

PreScribe

NORTHLAND DISTRICT HEALTH BOARD STAFF MAGAZINE



Supreme Winner: Matanui - Building Youth Resilience
2014 Northland Health Sector Awards - Pages 4 & 5



From the CEO's perspective



Over the past year or so we have seen a significant improvement in many aspects of Patient Safety and Quality improvement. Surgical Checklist, Falls, Pressure Ulcers, CLABs, DVT prophylaxis and medication safety are all showing significant improvement. A recent survey of Care Capacity Demand Management (CCDM) demonstrated that our staff who filled out the survey felt that their welfare, rather than just financial targets, was important to Northland DHB.

Our HDC complaints and investigations have gone from one of the highest to one of the lowest. Our Patient Safety and Quality Improvement Review has been downloaded in one form or another over 1056 times which suggests significant staff engagement in the Patient Safety and Quality Improvement agenda. We are providing a lot of training opportunities for staff and are starting to implement the recommendations of the review.

Strangely, the one area where we have made absolutely no progress is one of the simplest and, if we do this well, we will save lives. It's also ironic that our medical workforce performs the worst in this area. It is, of-course, Hand Hygiene. I'm going to borrow some stories and evidence from Atul Gawande, one of my favourite medical writers, to try and convince those of you that need convincing and remind those of you who don't.

Extrapolating from US data, every year, tens of thousands of New Zealanders acquire an infection while they are in hospital, and thousands probably die of that infection. The hardest part of the infection-control team's job, is not coping with Ebola or the next outbreak of Norovirus. Instead, their greatest difficulty is getting us to do the one thing that consistently halts

the spread of infections: wash our hands.

There isn't much that infection control teams around the world, including our own haven't tried. Yet still, we have not mended our ways. Whangarei Hospital's statistics show what studies everywhere else have shown — that we wash our hands one-third to one-half as often as we are supposed to. Having shaken hands with a sniffing patient, pulled a sticky dressing off someone's wound, pressed a stethoscope against a sweating chest, most of us do little more than wipe our hands on our white coats and move on — to see the next patient, to scribble a note in the chart, or to grab some lunch.

Embarrassingly this is nothing new: In 1847, at the age of 28, the Viennese obstetrician Ignac Semmelweis famously deduced that, by not washing their hands consistently or well enough, doctors were themselves to blame for puerperal fever, which was the leading cause of maternal death in childbirth in the era before antibiotics (and before the recognition that germs are the agents of infectious disease). It is a bacterial infection — most commonly caused by *Streptococcus*, the same bacteria that causes strep throat — that ascends through the vagina to the uterus after childbirth.

Out of 3,000 mothers who delivered babies at the hospital where Semmelweis worked, 600 or more died of the disease each year — a horrifying 20 per cent maternal death rate. Of mothers delivering at home, only one percent died. Semmelweis concluded that doctors themselves were carrying the disease between patients, and he mandated that every doctor and nurse on his ward scrub with a nail brush and chlorine between patients. The puerperal death rate immediately fell to one percent — incontrovertible proof, it would seem, that he was right. Yet elsewhere, doctors' practices did not change. Some colleagues were even offended by his claims; it was impossible to them that doctors could be killing their patients. Far from being hailed, Semmelweis was ultimately dismissed from his job.

Our current 70 per cent compliance in clinical areas where we know we are being audited just isn't good enough. If 30 per cent of the time people aren't washing their hands, that still leaves plenty of opportunity to keep transmitting

infections. So, even worse than the fact that those who aren't washing their hands are cross-infecting other patients, unless we get much higher compliance rates, they are making your efforts to maintain good hand hygiene less effective. Effectively, they are wasting your time!

Preventing infection by handwashing is a perfect example of an unsexy task: it demands painstaking effort without immediate reward. We are trying to combat an invisible problem (germs) whose effects won't be manifest until much later.

We could ask nicely (like I'm doing here) or look at punishment or rewards. However, neither penalties nor incentives achieve what we're really after: a system and a culture where hand washing is what people do, day in and day out, even when no one is watching. Getting to "Hand washing is what we do" means establishing hand hygiene as the norm. And that's what we want.

What we need is a social process through which people talking to people spread a practice. Every change requires effort; people follow the lead of other people they know and trust when they decide whether to make the effort to take it up. So, I'm asking you all to talk about it and those who are leaders, to take a lead. Senior medical officers, set an example for your resident medical officers and students, senior nurses, set an example for the nurses, HCAs, students; and Allied Health staff, you can set your own example!

We also need constant reminding until it becomes second nature - as Dr David Hammer our microbiologist said at a Grand Round recently: You wouldn't drive without a seatbelt or go to work without your clothes. However, for me it's the fact that my car keeps beeping if I don't belt up, and it's pretty breezy without any clothes, that remind me. Our Infection Control nurses and ward champions/auditors will be very visible observing and reminding us all if our hand hygiene is not up to scratch. I expect any staff member to tell me if I forget, and I'm sure that all of you would welcome a reminder and recognise it as an opportunity to improve the quality of care for your patients.

A highlight of the last few months for me were our recent Health Sector Awards. The intent was for this to be for the whole Northland health sector where we were able

to reward projects and behaviours in line with our values (Matariki awards) and Quality Improvement, and celebrate two of our surgeons, Jerry Gathercole and Peter Milsom who were the first New Zealand recipients of the Royal Australasian College of Surgeons Outstanding Service to Community Award.

There are many unsung heroes within our organisation. Often it's those directly involved with patient care that get the recognition and kudos for saving or improving lives, meeting health targets, or clearly demonstrating our values. However, there are many high-

performing teams quietly working in the background who are vital to the running of the organisation.

Two such teams are our clinical records and coding teams throughout Northland. The Clinical Records teams ensure all our patient files are appropriately compiled and stored to ensure they can be located easily, while our coding team (who have recently had a peer review which demonstrated over 95 per cent accuracy) code them! During July both teams have worked all sorts of hours searching, collecting and coding a backlog of over 5000 files. This has ensured that our

health target reporting to the MOH is accurate, that we get paid for any additional elective surgery, and clinicians are provided with reliable data on the care of our patients.

Commitment, dedication and pride in what we do was shown by all members of these teams, including three staff members who postponed their retirement to ensure we completed our end of year coding!

Regards,

Nick

Nearly All Northland Four-Year-Olds Checked Before School

Going to school is a huge milestone in a child's life so it is important they arrive in peak health and ready to learn. The B4 School check (B4Sc) is a free, comprehensive child health and development check which is available for all four-year-olds. The purpose of the check is to support parents to protect their child's health so they can grow and develop to their full potential by the time they start school. Most parents enjoy this valuable opportunity to discuss their child with a B4Sc nurse and have their vision and hearing checked.

In Northland the B4Sc is provided in the community by a team of dedicated health care providers, including Plunket, Well Child/Tamariki Ora, general practices and Maori health providers.

Local mum Claire Stevens took her daughter, Finn, for her B4Sc recently and found the experience reassuring.

"It was nice and easy, the nurses were all really friendly and made my daughter feel welcome, giving her colouring in to keep her busy. I thought it was quite well done."

She says one of the positives to come out of it was the decision to go ahead with a vaccine that she had been unsure of.

"We had a good chat about vaccinating with the nurse and decided to go ahead with one of the vaccines that we weren't going to do. The nurse presented the information to me and was factual and nice, instead of being forceful, whereas before I've felt like I was being drilled."

"I think it's in the best interest of your children to (have the check). It's free and it's worth it. There's no reason not to do it."

The past year saw 96 per cent of Northland's estimated 2,500 four-year-olds completing a check – this involved being assessed by a registered nurse and a hearing/vision technician.

Northland Primary Health Organisations B4 School Check co-ordinator Rae Jones says this is a fantastic result and is the most checks ever done in a year in Northland since the programme began in 2008.

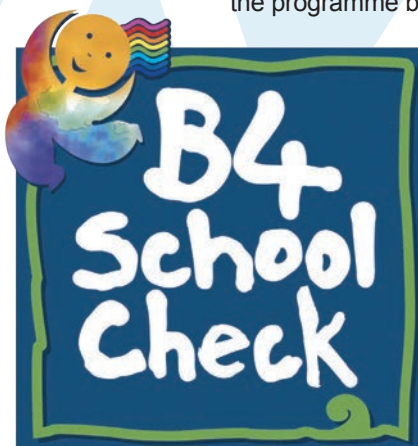
"The whole B4 School Check team throughout Northland has worked extremely hard this year to achieve this fabulous result for our tamariki and their whanau."

She says the programme has been run from the grass roots with a lot of people promoting the check to their whanau following their own children being checked. Rae is confident a further 2500 children will be reached in the coming year as the B4Sc continues to grow and be recognised as an important milestone for all Kiwi four-year-olds. To ensure all children are fit and ready to learn at school, those children who miss the B4Sc will have a vision and hearing test once they start school.

To support the promotion of the B4Sc in New Zealand, the Health Promotion Agency will soon be running a campaign to encourage families with four-year-olds to make sure

their child is fit and ready to start school by having a B4Sc in their local area.

To find out more about the check, phone the Northland B4 School Helpline 0800 24 24 325, talk to your Well Child/Tamariki Ora provider, family doctor, nurse, or public health nurse, or check out the Ministry of Health website www.moh.govt.nz/b4schoolcheck



"I think it's in the best interest of your children to have the check. It's free and it's worth it. There's no reason not to do it."

- mum Claire Stevens.

2014 Northland Health Sector Awards

They turned out in their finest and a good time was had by all. Some were having such a good time they had to be shuffled out the door! In August the Northland DHB hosted their first inaugural Northland Health Sector Awards at Toll Stadium.

Titled "Working as One/Kotahitanga", the event showcased innovation, quality and integration in healthcare across Te

Tai Tokerau over the last two years.

More than 20 awards were presented in four categories; the Published Authors and Oral/Poster Presenters, the Matariki Hauora Maori Awards, the Quality Improvement Directorate Patient Quality and Safety Awards and the Royal Australasian College of Surgeons Awards. For a list of winners, go to: <http://www.northlanddhb.org.nz/>



Quality Awards Supreme Winner - Matanui - Building Youth Resilience (left to right) Marion Bartrum, Tania Papalii, Dr Clair Mills, Mike Beazley (Vodafone sponsor), Bryan Divers, Liz Inch, Sophie Adamson.

RACS Outstanding Service to the Community Award



Established in 2012, Jerry Gathercole and Peter Milsom were the first New Zealanders recognised with this award by the Royal Australasian College of Surgeons.

It is given in recognition of a college fellow's long-term dedication and commitment to serving his or her community through the provision of quality surgical services.



Philippa Mercer, Mr Nigel Willis, Mr Subhaschandra Shetty, Mr Jeremy (Jerry) St Clair Gathercole, Mr Mark Sanders, Mr Peter Britten Milsom, Mr Chris Seeley, Professor Patrick Alley.

Mr Peter Britten Milsom FRACS



Mr Peter Milsom with daughter Alex (left) and wife Gerry.

Peter moved to Northland in the 1970s and began working as a general practitioner before becoming a part-time surgeon and obstetrician for Bay of Islands Hospital, Kawakawa. He eventually became the superintendent of this hospital.

In 1994 Peter became part of the general surgical service in Whangarei Hospital. He helped immensely to streamline the acute and elective services in Northland, against a climate of opposition by politicians, the public and some doctors. He took up opportunities to upskill. His personality, expertise and ready-availability made him hugely popular with the junior and senior medical and nursing staff. As a consequence, in time Whangarei was a most sought-after placement for surgical registrars.

Peter is a polymath with deep learning in music, literature and gardening, all of which added to his popularity. He became Head of the General Surgical Department at Whangarei Hospital and then Head of the Department of Surgery for Northland DHB.

Through all of his time as a surgeon Peter has displayed a deep sense of dedication to the public and his patients, especially the poor and the many Māori, who make up much of the Northland population. He remembered their names, their families and whānau and was accepted as a valued member of their community. At times his work demands were huge and he worked many hours, well beyond the call of duty.



Supreme Nursing/Midwife Award
Phil Giles (NorthTec sponsor), Winner Denise Watene and
Margareth Brookkoon.



Staff from Kaitia celebrating many award winners.

Mr Jeremy (Jerry) St Clair Gathercole FRACS



Mr Jerry St Clair Gathercole with his wife Sue.

Jerry moved to Whangarei Hospital in the mid-1980s as the Ear Nose and Throat (ENT) surgeon.

In his early years in Northland, Jerry set about establishing the model of care for childhood middle ear disease in disadvantaged New Zealand communities, based on his experience with the children of Northland. His ability to engage with colleagues, patients, and the community at large meant that over time he has built up enormous good will, and achieved outstanding success in providing first-class clinical care.

Amongst other projects, Jerry was involved in establishing the middle ear caravan service in Northland and he pioneered the programme of Grommet Blitz to accelerate the process of identifying the children with glue ear and providing an early surgical intervention service throughout the region. He takes active interest in indigenous ENT health and runs a fortnightly clinic in the far north area of New Zealand where accessing healthcare has been an issue for many years. He also co-authored a popular glue ear book for general practitioners and this is used as reference work throughout the country.

His colleagues identify his meticulous record-keeping as just one of the keys to Jerry's success. His easily-recognised, powerful voice has helped to reinforce his advice to his patients. His clear vision, professionalism, and interpersonal skills have ensured co-operative working, saving hearing and helping to reduce deafness rate throughout Northland.



Senior Medical Officer of the Year Award
Greg Alexander (Northern Advocate sponsor), winner
Dr David Hammer and Dr Mike Roberts.

How to save a life

- by resuscitation co-ordinator Melinda Jordan



Several of us who are instructors of advanced resuscitation recently attended the "Science to Sensibility" conference hosted by the New Zealand Resuscitation Council in Queenstown. We heard from the keynote speakers, Professor Gavin Perkins (University of Warwick, UK) and Dr Allan de Caen (University of Edmonton, Canada), as well as specialists in paediatric resuscitation, alpine rescue, (handy, since the conference was in Queenstown!) and surf lifesaving. We looked at statistics and graphs; learned how evidence is graded and how guidelines get made and reviewed educational techniques. But the primary message that I came home with is:

BASIC LIFE SUPPORT DONE WELL SAVES LIVES!!

Basic Life Support includes:

- D- Checking for DANGER
- R- Checking for RESPONSE
- S- SENDING for help - activate the emergency response system
- A- Opening the AIRWAY
- B- Checking for BREATHING
- C- Starting COMPRESSIONS
- D- Applying the DEFIBRILLATOR

All of this is important. However, the things that increase the survivor rate are:

- Compressions:
 - The right depth - that is 1/3 of the depth of the chest.
 - The right rate - that is around 100 a minute (yes, we all know the songs!!)
 - Don't stop - minimise the pauses! Never stop for more than five seconds
- Breathing:
 - Don't breathe too much
- Defibrillation:
 - Use as soon as it is available.

All staff working in clinical areas should be completing the BLS refresher annually. This update includes completing the BLS review on the Northland DHB Moodle site <http://ndhb.moodle.co.nz/> and then participating in a practice session with one of the BLS facilitators. If you have questions about how to access either of these, please feel free to contact resuscitation co-ordinator Melinda Jordan on #9351 or Melinda.jordan@northlanddhb.org.nz

Remember: Basic things done well SAVES LIVES!!

Dry July

Over \$16,000 was raised by 192 Northlanders taking part in Dry July this year with Northland DHB staff members raising \$2,326.00.

Thank you to the four Northland DHB participants: Pip Zammit, Leah Maple, Lisa Dawson and Fiona Aiken.



Pip Zammit



Leah Maple



Lisa Dawson



Fiona Aiken

Hospital Admin ... And All That Jazz



Cat Hodder

She's an admin clerk and mother to a two-year-old daughter by day and a foxy-Roxie, strutting her stuff on stage by night. No one would ever know but for the fact that, over the past few months, she just couldn't stop humming All That

Jazz and Razzle Dazzle under her breath all day.

Northland DHB medical wards clerk Cat Hodder doesn't really lead a kinky double life – well not in real life. She's had the lead role in the up-and-coming Whangarei Theatre Company's Chicago throughout August.

Set in the 1920s, the musical Chicago follows the story of Roxie Hart, who ends up on Death Row with Velma Kelly and her fellow Murderesses after shooting her lover in cold-blooded murder. A rivalry begins between Roxie and Velma as they both fight for the limelight and fight for their freedom.

Although Cat, 28, is content with her life – when she's not looking after patient files, re-stocking doctors' trolleys and answering phones, she's at home with her partner and daughter Madison – she says it was a dream come true to play Roxie.

"I've been in love with Chicago since I saw it in the West End when I was just 13-years-old," says the bubbly blonde.

"I just love the jazzy feel, the musical numbers and all the characters. It is a dream role to play Roxie and I'm very thankful for the opportunity."

Cat has been performing for as long as she can remember and gained a diploma in performing arts in the UK before moving to New Zealand in 2005. Her first big show was in Whangarei Theatre Company's Cabaret in 2007 and, since then, she has performed in one or two shows a year until becoming pregnant in 2011.

Apart from playing a supporting lead in the musical Disco Inferno in 2010 and one of three main characters in the Terry Pratchett play Wyrld Sisters, she has also had roles in The Buddy Holly Story, Cats and Miss Saigon, amongst others.

"It is a huge passion of mine. I love the buzz you get from performing on stage and the social aspect of theatre too. It's so much fun and great exercise too," she says.

After spotting the ad in the paper calling for Chicago auditions, she decided to give it a shot. The character of Roxie will be her first lead role and, Cat admits, the juggling act has been exhausting.

"When I get a night off, it's spent at home and I grab an early night whenever I can so, other than theatre and work, I become a bit of a hermit over the rehearsal/show period. I do it because I love it and that buzz I was talking about earlier makes it all worth it."

Auditions for Chicago were the first week of April and rehearsals began mid-April, including, at times, four evenings a week, as well as Sunday.

"It has involved a lot of time away from my family but they are incredibly supportive. My partner is my rock, cooking for us every night, which gives me one less thing to think about.

"I'm in a part-time role at the hospital for now so it means I get to spend extra time with my daughter so I don't feel like I'm missing out too much. You learn to switch off from work when you are at theatre and tune out from the character when at work.

"I'm always singing the songs at home and in the car and Madison will even sing along here and there, which I just love.

"I've had my fellow ward clerk ask me a few times if I'm reciting lines under my breath (which I usually am), and the songs are constantly going round in my head."

"I've had my fellow ward clerk ask me a few times if I'm reciting lines under my breath."
- wards clerk Cat Hodder.



Countdown Kids 2014 Appeal

Northland's face of this year's Countdown Kids appeal, Katie Reed, 10, recently took the morning off school to launch the 2014 campaign.

Katie, who has bronchiectasis, is someone who has benefitted first-hand from the Countdown Kids appeal.

Katie was diagnosed with Bronchiectasis (permanent enlargement of the airways of the lung) two years ago, following seven bouts of pneumonia in 15 months. She spends a lot of time in hospital having antibiotics for lung infections, and has relied on respiratory support and blood pressure monitors purchased with the funds from previous appeals.

Whangarei Hospital has received more than \$282,864.00 for its maternal and children's ward over the last five years, thanks to the appeal.

Northland DHB has been able to buy equipment, such as the AIRVO 2 (humidification technology) and blood pressure monitors, bought with Countdown funds to monitor Katie's vital signs when she is in hospital.

Katie's mum, Lisa Reed says: "I completely support my daughter in what she says about wanting to live life her



"She tells me 'I can do anything I want to do in my life...I don't need to let my lung disease stop me from doing things'."

- Katie's mum, Lisa Reed.

way. She tells me 'I can do anything I want to do in my life...I don't need to let my lung disease stop me from doing things'. With the help of organisations like Countdown Kids Hospital Appeal, carrying on with everyday activities is a lot easier."

Countdown Kids Hospital Appeal chairperson, Ruth Krippner, says: "Taking part in local activities is a great way to support the children who need us. As a community, we need to raise as much money as we can to support kids like Katie."

Lastly, it's an oldie but a goodie that works its socks off - the great Kiwi tradition of selling raffle tickets. Countdown Kids Hospital Appeal will be selling tickets again this year for shoppers to be in to win a brand new Volkswagen Tiguan, valued at \$64,490.

Everyone can participate by making a donation or engaging in local activities and raffles. To donate, simply:

- Visit your local Countdown supermarket and donate at the checkout;
- Purchase a Countdown Kids Hospital

Appeal wristband or raffle ticket instore; or

- Donate while you're doing your online shopping at www.shop.countdown.co.nz

Shared Care Record Launches In Dargaville

What is the Shared Care Record?

The Shared Care Record is intended to share your relevant health information from your GP with other health professionals, including hospitals. This is done using a secure electronic system called Manage My Health. The system is operated by Medtech Global. It is securely hosted in New Zealand. The type of information that will initially be available includes any medical conditions or disabilities you may have, recent tests or results from x-rays or blood tests and what medicines you have been prescribed.

Why do you need the Shared Care Record?

Health information is routinely collected by your GP and other health care providers to give you appropriate care and plan health services. This information is shared with health care providers involved in your care. For example, the results of an x-ray will have some of your health information included. Sharing this health information helps you get the best care possible, as quickly as possible by:

Making sure you don't have to repeat tests when results already exist

Helping you and your health care provider to make faster and better decisions about your care

Alerting health professionals to any risk that treatment may cause due to your medical conditions, medications you are taking or allergies you may have.

How will you keep my information safe?

Information is transmitted using state-of-the-art security. Your health data is always stored within New Zealand to ensure our privacy laws protect it. Your health information may only be used for direct clinical care and not for statistical or commercial purposes. All access to your information is recorded, including the date and time of access, who accessed it and the nature of the information they accessed.

What do I do if I don't want to take part?

You may choose to opt-out by calling 09 439 8079. However, if you choose to withhold your information, clinicians involved with your care may not have your information immediately available.

The Shared Care Record will initially be available at Dargaville Medical Centre, District Nursing, Orrs Pharmacy and Te Hā Oranga Ngāti Whātua. Only registered health professionals in approved care settings will be eligible to access Shared Care Records. Access will be granted on a case-by-case basis for each health provider.

Breaking Through Barriers For Hepatitis Health

Removing barriers to care, providing specialist community health services and increasing health professionals' knowledge of viral hepatitis have been key benefits of the community hepatitis programme in Northland.

Visiting Hepatologist at Whangarei Hospital Dr Rachael Harry says the geographical disparity of our population is a struggle for Northland DHB.

"Anything that we can do that allows us to take services closer to where patients are, and where patients' needs are, and any support we can get with that is beneficial to all."

The community hepatitis programme was implemented throughout the Northland region by The Hepatitis Foundation of New Zealand in partnership with Northland DHB. Community clinics were set up within general practices from the Far North to Kaiwaka, where the foundation's community hepatitis nurse educated patients about viral hepatitis and provided FibroScan® (a type of ultrasound to the liver) assessments.

Hepatitis Foundation of New Zealand's hepatitis B programme manager Susan Hay says they worked in partnership with general practices to help increase testing of those at risk and to offer specialised community health care to patients with viral hepatitis.

"Twelve community clinics were organised within general practices with 245 FibroScan® assessments completed."

Te Whareora O Tikipunga Integrated Health Centre GP and owner Dr Aniva Lawrence felt the community hepatitis model was very valuable and aligned well with integrated health care.

"I'm always keen on health services that are traditionally only accessible through hospital systems moving into primary care. I think it keeps us, as primary care providers, advancing ourselves in terms of what treatments are available and what technology is helping us to make better diagnosis. It's also about having these services in locations that are accessible to patients and where they are used to accessing on a regular basis."

The Foundation found the programme, not only benefited people living with viral hepatitis, but it was also an opportunity to further-educate health professionals about viral hepatitis. One Whangarei practice nurse says she had a misconception about the whole illness.

"I was surprised by the ways it can be contracted. The programme has raised awareness of hepatitis and has broken down some of those barriers."

Staff time constraints have always been present at general practices and feedback about the programme has indicated that it takes pressure off staff and is an efficient way of doing things.

However, the portable community-based FibroScan® machine has been a main draw card of the programme.

"It's made diagnostics more accessible. Historically, anything that's invasive can put people off and can become a barrier. It's definitely made it easier for people to investigate further," says Dr Lawrence.

Dr Harry agrees: "With this programme, not only have we been able to reach, assess and educate patients who may otherwise not have accessed healthcare, but the whole process of partnership has allowed general practitioners and general practice nurses to become involved and educated around the issues of viral hepatitis. I think it's been very valuable for the people of Northland, and a very valuable adjunct to the treatment that we can offer at Whangarei Hospital.

"We've certainly seen referrals coming into the hospital of people who, had they not been identified by this programme, they may well have died of their disease. This programme has been very beneficial from my perspective."

People at risk of hepatitis B are those who are over 25 and of Māori, Pacific Island, or Asian ethnicity. Also at risk are people whose mother or close family has hepatitis B, or if they live with someone who has hepatitis B.

For hepatitis C, those at risk are people who have ever injected drugs, ever received a tattoo or body piercing using unsterile

equipment, had medical attention overseas, had a blood transfusion prior to 1992, have ever been in prison, or were born to a mother with hepatitis C.

The Hepatitis Foundation of New Zealand is a not-for-profit organisation who aims to improve health outcomes for people living with chronic hepatitis B or C in New Zealand. They encourage anyone living with chronic hepatitis B or C to enrol with the foundation for education, support and routine testing.

"We've certainly seen referrals coming into the hospital of people who, had they not been identified by this programme, they may well have died of their disease."

- visiting Hepatologist at Whangarei Hospital Dr Rachael Harry.



(Left to right): GP and owner of Te Whareora O Tikipunga Integrated Health Centre Dr Aniva Lawrence, The Hepatitis Foundation of New Zealand customer relationship manager Janette Medforth, Te Whareora O Tikipunga Integrated Health Centre nurse leader Barbara Jobe and The Hepatitis Foundation of New Zealand hepatitis community nurse Kerry Kennedy.

TrendCare Version 3.5 coming soon

We aim to go live with TrendCare version 3.5 in October this year. This upgrade will bring a number of additional functions and improvements to the current version that will increase efficiency, accuracy and add context to the data we collect and functions that we use.

- Staff search function on the main screen: making it easier to find staff to add to your shift as required.
- Favourites list: giving the ability to save your frequently-used patient lists, handover sheets, reports (APC reports) and graphs in one place.
- Changes in the roster development module: making it easier to make changes while in the roster.
- The ability to print on A3.

This update also brings changes to patient modules, in particular the maternity inpatient module. The maternity module has had changes to all the patient types as a result of national timing studies across New Zealand.

Over all modules there are more than 40 additional patient types, and 20-plus new staffing areas in the allocated staff screen. There are a number of new indicators and changes to

existing indicators within the patient categorisation screen:

- 'Specialling' has been reworded to 'one to one care'. In addition, when this indicator is selected, a drop-down box appears and a reason must be selected.
- EWS score indicator has been added: this indicator also has the addition of a drop-down selection for rationale.

This upgrade has placed the ability for each DHB to design a number of the functions that are currently restricted to predesigned forms or lists. The reasons within the indicator drop-down boxes mentioned above are an example of this. These will be designed by Northland DHBs, Nursing and Midwifery leadership to be relevant to our DHB. Each area will also be able to design their handover sheets layout and select indicators they wish to auto-populate to their handover sheet from the patient categorisation screen, such as 'EWS score' and 'one-to-one care', or 'hourly observations', this will reduce the amount of manual data entry required into 'this shift only notes' at the end of the shift. We can also design the layout of the notes template for 'on-going' and 'this shift only notes', now

having the ability to use an approved framework such as SBAR.

Recent international benchmarking studies have shown that Northland DHB is within benchmark for most of the patient types recently studied. These studies have also resulted in the release of the 2014 benchmarks. These new benchmarks have evidenced an increase in the expected HPPD for many of the patient types currently utilised at Northland DHB.

For more information, select the link below or go to the Nursing and Midwifery Information Management/Trendcare site. Here you can find additional information about:

- Version 3.5 upgrade,
- 2014 HPPD Benchmarks,
- Recently-released Benchmarking study
- TrendCare patient module handbooks, such as Medical, Surgical, and Maternity.
- 'How to Guides' on frequently asked questions

<http://tinyurl.com/mawmwyj>

Faster Patient Results

There are few things more nerve-wracking or frustrating for patients than a long wait to find out tests results from their doctor or specialist.

Now, thanks to a new state-of-the-art Laboratory Information System (LIS) that our IS team has implemented at Northland DHB, patients will get results back faster and with less chance of error.

IS Project Manager Carol Thompson says the project to replace the DHB's old LIS system has been much-anticipated by lab staff and clinicians.

"They've been talking about making this improvement for more than four years and it has taken two years for us to roll it out, so it's fantastic to finally see it come to life," Carol says.

The new system, called Delphic, electronically manages requests for tests, the analysis of test information, and the efficient transfer of results back to clinicians to help them treat patients.

The Delphic system is also shared with Auckland DHB, which means savings in effort for staff who use it and in turnaround



Laboratory manager and project business owner Viv Goldsmith, general manager and project sponsor Neil Beney and clinical microbiologist and project clinical lead Dr David Hammer.

"They've been talking about making this improvement for more than four years and it has taken two years for us to roll it out, so it's fantastic to finally see it come to life."

- IS project manager Carol Thompson.

times for patient results.

"The old system had also become non-compliant with industry standards, so now they have a fresh, new, compliant system, which is more efficient and easy to use," Carol says.

"The old system required quite a bit of manual work - where mistakes could be made - and a lot of time was wasted re-registering information between the two DHBs. Now, with electronic scanning and fast sharing of test results, we're reducing the risk of human error and improving patient safety."

The highly-complex project involved teams from four vendors: Auckland and Northland DHBs, LabPlus and healthAlliance. During the final stages, 44 project staff worked hard to ensure a smooth transition to the new system for the 70 Northland DHB lab staff across the four Northland hospitals.

Well done to Carol and her project team. You're definitely 'right behind better healthcare'!

Postgraduate study - baby boomers lead the way

One of our most experienced clinical nurse managers undertook the brave decision to engage in postgraduate education this year. Having just successfully completed her first paper, Mandy Bax agreed to answer a few questions on how she found the experience.

Why did you decide to become a nurse?

I made the decision at aged 14 that I was going to be a nurse. I liked the caring aspect and the opportunity to make a difference in peoples' lives. All very idealistic! Not sure I really knew what I was doing!

Where did you train?

Hutt Hospital 1976 -1979

Tell us about your career up until now?

After completing my training I worked in general areas, medical, orthopaedic and theatre. After moving to Whangarei in 1982, I worked in theatre and orthopaedics, in between having our three children.

In 1989 I started working in the CCU and remained there until 1996 when I was appointed to the role of clinical co-ordinator in ward 16/CCU. Over the next few years, the role evolved into the charge nurse. In 1998 CCU appointed their own charge nurse and I managed Ward 16. In 2001 Ward 14 and 16 became one unit and I was appointed into the role. During 2004 – 2008 I also managed the Nursing Bureau, discharge lounge, Diabetes Centre and CCU at different times.

How long has it been since you have undertaken formal education?

Since I completed my training in 1979.

What were your thoughts about postgraduate study before you decided to start?

I was very apprehensive and always managed to justify why I didn't need to do it. I had done many training short courses during this time, kept up-to-date with professional development but not formal academic study. Thinking about it for me the 'fear' was whether I was capable of writing an assignment and how to actually embark on one.

What do you think now that you have completed?

I have surprised myself and can actually say I enjoyed most aspects of it and found it very satisfying. I wouldn't say I should have done it years ago because I am not sure if I would have found it as satisfying then - the timing and my attitude meant that now was the right time for me.

What did you enjoy about study?

I enjoyed the learning, development and the networking with colleagues. Working together in our study and project

group was well worthwhile as it really helped me to focus and, at times, to understand the unknown. I also enjoyed the challenge of the writing once I got into the flow and understood how to actually approach it and, of course, once I started it had to look and sound right.

What were the challenges?

At first I was still apprehensive. I was encouraged to do the post-graduate study by a number of my team and colleagues and assured of support. When we first started I remained very apprehensive and it took me a number of weeks to actually put something down on paper. I had to get my head round how to understand the research, relate that to the topic, decide what I wanted to use and actually write.

I nearly gave up and thought I would be better to go and learn some study skills but was encouraged and supported by my colleagues to keep going and, once I managed the first paragraph, I was okay and progressed from there. The biggest hurdle was always going to be that first few weeks and, once I got over those, I got into a rhythm.

Getting into a routine really helped me too but sometimes time was my biggest opposition. Working full-time and juggling home and work,

where I often do longer hours in my role was challenging to find the right balance. I didn't let it overwhelm me (after the first few weeks!) and still had time out which helped.

Has your practice changed as a result of what you have learned? If so how/why?

Not in any specific way but I have much more developed background theory knowledge and understand, more in-depth, the research to thinking process which helps in my day-to-day role.

Do you have any tips or advice for nurses who are not sure if they should start study or not?

It would be easy for me to say "Yes, do it", but I do think it needs to be balanced and right for the individual too. For me, it has been positive and satisfying.

Finding a balance between work, home and study was the important factor - making sure time was available and things didn't get left, especially at home.

Having support from husband, friends and colleagues was also important for me to make it work; someone I could ask for help from also made a big difference.

Professional growth and development is important - in nursing it is essential to keep current and aware of developing and changing trends.



"I was very apprehensive and always managed to justify why I didn't need to do it."

- post-graduate clinical nurse manager Mandy Bax.

Big Latch On 2014



Some were more bright-eyed than others, but they still showed up for the Big Latch On in August. Over 20 mums and bubs turned out at Te Puawai Ora in Whangarei to mark the annual event, in which babies around the

optimum two years-plus. Women who have support networks of other breastfeeding mothers are much more likely to continue breastfeeding for longer."

The Big Latch On derived in New Zealand nine years ago and has subsequently taken off globally with 28 countries now latching on.



country latch on to the breast simultaneously.

The Big Latch On was part of World Breast Feeding Week, which runs from August 1-7 and is co-ordinated by Northland DHB, Women's Health Awareness, Plunket, La Leche League and Parent's Centre. It aims to normalise breast feeding as part of every-day life.

"Even the second time around, it still takes some work."
- mum of new born Larelle Nelson.

Northland DHB staff member Larelle Nelson, who is currently on maternity leave with new born Scarlett was present and said the breast feeding was going well, although, "even the second

time around, it still takes some work".

This was the first time Larelle had attended a Big Latch On event and she attended because she strongly believes in the benefits of breast feeding.

"While it can be quite difficult at the start, I still think it pays off."

Following the breast feeding session, two cakes in the form of breasts, made by lactation consultant Helen Parker, was cut by the mothers of both the youngest and oldest breast-fed children there. Their infants' ages were ten days and three years old.

Everyone was in good spirits at the event with toddlers buzzing around playing in the background, and, afterwards, a morning tea was enjoyed by all.

The Big Latch on was also held in Dargaville and Bay of Islands.



Northland DHB lactation consultant Janine Parsons was pleased with the turn out and says a lot of the advertising this year was done through Face Book pages.

"It's good to have all these mums together supporting, networking and getting the word out.

"There are numerous health benefits, not just to baby, but also to the mother who breastfeeds for as long as she can –

Breastfeeding Clinics

Most women in New Zealand want to breastfeed their babies but, all too often, barriers like lack of support or inconsistent information can get in the way of achieving their desired goals.

More than 50 years of breastfeeding research continues to demonstrate an array of long and short-term benefits for the health of mothers and babies.

Some of the many benefits include reductions in diabetes, reproductive cancers and osteoporosis for women. For babies it can mean less sickness and hospital admissions for gastroenteritis, respiratory illness and infections, optimising brain development and improving their immunity development.

Exclusive breastfeeding for the first six months and continued breastfeeding up to two years or beyond is recommended by the World Health Organisation.

Whangarei has five-day a week Lactation Cover with the team available on weekends to be called in to the hospital if necessary. Helen, Janine and Ange are at the end of the phone from 9am – 3pm, seven days a week.

Whangarei has free community breastfeeding clinics where women can either self-refer or be referred on by their health care professional.

There are drop-in clinics at Te Puawai Ora, 3 Keays Road, Maunu.

TUESDAY 10am - 2pm drop-in clinic
THURSDAY 10am - 2pm drop-in clinic

At The Pulse there is a Young Mums Support Group, including breastfeeding support and advice.

TUESDAY 10am - 1pm

A new clinic has recently opened in the Child Health Centre, Whangarei Hospital.

WEDNESDAY 10am - 2pm, drop in or by appointment. Northland women and their whanau can discuss any breastfeeding questions antenatally and post-birth at either of these clinics or with their Lead Maternity Carers.

For more information or to refer any women to the clinics call 021679837. To make a Wednesday appointment, contact the Child Health Centre through 09 430 4100.

Northland Celebrates Top Breast Feeding Success Rate In Country

Northland has, once again, come out on top with the highest rates in the country for exclusive breastfeeding on discharge from maternity facilities.

With an overall rating of 94.7 per cent, it exceeds other regions and the Northland DHB lactation consultation team were phoned by the New Zealand Breastfeeding Authority to congratulate Northland for retaining the lead for the fourth year in a row.

Lactation consultant and Baby Friendly Hospital Initiative (BFHI) co-ordinator Helen Parker, who has worked tirelessly on breastfeeding in Northland and to make Northland DHB hospitals become baby-friendly accredited, says the team have increased their leading margin and it is something to celebrate and congratulate all staff on.

“(The New Zealand Breastfeeding Authority) commented that Northland DHB had the best rate of exclusive breast feeding on discharge “by far” compared to the rest of New Zealand.”

Exclusive breast feeding is when only breast milk from the breast or expressed and prescribed medicines have been given from birth.

Within the 94.7 per cent success rate, regionally, Kaitiaki scored the top marks with a 100 per cent exclusive breast-feeding rate on discharge, with Whangarei 95.1 per cent, Bay of Islands 93.1 per cent and Dargaville 89.4 per cent.



Lactation team: Tracey Wichman, Janine Parsons, Helen Parker and Ange Yendell

“Northland DHB had the best rate of exclusive breast feeding on discharge by far compared to the rest of New Zealand.”

***- lactation consultant
Helen Parker.***

Ms Parker says Northland has come a long way since she began ten years ago.

“In November 2003 our exclusive breast feeding rate on discharge was 64 per cent. I was employed in 2004 to implement BFHI in Northland. It saw many changes in Northland and, particularly, Whangarei.

“Our nursery was removed and all babies remained with their mothers, so they could feed their babies on cue and, for as long as baby needed to feed. We implemented the Ten

Steps to Successful Breast feeding Breastfeeding policy development and implemented education for staff and support services for mothers, such as lactation clinics.

“BFHI has made some big differences in Northland and breastfeeding gives our babies and mothers in

Northland a healthier start to life.”

Ms Parker says the success rate was due to a consistent, evidence-based practice. “With consistent advice, women do not get confused.

“This is a huge achievement and a team effort from LMC’s (Lead Maternity Carers), core midwives (ward), lactation consultants, obstetricians and ancillary staff all working together to provide the best care to the women, partners and whanau of Northland.”

Breast Feeding Definitions:

Exclusive Breastfeeding:

The infant has never, to the mothers knowledge, had any water, formula other liquid or solid food. Only breast milk from the breast or expressed and prescribed medicines have been given from birth.

Fully Breastfeeding:

The infant has taken breast milk only and no other liquids or solids except a minimal amount of water or prescribed medicines, in the past 48 hours.

Partial Breastfeeding:

The infant has taken some breast milk and some infant formula or other solid food in the past 48 hours.

Artificial Feeding:

The infant has had no breast milk but has had alternative liquid such as infant formula with or without solid food in the past 48 hours.

Health Literacy And Patient Journeys

As part of the health literacy project with the three primary care practices within Te Tai Tokerau PHO we have been documenting the journeys of patients with Type 2 diabetes.

Traditionally, patient journeys have been developed to record how patients are referred through primary care into secondary or tertiary care health services. Patient journeys make explicit how referrals take place, who is involved, timeframes, the health professionals the patient will interact with and various decision points. Typically these patient journeys are shown as linear diagrams as the patient moves through the referral pathway from First Specialist Appointment through various diagnostic tests to diagnosis and then treatment, if required.

Patient journeys usually reflect the tasks or procedures that patients have to do and don't reflect any emotional issues patients may be experiencing.

However, there is a New Zealand example of a breast cancer patient journey which takes a more holistic approach: www.healthcodesign.org.nz/tools/pjmap.pdf.

The patient journey in the health literacy project reflects patients involved in Care Plus appointments. The patient journeys show how patients and families access and navigate the health system. The patient journeys also show how often the patient engages with the system (in relation to their Type 2 diabetes) and which health professionals the patient has contact with.

This sort of analysis identifies if any barriers to access and navigation pathways could be removed for the patient. The analysis also shows which health professionals could be involved in health literacy training so they can build the health literacy skills and knowledge of their patients.

What is missing from this patient journey is the context.

Patients attend four Care Plus appointments throughout the year. For the other 361 days of the year, the patient and their family manage their nutrition, their exercise regime and their medications. The patient may work or look after other family members and deal with the challenges of everyday life, including managing how they are feeling both physically and mentally.

We are all aware of the term self-management in relation to long-term conditions but when you place the patient journey in the context of a year, it makes the concept of self-management quite graphic. So Care Plus appointments need to be focused on supporting patients and whānau to do what they have to do for the remaining 361 days.

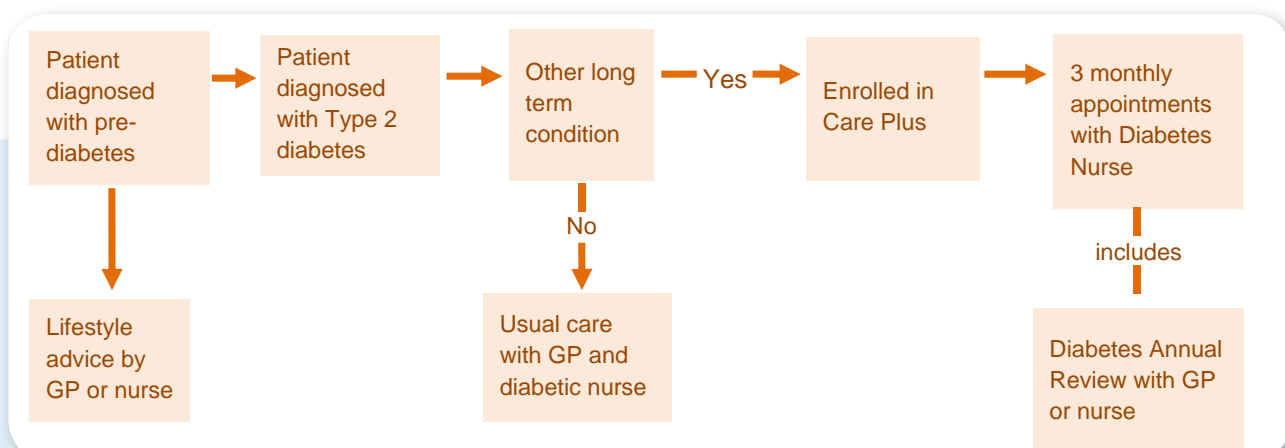
This diagram helps remind us of what patients with long-term conditions have to do and why health professionals need to build health literacy (skills and knowledge of the condition). This diagram also helps to put into perspective what needs to be addressed in Care Plus appointments - how is the patient managing

at home and how they can be supported to do this?

Long term conditions manager Andrea Taylor is being trained as part of the health literacy project so she can review other services in 2015. She says in the NHSP, on page 22, there is a reference to three strategic priorities for regional action.

"One of those priorities is the informed patient. Health professionals using health literacy strategies are central to making sure we have informed patients, particularly those with long term conditions."

"Health professionals using health literacy strategies are central to making sure we have informed patients, particularly those with long term conditions."
- long term conditions manager
Andrea Taylor.



Here is an example of a patient journey developed in one primary care practice.

Roof Shout At The Cancer Treatment Centre

The dream of a \$5 million cancer centre for Northlanders is fast becoming a reality with planners and workers recently celebrating its roof shout.

The Jim Carney Cancer Treatment Centre is the result of a collaboration between Northland DHB and the community, led by The Northland Community Foundation. Based at Whangarei Hospital, the building, which began in February this year is on track for its September completion, says Northland DHB director of strategic projects, Brett Halvorson.

"It's on track at the moment – everything is going really well. Everything is actually coming together really well."

The Jim Carney Cancer Treatment Centre, named after a prominent Whangarei businessman and philanthropist who died in November 2000, has been supported by many hundreds of Northlanders involved in a huge variety of fundraising events and activities. Together they raised over \$3million to make the cancer centre "promise" come true.

Northland DHB chief executive Nick Chamberlain says it is satisfying for the Northlanders who have backed and supported this project from day one, to see it coming to fruition and it will be a proud moment when it is complete.

Purpose-built to replace the cramped and inadequate facilities for cancer treatment currently housed in the

hospital building, the new centre will provide significantly more space, privacy, multi-disciplinary meeting areas, designated areas for children's treatment and room to grow for the future.

Says Oncology clinical nurse manager Maggie Prentice: "Patients and staff are really excited at the progress that the building is making. We look at it every day out the window and comment on its progress."

"We look at it every day out the window and comment on its progress."

- oncologist clinical nurse manager Maggie Prentice.

Recently, the roof of the building was completed and, in time-honoured fashion, the moment was marked with a pause in proceedings and a "roof shout" – albeit a non-alcoholic one – was held.

Trustee of The Northland Community Foundation,

Gavin Buckingham, says it is great to see the culmination of so much effort finally becoming a reality.

"The building looks great and is such an improvement on what we have at the moment. This is something that all those who contributed should feel really proud of. As a trustee of The Northland Community Foundation, which worked so hard with community groups, service clubs, businesses and individuals, this is a very satisfying moment."





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Healthy Relationships

Communication is a key part to building a healthy relationship. The first step is making sure you both want and expect the same things - being on the same page is very important. The following tips can help you create and maintain a healthy relationship:

- **Speak Up.** In a healthy relationship, if something is bothering you, it's best to talk about it instead of holding it in.
- **Respect Your Partner.** Your partner's wishes and feelings have value. Let your significant other know you are making an effort to keep their ideas in mind. Mutual respect is essential in maintaining healthy relationships.
- **Compromise.** Disagreements are a natural part of healthy relationships, but it's important that you find a way to compromise if you disagree on something. Try to solve conflicts in a fair and rational way.
- **Be Supportive.** Offer reassurance and encouragement to your partner. Also, let your partner know when you need their support. Healthy relationships are about building each other up, not putting each other down.
- **Respect Each Other's Privacy.** Just because you're in a relationship, doesn't mean you have to share everything and constantly be together. Healthy relationships require space. 💖

Healthy Boundaries

Creating boundaries is a good way to keep your relationship healthy and secure. By setting boundaries together, you can both have a deeper understanding of the type of relationship that you and your partner want. Boundaries are not meant to make you feel trapped or like you're "walking on eggshells." Creating boundaries is not a sign of secrecy or distrust - it's an expression of what makes you feel comfortable and what you would like or not like to happen within the relationship.

Remember, healthy boundaries shouldn't restrict your ability to:

- Go out with your friends without your partner
- Participate in activities and hobbies you like
- Not have to share passwords to your email, social media accounts or phone
- Respect each other's individual likes and needs. 💖

For a **closer relationship** with your kids
Spend **quality family time** together

