a sting ray and have his world turned upside-down.

As it struck almost right through his arm, he felt an intense pain like acid searing through his body, followed by a huge gushing of blood. He spent the next three weeks in hospital, in and out of surgery, on antibiotics for septicaemia.

That was two summers ago and the 15-year-old, who now suffers from nerve damage and chronic fatigue syndrome, has watched his old life, including schooling and friendships, slip away.

But the upbeat teen doesn't dwell on his misfortune and has entered a different schooling system, creating new friendships via the Northern Health School.



Long-time students Callum Jones and Brittany Duff have made many personal gains through Northern Health School.

Callum is one of around 100 students, with ages ranging from 5-19, on the roll of Northern Health School's Northland unit. Students with long-term, non-contagious illnesses are taught one-on-one bedside, both in hospital and in their homes – the remotely-based sometimes via webcam – and, when they are well enough, attend the student support centre in Whangarei which runs Monday – Thursday mornings.

Associate principal Karen Abel is in her fourth year with the school.

"This is a safe place for the kids to come," she says, indicating the room where, today, around 20 teen students are quietly going about their school work.

"They're used to people coming and going – specialists, parents, school counsellors – they probably didn't even look up when you entered the room."

Indeed they hadn't. The room is a steady low hum of amicable activity – students sit, heads-down alone or in pairs, some with ear phones on laptops, some poring over books. The kitchen area is being utilised by a food technology student making scones, sewing machines are lined up in another corner. Several teachers are bent over the students, guiding them with their work.

***"A lot of people say 'You don't look sick' and I say 'Well I'm slowly dying every day...'"***

***- Student Brittany Duff.***

Those on the roll range from a minimum of ten days off school to long-term chronic conditions, such as muscular dystrophy, bronchiectasis or cystic fibrosis.

"Last year's trend seemed to be head injuries. This year we've seen more oncology patients – five and six-year-olds with brain tumours," comments Karen.

Every year sees an increase in the number of secondary school mental health students.

"They might have eating disorders, anxiety, sexuality issues or post-traumatic stress disorder from some catastrophic event that has happened. Occasionally we have psychotic kids, which could be drug-induced."

It's not uncommon for physical illness to evolve into mental illness, she adds.

One student to witness the changes over the years is 18-year-old Brittany Duff. Born with cystic fibrosis and a life expectancy of mid-30s-40s, she has spent her life in and out of both hospital and school.

"I first came here when I was eight and then went back to normal school. I was missing a lot of school through hospital admission and clinics so had to stop when I was in year 10 because I'm susceptible to germs and kept getting sick," she explains.

Brittany's illness affects her digestive system and lungs, leaving her short of breath.

Back when she first began attending Northern Health School, it was just her and her sister, who also suffers the same disease, and one other student.



"It's grown a lot from three to 90-plus people. I've seen a lot of change, especially now the mental health has been recognised more."

Brittany's study includes law, classical studies, geography and pathways – life skills. She's not sure what she wants to become yet but, right now is focusing on staying healthy.

"It is hard to exercise but I walk and jog and my sister and I ride our horses. Cystic Fibrosis does get worse with age. When I pick up my horse's hooves it hurts my lungs whereas it didn't before."

Like classmate Callum, although realistic, Brittany tends not to focus on the illness. "I try not to think about the life expectancy and I don't want the disease to be a thing that takes over my life. Cystic Fibrosis has come a long way since the days when parents of a CF baby were told not to get too attached because the baby probably wouldn't make it

A lot of people say 'You don't look sick' and I say 'Well I'm slowly dying every day...'

Her hospital stays are usually for chest infections and last around three weeks. One time while Brittany and her sister were in at the same time they made cards and sold them on the wards.

"I like it here at the school. I like that we get to know the teachers a lot more and call them by their first names. It's just kind of a good environment."

***"We have some real high-flyers achieving scholarships."***

***- Associate principal Karen Abel.***

Karen likes the continuity as well. "It's a very rewarding job. We have a lot of contact with the family, in particular home visits, and the kids are so grateful for all that you do. The families are incredibly grateful that we can give them some normality."

Another satisfying aspect of the job is seeing the kids' progress.



Associate principal Karen Abel and Brittany Duff.



Associate principal Karen Abel loves the continuity of teaching at Northern Health School.

"We had one 17-year-old girl who the students never heard talk but she transitioned back to high school one subject at a time.

"Another success story was a 15-year-old girl who had insecurity issues. She would dress in black and hide behind her hair. When she arrived here she couldn't catch a bus. By the time she left she had secured a place in the lighting and sound industry and is currently employed in this field. She absolutely shone and has kept in contact with us.

"We have some real high-flyers achieving scholarships."

The school teaches all the usual subjects – English, maths, science, chemistry, biology, geography, as well as art, business studies, digital technology, food technology and pathways.

"There are the usual expected issues with absence. It takes a huge amount of energy levels to attend appointments, get to school and then concentrate. The kids feel safe here. Many of their friends change and it gets harder for them to re-join their class when they transition back to school. Friendship groups are so important. Some of them form their own friendships here and some are very protective of each other.

"They never speak about the reason they are here unless one chooses to share it."

Although Callum has slipped behind in his school work this year, he has managed to make friends.

"That experience (with the sting ray) affected me quite a lot. I can't do regular exercise and lost friends. You get a bit lonely and do feel isolated.

"I was getting ahead and then I couldn't get out of bed for three months so now I'm catching up.

"My goal is to get past NCEA level one this year and to slowly recover. It's going to be slow but I will get there."

And he adds: "I still swim in the ocean but only in clear water where I can see."

# NEMO Found Its Way to Northland



Northland DHB is paving the way for future healthcare by trialling a high-tech, potentially life-saving telemedicine system.

Neonatal Examination and Management Online (NEMO) was developed in Australia to allow remote patient assessment and management. It has been used to provide advice and retrieval management between a tertiary hospital in Brisbane and four regional special care nurseries, winning two Queensland Health Innovation awards.

***“The opportunity that this brings is for Northland DHB to understand whether this type of technology can enhance clinical practice and, at the end of the day, save lives.”***

***- Northland DHB clinical head of ICU and project clinical lead, Dr Katherine Perry.***

Northland is the first to use NEMO for both adults and children. The unique tool is enhancing assistance and decision-making for acute care clinical teams by linking Kaitaia Hospital with Whangarei Hospital Intensive Care Unit (ICU) via real-time video.

Northland DHB, in collaboration with the University of Queensland's Centre for Online Health (COH), have been trialling the system for two months and it has made a promising start, says Northland DHB clinical head of ICU and project clinical lead, Dr Katherine Perry.

“Staff have been able to get familiar with the equipment and, already clinical gains are being observed. The ability for the Intensivist to see the patient, observe real time investigations and see clinical information, have led to rapid assessment, diagnosis and efficient transfer to Whangarei for ongoing care.”

NEMO is controlled from a computer workstation located in

Whangarei Hospital's ICU and it links via Northland DHB's secure computer network to a mobile cart located in the Kaitaia ED. Staff at the ICU end control the call and camera functions and can see and talk with clinicians at Kaitaia using a camera and screen.

The second camera – the clinical camera - is where NEMO comes into its own. Attached on a tall, extended arm, to give the best possible angle for viewing patients, the camera produces excellent quality imagery and has a powerful zoom.

In Northland, NEMO is primarily being used for acute care, particularly in the area of retrieval medicine for both adults and children. It aims to improve: Whangarei Hospital ICU's remote acute assessment capabilities to the district hospital Emergency Departments (ED) and wards; patient safety through rapid patient assessment in ED and the ward, as well as advising on management of the critically-unwell patient. This includes assisting with decision-making in determining the safest way to transport patients to Whangarei.

Dr Perry explains: “Often transport requires the use of the NEST (Northland Emergency Services Trust) Air Ambulance Retrieval Service. A St John Flight Intensive Care Paramedic will accompany these missions and, when required, a doctor and flight nurse from the Whangarei Intensive Care Unit will be involved in the retrieval of the critically injured or unwell patient.



(Left to right): Kaitaia Hospital rural doctors Andrew MacColl, Sarah Clarke, Miriam Duffy and Damian Marsh who use NEMO to consult with ICU consultants at Whangarei Hospital.

“Flight nurses and doctors will now be able to use NEMO as a tool to help assess the patient and plan the requirement for the retrieval.”

In addition, NEMO is being used as a tool for education and ultimately as a means of providing ICU outreach nursing support. For the last three months, Kaitaia nursing staff have attended several refresher sessions for using specialised breathing circuits via NEMO. The training is being evaluated to gauge its effectiveness.

Kaitaia Hospital clinical leader Dr Sarah Clarke says it is



fantastic for Far North clinicians to have the visual support of the ICU specialists.

"We are hoping that it will lead to better decision-making about safe and appropriate mode of transport for our patients transferring to Whangarei. Also there's lots of scope for future use. At the moment, our nurses are using NEMO for education and absolutely loving it."

The research collaboration with University of Queensland's COH is an important component of the project. Working together over two years, Northland DHB and the COH will evaluate the use of NEMO and share the results both within New Zealand, and internationally.



COH research fellow Dr Nigel Armfield, who is responsible for the development of NEMO, commented that: "This project offers an exciting opportunity to learn from the introduction and use of NEMO in a different setting to that of Queensland, with a wider age group of patients and different health service challenges."

Adds Dr Perry: "The opportunity that this brings is for Northland DHB to understand whether this type of technology can enhance clinical practice and, at the end of the day, save lives. If proven, Northland DHB would look to introduce this type of technology to all Northland's outlying hospitals."

## Mass Turn-Out for Big Latch On

Organisers of the Big Latch On were hoping for bigger and better this year and, with the turnout nearly quadrupling last year, that is what they got.

Te Puawai Ora in Whangarei was packed with 72 mums and their bubs and toddlers for the 10.30am latch on, some resorting to breast feeding while standing.

The mood was upbeat and noisy and co-organisers and participants Charlene Morunga and Kylee Parker were amazed at the turn-out.

"We advertised predominantly by creating a Big Latch On Facebook page," said Ms Morunga. "Then it just spread through social media."

The Big Latch On is part of World Breastfeeding Week in August. It aims to normalise breast feeding as part of everyday life. The event derived in New Zealand ten years ago and has subsequently taken off globally with around 30 countries now latching on.

Northland DHB lactation consultants Helen Parker and Janine Parsons were blown away by the amount of support.

***"Some have had a really hard journey to get there and we know they have shown a lot of commitment and perseverance in wanting the very best for their babies."***

***- Lactation consultant Janine Parsons.***

Said Ms Parsons: "Basically this day is about celebrating breast feeding mums. Some have had a really hard journey to get there and we know they have shown a lot of commitment and perseverance in wanting the very best for their babies."

The babies' ages ranged from two weeks to 20 months with many returning mums.

Sharnee Walker brought along her two-and-a-half-month old twins, Keely and Laekn, with Keely promptly falling asleep after her feed.

"I will probably keep breast feeding them until they are ready to stop," said Ms Walker, adding that she fed her other two children until they were three.

Twenty-two local businesses donated spot prizes for the occasion, such as an interior designer gift pack, cut and blow wave, café, beauty and photography vouchers.

As has become the tradition, lactation consultant Helen Parker made her famous chocolate breast cakes, which were cut by the mothers of the oldest and youngest babies.



Organisers Kylee Parker and Charlene Morunga.



Lactation Consultants Helen Parker with her grandson Adam and Janine Parsons and the annual breast cakes.



Marie Taylor with Ellie, 15 weeks, and Sam Harris with Jimmy, nine weeks, took part in the Big Latch On standing up.

# Crossing the Tasman to Seek Northland Lactation Services

By Jodi Fraser-Bryant

***An exhausted Monique Hatfull sank back into the plane seat and, exhaling, closed her eyes. Beside her, little Amélie slept – the once healthy baby now frail and falling into the 25th percentile for weight.***

***As the plane flew towards her home country of New Zealand, it took her further from her beloved husband and two-year-old son in Australia.***

***But in New Zealand there was hope.***

When Amélie was born in June 2014, she had been a normal weight of 4kg. However, a tongue-tie led to latching problems so the couple paid to have it snipped. The two-minute procedure was performed and they returned home. But the problems persisted.

“Amélie’s weight gain slowed to next to nothing,” recalls Monique. “We visited the lactation consultant who suggested I try formula in the evenings to boost her weight but she wouldn’t take a bottle and this strategy wouldn’t ultimately solve the problem.”

“I was really beginning to struggle being at home with a toddler and an inconsolable baby who couldn’t feed properly. I was also feeling very dissatisfied with the health care system and its impersonal style and inaccessibility.”

The Australian post-birth experience had been a completely different one to her first in New Zealand. A Whangarei resident for over 30 years, Monique (nee Badham) had her first

baby at Whangarei Hospital.

“This was a very positive experience where I received lots of professional help and support, namely from the midwife, Plunket and lactation consultants at Te Puawai Ora. I, therefore, had high expectations when I gave birth in the Gold Coast to my daughter in June (2014).”

Monique says, while the birth went well, with excellent facilities, post-delivery, the only follow-up was one home visit from the community health nurse and an invitation to drop in to the clinic once a week to weigh-in.

“We were also allowed to make an appointment if we had a specific problem but it would take around two-three weeks to be seen.

***“I’ve flown all the way from Australia for your help - no pressure.”***

***- Monique Hatfull.***

“My husband, who consequently is a doctor who has worked at the Whangarei Hospital for two years, saw the signs of my struggle and anxiety and our baby who wasn’t thriving and agreed I needed to go home for family support and to seek medical advice.”

Upon arrival, Monique rushed in with two-month-old Amélie to see the team at Te Puawai Ora, remembering how great they had been with her first born.

“I made sure I was the first in and greeted Angie with the words: ‘I’ve flown all the way from Australia for your help - no pressure’.”

Lactation consultant Ange Yendell soon realised Amélie’s tongue was still



having issues with elevation and was still tied, suspecting it was a posterior tie.

“This was such a relief to have her professional and compassionate assistance, and to feel like I was being taken seriously,” recalls Monique.

A referral was made to ear, nose and throat specialist Dr Shetty who, unfortunately was on leave for three weeks so they saw his colleague the following week. It was also suggested to seek help from a cranial osteopath or chiropractor, but out of fear of causing harm to her baby, and from the wishes of her husband who was sceptical of the medical benefits, she chose to ignore this.

In the meantime, Monique got in touch with her plunket nurse from my first born, Ann Neha, whose praises she can’t sing enough.

“She talked through strategies with me and was a great sounding board, and came to see me every week for the two months I was in New Zealand to make sure Amélie didn’t slip any further.”

During this, Monique’s own health started to go downhill with anxiety and exhaustion. She was diagnosed with PND and started on medication, with visits from Infant and Maternal Mental Health services. But with her milk supply plummeting and the lack of sleep, eventually she collapsed from sheer exhaustion and was unable to function.







Lactation consultants (left to right):  
Ange Yendell, Helen Parker and Janine Parsons.

Monique returned to the lactation consultants and this time saw Helen Parker. Monique's mother had talked to her earlier to explain the situation and Helen was ready to greet her with all the tools at her disposal.

"Helen is similarly amazing - so knowledgeable, practical and compassionate."

Helen recalls: "Monique arrived in Whangarei a very distressed lady, having had no sleep and a baby that was feeding frequently, slipping on and off, clicking not maintaining a latch, very windy and crying constantly."

Monique was loaned a hospital grade breast pump to regain her milk supply, as well as a special needs bottle. Helen also picked up on tightness in Amélie's back, neck and arms, which she suspected was affecting her feeding, and made an urgent appointment for the chiropractors the following day, which she attended herself to help ease Monique's nerves.



After some gentle manipulations, Monique says the effect on Amélie was immediate. "She started suckling instantly."

The following week, Dr Shetty returned and agreed Amélie's tongue was still tied. With a 50 per cent chance the revision would be beneficial, they decided to go ahead with the snip, which was performed immediately.

"I noticed an instant improvement," recalls Monique. "It was ultimately this revision, along with the chiropractic work, that solved Amélie's issues. In my opinion, these two issues were interrelated and both as necessary as the other. It is interesting to note how western medicine and more 'alternative' health approaches of cranial massage/chiropractic work can be so complimentary."

***"Having a baby who  
can feed again feels  
beyond magical."***

***- Monique Hatfull.***

On returning to the Gold Coast, they had an appointment with the paediatrician, who would have been their next port of call if they had stayed there. "He essentially poo-pooed tongue tie revisions and chiropractic work and said, if we had seen him, he would have advised we wait and see what happens as these things often 'resolve themselves'. All I can say is that we are so grateful we didn't stay because I suspect the result would have been very different, and Amélie would have, no doubt, ended up on a bottle, and I feeling disenfranchised and even more depressed."

Monique hopes her example demonstrates that Whangarei has a world-class health service with competent, amazing health professionals; and that it is important

to keep an open mind about alternative health treatments, and the importance of working in a co-ordinated way across the board.

"Having a baby who can feed again feels beyond magical. Breastfeeding means a lot to me and without this concerted and organised effort from all these different health providers who weaved a supportive net around us, I would have lost this gift. It is my opinion that breast milk is my baby's birth right, and I would do anything to give that to her."

The plane trip back to Australia was a lot different to the one two months prior. "We returned home happy, healthy and thriving and Amélie climbed to the 50th percentile."

"Returning to see Helen the day before we left was great, and we were two different people than we were when we arrived two months earlier. Without the help of all these services, and the love and support of my whānau, we could not have done this."

Adds Helen: "It was an amazing journey to share with Monique and Amélie and France Badham (Monique's mum and Amélie's grandmother), with the support from the LC team. cranial sacral therapist Emma Rampton and Plunket nurse Ann Neho. We observed a huge change and, when they headed back to Australia six weeks later, they had a much more settled breastfeeding baby."

"Monique was a very strong and committed lady who wanted to do the best for her baby and she did. She has been back a couple of times and it was delightful to see the progress and growth."









# Out & About





# Farewell Isobel May

By Jodi Fraser-Bryant



Anyone who knows Isobel May will tell you she likes to talk. She can regale stories from 60-plus years earlier, breaking into laughter mid-sentence at the memory which, to her, is still clear as day.

But although this 74-year-old is still sharp as a tack, she's signed off from nursing for the final time.

I caught up with Isobel for the first time before her farewell at Whangarei Hospital last week. It soon became apparent my pre-planned questions would go flying out the window.

"Now what was the question again?" she asked, twenty minutes after having wandered down memory lane.

To be honest, I couldn't remember myself.

"Ah, hang on," I said, flicking back through the screeds of shorthand.

"Oh yes, why did you decide to become a nurse?"

"I'd always wanted to be a nurse. My sister was a nurse and I'll never forget going to the interview with the matron and she said 'Don't think you can ride on your sister's coat tails'. That made me mad."

As it happened, Isobel's sister didn't pursue her nursing career for long. But Isobel did.

This winter, after a nursing career that began in 1958, at age 17, she completed her final shift as night duty nurse manager to take a well-earned retirement. Not that she's planning on sitting idle, but more on that later.

After graduating from Balclutha Hospital, South Otago, Isobel and friend Marge just kept getting into trouble, so they decided to move north.

"We used to have these long-sleeve buttoned uniforms all hanging up on the wall and one day I noticed that somebody had flogged all my buttons. I managed to flog three off somebody else's before joining everyone at the dining table. Back then you sat according to your rank and you couldn't leave until the matron



had finished and she caught me and said 'Miss Falconer – where are your buttons? Get over here'.

"Marge was working in the kids' ward and a child bit the end off the thermometer so she copped it for that. She burst into tears and put her hand in the pocket of her uniform to get a hanky and pulled out a (medical) mask to wipe her eyes and nose and that is the biggest no-no."

"We decided we wouldn't stay and looked on the map and neither of us had been to the North Island. She applied for Gisborne but then saw who the matron was and it was the ex-matron from where we trained with a terrible reputation so she changed her mind. We found out we'd been accepted to Whangarei Hospital when we both got a letter saying when our first shift started."

The friends, who'd never seen mangroves or lemon trees until they hit the north, lived in a house across the road from Whangarei Hospital.

Isobel's rank as staff nurse, quickly became sister Falconer.

***"Marge was working in the kids' ward and a child bit the end off the thermometer so she copped it for that. She burst into tears and put her hand in the pocket of her uniform to get a hanky and pulled out a (medical) mask to wipe her eyes and nose and that is the biggest no-no."***

***- Isobel May.***

She remembers being placed in ward five and being asked to clear the in-tray. However, noticing a post-op patient bleeding heavily, dealt with it swiftly, which was picked up by the ward nurse, who then let her get on with what she was trained for. Following that, Isobel moved quickly through the ranks.

"I've never applied for a job at Whangarei Hospital. I ran a ward temporarily as charge nurse. The matron saw me wearing a hat and sent me over to laundry to get a veil and that was how I became charge nurse."

"Being hospital-trained, we learnt and we learned quick. Back then you had to prove your worth."

Apart from taking seven years out to have her three children and completing a one-year post-grad at Green Lane, Isobel has covered everything in her 44 years at Whangarei Hospital – becoming charge nurse and duty nurse manager, covering mostly night shifts, for the last 20 years.

So why night shifts?

"I like night shifts. I originally took them as it suited family life with the kids. My husband was doing shifts at the refinery so then he'd come home as I was going to work. But I like them because of the independency, there's no interference or meetings."

Her memories include a patient who once brought her a



brace of un-plucked ducks strung together through the beaks on a wire.

"I had to get them home on my motor scooter. My husband said 'Don't think I'm plucking them'. I did and they were beautiful too.

"Another patient brought me a full-size pumpkin which I had to get home on my motor scooter," she laughs.

Stand-out memories include the Brynderwyn bus crash, after which she nursed the bus driver.

"He had severe facial lacerations. I remember removing his stitches – he had well-over 100. We almost had to put a guard on his door as people kept saying they were related and were trying to get in, I recon, to have a go at him."

Another stand-out moment was a flooding disaster one night on ward three.

"The night nurse rang me up and said 'All this dirty water is flooding the ward'. I went down – it was the high-dependency ward – and nearly had a heart attack. Water was gushing from a rogue sprinkler and had flooded the whole ward. It was already over my shoes.

***"We managed it, along with the fire brigade and the staff managed to shift all the patients out while the fire brigade sucked all the water out and we put in heaters and cleaned out the ward."***

***- Isobel May.***

"We managed it, along with the fire brigade and the staff managed to shift all the patients out while the fire brigade sucked all the water out and we put in heaters and cleaned out the ward. But it turned out that water had got into the electrical panels and blown the power so we did all this with torches.

"There was a greasy water mark all-round the wards for a while afterwards but, by morning we had everybody back in their rooms and the power got sorted out the next day. It was actually a great demonstration of team work."

And her team work is key to Isobel's popularity with staff.

"What makes me happy is when staff might say 'Are you on tonight? Oh good.' It's recognition that you are actually doing it right and that you are backing them up."



Isobel admits to being a 'fairly outspoken' person who values her integrity and is not afraid to admit when she is wrong.

"2014 was a very bad year and I feel that I wasn't supported with a situation and it left me disillusioned. I put it down to listening but not hearing and I've never had it happen to me before in my nursing career."

She recalls having tight-knit night duty teams who would take meals together and use the time to debrief and relieve stress.

But it's not just the changes to the industry that are prompting her to leave. Isobel has plans. Having already travelled to 72 countries, she has one more on her bucket list.

"I haven't been to North China and I'm going to walk on the great wall."

She also plans to finish redecorating the family home, which she still shares with husband Eric, and a little further down the track, take up painting, gardening and learn to play golf and the Hammond organ.

"I've had a life alright. I've had a brilliant life," she says, showing me a photo taken at the Egypt pyramids of her riding a camel named Banana. "I'm actually an expert camel rider."

At this point there's a knock on the door. It's Isobel's colleagues, coming to fetch her because she's late for her farewell.

"Gosh is that the time," she says, realising it's been nearly two hours. We shuffle along the corridor and open the door where she's met with a round of applause. The love and respect on the faces of all those within is clear.

I knew I was in the presence of a phenomenal woman when I was interviewing her. At that moment, it was confirmed.





**Otangarei** - During the breakfast session delivery, the majority of children reported they eat breakfast and LOTS of kids eating said it was weetbix which is really promising. Knowledge retention from room 2 was really good and Whaea Ngapoko has been doing follow-up activities from the four food groups session, such as getting the kids to graph the number of different foods in their lunchboxes each day (working across the curriculum with numeracy).  
Pictured above - students from Otangarei making smoothies.



**Kaikohe East** - Miss Mason (Room 4) has stopped using lollies as rewards and now uses smoothies to reinforce good behaviour!!! Pictured above: students from Kaikohe East learn about the four food groups – food that helps us to GROW, GLOW, GO and ones that we need SLOW down on.

# Project

More Northland kids are set to reap the benefits of healthy eating and regular exercise, thanks to some energizing intervention through their schools.

Project Energize is a Sport Northland-led initiative, and has been co-funded between Northland DHB and Sport NZ, which has 'Energizers' work with clusters of primary schools on their needs and to support teachers, pupils, and parents about physical activity and nutrition and ultimately improve children's overall health.

Northland DHB chief executive Dr Nick Chamberlain believes investment in our children is one of the best prevention measures the DHB can take.

"Good nutrition and plenty of exercise are the building blocks for strong growth, healthy development and lifelong wellbeing for children.

"Children are being taught life skills through Project Energize that will help form exercise and nutrition habits and build a foundation for a healthy and active life."

The programme, which began in early 2013, initially involved just 12 schools as part of a pilot. Initial results have shown improvements in children's fitness, the reduction of sugary drinks and an increase in the consumption of water.

Sport Northland chief executive Brent Eastwood says the partnership with Northland DHB is really beneficial for Northland schools.

"Our Energizers have made such wonderful progress with their clusters of schools in increasing physical activity and healthy eating."

The main goal of Project Energize is to support schools to embed changes and to ultimately deliver initiatives themselves.



# Energize

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

Energize staff are available to assist schools with a whole range of initiatives and projects related to healthy eating and physical activity.

For example:

- Co-ordinate the physical activity plan throughout the school;
- Encourage children to choose more active play options at home;
- Help promote healthy eating through information sessions with parents and starting a school vegetable garden;
- Provide useful resources for teachers and children.

Project Energize was originally developed in the Waikato through Sport Waikato and the Waikato DHB and has been running for around ten years. Every school in Waikato is now an 'Energize' school.

Mr Eastwood adds that being able to offer Energize to all primary and intermediate schools is part of the new strategic direction of Sport Northland, which will focus on both young people and ensuring that the needs of the participant are catered for.

"We would love to see Energize working with every primary school across Northland by 2018, which will ensure all teachers are being supported in the delivery of sport and physical education and the teaching of healthy eating practices to their children."

Here, Sport Northland Energizers have rounded up some of the results from around the region.



**Manaia View** - The technology teacher has been very proactive in discussing ways to make recipes healthier with kids, encouraging use of lots of vegetables and colours. The team had a great discussion with her on how to get Energize messages into her lessons, such as the difference between cooking a snack and cooking a treat. Pictured above: students from Manaia View School making quesadillas.



**Hikurangi** - While undertaking the 550m run test, we could definitely tell that the teachers have been taking their classes out for fitness every day. The kids did an awesome job and all put 100 per cent effort in. Pictured above: students from Hikurangi undertaking daily fitness.

# Achieving Her Dream Across the World

A Northland DHB maternity social worker with cerebral palsy is setting up an inspiring intercultural exchange programme for young people with disabilities, after her own life-changing overseas experience.

Registered Maternity Service social worker Julia Hartshorne is setting up the charitable trust, known as Achieve 2B, with the aim of a transformational exchange experience where the achievers will gain self-confidence and independence enabling them to become future leaders, professionals and mentors.

The intention is for these young people to experience life in another school, community and family in another country such as Australia, USA and, eventually, the

UK for 3 – 12 months. Furthering progress, Achieve 2B has recently partnered with Australia's Interchange Outer East (IOE) in Melbourne. Interchange provides respite care, social and community activities for children, young people and their families. This partnership will help to facilitate Achieve 2B's pilot scheme. Julia visited Interchange where it exceeded her expectations in terms of the enthusiasm and commitment the Interchange community displayed towards Achieve 2B.

To find out more about Achieve 2B, go to:  
[www.achieve2b.org.nz](http://www.achieve2b.org.nz).

Here Julia shares her own journey.

## My Story Julia Hartshorne

At 16 years of age, I did the unthinkable with mild Cerebral Palsy, I completed a one year-long AFS Exchange Programme to the USA.

I applied, they said NO!

I applied again and they said NO!

I applied again. Wow, my persistence paid off and finally my AFS exchange began.

I was Māori, I had a disability. I was in the too hard basket. Could she cope? Could she do it? A shaky self-confidence? Probably! After school-yard bullying.

did it! I was no longer that low-confident, faking it girl!

And so my AFS experience lives on. Would I have thought of the Achieve 2B initiative? Unlikely. My relationship with my host family has survived 26 years of snail mail. In fact, in March I returned to my family home in Ohio to share my host Mom's 75th Birthday. She and my host sister came to New Zealand six years ago to celebrate our wedding.

26 years later the impact of this transformational experience now sets the direction for my life ahead.

During my career as a Social Worker, I quickly



You see, to survive, I had to fake it. I wanted to prove to myself that I could do it, that I was worthy. I wanted to prove to myself, I could be accepted, achieve, make new friends and navigate my way around a strange environment.

This amazing experience of self-discovery, forming enduring relationships and awakening my senses to global difference and variation provided me with the blue-print of my life. This gave me the self-confidence and mastery to find a career, own a home and eventually get married to a terrific man. I got a life! I

developed a passion for working with people with disabilities. I became a lifelong champion of ensuring that people with disabilities were able to participate and be fully included in society.

I inevitably realised that it appeared that young people with disabilities do not go on Intercultural Exchange Programmes. Therefore the Achieve 2B was born out of my unrelenting desire to ensure that young people with disabilities have equal opportunities to participate and reach their full potential from an intercultural exchange.



# The First 2000 Days

There is now a huge body of evidence to demonstrate that the period from conception through the early years of a child's life provide the foundation for lifelong physical, social and emotional wellbeing.

Every child in Northland deserves to be safe and well, growing and developing to their full potential. There is widespread agreement on the role of universal child and family health services in identifying health needs within the family in order to provide families with support as early as possible.

Sadly for too many children in Northland, access to universal child health services is not equitable. These children are missing out on services that support the best start in life - protecting them against illness, detecting problems early and providing support to their families for early intervention.

Health outcomes for these children are significantly poorer than others in Northland. Tamariki Māori are disproportionately over-represented in the group of children with poorer health outcomes over a number of key indicators.



They are less likely to:

- be fully immunised on time;
- receive all Well Child screening and assessments;
- access oral health services as pre-schoolers.

They are more likely to:

- be admitted to the Special Care Baby Unit (SCBU);
- be admitted to hospital for respiratory, gastro-intestinal complaints and skin infections.

Some of the key contributors to poor outcomes are outside the influence of health services to address, such as the impact of poverty on the health of families. There are, however, contributors that health services can influence and which are our responsibility to address. For example: how effectively services work together, how we share relevant health information, the quality and consistency of health messages, how we join the dots for families to ensure that transfers of care between services are easy for them, how patient-centered we are, and how receptive, responsive and flexible we are to varying needs and values.

There are some significant barriers to children receiving the primary care services to which they are entitled. We know that the different systems various providers use for the recording of children's health information become an issue when information needs to be shared with other

services. Some services are configured around the needs of staff not the families.

The health literacy of families regarding what, how, why and where to access services is variable. As health professionals we sometimes make incorrect assumptions about what people know and understand. When combined with sustained material hardship, such as poverty, these barriers contribute to the poor health of Northland children.

The First 2000 Days (F2000D) programme – one of the five Northland Health Services Plan programmes of work, aims to ensure 'No Child is Left Behind' - all Northland infants and children (beginning in pregnancy and to age five years) receive their entitlement of universal services and access to early intervention where need is identified. As there is an unacceptable inequity in health outcome measures for Māori children in Northland, they are the central focus of all activity in this programme of work.

The health system is complex, with decision-making and actions occurring across a range of individuals, teams and organisations, so a systems-approach to quality improvement across services is necessary. The Steering Group for the F2000D Programme and the individual project working sub-groups are comprised of representatives from maternity and child health services and are informed through a variety of processes of consumer feedback and engagement.

Projects initiated in the F2000D Programme include:

1. Kohunga Aituaa Ohore – Sudden Unexpected Death of Infant (SUDI) safe sleep education and prevention with distribution of safe sleep spaces for Māori infants.
2. High Five New-born Notification and Enrolment (Ministry of Health have targets for most of these).

Systems improvement of processes of new born notification and enrolment to:

- National Immunisation Register (NIR);
- New born Hearing Screening;
- General Practice;
- Well Child Tamariki Ora Provider;
- Oral Health.

3. Reducing inequities experienced by Māori infants by improving the health outcomes for pregnant women who are experiencing a complex range of issues.

Three key approaches are:

- improving the quality of physical and psycho-social assessment of women at confirmation of pregnancy in General Practice;
- facilitating co-ordination and integration of health and social services through effective case management where women are experiencing multiple issues during pregnancy;
- providing more timely, effective and accessible support for pregnant women through expansion of partnership care models with their Lead Maternity Carer (LMC) and Kaiāwhina.

# New National Monitoring Tool Aims to Accelerate Māori Health Improvement

A new web-based monitoring tool is seeking to speed up Māori health gains by increasing access to health performance information.

The Māori Health Plan Monitoring Tool, launched in June, is the brainchild of Bay of Plenty District Health Board's (BOPDHB) Dr George Gray, with the support of national Māori General Managers group's Tumu Whakarae.

All DHBs now have a mandatory Māori Health Plan indicating what each DHB is going to do to progress performance against a set of 16 health indicators relating to Māori. Until now, DHBs have had a number of mechanisms, of varying quality, which checked ongoing performance against those indicators. Standardising the DHBs approach to monitoring is a gap that this tool fits.

The Monitoring Tool shows multiple examples of Māori having poorer health system experiences and that flows on to poorer outcomes and poorer life expectancy. To change that requires ongoing performance improvement through system change and improved responsiveness to Māori when accessing services.

The Monitoring Tool works on a similar basis to the Ministry of Health's quarterly Health Targets, which give greater visibility and accountability to how a DHB is performing.

Similarly, Māori health information on all 20 DHBs will include performance trends, rankings against other DHBs, disparities between Māori and non-Māori, as well as links to seminars on 'best practice' by the nation's top performers.

Graphs are colour-coded to show how a DHB is performing against each of the 16-17 health indicators. The tool is updated every 24 hours with the latest available Ministry of Health data.

Anyone can access the information at any time and it's a user-friendly, intuitive interface. The aim is to encourage change and improved performance by increasing the availability of health information.

There is the human aspect to this of course but one can also make the economic argument. It's very inefficient for our society to have a high proportion of people who are unwell for whatever reason, be it education, income, poor living conditions. That's a huge drain on our society. If we can improve that it's a win-win for everyone.

None of these health indicators are intractable problems; they are all responsive to changes in service delivery models, along with the social determinants of health.

To access the Māori Health Plan Monitoring Tool, go to: [www.trendly.co.nz](http://www.trendly.co.nz).

It is intended that the Monitoring Tool will give greater transparency to performance. DHBs can now see whether the initiatives they are using against a certain indicator are working and, if not, they can try what others are more successful at. Top performing DHBs share their models of care against these indicators alongside web-based Māori health excellence seminars compiling best practice video archives. These mechanisms would assist in accelerating Māori health improvement.



Dr George Gray presenting the capability of the Māori Health Monitoring Tool to Tumu Whakarae members and Kaumātua/Kuia at Tauranga in June.



# Te Hiku Hauora Nurse Profile



Lead Health Care assistant Wikitoria Te Kuru has worked at Kaitaia Māori health organisation Te Hiku Hauora for the past ten years and absolutely loves her job.

Wiki began her career at Te Hiku Hauora as a Medical Receptionist in 2005 and was offered the position of Health Care Assistant in April of 2009.

"I had not yet completed my orientation and was offered a permanent position. I have never looked back since."

This was a new position, with Wiki being the first Health Care Assistant to work within a General Practice in the Far North. Wiki earned the title of Lead Health Care Assistant after the many people she has helped train over the years.

Born in Rotorua and brought up in Whakatane, Wiki (Te Arawa and Ngati Awa) has lived in Kaitaia since 2004. The proud mum of three is the youngest of 16 children, with most of her siblings still living in Whakatane and Rotorua.

"I am the only one who 'flew the coop'," she says, adding she is 'very much a Waiariki girl at heart'.

Wiki tried her hand at many vocations, from working in a supermarket as a checkout operator to becoming a soldier in the NZ Army for eight years.

"Ultimately, it has been my administration and organisational skills that have helped me to get to where I am today. Not to mention the support of my employer and my whanau."

The role of a Health Care Assistant is to establish and maintain patient flow and allow nurses to see more patients.

Wiki says there are many different facets to the role;



Doing what she does best, supporting patients.



Wiki in her clinic setting.

preparing patients for the GP, time management, the ability to communicate with all walks of life, coordinating patient care, collecting vitals and asking the correct questions.

"I feel that I am vibrant, active, enthusiastic and full of energy. I think that I have the ability to interact with all walks of life."

Wiki's 'Can do, will do' attitude is also key to her success in her role.

Wiki says she enjoys working alongside her fellow colleagues at Te Hiku Hauora, as well as helping others.

"I really enjoy the new challenges – no day is the same. I get to meet new people, my employer is great, and I really enjoy my work."

Wiki's interests out of work include whanaungatanga, singing and listening to music, watching kapa haka and baking.

"It has been an honour and a privilege to be selected as the first Health Care Assistant within a GP Practice in the Far North. It has had its challenges as does any role but I am proud of the many I have trained, some who have chosen to further their careers within the health industry as nurses and even as doctors. It is a great feeling to know that some have been inspired by what I do, what I show them."



## Leading & Building Highly Effective Teams

**Monday, 2nd November 2015**

**8.30am to 4.30pm**

**Tohorā House**

"Great teams work together with positive energy, and have a sense of cohesiveness and pride. They enjoy being together as a team, their sense of interdependence, and are proud of their accomplishments."

### THINKING DRILL 2 engage your brain



#### PIGEONS IN A TREE

A farmer shoots at 20 pigeons in a tree. He kills one of them. How many were left?

~ 2 minutes

## Critical Thinking

**Friday, 30th October 2015**

**8.30am to 4.30pm**

**Tohorā House**

## Advanced Critical Thinking

**Monday, 9th November 2015**

**8.30am to 4.30pm**

**Tohorā House**



## Courageous Conversations

**Thursday, 12th November 2015**

**8.30am to 4.30pm**

**Tohorā House**



## L&D Courses *coming soon!*

**Contact Bekki Fedarb**

**Rebecca.Fedarb@northlanddhub.org.nz,  
or on (09)430-4101 extn. 60487**

