

PreScribe

NORTHLAND DISTRICT HEALTH BOARD STAFF MAGAZINE



E-bikes: Active and Sustainable Transport Options

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From the Chief Executive



What do we want to be when we're grown up?

It's a question we've all been asked in the past but probably for most of us, not for a few years.

However, I'm asking it because we need to be clear about what we as a health system want to be, because we are certainly growing up.

Firstly, growing up...

- we are growing - second fastest growing DHB in NZ last year and we now have 180,000 residents in Northland which doesn't include the tens of thousands who arrive in Summer
- we are growing up by getting older - not as a workforce - we are a year younger than five years ago although many of us probably don't feel or look it! However, as a population we are the second oldest at just on 20 percent over 65 year olds - this compares with our three Auckland Metro DHB neighbours who have between 11 and 14 percent over 65 year olds
- we are growing up in the number and complexity of the services we provide
- we are growing up as a society in that there is a greater recognition and understanding of the impact of inequalities and poverty
- we are growing up in that, because of the Hundertwasser Centre and other infrastructure projects, Whangarei is likely to have a decent sized hotel and conference centre which will support Northland health conferences allowing us to showcase some of the great work and research that is going on locally.

As a health system, we also need to be growing up. Northland DHB staff are growing by about 100 each year and now have over 3000 staff, and we are planning major site developments which will include completing Bay of Islands Hospital redevelopment, and in Whangarei, extra Operating Theatres, an Endoscopy suite, a Cardiac Catheterisation Lab, more hospital beds, an endoscopy suite, more outpatient space, SCBU, an Acute Assessment Ward and eventually, a whole new Hospital.

As a Board and leadership team, we are much clearer that our next Northland Strategic Plan will not have dozens of top down actions that will be delivered by a certain date and budget, that we have to focus more on the enablers that will allow all of our staff and all of the other Health workers within Northland to deliver the sort of services that we need in the future.

The answers to that future certainly won't lie in a new plan and certainly don't lie in the Board, ELT or my head. We need to support all of you to come up with those solutions. I would like to think that we can provide a (grown up) world class Integrated Healthcare System, but to support you in making this happen, we will:

- ensure patients can live and stay well in the community for as long as possible, and only use our hospitals for care that cannot be provided in the community. A new Acute Demand service will soon be in place to keep as many patients as possible in the community and out of our hospitals. The Neighbourhood Healthcare Home programme is designed to improve access to acute, unplanned care, be proactive and a greater focus on high risk populations. Primary Healthcare Collaboration is also progressing with a much greater focus on equity, local communities and a single strengthened Primary Healthcare entity. We are also strengthening our

Primary Mental Health services to ensure we can intervene earlier

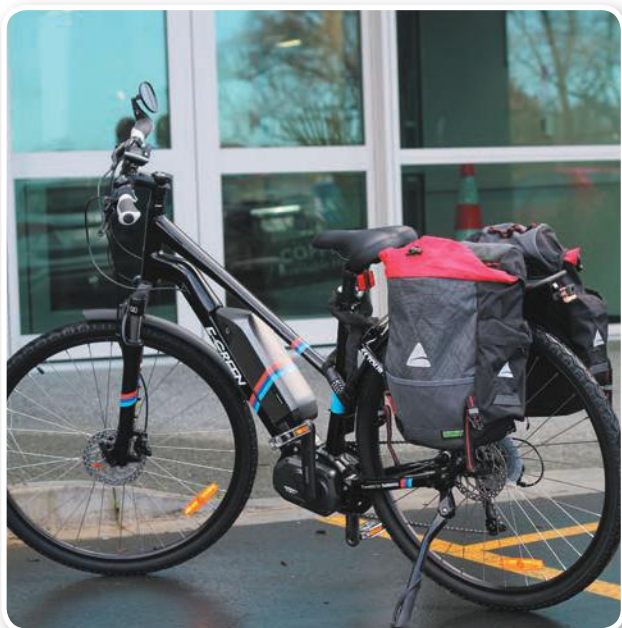
- continue to focus on Patient Safety and Patient and Whānau Centred Care, but have an even greater emphasis on valuing all of you and ensuring staff safety and wellbeing - this ranges from safe staffing levels, staff recognition, to wellbeing programmes and safe and trusted people for staff to go to when feeling exhausted, unsafe, stressed, bullied, harassed. This must be our number one priority as healthy happy staff are much more likely to provide safe, high quality care
- develop and enable our leaders (team and clinical). A new leadership programme will replace 3eLeadership programme which has been running for the last four years. This will be locally led, practical and we hope to reach a much larger number of current and aspiring leaders
- use data and health intelligence to improve decision making - we have started to develop a health intelligence hub and we want to ensure that useful clinical information is available to assist with decision making
- continuously communicate where and how we're going. Some of this will stem from the improvements in information coming from the health intelligence hub and other data sources. I am trying to do my bit by meeting with senior staff after each board meeting and producing a video summary of what has gone on in the latest board meeting. These, as well as key messages from ELT meetings are available on the intranet at StaffCentral which we hope will increasingly be the place where you can go for information
- drive innovation and continuous improvement capability. We have a small Improvement, Innovation and Excellence team who are supporting many improvement initiatives across Northland DHB, we run cadetships, support RMOs, and are planning to train about 300 staff each year in Improvement techniques to enable you to assist and lead teams in improvement activities that you identify as important. We recognise that these activities require a lot of support and dedicated time.
- reduce variation in care where appropriate and use best practice to optimise health outcomes in primary care and the hospital. We are looking to support greater teamwork between primary care and our hospital services, increase the use of evidence based guidelines and tools to support consistent high quality evidence based care
- develop a learning and research culture. This is being led by our clinicians across a number of disciplines and in partnership with Auckland University, there is a research day occurring this month
- Ensure our Information Systems support our clinical teams. Last month we successfully (with the usual teething problems) implemented a new ED information system and whiteboard, and are working through a long programme of Information Service and mobility initiatives to help us support you to provide the best and most efficient care possible.

So, what we want to be when we are grown up is up to all of us - It's really clear to me that the solutions are in your hands and the Board and ELT's role is to help provide the skills, time and tools you need to make it happen.

Kind Regards,

Nick

E-bikes



Sustainable transport E-bike



Joe Crowley supports One Less Car

Northland DHB covers the largest geographical area of all DHBs in New Zealand, yet more than 31 percent of trips in our fleet vehicles are of 15 km or less.

Acutely aware that many of our programmes promote a healthy active lifestyle, we are always looking for opportunities to 'walk our talk'. Recently we have also set some clear sustainability goals, as one of Northland's largest employers doing our part in reducing our carbon footprint.

Given the positive impact reducing fleet fuel would have, Northland DHB has taken the logical next step and now provides active and sustainable transport options for all staff with e-bikes and bikes being added to the DHB fleet. The bikes are targeted to shorter trips within a suitable cycling range from our hospital bases.

Currently in a trial phase, there is one standard bike and one e-bike available in Whangarei and one e-bike available

in Kaitiāia. All bikes are fitted with panniers, mudguards, rear view mirror and come with locks, lights, hi-vis vests and helmets.

Depending on the power assist level the e-bike travel range is between 40 and 80 km.

Bike riding, while enjoyable, healthy and relatively safe, does carry risks. Staff wellness, health and safety is a priority so upon registering as a user, staff must read and understand the user guidelines, including New Zealand road cycling rules. Skills and training sessions are available to ensure staff have a safe ride.

For more information about the introduction of bikes to the Northland DHB fleet, or if you would like to know more about our Sustainability programme, contact our Sustainability Development Manager via email Margriet.Geesink@NorthlandDHB.org.nz

Joe Crowley – A Regular Cycle-Commuter

Northland DHB staff member Joe Crowley thinks the introduction of e-bikes to the DHB fleet is fantastic and is looking forward to making use of the service, particularly for meetings in town where one of the benefits is he won't have to worry about parking.

"They're great fun to ride and it's also a great opportunity for the DHB to be seen promoting physical activity within our community."

Joe has been a regular cycle-commuter for many years now. It's just a normal part of life for his family. Combining fitness with commuting is a great combo for Joe and works in well with family.

"There's wonderful new cycle and walk ways being built in Whangarei, which goes a long way to making

it safer and more enjoyable. I would recommend giving cycling a go to anyone, giving the e-bikes a try would be a great introduction."

When asked about the practicality of cycling to a meeting, Joe didn't see it as an issue for a confident cyclist.

"Cycling is definitely practical on these e-bikes as they are so effortless in comparison to my non-assisted bike, so you're not turning up hot and uncomfortable. The panniers are a good size and people will be able to fit lots of gear in them. Fortunately a helmet doesn't affect my hair-style either."



Nurturing Students To Be The Best They Can Be



Skye with her mum Maudena

Over the last four years, Skye Sigley dreaded going to school. Her anxiety would start to build the night before, reaching a crescendo the following morning. Finally an alternative solution was offered. Now she is thriving. Skye, 14, and her mum Maudena thank the Northern Health School for that.

“Every morning we had trouble,” recalls Maudena. “The crying started the night before. Then it built up like this huge mountain over the Christmas holidays and she just refused to go and got so upset. We applied for correspondence school but we didn’t live far enough out so we got turned down. That was heart-breaking. By then she had missed about three weeks of school. We came to a crisis point at the start of this year and eventually we were told about this school. But I look at it as though that was her journey to get here.”

Maudena believes her daughter’s anxiety began four years ago when Skye’s parents separated and her granddad died. “She went through a lot of loss that year and I think that triggered it. She was also in class with older girls, who had different lifestyles and she just didn’t follow the pack, which can make you feel ostracised.”

Skye has always been above-average academically. When she was 12, she was moved up to high school where, as the youngest at the school, she was placed in a class with other kids aged up to 15. There, she was the brightest in class at English.

Missing school hasn’t hindered that – Skye recently gained an Excellence grade in creative writing for English. She was asked to write a story about a 24-hour period of her life and chose the day her granddad died. “I chose to write about it because it was something that was a really big thing in my family,” says the shy and humble teen.

Skye is also a talented artist and teaches other students at Northern Health School the guitar. However, it’s not just the arts she’s gifted with – Skye has a keen interest in science and intends to seek a career as a forensic scientist.

“Chemistry is my favourite subject but I also do biology and some earth sciences. I want to work in forensic science

because I like learning about things and knowing how things work.”

The Year 11 student was at Whangarei Girls High before joining Northern Health School in February.

“I was just scared to do anything,” Skye says of her anxiety. “But I don’t get anxiety here. It’s a lot better than a normal school for me because, instead of being in a normal class with lots of other students, it’s just you and the teacher. I feel more comfortable and you don’t get judged.”

Says Maudena: “I’ve seen huge changes in Skye. She’s much happier in herself and a lot less stressed and anxious in coming to school. I think she’s found her tribe. She said she felt like a square being pushed into a circle before, whereas now she fits in better and she’s comfortable.

“Also, I think she’s creating more because she’s in a better place. A lot of people have noticed she’s changed her look – I think because she’s more comfortable to be herself.

It’s been really nice as a mum to see the burden taken off her shoulders. I look back and think if only I’d known about this school sooner. I see this school as being part of her recovery. It feels really nurturing here, there’s a lot of support and kindness and nurturing of students to be the best they can be individually.”



Northern Health School

Few people have heard of Northern Health School but, behind the scenes, it is working wonders for our children with long-term illnesses and self-esteem issues. With a current roll of 115, students' ages range from 5 to 19. They attend the school with illnesses such as muscular dystrophy, bronchiectasis or cystic fibrosis and there has been a recent upsurge in rheumatic fever, brain tumors and anxiety.

It is not uncommon for physical illness to evolve into mental illness, says associate principal Karen Abel. Karen is now in her seventh year with Northern Health School and says there has been a consistent increase in secondary school students with mental health issues. "They might have eating disorders, anxiety, sexuality issues or post-traumatic stress disorder from some catastrophic event that has happened. Occasionally we have students suffering from psychosis, which can at times be drug-induced."

Some are taught one-on-one bedside, both in hospital and in their homes. The remotely-based can sometimes receive tuition via webcam. When they are well enough, they attend the student support centre in Whangarei, which runs Monday to Thursday mornings.

In the classrooms there is a steady hum of amicable activity with students sitting alone or in pairs, some with earphones on laptops, others poring over books. The kitchen area is often used by a food technology student; sewing machines are lined up in another corner. Several teachers will be with students, guiding their work. It's a place where students feel safe and

free of judgement and they are used to people coming and going in the class, from specialists to parents and school counsellors.

There are the usual expected issues with absence, says Karen. "It takes a huge amount of energy to attend appointments, get to school and then concentrate." However, there are some 'real high flyers achieving scholarships' at the school and Karen says there have been many success stories. "A young man who was with us for anxiety and struggled to come in to the classroom, started this year at a new school with our support. He is now fully-transitioned into his new school and we have withdrawn him from here as he's doing so well."

Then there was the 15-year-old girl with high levels of anxiety around her own-age peers, who transitioned to NorthTec this year and is studying alongside older students, having obtained early exemption. "She has just completed the first semester with three A-pluses and an A for her four modules. She also achieved 100 per cent attendance," says Karen proudly.

Although friendships can be difficult to maintain outside the school, Karen says some of the Northern Health School students form friendships and are very protective of each other. "It's a rewarding job. We have a lot of contact with the families, 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."

Skye's Creative Writing

An empty chair, full of sorrow and despair, casts a long late afternoon shadow through the living room. Darker shades of brown, grey and black remind me of the day that passed and the old memories of the dim, musty house. The quiet weeping of my grandmother echoes through the hallway sounding faint and muffled as distant family members gather outside like a flock of birds. Planning for the coming days will be a haze in everyone's minds. A foggy blur with mixed memories and emotions that confused brains will attempt to process.

My brother, too young to understand the situation, closes the old wood door behind him. Revealing the life sized, yet lifeless statue of a woman watching over the room with a dead fixed gaze. She stands as an owl peering into your soul with eyes as black as night.

Shadows are cast longer and longer as the sun crawls down the sky like spiders leaving home. Slow weeping of relatives seems to multiply as reality sinks in. Eerie darkness brings a cold and

heavier sadness than the sun, weighing down on my back like heavy rocks of burden. A long sleepless night, seemingly stopping time, passes and our grandfather returns home. Not hobbling in slowly this time but laying peacefully. Home for a final few days, including Christmas.

A constant flow of people enter like waves lapping on the shore, bearing food and condolences. Fresh baking lingers and crawls in my nostrils. Memories and adventures are scattered across the hollow walls, telling a whole lifetime. A lifetime of hard work, travel, family and red wine after dinner. The now marae-styled living room is never left vacant, giving off a warm sense of comfort and safety in such a time. The chair. The chair that sits in the same place as always before. Old, tatty and clearly well used and loved remains empty. Although he will not physically be there sipping red wine and sharply gazing at the flashing lights and boom of the TV, he will always be right there. Forever in his favourite chair.





Northlanders Benefit from HUGO Charitable Trust Gift

Mid North whānau will benefit from a \$200,000 donation from the Hugo Charitable Trust to the Bay of Islands Hospital. The donation is being used to buy building materials for the construction of a new Whānau House on site and to purchase clinical equipment and an acute telehealth solution for the new Accident & Medical Department.

To be named the Hugo Whānau House, the facility and additional specialised clinical equipment will improve the health and wellbeing of the Mid North community. Better facilities and equipment will enable clinicians to make immediate decisions to provide their patients with improved care and treatment.

“The Bay of Islands Hospital encourages Partners in Care, which allows family and whānau to stay overnight and to participate in the care of their loved ones,” said Jeanette Wedding, general manager regional hospitals. “The Hugo Whānau House means that extended family can be close by without needing to travel the long distances experienced throughout the rural Mid North area.”

The Mid North’s biggest health infrastructure project in decades, the re-build of Bay of Islands Hospital at Kawakawa has seen the DHB investing \$9.9 million on a two-storey building. An accident and medical department, radiology and after-hours GP service is on the ground floor with a 20-bed medical ward upstairs.

The two new resuscitation bays will be known as the Hugo Resuscitation Bays, in recognition of the clinical equipment and telehealth solution that will be available within the Accident & Medical Department.

“The redevelopment of the Bay of Islands Hospital will provide a comprehensive health service all under one roof. The Hugo Charitable Trust is delighted to contribute to this project, which will clearly benefit communities in the Mid-North region”, said Hugo’s founder, Maryanne Green.

Maryanne Green is the eldest daughter of Irish philanthropist and businessman the late Hugh Green, known in Ireland as Hugo. Maryanne founded the [Hugo Charitable Trust](#) last year to continue Hugh’s philanthropic legacy and to give back to the people of New Zealand. Maryanne worked closely at Hugh’s side for over 25 years where she developed a deep understanding of his philanthropic priorities and wishes.

Hugo invests in the relief of poverty, the advancement of family, social and community welfare and the care and support of the disadvantaged or marginalised. Hugo has made significant donations to medical research as well as to many education initiatives.

The new facility will be officially opened in September 2018, with a public open day to follow.

Cook for Life

On 26 July the Renal Department gathered with the Shelford whānau to bless and celebrate the release of a new publication *Cook for Life*.

Cook for Life was produced in partnership with the Shelford whānau and is dedicated to Brian Brett Shelford (aka Josh) a humble man who loved his family, music and his food. Brian sadly passed in April 2018 aged 63.

Having a family member on a diabetic, renal or dialysis meal plan can be challenging so *Cook for Life* shows you what foods to choose and how to cook them. The aim is to take the stress out of meal decisions especially when a family member is following a plan for medical reasons.

This book outlines simple steps to success ‘Plan, Select, Cook, Eat’. By making simple recipe changes and choosing meals as shown in this book (three different foods on a plate) you end up with a plan that is recommended for all New Zealanders. So this cookbook is an outline for all whānau over a lifetime.

The cook book is a personal journey in Northland. It is a privilege that the Shelford Whānau are sharing this book with us all – thank you.

Cook for Life was produced with assistance from the Northland Renal Educational Trust.



LTR – Ena Shelford (holding a photo of her husband Brian) with Olwyn Talbot-Tittley, Renal Dietitian

Red Cross Knitters Donation To Keep Babies Warmer Over Winter

Northland's safe sleep programme for babies has received a warm boost just as winter starts to bite.

Northland Red Cross donated 27 knitted blankets to the Northland District Health Board programme on Thursday at Te Puawai Ora.

Team leader community maternity services Sam Harris said families would be thrilled to receive the blankets.

"It's definitely going to be a cold winter. These are going to provide that extra warmth and peace of mind to mums and dads."

Harris said families who had Sudden Unexplained Death of an Infant (SUDI) risk factors are given either a wahakura or pepi-pod.

Risk factors include smoking in the whānau or during pregnancy, drugs or alcohol in the home, pre-term babies, low birth weight and young mums. Māori also have a higher risk

"One of those factors combined with bed sharing, your chances are much higher."

Harris said using a pepi-pod provided a safe sleep space with a well-fitted flat mattress. The space was clear around the face and babies sleep on their backs.

Now when parents chose the pepi-pod or wahakura. They can choose a blanket too.

Harris said the blankets were beautifully made and would be keepsakes for the families who receive them.

"We're very grateful; these are going to go to some needy homes."

Red Cross Northland community services manager Nancy Kareroa-Yorke said the blankets were knitted by volunteers from across Northland.

Thursday's donation won't be the last, with Kareroa-Yorke telling Harris to let them know when they need more.

"Our knitters are really keen to keep knitting."

There are about 35 volunteer knitters in Kerikeri, Paihia and Whangarei, who knit booties, large bed blankets and knee rugs for Red Cross programmes.

Kareroa-Yorke said the idea to support the safe sleep programme came from Red Cross Christchurch helping with a weaving programme for wahakura in the wake of the Christchurch earthquake.

The blankets were folded and tied neatly with a ribbon and packed up with a note from the knitter, the package opened for the photos included a poem written by one of the volunteers.



Sam Harris receives the blankets from Nancy Kareroa-Yorke

Story published in the Northern Advocate, written by reporter Danica MacLean



A Day In The Life of a Casting Technician



Noel with Registered Nurse Nacho Iturbe-Stenberg

Casting technician Noel Johnson thought he'd seen and heard it all in his job of 44 years. Then along came a woman with dents in her cast...

"I was finishing putting a cast on for a young lady and told her that she was almost bullet-proof – I'd been putting that particular type of cast on for over 40 years and no one's ever re-ruptured while wearing one. I was using 'bullet-proof' as a figure of speech. But she went home and got someone to shoot her to see if I was telling the truth! It just made a dent in the cast. She came back the next week and she had another bullet wound – a bigger one – because she thought if she used a bigger bullet, it might make more of a mess. So, then she figured I was telling the truth. And I thought I'd seen and heard it all," laughs the 74-year-old.

Noel spent the first 15 years of his working life as a bricklayer so it was a pretty radical change entering the medical world. "I was living in Australia and was between jobs at the time. A friend who was working at the hospital suggested I go there and train because the old fellow up there was about to leave. About 30 of us applied. They selected four and put us in a classroom to teach anatomy and physiology for nine months and I've been there ever since."

After working at various locations, including in a private clinic in Auckland for 18 years, he had just been made redundant in 2007 when he was contacted about a job in Whangarei.

"I was told they were looking for a technician up here and, if I wanted to come up, they would create a position for me. I thought 'Why not?'" Originally from Auckland, Noel chose to keep his house in Stanmore Bay and commute to Whangarei each week.

As far as he knows, he is the only casting technician in the country. A large part of his job entails travelling throughout New Zealand to educate nurses in the casting field and lift the standard of casting, while continuing to educate

Northland DHB nurses. "There are no casting courses in New Zealand so I was fortunate to be in Australia at that time. Here, registered nurses are trained and rostered to do the job and, every day, I am showing them different things."

Noel's job involves both applying and removing casts. A tubular bandage is first applied over the limb before padding is wrapped and then the wet cast is applied and moulded into position before it sets – within five minutes.

These days patients have around 10 different cast colours to choose from, including light and dark blue, bright green, orange, black, purple, pink and red. "And we can put glitter on any of them. If the boys or men misbehave, they get it anyway," twinkles Noel. "At the moment, I've got about six boys in sparkles. They all accept their punishment." Bright green is popular but trends depend on what is currently happening. For example, red or green with sparkles at Christmas or black for the Rugby World Cup. "We save that for the Aussies and South Africans," Noel laughs. So how does that go down? "Not very well," he hoots.

As for casts themselves, there are up to 20 different types for various injuries, with sporting injuries, particularly ruptured Achilles, being one of the most common. "We have a unique way of treating them up here from a protocol I developed so we can get people mobile as soon as they see us," says Noel. Another common injury is a scaphoid fracture to the base of the thumb, which is often caused by outstretched hands during a fall, getting jarred by a ball, or even the car steering wheel winding itself back quickly.

Casts are removed with a vibrating saw, which is completely harmless says Noel.

"For 95 per cent of them, it's a breeze and it tickles them more than anything. We call it our tickle machine. The kids are fine, it's the adults who have more hang-ups." He adds that kids' casts are often given to parents so they can bring them out on their 21st to 'remind everybody of

the trauma they put them through at that age’.

Then there are those that can’t be disposed of fast enough. “Some of them aren’t very pretty at all. If they’ve got wet, they can be extremely smelly and the skin just macerates like you wouldn’t believe. When I first started in the 70s and 80s, we used to deal with curvature of the spine with young kids. The casts would stay on for nine months – tight up underneath the chin and down to the pelvic area – and they were not pretty to take off, I tell ya. Luckily, they don’t do that now – they put them into a brace which is much more user-friendly.”

These days, around eight weeks is the longest a cast will stay in place for a ruptured Achilles, although hip spica’s on children are sometimes left on longer.

Does Noel ever speak out or just hold his nose and bite his tongue? “Well, you’ve got to pick your mark. They’re self-conscious about it anyway. I think the only time I’ve ever abused a man for having a smelly cast was at Waikato. He came in with a hand cast on and, when he sat down, people moved away. He said his wife wouldn’t let him inside until he got his cast off. He was a farmer and, I’m not kidding, it was full of afterbirth. I felt sorry for the cows. I said to him ‘what the hell are you doing to those poor cows?!’”

That’s not the only unusual thing Noel has unearthed when removing someone’s cast. “I couldn’t cut through this cast and, when I finally got it off, I’d cut right through the glass of the man’s watch. I don’t know where it was done but somebody had stuck his cast on and not taken his watch off! When I removed it, he said ‘Oh, is that where it went?!’”

When Noel started 44 years ago, he says there were slightly more male injuries. But these days, with females playing just as much sport, it’s an even gender balance.

“On a daily basis, we’re kept busy with sporting injuries, kids falling out of trees, off monkey bars and those battery-powered motorbikes. Particularly up here in the north, kids are encouraged to get out and do stuff more as there are a lot of people living on farms.”

He remembers a young boy who fell off his bike and broke his leg. “We’d just got him out of that one and then he was climbing a tree and fell out and broke his arm. He was only out of the cast for a week when he climbed up onto a roof because someone had left a ladder against the house. He climbed up with a stopwatch and jumped off to time how long it took, and he broke the same leg again. I said to him ‘How long did it take?’ and he said: ‘I don’t know, it hurt too much.’”

Usually people are very uptight in the casting room, which is where Noel’s humour comes in. “It doesn’t matter how small we think the injury is, to them it’s a major and we must never lose sight of that. We try and keep it light, so a lot of banter is going on all the time. By the time they leave, about 90 per cent of them are happy because they leave a lot more informed and relaxed.”

Then again, sometimes it’s the kids that have Noel in stitches. “I had this little five-year-old boy who had just had a cast put on and he had just started school. His mum was sitting there with him and had a four-year-old,

a three-year-old and a two-year-old and she looked as though she should have left the casting room and gone straight to maternity. She looked worn out completely. I asked the boy if he went to school and he said yes. I said: ‘Do you like school?’ and he said ‘yes’. Then I asked what he liked about school, thinking he’d say: ‘Eating my lunch’ or ‘Playing with the kids’. Not this kid. He said: ‘I like school because I don’t have to put up with my mother all day!’ His mother looked horrified and I had to leave the room. When I returned, I said ‘Sorry mum, no more questions’ and we continued.”

Itches are a common complaint from patients with casts but using knitting needles to scratch is discouraged. “If they’ve been sticking stuff down there, there’s a great danger of infection. When I was living in Australia, on two occasions I’ve had to hold limbs while they amputated because of that. I do warn people and you’d think that would be enough to put them off, but they still do it.”

Noel has seen many changes since the 1970s and says he has been fortunate to have been able to implement some of them through the surgeons he was working with. “They gave me encouragement to change the way I was doing things and, between us, we came up with different solutions.”

After 44 years, Noel says he could do most of his job with his eyes shut but he has no plans to retire. “Why should I retire? I enjoy what I do. I enjoy working with people and I feel as if I’m helping people. While I’ve got that impression, I’ll keep working.”



21 year old Victoria Johnson with her new purple sparkle cast.



Colleagues Farewell

Popular Takawaenga Ned Peita

"I note this is the only time I've seen this man, eyes down cast in quiet reflection."

An observation from one speaker as staff, who became friends and whānau gathered to acknowledge Takawaenga Ned Peita on his last day with Northland DHB.

His charismatic wit and ability to reach patients and their whānau, as well as his ready support for staff outside of work, were common themes from all speakers.

Director of Nursing and Midwifery Margareth Broodkoorn, acknowledged his mahi with He Waka Kakarauri: A model for engaging Māori in Advance Care Planning (ACP) conversations. She also would miss her friend.

"Your leadership in our mahi, your skill in creating the Taonga. Your mahi has and will make a huge difference for Māori - we will miss you, I will miss you."

Ned has been a part of the Renal Unit team for many years. Clinical Director and Associate Chief Medical Officer Jenny Walker spoke on behalf of her colleagues to acknowledge Ned's contribution to the health journey for many of our patients and their whānau.

Jenny also acknowledged Ned didn't just work with the team on-site at Whangarei Hospital, but with the team in the community also.

"Your compassion and aroha lifts those around you. We will miss you in our unit, the team felt very supported and safe with you around."

Ned's willingness to extend his time and knowledge was a common theme, many also paying tribute to his wife Jane for her understanding, support and 'lending' Ned to us.

The Pūkawakawa programme was enriched by his support for pōwhiri, graduation and Cultural Competency Wānanga Ned was pivotal in delivering, in his own time. He also found time to teach Te Reo Māori to students, children of staff and even offer the gift of smoked eel among other delicacies.

His awhi/support often lended in times of great need for staff such as Gloria Ruwhiu, who shared her appreciation for Ned's support when her husband passed away, both during his tangi and a year later at the Urua.

"Even in times of quiet or stress, he always manages to bring humour.

"Whether it be his compassion, ready humour or mirimiri, Ned brought his own brand of connecting and lifting others.

"It's about our people, what we do collectively for them, not about us as individuals. Ned was always 'present' with aroha and true manaakitanga."



Ned with his wife Jane at the farewell

Doctors Kamo Achieve National Healthcare Home Certification



LTR -Donovan Clarke (Manaia Health PHO CE), Chris Peck (NHH Change Facilitator) with Doctors Kamo staff; Dr Michael Boaks, Dr Jan Widdowson, Trish Beresford, Tanya Babe, Taryn Gillespie. Absent - Natalie Lewers, Dr Su Ann Loo

Doctors Kamo are one of 10 practices nationally to receive National Healthcare Home Certification, and the first practice in Northland to do so. The Healthcare Home Model of Care enables primary care to deliver a better patient and staff experience, improved quality of care and greater efficiency.

“I was really keen to get involved right from the outset,” noted Dr Jan Widdowson. “Managing acute load and demand has made a big difference, telephone triage is a really useful thing, patients appreciate getting a call from us and it helps prioritise our workload which has reduced the stress on the team.”

The Neighbourhood Healthcare Homes (NHH) programme is a collaborative programme between Northland DHB and the Northland Primary Health Organisations (PHOs). The National Healthcare Home Collaborative includes a number of PHOs and DHBs across New Zealand who are supporting practices to implement the Healthcare Home Model of Care.

Certification recognises that Doctors Kamo have achieved a national standard in implementing their plan across all Healthcare Home Domains (Urgent and Unplanned Care; Proactive Planned Care; Routine and Preventative Care; Business Efficiency).

The healthcare home concept recognises that most people have a general practice that they see as their natural health place, or ‘home’ and that it is well placed to coordinate and link people up with other services that they need. For general practices to fulfill this role well, they need to consider new ways of using technology and their staff to provide better, coordinated services to their patients.

“We need champions in our community, GP’s like Jan Widdowson who can lead the neighbourhood healthcare home change in our community,” acknowledged Manaia Health PHO chief executive Donovan Clarke. “I acknowledge the team at Doctors Kamo for achieving certification, especially for being the first practice in Manaia Health PHO to do so. Because we are now seeing the right people at the right time rather than whoever happens to phone first, we have more control over our service and it is certainly less stressful, which benefits everyone.”

The NHH Programme is implementing the new model of care in 10 practices across Northland. These practices serve more than 50 per cent of Northland’s enrolled population. An expression of interest has been released to identify further practices, which the change team began working with in July 2018.



2018 Te Tai Tokerau Nursing & Midwifery Awards Ceremony



2018 Te Tai Tokerau Nursing & Midwifery Awards Ceremony



*Margareth Broodkorm with Merophy Brown (SCBU) and Claire Forrest (Public Health Nurses)
Nurses Rise to the Challenge Resulting in Increases in PDRP Compliance Rates*

Nga Manukura: Effective Nursing Leadership



Joint Recognition of Merit: Lynne Sandford-Scutt and Rachel McGillan with Sheryll Beveridge



Joint Category Award: Colleen Tamati and Cayla Timperley-Anderson (pictured) with Sheryl Beveridge

Te Mana Whakahaere: Consistency



Joint Recognition of Merit: Michelle Cullinane and Roslyn Matene with Mary Carthew



Category Award: Alwyn Slade with Mary Carthew



2018 Te Tai Tokerau Nursing & Midwifery Awards Ceremony

Mauri Ora: Nursing Workforce



Recognition of Merit: Rhonda Zielinski



Category Award: Maree Sharp with Andrea Taylor

Toiora: Education



Joint Recognition of Merit: Jane Anderson (pictured) and Norma Scobie with Hemaima Reihana-Tait



Category Award: Renju Mathew with Hemaima Reihana-Tait

Waiora: Excellence in Clinical Practice



Recognition of Merit: Josephine Davis with Jane Simperingham



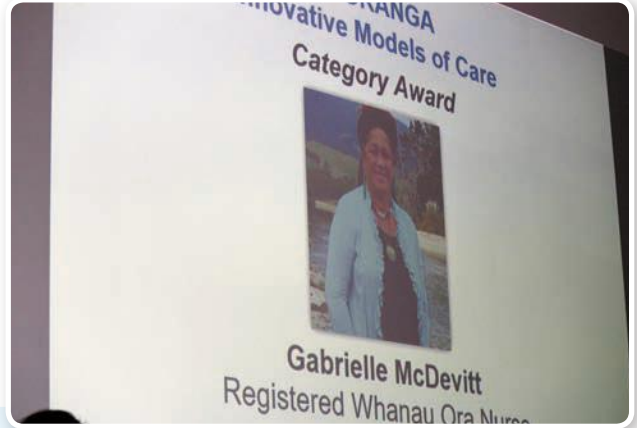
Category Award: Elizabeth Denton with Jane Simperingham

2018 Te Tai Tokerau Nursing & Midwifery Awards Ceremony

Te Oranga: Innovative Models of Care



Recognition of Merit: Bart van Gaalen with Margareth Broodkoorn



Category Award: Gabrielle McDevitt

Women & New-borns: The Heart of Midwifery



Joint Recognition of Merit: Cathy Boltman with Mary Carthew



Category Award: Deb Pittam with Mary Carthew



Honouring Mary Carthew

40-plus-year Career



Mary greeting Chris Farrelly at her farewell

When Mary Carthew transferred to Northland in the early stages of her nursing career she could see it was going to be an exciting, yet challenging place to work. But while tackling the challenges, she fell in love with the area and carried out most of her 40-plus-year career here until retiring in June.

“I’d grown up in Feilding,” says the 63-year-old. “So to come to Northland and work with families with no electricity and running water in some of the rural homes, and with no transport to health services and some schools, was an eye-opener. The state of the roads was a real shock. It struck me that it was one of the most beautiful parts of New Zealand but with some of the highest need, so I was really compelled to stay and work in Northland. Once I was up here, that was it.”

Mary trained in Wellington, graduating in 1975, and worked in the nursing bureau and the Mater Hospital before heading off to Perth on her OE in 1978. There, she worked in the Hollywood Repatriation Hospital. “I always laughed that I’d left New Zealand to go to Hollywood, but really it was nothing like Hollywood.”

After nursing in the UK, Mary returned to New Zealand in 1981 and began her career as a public health nurse in Auckland. This was the beginning of her love affair with primary healthcare nursing. Memories of holidaying in Northland tempted Mary and long-time friend and midwife Sue Bree to make the move north where Mary joined the public health nursing team in the Hokianga and Bay of Islands.

Mary worked as a public health nurse from 1981 to 1987 when she took time off to have her three daughters. She continued relieving in both district and public health nursing and as a family planning nurse in Kawakawa, before returning as the team leader for the community nursing team in 1996.

“Public health nurses are school-based, but in rural areas we also provided Well Child services as there weren’t Plunket services in rural areas in those days,” explains Mary. “This was great because you could follow the children from babies through childhood and into the schools. It was true family health.”

Mary discovered early on that her love was working with families in the community. “I think you can make such a difference when you are working with people in their own environment. So much of nursing is about early intervention so people don’t get sick and need to go to hospital. Primary healthcare nursing is about enabling it and supporting people to be self-managing.”

In 1996, Mary took on her first leadership role as team leader to community nursing for both the Mid and Far North. “Initially I missed being hands-on but, at the same time, I really enjoyed the leadership, supporting and enabling the nurses to carry out their role. I’m in awe of their knowledge and they’ve kept me really honest because they’re the ones who work at the coal face.”

In 2003 came the biggest change when she took on the nurse leadership role as a founding member at the newly-

established Manaia Health PHO in Whangarei. With her daughters still in school, she commuted from the Bay of Islands for the first two years before moving to Whangarei. "Up until then I had worked in every area of Northland except Whangarei. It was a big move for me to the big city as I had lived in quite a remote area out the back of Kawakawa. But we settled in and I love Whangarei and the community now and really feel it's my home."

Without a doubt, Mary says, 2003 was the beginning of a whole new change in health and, "to be a part of setting up a health organisation from scratch with Chief Executive (CE) Chris Farrelly, an inspiring leader and CE, and watching it grow with great people, was a career highlight." Her role involved strategic leadership, leading health projects and coordinating education programmes for nurses. A key focus was on building a team of primary health care nurses across the Whangarei and Kaipara health sectors.

Over the past 15 years Mary has influenced many changes as a nurse leader. She was a foundation member of the primary health care nurse leadership group Northland-wide forum and the annual International Nurses Day awards; coordinated the Te Tai Tokerau Primary Healthcare nursing conferences; co-designed and developed the Whangarei nursing model of care; and lead out the Primary Health Care nursing mental health and addiction credentialing programme – a few of her many achievements.

During her time in the north there has been a lot of change and improvement in both environmental and personal health. "There were a lot of old uninsulated, cold houses, but about 9,000 have now been insulated. Living in healthier houses has a positive effect on people's health. There's still a lot to do. I think one of the biggest changes has been in our nursing workforce. Nurses are leading a lot of new health initiatives. They have come a long way in the last 20 years, embracing post-graduate education. Nurses are highly-qualified health professionals who embrace both the science and art of compassionate care and evidence-based treatment."

A large component to Mary's role was connecting all nurses across the sector, raising the profile of the nurses who worked in the community and fostering more of a relationship between nurses working in the hospital and general practises. "It was trying to build that sense of teamwork where there hadn't previously been a lot of connection.

"General practises are private businesses – before the PHO they were quite independent of each other. We created a forum for practise nurses to come together through education sessions while building teamwork. I think that enabled nurses in general practice to build their confidence and competence to take on more responsibility for patient wellness and care. There are also now over 15 nurse practitioners working across Northland and that's just happened in my time in the last 15 years. This is a huge improvement and a great success story for nurses."

Mary retired from her nurse director position this month to focus on her own health but says it's not final. "It's really due to ill health that I finished but I wouldn't have chosen to. I'm going to take a break and give consideration to what I do next."

She has already stepped into voluntary work – teaching adult literacy – and is part of the Springboard Trust, which provides coaching and mentoring to primary school principals which she sees as "a great opportunity to work with principals and the education sector using a health lens."

Gardening, reading and craftwork are also on the agenda, along with her life ambition of completing the Great Walks of New Zealand, of which she has so far achieved five.

Known for her sense of style – both professionally and presentation-wise, including her legendary red boots – 6-foot-tall Mary was presented with a pair of glittery silver platform high heels. "My colleagues insisted I put them on and I tottered around and it was scary and uncomfortable," she laughs, adding that, with her height, she never wears high heels. "They're on the shelf as decorations now."

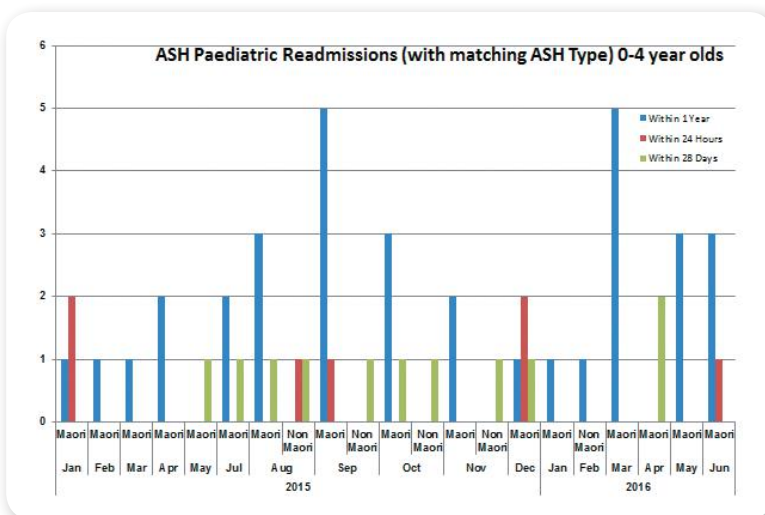
Mary acknowledged the Manaia Health PHO team who have been "fantastic colleagues and leaders in their own right for 15 years" and said she has "absolutely loved working and living in Northland. It's my home, my place to be."



Mary Carthew



Bronchiectasis Support



The Bronchiectasis Foundation of New Zealand was launched on 7 April 2015 by the former Governor General Sir Jerry Mateparae and supporters of Whangarei woman Esther-Jordan Muriwai, who suffered the illness for most of her life. She passed at the age of 24, shortly before the foundation was created.

This not-for-profit organisation is dedicated to supporting those living with bronchiectasis, empowering them in managing their condition with good health information, healthy lifestyle changes and encouraging inspiring relationships with their health team. Raising community awareness is also a priority.

The Foundation has appointed Lisa Young as Coordinator for Northland. The Whangarei support group provides a place for parents and caregivers to share their journey, to learn and to support each other. Guest speakers are invited from the community to share relevant information.

The Foundation is currently working on a 'Bronchiectasis Information Pack' which will be gifted to children of families receiving treatment or who are newly diagnosed. The bronchiectasis information will also be available to preschool, school, adults, General Practitioners and clinics. It will be accessible in Māori, English, Samoan and Tongan translation and distributed throughout the community.

The Northland Bronchiectasis Support Group can be contacted at: bronchiectasisnorthland@gmail.com

In November 2017, Whangarei paediatrician Dr Catherine Bremner said 40 children aged under 16 are known to be affected by bronchiectasis. The number of adults is harder to deduce because "some with mild bronchiectasis don't come into hospital." The prevalence of the disease in the population is 99.6 per 100,000 people, or roughly one in a thousand. Prevalence is highest in Pacific and Māori people.

One approach taken by Northland DHB to address these rising rates is the Paediatric ASH Respiratory Events

Readmissions Project. The aim of this project is that all tamariki aged 0–4 years in Northland will experience well managed respiratory illness, which will be evident in a 10 percent reduction in readmission within 24 hours, 28 days and one year post initial admission for the same coded respiratory ASH event.

This reduction will be the result of working collaboratively with key services across the primary and secondary care continuum, which is aligned with the Ministry of Health Systems Level Measures.

Overall, ASH admissions are mostly acute admissions that are considered potentially reducible through prophylactic or therapeutic interventions deliverable in a primary care setting.

Hospital admissions due to ASH are affected by various conditions such as social (housing quality and income), personal (age and ethnicity) and geographic factors (location and access to affordable health care).

To impact admission rates, an inter-disciplinary and across-sector approach to system improvement is required. When compared with similar profile DHBs, Northland has higher rates of admission and readmission within 24 hours and 28 days for paediatric respiratory ASH.

Multiple points of data collection influence the approach taken during this project. A literature review of related studies and models of care delivery from other areas in New Zealand and internationally helped to inform the group to identify and prioritise areas for service improvement. A large group representative of service providers and consumers was engaged.

Process mapping has identified significant issues and gaps in consistency and continuity of care, particularly at transition points between services and service providers. Some issues have already been addressed, others are works in progress. Some system and process improvements require a collaborative, interdisciplinary and across-sector approach. Areas that are known to impact well-managed respiratory illness are:

- access to warm and dry housing
- smoke-free pregnancy and environments
- standardised care
- early recognition and accessible care
- identification and management of high risk children
- better coordination of care at discharge for readmissions.

The role of consumers is essential in informing the approach and critiquing options, hence consumers were included in the working group from the start of the project. All actions considered need to be patient and whānau centred.

Farewell Huria Bruce-Iri



Huria Bruce-Iri



Colleagues gathered to celebrate Huria's career with the DHB

In June colleagues and friends came together to farewell Huria Bruce-Iri after more than nine years with Northland DHB. Huria is moving to NorthTec where she will step into a leadership role as Manager, Student Success Services. A career educator, Huria shared her drive to see those around her succeed and created the optimum environment to support success. She not only created this in her own team, but for others she worked with.

Known for her warmth, drive and angelic voice, Huria's contribution to the DHB was celebrated. Referred to as one who would go the extra mile for others, Huria's contribution often went unseen with many present keen to acknowledge her support, advice and attention to detail as being integral to the success of their programmes.

Our Kaumātua Kaunihera could not hide their disappointment that they would no longer have Huria at their side – for her support, ready ear and warm hugs – the value of real aroha.

The Human Resources and Recruitment team

acknowledged Huria's work within many of their programmes and the Pukawakawa Programme did not want her to leave without expressing their sincere thanks. General Manager Harold Wereta touched on an important piece of work he had entrusted to Huria, some aspects bringing a frustrated Huria back to his office on occasion; "You always get the job done; you let your work speak for itself."

Te Ara Poutama – the Māori Health Quality Improvement and Workforce team shared a glimpse of working under Huria's guidance – and created a light hearted video of farewell messages from the larger Māori Health team.

In typically well organised style, Huria shared some of her special moments in a presentation including photos and personal acknowledgements. Husband Peter, who is also at NorthTec, said he felt he knew everyone there, the 'pillow-talk' over the last nine years saw to that! Glad to have his wife back with him at NorthTec, he acknowledged the integral part the DHB has played in Huria's journey.

Northland DHB Nominate I Have a Dream Charitable Trust as a Payroll Giving Partner

Understanding the linkages between poverty, health, housing, work and welfare, and the power of education to change outcomes is the foundation that underpins the relationship between the two organisations.

The I Have a Dream programme ran a pilot project with 53 children in the Wesley community of Mt Roskill from 2003 to now, with significant success. They have now expanded the programme to youth across four schools in the Tikipunga/Otangarei community known as the Ngātahi Education Initiative.

Now in its third year, the Ngātahi Education Initiative have engaged with 700 children across Tikipunga Primary

School, Te Kura o Otangarei, Totara Grove Primary School and Tikipunga High School, hired eight Navigators and rollout support activities.

Full-time Navigators follow each year-level of children from early primary, through secondary and into tertiary education to provide mentoring, academic oversight, advocacy and support. Having a Navigator that supports the child and whānau is essential in raising long-term student achievement and changing the lives of those students.

If you would like to support I Have a Dream through payroll giving go to the Payroll page on StaffCentral.



Dreamers Create Community Garden



Last term, I Have a Dream Year 9 Dreamers were challenged by their Navigator to create a project which would benefit their community. The Dreamers began a korero on the things which they saw as current issues in their community. A variety of problems were discussed, from tagging to feeding the homeless. But, the conversation came around to sustainability and creating something which had a long lasting effect. Creating a Community Garden was agreed and developed with the goal to give students and families something which they can take from, exchange with, and see the benefit of, all year round.

The fact that none of the Dreamers had vegetable gardens at home, meant that this was a project which was going to require an entire village to get off the ground. A Facebook post was thrown out to encourage various local businesses and people to donate equipment such as pallets or their time. The Dreamers had to do the hard mahi before they could get their green fingers busy. The pallets had to be pulled apart and reconstructed as vege boxes which took a good few After School sessions. Once complete, the formation of the vege gardens could begin. But where to start? Thankfully the local 'Whenua Warrior'

(Kelly Marie) donated her time to teach the Dreamers the basics about planting and growing vegetables. Together, the Dreamers planted silverbeet, beetroot, carrots, broccoli and broadbeans.

The Dreamers absolutely loved learning about the gardening process and they've been consistently tending the garden since. Whilst we have to wait a few more weeks before the Dreamers labour will come to fruition and the vegetables can be shared with the community, the goal of seeing the benefit of giving back is already being felt. Some Dreamers have even taken the challenge one step further and are creating vegetable patches at home.

A huge thank you to all those who supported the Year 9 Dreamers in getting this initiative off the ground, including (but not limited to!): Lauren Petersen-Hodge, Rob Allen (Allens Group), Will Hohaia, Kelly Marie Francis (Whenua Warrior) and Brent the Builder.

If you are interested in helping our Dreamers maintain their community garden, contact: diane@ihaveadream.org.nz

Vinne Walters

The thought of carrying out 40 years of full-time night shifts would make many shudder. But for Vinnie Walters, who raised two children during these working years, it suited her to a T.

It's a Monday morning three weeks after her retirement but, she says, after being actively immersed in renovations to their country cottage with husband Jack, it's the first day she can take time to reflect.

Vinnie was 17 when she began nurse training at Whangarei Hospital. She completed her training in 1971, but put her career on hold to have a family. Then, in 1978, she returned to the geriatrics ward as an enrolled nurse before choosing

to work in women's health/gynaecology. It was here she began night shifts, which evolved to Monday–Friday, allowing weekends off. Women's health later combined with surgical services, covering gynaecology and minor surgery, including orthopaedics, ENT and urology – Vinnie has worked in this surgical short-stay ward ever since. She also spent 11 years on the Tai Tokerau enrolled nurse section, serving the last nine years as chairperson.

"I did a day shift stint once and it was terrible!" she exclaims. "I had to get up at 5.30am, leave home at 6.30, get home at 4pm and there was washing to be done, tea to be cooked – I felt like I was on-the-go all the time. Night duty just



Vinnie and Jack outside their country cottage

seemed to fit our lifestyle.” This entailed 11pm starts and 7am finishes and Vinnie would arrive home by 7.30am as Jack, a self-employed builder, was heading out the door. She would then get the kids off to school, before closing the curtains on the day and retiring to bed.

But Vinnie, 69, doesn't feel like she missed out on anything and she certainly didn't let her nocturnal lifestyle affect her role as a mother. “I seemed to have more opportunities because when you're on day shift, you have to ask for time off. If there was a school activity, I'd go to that. If there was a funeral to go to at 10am, I'd schedule my sleep around it.”

Described at her farewell as 'one of the Whangarei Hospital Legends', her colleagues are still mystified as to how she survived those hours. “How have you managed all those years doing five nights a week and sleeping in the day and then going back to sleeping normally at the weekends?” they questioned. “It's the ultimate mystery to us all. All we know for sure is that night shifts have just suited you and we know they have certainly suited us!”

“I'd often have a split sleep,” Vinnie explains, adding that she could probably sleep standing up. “When the kids went to school at 8am, I'd jump into bed and usually wake about 1pm and do chores or shopping or go to appointments. Then the kids would come home so I'd get tea ready and hop back in bed at 7.30pm, then get back up, shower and go to work.”

Vinnie, whose real name is Rawinia, says that after Jack arrived home from work at 5.30pm, they would always eat dinner together as a family – “which is quite a big achievement these days. There was always an adult at home so we didn't need to worry about childcare. The way life was, you needed two incomes to have a decent life and that's the way life still is today. The good thing was we always had the weekends together.” Weekends were spent getting that much-needed vitamin D and fitness fix with games of tennis, before heading back to work Monday night, fresh from a weekend off.

In her ward, Vinnie was renowned for many medical skills, and has mentored countless new graduate nurses and new staff. She was often called on for advice from her peers, who, during a farewell speech, described her as a 'pool of resources'.

“You have gained so much knowledge and experience and skill over the years and this will be missed. I know you are really admired by your colleagues for being able to remain

calm and composed no matter what is happening on the ward,” said ward three associate nurse manager Joanne Hawley. “One thing that people appreciate about you Vinnie is your sense of humour and, even on your fifth night, you are still cheerful and happy to be at work. One of the nurses said to me that ‘Vinnie always has a little funny story to tell you in the night that seems to cheer everyone up!’”

Night shift involves two permanent nurses – in Vinnie's case, herself and fellow night shift buddy of many years Julie Chapman – and one on rotation. And it's the people that Vinnie will miss. “It's the comradeship built up over all those years and everyday contact with staff. I even miss it now, just in the short time I've left, even though I've been busy. The friends you make become life-long friends.

“I loved the job. Of course, you're going to have your odd patient who's not compliant but, on the whole, they're just lovely. They felt really grateful for what you did and you just felt you wanted to do more for them – it's part of being a nurse.”

Retirement plans include a cruise with Jack, who has been retired for five years; more time with her four grandkids, aged between eight and 15; and day trips around Northland. Vinnie has no plans to return for the odd shift. “No, I've fully retired – otherwise I might get itchy feet and would want to come back and do more! Just keeping in contact with a few of the girls from work is what I want to do, and day trips – I've never been to Cape Reinga and I've lived in the north all my life! So that's definitely on my bucket list and I'm hoping to get back into tennis.”

So how might Vinnie be settling into normal functioning hours now that she is retired?

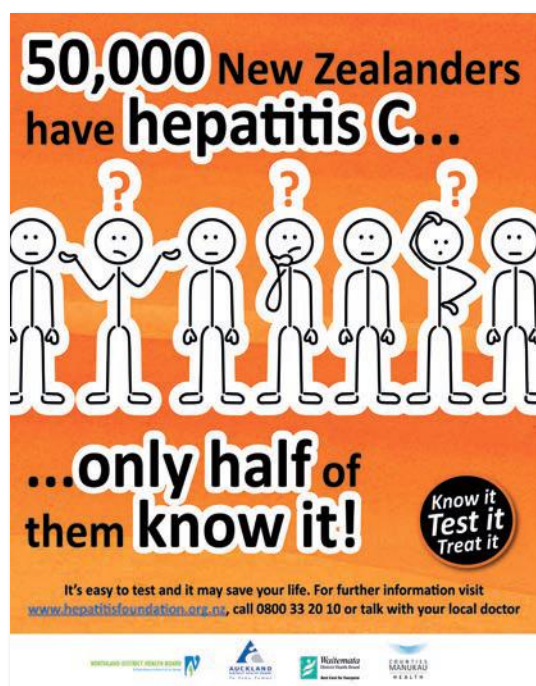
“Actually, I'm waking up so early in the morning it's unreal. It doesn't matter what time I go to bed, I still just keep waking at 5.30am! So now I just get up and go for a walk around the block 10 times. I do have a little nod off in the afternoon because, I don't know, I got up too early I suppose.”



Vinnie sharing a collection of memories of her career



Hepatitis C Cure



Until two years ago, many of the 50,000 Kiwis with the Hepatitis C virus only had Interferon and Ribavarin as treatment options. These drugs offered a low chance of successful cure and came with painful side effects.

Today, thanks to PHARMAC investing in Viekira Pak for Hepatitis C sufferers with genotype one strain (55%), 3,000 people have been cured, and are now free from Hepatitis C and its life threatening impact. A new medication is just around the corner which will cure all types of Hepatitis C, meaning a cure for all genotypes, at little or no cost for thousands of people.

The next step is to get the following message across to the many thousands of Kiwis living with Hepatitis C: the virus is curable, treatment is free, and getting yourself cured contributes to worldwide eradication. Possible side effects are limited to itchy skin and dermatitis. If you have ever been exposed to blood-to-blood contamination (tattoos, piercings, injecting drugs, lived in or had medical treatment in endemic countries, or lived with someone who has had Hepatitis C), see your doctor.

Those in the community who may carry Hepatitis C but aren't yet aware treatment is available are particularly people aged between 45 and 70. Likely people in this risk group have:

- injected drugs
- had a tattoo or body piercing in an unlicensed premises
- been in prison
- been told they have Hepatitis, jaundice or abnormal liver function
- had a blood transfusion in New Zealand before 1992 or anywhere overseas
- received medical treatment in south east Asia, the Middle East, Indian subcontinent, Eastern Europe, or Russia
- received Hepatitis C from their mother.

With World Hepatitis Day on 28 July, a number of Northlanders shared their story about the miraculous results Viekira Pak has achieved in curing them.

For 20 years, Susan didn't realise she was living with the life-threatening virus Hepatitis C, which she suspects she contracted during childbirth. After carrying the disease for around 40 years, the Bay of Islands resident was desperate to be rid of it. So, when the chance arose to undergo a free breakthrough treatment two years ago, she leapt at it. "I didn't know I had Hepatitis C until my 40s," says Susan, 64. "I contracted it in my late teens or early 20s."

She believes she contracted the virus when she had her son. "I haemorrhaged when I had him and had to have a blood transfusion and the blood hadn't been tested for Hep C."

Susan was successfully tested for eligibility to undertake Viekira Pak – a combination of four antiviral medicines which PHARMAC began publicly funding in July 2016. Many of the Hepatitis C carriers who have used the 12-week course of Viekira tablets, suitable for those with genotype 1 or 4, have found it 95 percent plus effective. The next iteration of Viekira, to be released shortly, is expected to be 99 percent effective as a cure.

Hepatitis symptoms include fatigue, joint pains, loss of appetite, nausea and mood swings. For every 100 people infected with Hepatitis C, 80 will develop chronic infection, 25 will develop cirrhosis (severe scarring of the liver) and 3–5 will die of liver cancer. The liver is the largest organ inside the body and performs over 500 functions.

However, of the 50,000 New Zealanders estimated to be carrying the liver-damaging blood-borne virus, only half of them are diagnosed. In Northland, there are 500 people diagnosed with Hepatitis C so there are probably 500 people unaware they have it. Possible carriers are being encouraged to get tested and treated.

Shame around the origins of infection can lead many people to minimise or deny the seriousness of Hepatitis C, but Susan learned the benefits of stopping Hepatitis before it leads to liver cancer or cirrhosis. "I did the original Interferon and Ribavarin treatment, which took a year and nearly killed me. I was kind of desperate to get rid of it. I didn't like what it could be doing to me."

Susan was one of the first patients to undergo the new treatment in Northland and will now be recommending it to others. "I know of one girl who's in denial. She knows she's got Hep C and doesn't want to do anything about it. She believes it doesn't affect you but I'm concerned about what will happen to her down the track. I'm looking forward to telling her about what I went through. If you don't do anything about it, your liver goes bang and won't be happy any more. Do something and you'll extend your life 10 years."

Another Northland patient, Clive, reports that he has had an excellent result from Viekira Pak. "I'm 100 percent cured. I'm as happy as a pig in the proverbial. I'd had Hep C for

quite a while and put on a huge amount of weight, but today I'm walking laps of the park and town. I couldn't have done those 12 months ago. I have more energy and I seem to be more active. With the liver problem, you lose energy and feel dull, which leads to weight gain. As a result of that, I got depressed and stayed at home."

Clive says he wasn't aware he had Hepatitis C until recently and is unable to pinpoint how he contracted it. "I could have had it for 30 years. I only got diagnosed two years ago when I came back from Australia. There were two incidents – I stood on a syringe on the beach. Then in New Zealand, I met a lady at the casino and had unprotected

sex. But having said that, I was a heroin addict in my late 20s and I've got tattoos all over me." It was Clive's GP in New Zealand who made him aware of Viekira Pak. "I'm really grateful to the New Zealand government for making it available."

Northland DHB's haematologists and Hepatitis nurse specialists are contributing towards eradicating the disease by the year 2030 in line with World Health Organization goals. They say those who have taken the course of Viekira Pak have 'had a big emotional burden lifted'.

(Names have been changed)

End of An Era At NorthTec

After a combined service of 59 years, Jane Anderson and Norma Scobie both retired on 6 July, marking the end of an era for the NorthTec Nursing course.

Jane Anderson was the Pathway Manager of the Nursing programme, and has been an integral part of it for 30 years. Jane started her career as a nurse, training at Auckland Hospital and graduating as a registered nurse in 1970. She specialised in surgical and intensive care nursing in her early career, before going on to teach at Southland Hospital for seven years. Jane then went on to teach for the next five years at Manawatu Polytechnic, now known as UCOL, before heading back to Auckland and nursing in clinical haematology.

In 1987, Jane made the move north to Whangarei, where she spent nine months as the nurse at Whangarei Girls' High School, before being approached to work at NorthTec in 1988. During the following years, Jane saw many changes in nurse training. What started out as a qualification gained in the hospital eventually moved to the polytechnics, and was known as the Diploma in Comprehensive Nursing. It then became a degree.

Jane was involved in writing the first degree programmes in nursing for NorthTec, and NorthTec's degree was the first nursing degree in New Zealand with an online component, meeting the needs of the mid and far north, where access can sometimes be limited.

NorthTec has a close relationship with the Northland DHB, and many students do their practicum there. Jane has taught many nurses and DHB managers in Northland over the years, and she says it is a pleasure to see them succeed. She took over the management of the nursing programme in 2007, and has been instrumental in its success, through her organisational skills, strong work ethic and people skills. She will be much missed by the staff at NorthTec.

In 1988, a year after Jane started at NorthTec, Norma Scobie joined the team. Having never been to Northland, Norma had initially moved to Whangarei in 1978 to take up the position of charge nurse in the children's ward at Whangarei Hospital. This full-time position turned

to part time when her children were born. During the following years, Norma was seconded as an educator for paediatrics in Northland, with a strong clinical focus.

Her first teaching job was a 17-week course, in which she taught baby education to boys on probation. She said it was satisfying to see them go from being full of bravado and bluff to having pride in changing nappies!

She missed being a nurse, but teaching gave her the flexibility to balance her work and family life. She enjoyed teaching new techniques and practices, with child health being her passion. With all the changes to the nursing course, and within NorthTec, Norma said it seemed like the right time to take early retirement.

NorthTec has lost a great wealth of knowledge with the retirement of Norma and Jane. However, they have left the nursing programme in excellent health, with the NorthTec nursing degree being one of the most successful in the country. Their commitment and input will be felt for years to come.



LTR - Jane Anderson and Norma Scobie



Preventing Rheumatic Fever

Following these tips will keep your home warmer, drier and healthier.



TIP:

Open your curtains during the day and close them at night.

Your windows let heat in during the day. Closing curtains before sunset keeps the heat in, and the cold out, at night.



TIP:

Stop cold air getting into your home by stopping draughts around doors, windows and fireplaces.

Stopping cold air coming in makes it easier to heat your home and helps reduce the cost of heating.



TIP:

Open your windows (ventilate) for at least a few minutes each day.

Fresh air helps to keep your home dry, makes it easier to heat your home, and helps reduce the cost of heating.



TIP:

Open windows (ventilate) in the kitchen when you cook, and in the bathroom when you shower or take a bath, to let steam out.

Doing this helps to keep your home dry, which makes your home easier to heat and reduces the cost of heating.



TIP:

Wipe off any water that has collected (condensation) on walls and on the inside of windows.

Doing this helps to keep your home dry, which makes your home easier to heat and reduces the cost of heating.



TIP:

Dry your washing outside or in the garage or carport.

It keeps the dampness from your washing (which can build up condensation) outside of your home.



TIP:

Use bleach or white vinegar to remove mould from ceilings and walls.

Mould grows in damp and wet places and it can affect your family's health.



TIP:

Create as much space as possible between the heads of sleeping children.

Kids cough and sneeze when they are asleep, and this is how germs such as strep throat can spread between sleeping children.

Sore throats matter

if your **child** has a **sore throat** see a **doctor** or a **nurse**

He korokoro ora he manawa ora Mo tatou katoa

