

PreScribe

NORTHLAND DISTRICT HEALTH BOARD STAFF MAGAZINE



Wahakura at Waitangi:
Cassandra's Wahakura Gifted To The Prime Minister

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The Master Weaver



From the Chief Executive



I want to strengthen the connection and communication between our Executive Leadership Team (ELT) and those of you caring for our patients, so we have created an Intranet page where I discuss what went on in the latest board meeting and also share things I've written over the years. I also felt that it might be useful to share with you the priorities within my 2018 performance agreement with our Board.

Each ELT member has a plan of their own reflecting their Service/ Directorate priorities as well as my priorities that are relevant to them, and these should cascade to middle management should who will have their own plans. I am sure that any of ELT or management would be willing to also share their plans with you. Anyway, here's mine for 2018.

People

- Complete Staff Wellness and Leadership Plan and commence implementation
- Support our staff (time and training) to identify and make improvements and changes to their work themselves
- Improve and streamline recruitment processes and address highest priority staff shortages through prioritisation including utilising Care Capacity Demand Management (nursing), and ensuring consideration for Allied Health and Clerical requirements which have lagged Medical staff increases over recent years
- Increase the diversity of our workforce, with particular emphasis on increasing Māori participation, improving cultural competence and supporting gender pay equity.

Safety and Quality

- Improve patient safety – achievement across a variety of measures, high levels of patient satisfaction, maintain low levels of serious complaints from the Health Disability Commission
- Achievement of health targets where they are currently achieved, and improvements where they are not.

Service Development

- Review Māori Health contracts to better target and deliver significant improvements for at risk populations such as children and youth, as well as improving smoking and obesity rates.
- Establish a new Acute Demand (Rapid Response and Stabilisation) service in Primary Care
- Actively participate in the Primary Healthcare Collaboration
- Progress the Neighbourhood Healthcare Home programme
- Complete Jade Replacement Business case

- Complete a Northland Health Needs Assessment and Northland Health Plan through the Health Intelligence Hub
- Complete proposed ELT restructure and ensure greater support for staff wellbeing and patient flow
- Deliver the Health Record/ Mobility/ Polevault programme
- Produce a Clinical Services Plan
- Increase theatre, ward and outpatient productivity through our Operational Excellence programme Excellence (Innovation, Improvement and Excellence) programme.

Environment

- Improve sustainability - reduce carbon footprint and energy consumption and increase recycling
- Gain National Capital Investment Committee approval and funding for completing Bay of Islands Hospital development and the four Whangarei Hospital Interim Business cases (New Operating Theatres and Endoscopy suite, Community Mental Health facility, Cardiac Catheter Lab and Ophthalmology Outpatients) and commence or complete implementation of all of these.
- Continue to progress the Whangarei Hospital replacement Programme Business Case.

Improving Financial Sustainability

- Advocate for our fair share of Population Based Funding
- Deliver a sound financial position - Balanced budget assuming there is no Population Based Funding cap.

National & Regional Responsibilities

- Nationally - Lead negotiation with Primary Care sector on behalf of District Health Boards and Ministry of Health
- Regionally - Lead a regional Primary Care “deep dive” as part of the Northern Region Long Term Investment Plan.

When looking forward, it's also important to look back, reflect and learn from the past. You may have noticed a new poster around our hospitals and offices which describes some of the achievements during our 2012-17 Northland Health Services Plan.

Despite all our challenges, we have achieved a lot over the last five years and as we look to develop a new Northland Health Plan we will try to build on progress made and also work differently on areas and priorities where we have not been so successful.

Kind Regards,

Wahakura at Waitangi



L>R Cassandra Moar with Prime Minister Jacinda Ardern



Jacinda and partner Clarke Gayford were overwhelmed with the gifts they received

During our national holiday on 6 February at Waitangi, Northland DHB was represented by a significant gift to the Prime Minister, a campaign to urge more Māori into healthcare roles, and community immersion for our Pūkawakawa medical students.

Members of Northland DHB's Te Poutokomanawa Māori Health Service Directorate Quality and Workforce team worked with Kia Ora Hauora, the organisation which supports Māori entering into healthcare careers. The theme of the Day was Whakanuia te ao Māori (Celebrating All Things Māori) and there was a promotional stall and giveaways. Homecare Medical also shared the Northland DHB stall.

Hard at work were 30 Pūkawakawa and trainee intern rural medical students who volunteered their support across the many providers. There were also He Pihinga Ora (the Seedling of Wellbeing) offered by kaiāwhina Mereana Witehira, and Violence Free Te Tai Tokerau advice offered by Violence Intervention Programme coordinator Vickie Rotzel.

Over 150 people engaged with the Kia Ora Hauora site. Of the 94 people who had blood pressure checks, 20 percent were referred to their GP.

Cassandra's Wahakura Gifted to the Prime Minister

It was a busy day for master weaver Cassandra Moar. Cassandra not only donated a miniature wahakura to the DHB / Kia Ora Hauora site, she gifted a full-size wahakura waikawa to recently-elected Prime Minister Jacinda Ardern. Jacinda and partner Clarke Gayford are expecting their first child in June 2018.

Wahakura is a traditional baby sleeping pod woven from flax, representing the values of the Northland Safe Sleep Programme which Northland DHB pushed out in 2014. A good cot should have rigid sides to enable it to share the bed with a baby's mother.

Cassandra has made an outstanding contribution to SUDI prevention by weaving more than 1000 wahakura, many for distribution to whānau with infants that have known risk factors for SUDI. It was Professor David Tipene-Leach, founder of Whakawhetu, the national Māori Sudden Unexplained Death of an Infant (SUDI) prevention

programme who asked Cassandra to weave the wahakura for the Prime Minister.

"We are extremely proud that Cassandra was asked to weave a wahakura for the Prime Minister," said General Manager of Child, Youth, Maternal, Oral, Public Health Services and District Hospitals, Jeanette Wedding. "It really is an appropriate honour of her contribution to the Northland Safe Sleep programme."

Professor Tipene-Leach was unable to attend Waitangi so he asked Kathryn Clarke and Lisa McNabb (previously from Whakawhetu) to see if they could arrange for the Prime Minister to visit their space during her Waitangi walk-around.

Master carver Te Warihi Hetaraka offered a blessing as Jacinda and Clarke unwrapped the colourful large box containing the gifts. Jacinda appeared overwhelmed, saying 'Oh wow!' and spoke directly with Cassandra to express her gratitude.

Cassandra chose a symbol for the wahakura that represents her heritage plus helps ensure that the family is reminded where the gifts were made. "I wove karahu into the design representing the three baskets of knowledge," Cassandra explained. "I whānau mai ahau I te tahuna o te Kaipara – I come from the mudflats of the Kaipara."

Background

Over the last five years, Northland has had a 60 percent reduction in SUDI rates. Northland DHB has funded and distributed over 1000 Safe Sleep Spaces (wahakura and PepiPod) to whānau with infants who have SUDI risk factors.

A range of other evidence-based risk and protective factors have been incorporated in the 2017–18 year and include encouraging immunisation, breastfeeding, and sleeping baby on their back. A further joint initiative between the general managers of Māori Health and Child, Youth, Maternal, Oral and Public Health Services has also been introduced. Hapu Wananga is a kaupapa Māori antenatal education programme which will support safe sleeping.

In the 2016 calendar year, 22 percent of women birthing Māori infants in Northland attended group session antenatal education and it is our aim to increase this to over 30 percent through this new programme.

Bay of Islands Hospital Redevelopment



A 3D model of what the new BOI Hospital's interior will look like

The Bay of Islands Hospital Redevelopment is now well underway and on track for completion in August 2018. Construction of the two-storey building began in June 2017 and includes new facilities for the Accident & Medical department, radiology and after-hours GP on ground level, and a new general medical ward on level one with access via a lift and stairs.

On 15 February a barbecue was held for the community of contractors, consultants and Bay of Islands Hospital staff to acknowledge all those involved who share the common goal of bringing improved healthcare services to the mid-north. It was a good time to meet together in anticipation of the last big push to completion. Foundations, precast panels, structural steel and flooring are complete, internal framing locked in and now that the roof is on, plumbing, gas and power are being added.

While carefully planning budgets for all the essential healthcare equipment needed to run the hospital, Northland DHB is also working with the Northland Foundation to provide non-core items, via sponsorship and donations. Furnishings for the Whānau House, for example, may need to be sourced with an appeal to local charities, donors and sponsors. Landscaping is another cost which might be subsidised with help from a sponsorship partner. If you would like to help contact the Northland Foundation info@northlandfoundation.org.nz

Improving Access to the Early Intervention in Psychosis Service

By Bart van Gaalen - On 8 January I started a three-month residency in the Innovation, Improvement and Excellence team. I am a Community Mental Health Nurse and have worked for the Northland DHB for the last 10 years. For the last four years I have worked for the Early Intervention in Psychosis team.

This team treats people who are at risk of developing psychosis or have experienced their first psychotic episode. The main aim is ideally to prevent the development of a psychotic episode and to limit the impact of the psychotic episode in cases where the psychosis does develop.

Psychosis is a serious condition that can lead to the development of a more enduring and debilitating mental illness that deeply impacts all aspects of life for people affected. There is a considerable body of evidence that shows that prevention of psychosis or early intervention and treatment of psychosis has a significant positive effect on health outcomes for the medium to long-term.

There is also a strong indication in our Northland data that people who experience psychotic symptoms engage with our service relatively late in the development of their illness. This gap means that there is a group of people in Northland missing out on optimum treatment.

The project I am leading focuses on improving access to our service and creating closer cooperation with primary healthcare providers. Through a mix of streamlining processes; educating health practitioners; informing whānau and creating powerful collaboration between the Early Intervention in Psychosis team and the primary health care providers I hope that we can reduce the aforementioned gap considerably.



Bart van Gaalen, centre, with the Innovation & Improvement Team

This is a substantial objective and the three-month residency will be used to lay a solid foundation for this project that will be an ongoing process in the coming years. I believe this project creates a great opportunity to improve care and deliver better health outcomes for the people of Northland.

This programme offers all employees of the Northland DHB the chance to hone their skills in quality improvement and project management in a way that benefits the employees, the Northland DHB and most importantly the people of Northland.

I also want to thank my Manager Agnes Daniels and the Early Intervention in Psychosis team in Whangarei for supporting me and allowing me to take time off from my clinical work so I can fully focus on this project. Kind regards,

Bart van Gaalen

Bartholomeus.vangaalen@northlanddhb.org.nz

(Resident) Improvement Project Lead

The Innovation, Improvement and Excellence team

Mental Health Service

Supports Parents With Young Children

A parenting support service launched in mid-2017 is positively influencing the lives of over fifty Northlanders and their families.

The Tupua Waiora Pregnancy and Parenting Service (PPS) was launched in the second quarter of 2017. PPS is modelled on a successful and long-running service at Waitemata DHB. The aim is to improve the life outcomes for unborn babies and children under the age of 3 by working with pregnant women and parents who are affected by alcohol and other substance issues. These parents often face the impacts of poverty, are poorly connected to health and social services and may also be involved with mandatory agencies including the justice system and Oranga Tamariki.

PPS works to reconnect families with services to rebuild meaningful lives. This is done through a mix of therapeutic interventions focused on addressing alcohol and other drug use (AOD), maintaining good mental wellbeing and good parenting along with practical support. Clinical team leader of PPS Raewyn Smith said before opening, the stakeholders and fellow agencies consulted said the programme was “exactly what is needed”.

Those walking alongside clients are known as Registered Health Clinicians (RHCs). Clients don't necessarily have to be women, although most are, and PPS works with anyone connected to the child at the centre of the service. There are four RHCs in Whangarei and two in Kaitiaki. The service opened for referrals in June 2017, giving staff opportunities to attend an internship programme provided by the PPS at Community Alcohol and Drug Service in Auckland.

The service was made possible thanks to \$1m annual funding for the next four years which will reach 100 pregnant women and parents of young children every year. Most families/clients are expected to stay with the service for 9–18 months. The target group includes people who might otherwise become closed off from receiving help without the persistence of her team. “We understand

the nature of addiction where people might feel the need to go underground,” RHC Christine Paladeau said.

“A lot of clients don't trust services for various reasons,” RHC Andy Whiu said, “So you have to prove you can be trusted and they can rely on you.” Andy said while all clients have addictions and usually mental health challenges, solutions don't just involve medication and counselling. Rather, holistic improvement to the life of a struggling parent means improving their housing situation, benefit and mana.

“I can't think of one client who has come through this service who doesn't have a traumatic history,” Andy said. “Often people looking for coping mechanisms turn to alcohol or drugs. It snowballs, they become more vulnerable. Poverty and family violence is a big factor. Transport is a big factor. Think of all those things stacked on top of one another – it can be very overwhelming. We break it down into bite-size achievable steps. It's guided by them, by what they want to achieve.”

Walking alongside parent and child with practical, proven help

Often practical things delivered by the programme's registered health clinicians make a big difference – for example, mobile phones topped up with credit can be the difference between a client attending a crucial WINZ or clinic appointment, or failing to attend. Anxiety around childcare and transport to appointments puts the client at risk of disengaging with a service.

“We sit alongside women if they want us to be there,” Christine said. That sitting alongside can be a clinic, a meeting with Oranga Tamariki or anything else connected to the child's wellbeing. “One thing which makes us unique is we take time to build relationships. We take time to build trust. All the people we work with are great people,” Andy stressed. “We really respect the mums a lot. They are strong and resilient. They have climbed mountains to get to where they are.”



A few of the Whangarei PPS team, L>R Raewyn Smith, Christine Paladeau and Andrea Whiu

Kaipara Results

Show Employment Helping in Drug Harm Reduction



L>R Darron Goodwin of Whangarei Police, Dean McMurchy, Meth expert Peter Thorburn, Daphne Adams, Debby Price

In 2017, Te Ara Oranga Methamphetamine Demand Reduction Programme funded the hiring of two employment specialists, Dean McMurchy and Daphne Adams, who operate under the Employment Works brand for Northland DHB. Employment Works is about helping clients experiencing addiction with alcohol, meth and other drugs into paid work.

When Dean and Daphne started, Northland DHB was the only DHB in New Zealand trialling employment specialist help for clients using meth in a rural setting. They have been working under Occupational Therapy and Vocational Services Professional Leader Becki Priest leading the introduction of the Individualised Placement and Support Model (IPS).

Employment Works' second quarter results show that 12 people have been assisted to realise their dream of finding a job. This is an increase of 25 percent on quarter one.

Becki said since the start of the programme Employment Works received 57 referrals. The referrals come from the clinicians within the service; a person is also able to self-refer if they wish. Not everybody referred decides to accept help; however 64 percent of referrals in quarter two resulted in a referred person accepting help. The main focus of Employment Works is to support unemployed people who wish to find work get a job that suits their individual preferences and unique talents.

The project also offers additional employment-related supports. It records and reports these outcomes, including:

- job retention for people at risk of losing their jobs
- new job trials
- courses necessary to achieve employment goals such as NZQA painting or hospitality
- provision of in-work supports to help the person keep a job
- supporting a person to obtain individualised financial planning to help a stress-free transition from claiming benefits into work.

Work lengthens the wellness periods of people experiencing addiction and shortens their unwellness periods as well

as breaking the cycle of depression and low self-esteem, Dean explained. "In work you are engaging with people, taking your mind off addiction. Work gives them focus, hope, inclusion, a sense of purpose and income," Dean said.

Journey Into Work for Client Carla

One client, Carla (not her real name) was referred to Employment Works in August 2017 with a depressive diagnosis and initially was very low due to the loss of a friend. Also, her employer at the time had reduced her hours significantly.

Helping Carla began with updating her CV, creating a professional electronic version and instilling hope to improve her motivation. Employment Works then assisted with an online application to Countdown, which her dyslexia had made difficult.

In September 2017, new connections were made with new employers thanks to face-to-face visits in both Dargaville and Whangarei. While not all job application processes were fruitful, and Carla occasionally had to rely on Work & Income for support, by October her natural support networks led her towards a job in traffic management. She was offered 32 hours per week doing traffic control, largely in Whangarei. Carla had the confidence to contact the employer herself.

By November, the employer was suitably impressed with her outstanding attitude and put her through Site Traffic Management Supervisor (STMS) training. Her contract was changed and increased to 40 hours per week. Things kept getting better and better and by December 2017 she was permanently allocated a company truck and rose as high as supervisor for Dargaville area, where she lives. Carla was even given the discretion to make recommendations for extra staff. With this she could also put her hand up for work nationally within the organisation, should she choose.

By January 2018 Carla's mental health had greatly improved. Employment Works continues to offer support – largely over the phone as Carla's independence has grown significantly.

ED Substance Use Screening Puts Patients on Healthier Pathway

Whangarei Emergency Department (ED) Substance Use Screening, Brief Intervention & Referral to Treatment (SBIRT) is an initiative fostered out of the Te Ara Oranga Methamphetamine Demand Reduction Programme. The aim of this work is to intervene early in a user's cycle of use and offer hope and pathways for individuals and their whānau.

Michelle Petricevich joined Northland DHB as an Alcohol and Drug, Screening and Brief Intervention Clinical support in ED at the start of 2018. Michelle's role involves engaging patients in a conversation about their substance use, and offering support and referral if required. This is conducted through iPad-based software developed by Rataora in conjunction with ACC and Wellington Hospital ED. The software enables an intuitive screening process which is overseen by a psychologist and provides a secure referral pathway. Alcohol and other Drug screening is now part of standard practice in ED and all patients who present to ED will be asked to complete the screening.

Michelle brings to the role qualifications in social science, health science and alcohol and drug studies. Before working for Northland DHB, Michelle was a consumer networker at Arataki Ministries. Michelle is supported in her work by a team of fellow screeners including Mental Health and Addiction Services consumer advisors Brian Vickers and Richard Dick, as well as fifth year medical students who are coordinated by trainee intern Dr Michael Sunderland. Bronwen Wood oversees the screening process as programme psychologist.

The three most common substances Michelle sees affecting patients are tobacco, alcohol and methamphetamine.

These all have an impact on physical and mental health. The problems experienced by one person can indicate that an entire whānau would benefit from support and intervention.

Michelle says there are a number of different treatment options available in Northland including the Te Ara Oranga (methamphetamine demand reduction project) team comprising Northland DHB Community Mental Health and Addictions services, Odyssey Changing Lives, Ngāti Hine Health Trust and the Salvation Army. Other providers include the Northland DHB Smokefree team, Rubicon Youth, Youth Space and the national phone-based Alcohol Drug Helpline and Meth Help.

Support can include follow-up phone calls from confidential alcohol & drug helplines, the smokefree team and referrals to brief intervention programmes such as Choice. Other patients benefit from information about community support groups or 12-step programmes, and others prefer a longer-term treatment programme.

Michelle works in ED between 1 and 8pm and attempts to interview every patient that comes in, apart from those under 17 years. "I'm trying to bring a community focus. I have worked with recovery groups in community; I look at it as bringing a connection. There is always hope for positive change."

The confidential Alcohol Drug Helpline can be reached on 0800 787 797, 24 hours a day 7 days a week.

For methamphetamine phone counselling contact Meth Help on 0800 6384 4357 between 9am and 5pm Monday to Friday.

General information about Northland DHB Mental Health and Addiction Services is at:
<https://www.healthpoint.co.nz/public/mental-health-specialty/northland-dhb-mental-health-adult-community/>



Michelle Petricevich, bottom right, with DHB staff at SBIRT training

Paediatrician Roger Tuck Retires



Dr Roger Tuck with Dr Ailsa Tuck

Paediatrician Dr Roger Tuck retired from Northland DHB on 1 March leaving a legacy of 37 years seeking the best for the young people of Northland. Roger was for many years head of head of Child Health, then Clinical Director and for a time Chief Medical Officer. He was awarded the John Sands College Medal by the Royal Australasian College of Physicians in 2014.

Roger's wife, ultrasonographer Ruth Tuck, retired on 18 January. Both aged 68, they will enjoy retirement in Parua Bay where they have lived since 1983 (having arrived in the Bay of Islands around 1981). Meanwhile, Roger and Ruth's daughter Dr Ailsa Tuck joined the Child Health Centre at Whangarei Hospital as a consultant paediatrician the same week Roger left.

Dr Jonathan Jarman, who was Northland DHB Medical Officer of Health until 2013, worked closely with Roger tackling 'diseases of poverty' and described Roger as "an outstanding paediatrician" whose ground-breaking work on rheumatic fever prevention "ended up being a model for the rest of New Zealand."

Farewelling Roger at a ceremony on 26 February were colleagues from the Child Health Centre, midwives, management and many descendants, including Roger's son Oliver who spoke about his father's renown.

As he prepared to retire, Roger reflected on his career path, values and deep concern for reducing health inequities between indigenous and other populations.

From England to Northland

Roger was born and raised in south-east England and studied medicine in London. He recalled getting the impression from medical colleagues that leaving urban adult healthcare for rural paediatrics would be "professional suicide". Roger was drawn to paediatrics, which he felt was a speciality of optimism rather than despair.

Roger and Ruth first worked at Princess Margaret Hospital for Children in Perth, Western Australia. That location seemed remote but it was nothing in comparison to the beautiful Kimberley region, where he became immersed in healthcare for indigenous peoples. "The day my wife and newly-born first child and I arrived in Derby, the town was just emerging from floods of biblical proportions," Roger recalled.

"Supposedly-vital supplies of alcohol and tobacco were being offloaded, ahead of food and other supplies, at the town wharf after weeks of isolation. We were meant to stay for six months; we left after a year with indelible memories ranging from the wonderful to the very raw. This was my first encounter with the consequences of extreme deprivation and cultural alienation, and the realisation that although I was able to treat disease and save the lives of many of my almost exclusively Aboriginal child patients, I could only rage at the determinants of those diseases."

Bringing Indigenous Healthcare Experience to Northland

After a couple years of sailing, Roger and Ruth arrived in the Bay of Islands. While the Bay impressed him, he soon decided the "utopian and egalitarian state" of New Zealand he had heard about wasn't the reality for all of our population. In a 2011 essay for the Royal Australasian College of Physicians Roger described Northland as a place in which "The very wealthy have bought tracts of our stunning coastline, and rub shoulders with Māori kids on dirt floors and with third world rates of rheumatic fever".

"The health status of my predominantly Māori child patients and their families was, to me, disappointingly reminiscent of my experiences in the Kimberley. Fortuitously, I had become well versed in the diseases of poverty such as rheumatic fever, child abuse and neglect. I believe that clinicians who want to make a difference cannot ignore the social, cultural and economic context within which they practice."

Being challenged with uncomfortable socioeconomic realities in patients' lives is important for healthcare providers, Roger believes. He warned beginner doctors, "For caring and careful clinicians, comfort zones are infrequent stops on one's professional journey."

Telepaediatrics

Something which Roger felt "less cynical about" as he prepared to retire is seeing solutions to child poverty becoming actionable instead of simply election talking points. A major improvement to the healthcare Northland DHB can offer children is the advent of consultations with medical experts through telecommunications. Roger convinced the DHB to become the first provincial member of Telepaediatrics NZ and sat on the board himself. Telehealth enables professional development of staff, consultations with experts at Starship Hospital

and secondary and tertiary supporting of remote practice across Northland. Telepaediatrics now increasingly enables clinical patient management throughout New Zealand.

Rheumatic Fever Reduction

Reducing urban-rural disparities through telehealth tied in with Roger's mission to prevent third world health conditions before they took root. "We deal with too many downstream consequences, but we should be fixing the upstream problems. We are aware of the determinants [of health inequalities], but we have yet to address those determinants in a meaningful way."

Roger is proud of setting up rheumatic fever clinics, in which the 90 or so people who live with the acute or chronic effects of rheumatic fever in Northland are monitored, brought regularly to clinics and given management plans. While he couldn't fix with his prescription pad the root problems of overcrowding, material deprivation and poor access to healthcare, interventions in schools and the rheumatic fever register (set up with former public health nurse Corey Pia) have had a positive effect.

Roger plans to spend retirement working with the Bream Head Trust "As I am passionate about conversation as well as conservation!" – an example of the type of pun for which Roger was renowned in the workplace. Other passions include playing piano, listening to music, reading and cycling. There are also eight grandchildren whose lives he and Ruth want to be part of.

Farewell from the Child Health Centre

Senior paediatrician Dr Vicki Cunningham described Roger as an "astute, wise and widely respected clinician". Roger was one of a small group of paediatricians who bought the Advanced Paediatric Life Support Programme (APLS) course to New Zealand. Under Roger's leadership of the Child Health Centre, a truly multidisciplinary team was grown. Roger was always "unfailingly available and supportive to his colleagues," Vicki said. "Roger was a community paediatrician before it was even a thing and he was arguably one of the first true community paediatricians in the country. He has always reminded and challenged us with the truth that nothing will change for Northland's children if we are only ever a highly skilled ambulance at the bottom of the cliff."

Census 2018: Thanks, Northlanders, for Making Our Region Count



Filming Census 2018 videos with Channel North and Whangaroa Health Services in Kaeo

The nation counted down to Census night on 6 March and promotions region-wide took place to remind Northlanders to be counted and that their health mattered.

Our motivation? In the past, lots of people haven't been counted because they have not filled out the census. The number of people enrolled with a GP compared to the number of residents as indicated by the last census suggests there are several thousand people Northland DHB hasn't been receiving funding for, even though they call Northland home.

Creative Campaign Rolls Out

On 23 February a campaign of promotions on radio, intranet, internet, in print and on thousands of postcards began. It will be towards the end of 2018 that the population as indicated by the census can be determined, and it is hoped that a higher-than-ever number of people have been persuaded to complete it thanks to their increased awareness about why it is so important.

Census Leads to Holiday Voucher Win for Daina

Otangarei local Daina Carter won a \$1000 travel holiday voucher prize from Martin & Grigg Travel Associates at the height of the campaign. In the competition, supported by Northland DHB and More FM, Northlanders were asked to bring their census access codes down to the travelling More FM Census road show. Daina completed her census on a tablet at the Otangarei shops. Shortly after that DJs John and Toast from More FM rang her to tell her she was the winner.

Daina and husband Mike are parents to Tomas, Jardin and Rhys and have lived in Otangarei for 12 years. Daina filled out the census on behalf of the kids. Daina felt the census was easy enough to complete on a tablet and husband Mike said he found it "real good" although Daina isn't usually savvy with iPads. "But it's easy for the kids, they know their way around tablets." Daina says a nice family weekend away to attend an entertainment event is her plan for spending the voucher. "I haven't travelled much; I'd like to maybe go to Wellington, take the kids to see Te Papa museum."

Daina and Mike both said they recognised the importance of the census and how it contributes to better healthcare funding for Northland. Ironically, it was a patch of bad luck which led to the good luck. Daina and Mike have had a month of internet providers failing to connect broadband to their home. Daina realised if she was going to complete the census, she would have to go and find an internet-capable device. This led her to the Otangarei shops, and their lucky break. Congratulations, Carter whānau!

We acknowledge Martin & Grigg Travel Associates for supporting our event – we couldn't have done it without you.

Wānanga Increases Cultural Competency for Med Students



Pūkawakawa students, trainee interns and wānanga organisers atop Mt Manaia

Pūkawakawa is the rural medical experience which takes place every year for selected fifth year medical students. In February the 2018 Pūkawakawa intake, who were welcomed to Te Tai Tokerau on 23 January, underwent a wānanga to increase their Māori cultural competency, understand why the health status for Māori is less than desirable, and bring about kotahitanga (unity) amongst the students. Also joining them were sixth year trainee interns.

The wānanga is designed to increase the cultural competency and effectiveness of each medical student by helping them to understand Māori worldviews and values. While some Pūkawakawa students are Māori, and many have experience with Māoritanga, the wānanga assists Pūkawakawa students to feel like they are part of Northland, helping towards the goal of retaining students for TI and registrar years. Essentially this wānanga is

designed to help create a workforce of doctors to connect intimately with Northland and its people.

The wānanga began on Friday 16 February with a pōwhiri at Te Puna o te Mātauranga Marae, NorthTec. The kaiwhakahaere (facilitators) were Huria Bruce-Iri and Arama Morunga of Te Poutokomanawa Māori Health Directorate's Te Ara Poutama team. They were joined and supported by Mereana Pou (kaiāwhina) from the Public Health Unit. Arama was lead facilitator and Dr Win Bennett and Caroline Strydom provided support.

Following the pōwhiri, students were introduced to the fundamentals of whānaungatanga (establishing an authentic connection), prepared their own kai for a hangi dinner, climbed Mt Manaia and identified rongoa Māori (Māori medicinal plants) while climbing the maunga, before ending the day with a maū rākau (ancient Māori weaponry) workshop. To fully embrace the experience, students were encouraged to sleep the night on the marae. On Saturday it was an early rise for breakfast, then cleaning the marae before heading out to Kowharewha Bay, Tutukaka. Here the students took part in waka tangata (traditional waka experience) led by Mereana Pou and the crew from Kahakura. This activity further solidified the principle of kotahitanga amongst the students.

The objectives were to:

- introduce Māori ideologies of health
- increase students' comfort levels with tikanga Māori (Māori protocol)
- understand that Māori patients come with Māori whānau.

New Website Journey for Northland DHB

In mid-February we renewed the Northland DHB website as part of our strategy to provide the Northland community with a tool that holds helpful health-related resources in addition to easy-to-navigate information about our organisation and the services we offer.

Why a new website?

Our website is one of many tools to keep our Northland community engaged, updated and informed about their health and how we can serve them better. However the old technology was highlighted as a potential risk and made it difficult for us to be responsive in updating content on the site.

Cost neutral

The first phase was to move our website to a new web hosting platform and provider. It took a significant effort to ensure this phase was delivered in a cost-neutral manner. In line with the All-of-Government agreement, we have implemented SilverStripe, which is a New Zealand developed open-source website content management system.

Community involvement

The next phase will change the content and information structure to be consumer focused and ensure the information is easily accessible. Information will be structured around how our community thinks and not how our services are offered. Language and terms will preferably not reflect our internal terminology, which could be somewhat misleading at times. We will seek feedback and involvement from the community on this next phase.

Stats

During this first phase we have consolidated the original 455 pages into 328 pages on the new site. Phase two will restructure and further simplify the content into an even more consumer focused environment. Our website attracts on average 92,000 unique visitors per annum with around 350,000 page views.



Children's Diabetes

Camp Huge Success

With extraordinarily high temperatures at the beginning of January it was a blessing the 2018 children's diabetes camp was held at the Manaia Baptist Camp, in the shade of Mt Manaia and a stone's throw from the beach. More than 20 children with Type 1 diabetes attended the three-day camp that was supported by the Whangarei, Tutukaka Coast and Onerahi Lions Clubs.

Each year Northland DHB hosts a three-day Diabetes and Healthy Lifestyle Camp for children and young people who have diabetes. The summer camps are designed to help develop relationships with those facing a similar health journey, improve social skills, promote confidence and a feeling of being in control. For the children who attend the healthy lifestyle component of the camp, managed by Louise Kini, it is an opportunity for them to make friends and boost their self-esteem.

Diabetes in young people requires blood glucose testing and balancing diet / activity / medication (insulin) every day of their lives – without a holiday. The children were shown physical activity ideas by Marcia Aperahama, a Northtec Sport & Recreation student. Before they could have their regular morning snack they all tested their blood glucose under the watchful eye of the nurses from the Diabetes Centre.

While the children were enjoying camp their families, whānau and other carers enjoyed a four-day respite from the demanding 24/7 caring role.

“Having a child with diabetes is very stressful for families and a lot of hard work, and it can be really hard for parents to get a break from it,” notes Dr Rosemary Ayers, Paediatrician, Child Health Centre. “It is much harder to find a babysitter, or find someone to look after your child for a weekend, if your child has diabetes. Some parents find it impossible to find anyone else to care for their child, so diabetes camp is the only time they get a break from thinking and worrying about their child's blood sugar tests and insulin shots or pumps.”

Thanks also to the team at Northland Foundation who help manage our fundraising and sponsorship through Health Fund Plus. If you would like to know more about Health Fund Plus go to their website: <http://northlandfoundation.org.nz/giving/funds/health/>

For the parents of Siena (8) and Tayla Southall (9) the camp was very special. Both of their children have Type 1 diabetes and Tayla also has a rare, unusual syndrome which at this stage is not fully understood. Tayla has developed unusual antibodies to her insulin. The antibodies have the ability to cancel out the insulin, holding it in the tissue where it has been injected and then suddenly releasing it, which causes hypoglycaemia. “We are not aware of any other diabetics in New Zealand having this problem. The Starship diabetes team has never seen a case like this before. There is one case in Australia and one case in the UK that have been reported,” said Dr Ayers.

Tayla has had prolonged stays in hospital with a long period at Starship at the end of last year. When Tayla is at home her parents have often had to take it in turns to stay up till the early hours of the morning testing and treating her blood sugars overnight. Camp last week was the first break for her parents in a long time, which wouldn't have been possible without the clinical support provided by the Northland DHB Diabetes Centre team.

All the children who go on camp seem to love it, and when asked what their favourite activity is they all say swimming, which is lucky given the soaring temperatures last week. “They get a few days of feeling like they are just like everyone else, because at camp everyone has to test their blood sugars and give their insulin before meals, and they are not the odd one out doing it,” Dr Ayers concluded.

We take this opportunity to thank the hardworking and dedicated staff from the Diabetes Centre, the Lions Clubs who helped make camp possible, Sheelagh Presser (Whangarei Junior Athletics), Nikoli Foreman (St John in Schools), Corinne Austin & team (Fit Fix), Marcia Aperahama (Northtec) and Paul McDonald (Whangarei Heads Fire Service).



Centre (L>R) Stephen Wood, Onerahi Lions and Victor Pitman, Tutukaka Coast Lions visited the camp to see first-hand how their sponsorship helped

Out & About



Treatment Close to Home

for Patients with Bile and Pancreas Problems



Dr Arjun Sugumaran performing the first ERCP in Northland

Whangarei Hospital is now able to offer a form of advanced endoscopy procedure for patients with bile obstructions, so they don't have to travel to Auckland. Bile obstruction occurs in the ducts connecting the gallbladder and liver with the bowel and could be due to stones or even cancer. Patients can get very sick without urgent intervention. The surgery, known as endoscopic retrograde cholangiopancreatography (ERCP), is performed using a thin flexible camera tube that is inserted through the mouth. Patients are usually kept relaxed via sedative medications.

Historically, patients were referred for ERCP at hospitals in Auckland. This was expensive and upsetting to some patients and whānau. However, months of careful planning, with support from local DHB clinical and management teams, saw gastroenterologist Dr Arjun Sugumaran lead the first ERCP procedure at Whangarei Hospital on 16 January. The patient had a mineral stone treated which was blocking his bile duct. This only took 20–30 minutes, following which Jim recovered quickly enough to be sent home the next day.

ERCP is a life-saving procedure, but comes with risks. A significant amount of preparation and nursing staff training went into the establishment of the service, including guidance from endoscopy manufacturer Olympus. Arjun has previously been trained in and performed ERCP procedures in the United Kingdom and at Middlemore Hospital. He worked with surgical colleague William Crisp on the first Whangarei procedure.

Arjun said the impact of being able to deliver ERCP treatment within Northland is extremely significant for the whānau of patients, enabling patients to be sent home sooner, cut travel time, costs and eliminate the stress of travel. "It's also about the family wanting to be with the patient. It's a permanent setup now and we will cater for up to three patients every week. There was a lot of discussion with Auckland about how to manage the repatriation and we are happy it's happening now."

The first patient, 84-year-old Jim Te Tuhi, shared his story from home in Te Kopuru, where he is healing slowly but steadily.

Jim said he endured six months of sickness before he was finally taken to hospital. Stones were quickly detected in Jim's bile duct. Before the ERCP procedure, Jim was given guidance on how to breathe while the tube was inside him and said the team of Auckland and Whangarei clinicians followed the information which came with the endoscope very closely. The procedure to move the stones out of Jim's bile duct was completed within an hour.

"The doctors said to me 'You're a celebrity, this has never been done!'" Jim recalled. Jim had a successful seven days in hospital and today reports no pain. Jim said he appreciated not having to travel to Auckland for the ERCP procedure, especially since his mum died of gallstones at age 56. Jim returned to the hospital recently to give machine operator Bronwyn Upton a gift of a putiputi (flower) made of pingao, thanking her for her caring 20-minute explanation of the MRI scan procedure on the first day. Bronwyn adds that Toni Mitchell did the explanation part of the procedure with Jim while she scanned.

Jim thanked his wife Margaret and daughter Esmeralda for their support, as well as "Dr Arjun and his team in their flowing colours and smiles and their encouragement. The hospital did so much for me in this instance... The pharmacist Mr Christian told me that they would stand by me should I throw a wobbly. All those staff that assisted me in my days in Ward 4 should be complimented. I am the last male of the first generation of Te Tuhi and I have my sister, 76, here in Dargaville. Te Ihi Tito the visiting kaumātua at the hospital gave me confidence with his visits, not only to me but to others whilst I was there. Kia ora, Te Ihi."

Staff Movements

Margaret Dreadon Moves on From ED



Whangarei Hospital Emergency Department clinical nurse manager Margaret Dreadon moved on from Northland DHB on 24 February and will take up fly-in registered nursing roles at hospitals in Western Australia.

ED Clinical Nurse Specialist/Educator Kathryn Erai is taking over Margaret's extremely busy role overseeing 74 nurses, healthcare assistants and clerical staff.

Margaret became a registered nurse in 1976 after training at Whangarei Hospital. She spent her graduate year working in the ED then left and had family before returning to nursing, leading her to manage Whangarei's ED from 1998 onwards. Margaret's lingering memory of ED isn't trauma (apart from an emergency 10 years ago which led to the midnight evacuation of the hospital), rather, rearranging the hospital's ED to streamline patients' experience.

Admissions due to winter illnesses and car crashes consistently make the ED busy (over 100 admissions on some public holidays) but Margaret and her team are all known for having a surprisingly calm demeanour. Margaret also has a reputation for handling both management and hands-on nursing, always keeping up to date with day-to-day nursing tasks such as triaging and intravenous cannulation. Tributes to Margaret from colleagues praise her as being "visionary", "a colleague that walks beside you through all", "calm authority in the face of chaos" and, simply, "Margaret is known to have a beautiful wairua (spirit)".

Kathryn Erai said Margaret's leadership "has given us wings to survive" through difficult times of financial restraint coupled with increased volume of patients. Kath also praised Margaret for creating time for ED staff to bond through teambuilding. "There are not enough words to explain our appreciation to Margaret as a clinical nurse manager and the hard work she has demonstrated in ED over the years. Margaret is a true role model and has guided and supported us all. Her absence from ED will leave a huge hole to fill."

Sue Curtis Retires



Needs assessor Sue Curtis retired on 21 December 2017. Sue has had a long association with Kaitaia Hospital. Her father worked there for about 26 years as what they used to call the secretary, which would be called manager now. Sue's mother worked at Kaitaia Hospital as a Registered Nurse on the wards then as a tutor sister for a time.

"My brother Geoff and I were born at Kaitaia Hospital and lived across the road. We were around when the new hospital was being built. One of my children was also born here and one was a patient here in the burns room after a nasty burn."

Sue was also married in the hospital chapel, walking across the road and down the side to the entrance with all the patients looking out the windows as she walked past.

During Sue's time as a social worker she was involved in various groups and organisations including a foundation member of Rape Crisis, Women's Refuge, Northland AIDS Network and Hospice. She also initiated a support group for breast cancer survivors and one for families of people with Alzheimers.

Sue was the first to win a Kaitaia Hospital and Mental Health and Addiction Service Values Awards. Sue was recognised for going the extra mile at work after she came into work and assisted a distressed lady with social work issues on her day off. This demonstrated the Northland DHB values of People First as well as Respect, Caring, Communication and Excellence.

Porter Robbie Short Retires After 43 Years



Porter Robbie Short retired from Whangarei Hospital on 12 February after a career beginning in 1974.

Born and raised on a farm in Poroti, Robbie recalls having to bike nine miles each day just to catch a bus to get to school. For the last 40 years though, Robbie has been handy to work, living close to Whangarei Hospital in Woodhill. Across five decades, Robbie estimates he's only used his car around three times – and only when the weather was particularly rainy.

Porters are an essential part of healthcare, taking care of rubbish, linen and food trolleys. There are 15 porters in Robbie's team. "Before, we used to take blood to labs and transfer patients too," Robbie recalls. Handing duties over to healthcare assistants is just one of many changes Robbie has seen over the years. When Robbie started, the hospital kitchen used coal range cookers and diesel and coal ovens. Also, far from our current Carbon Zero sustainability stance, Robbie recalls burning rubbish as being one of his duties.

At 69, Robbie has two kids and a wife to keep him company during retirement, and he is thinking about volunteering although he's not sure if he will volunteer at Whangarei Hospital. "I can't sit around much, I'll say that," Robbie says. "I like to keep busy. I just keep moving. I can't believe where the time's gone."

Rachael Hetaraka Joins DHB



children and mothers.

Rachael Hetaraka-Gotz, who was the Child Health Leader at Manaia Health PHO, was welcomed to Northland DHB in a whakatau ceremony which involved her ritually crossing over from the primary health organisation to the

Ruth Tuck Retires



Ultrasonographer Ruth Tuck retired on 18 January after an ultrasound career which spanned 37 years and saw massive changes in radiology technology. Her husband, paediatrician Dr Roger Tuck, retired on 1 March. Both excelled in their specialties, with Roger working around rheumatic fever prevention and Ruth making advances in the delivery of a vascular ultrasound service.

Ruth for decades trained sonographers and maintained expertise in vascular sonography. Northland DHB radiology manager Andrew Howes said Ruth had been instrumental in setting up ultrasound within Northland DHB's radiology departments and her work has in particular benefited dialysis patients and those with renal and arterial disease, often with assistance from charge sonographer Deborah Tansley.

"The whole department will miss her love of life, her attention to detail and her work ethic," Andrew said. "She is a role model for sonographers. She's not afraid to call a spade a spade. She always advocated for both patients and colleagues and is held in high regard by patients who always ask 'Where's Ruth?' because they have known her for years."

The couple will enjoy retirement in Parua Bay where they have lived since 1983 (having arrived in the Bay of Islands around 1981).

District Health Board. Also welcomed in the whakatau was Phyllis Dunn, who becomes a new Clinical Nurse Manager in the DHB's Needs Assessment and Service Coordination (NASC) team. Phyllis comes to us from Capital & Coast DHB where she worked as Team Leader of the Capital & Coast Care Coordination Centre. Phyllis was under the umbrella of Nurse Maude. Phyllis hales from Whangarei and says she is returning home. Phyllis is a cousin of Rachael's father. Her last role with Northland DHB was as a public health nurse.

Rachael said her newly-created role is about bridging primary and secondary care to develop improved services for mothers and children. "It's about making sure whānau voices are part of improvement and development," Rachael added.

Staff Movements

PHN Sally Wagener Retires



Public Health Nurse (PHN) Sally Wagener retired in mid-January after working at Northland DHB for 40 years. Sally was a charge nurse at Kaitaia Hospital for years then became a PHN for 26 years and contributed greatly to the health and wellbeing of the tamariki in Northland. Her philosophy was that the child is the centre of care followed by the family and then the wider community. She has demonstrated this throughout her PHN career.

Sally is well respected in her community and worked voluntarily in her area of the Far North being a first response person before there was the fire brigade. Sally's vast knowledge and many skills will be much missed by her colleagues.

Takawaenga Camron Muriwai Becomes Justice of the Peace

Northland DHB Takawaenga (liaison) Camron Muriwai was sworn in on 13 February as a justice of the peace (JP) in the Whangarei District Court. Camron was supported at the ceremony by five JPs and a large contingent of whānau who delivered waiata and karanga.

The daily work of a JP can involve witnessing and certifying documents including affidavits and declarations, but JPs also play an essential role in court proceedings and assisting senior judges. For Camron, training will begin with mentoring under another JP who he'll sit alongside and observe at community locations, learning the demands of the role.

Acceptance of the JP title involved Camron signing documents and reciting a pledge in te reo Māori and English, including reciting an oath of allegiance to New Zealand's head of state Queen Elizabeth II. As Camron completed the ceremony, Judge BA Gibson described the role of a JP as dating back to the Middle Ages. While 400 years ago a JP was responsible for, among other things, "pursuing and chastising rioters", Judge Gibson remarked that the role of the JP today is "a little less physical".

Camron said he wanted to become a JP because "It offers an opportunity to bring service to others". "Ma tou rourou, ma taku rourou, ka ora ai te iwi – Sustenance for all, by shared contribution."

Camron is recognised for his contribution in the community of Whangarei most recently as chairperson of the Bronchiectasis Foundation NZ. Camron has also represented Te Poutokomanawa (Māori Health) on several Child Health teams including bronchiectasis clinics, respiratory and patient journey projects. He is a Public Service Association delegate, held a national role on Te Tira Hauora and is a member of the current Multi-Employer Collective Agreement bargaining team. Camron has a long history with both Ringa Atawhai Community Trust and Te Puna O Te Aroha (Māori Women's Refuge).



He has recently returned to family land at Wharengaere, Ngāti Torehina Ki Mataka in the Bay of Islands to support land development and care of local kiwi reserve.

He supports his whānau marae as a trustee of Oturei in Dargaville and Chairperson of Rawhitiroa in the Mid North.

He is currently studying Theology, is a Parish Council member and serves as a Catechist/katekita in the St Francis Xavier parish.

Tribute to Paediatrician

Dr Donald Beasley



Dr Donald Beasley with former Prime Minister Helen Clark

When Donald Beasley passed away on 27 December 2017 at the age of 97, he left behind a legacy of commitment to improving health for children and the disabled. The Donald Beasley Institute, OBE and CBE awards are all testament to Donald's decades of dedication.

Born 10 April 1920, Donald Beasley always called Whangarei home. After studying in the UK under paediatrics pioneers Sir James Calvert Spence and Dr RS Illingworth, Donald brought his knowledge back to New Zealand where, after six years, he eventually was offered work at Whangarei Hospital in 1961.

Donald joined the Society for Intellectually Handicapped Children (later IHC New Zealand) in 1955, became president of the IHC Parent's Association 1964–1979 and in 1984 – the year he retired from Northland's hospital board and medical practice – the Donald Beasley Institute for disability research and education was named in his honour.

Northland Medical Museum chair and former surgeon Dr Bill Sugrue described Donald as Northland DHB's "most decorated affiliate". Donald was chairman of Northland's health board for six years, was a board member for decades and was president of Health Boards NZ. Donald even found time to set up Abbeyfield sheltered homes for the elderly. In a speech for the 2001 centenary of Whangarei Hospital, PM Helen Clark singled out Donald and emphasised her "great respect" for him and his board management.

"He came idealistically to Northland because the Beasleys had arrived in 1864 and his father had come from here," Dr Sugrue said. "He had a nostalgic desire to return to remote New Zealand – where he couldn't get a job! – and developed IHC camps while he eked out a living as a GP."

Dr Sugrue remembered Donald's passion for oratory and scholarships as well as fatherly mentoring as they worked together at Whangarei Hospital. "Donald was also fantastic with mothers, he had great empathy."

IHC chief executive Ralph Jones said under Donald the IHC supported governments and organisations in the Pacific Islands to promote the establishment of services for people with intellectual disabilities. On the IHC's 40th Anniversary in 1989, Donald said the IHC came together because "by and large people with intellectual handicap had been severely underestimated and changes were necessary," giving Donald a self-described "conviction, zeal, and fire in the belly" in his work.

Donald's second cousin, Canterbury DHB Clinical Professor of Paediatric Surgery Spencer Beasley said Whangarei Hospital's failure in the 1950s to recognise the need for a hospital-based paediatrician was the IHC's gain. "It was while Donald was under-employed in general practice he became increasingly involved in the Intellectually Handicapped Children's Society. Throughout this time, he was a tireless but potent advocate for the children of Northland and beyond, especially those who were less fortunate, either socially or because of their disability or health needs.

"On one of our trips with him through the northern reaches of Northland, he pointed out a rural school which was to be closed because the academic performance of its students was so extraordinarily poor. He visited it and determined that its students were severely malnourished. He negotiated a reprieve for the school, organised for milk and fresh produce to be delivered to it each day, and watched the consequent improvement in their learning. The school stayed open.

"Just a month ago, with typical humility, he told me he would be willing for the Donald Beasley Institute to drop his name if it wished to, clearly under-recognising the brand value of its origins and association with him."

Donald was farewelled on 6 January 2018. Donald's children are Alastair, Michael, Tony and Adrian. His wife, Caroline Graham (born in Perth, Scotland) died in 1987.



Donated Teddies

Make ED Experience Easier



Ata and Jordan, Kaitaia Hospital

A charity donating thousands of teddies to hospitals across New Zealand brought its attention to Northland in late January.

Teddies For Loving Care (TLC) is driven by members of the Freemasons society. TLC began in the UK after Freemason Ian Simpson's wife was saved in ED from a near-fatal swelling of the throat. Ian resolved to give something back to hospitals and realised teddy bears could make it easier to keep children positive and cooperative while experiencing what is often a painful and distressing visit to the ED. As part of worldwide celebrations of the 300th anniversary of the Freemasons in 2017, Tony Mansfield and Freemason brothers decided to bring TLC to New Zealand. After trialling teddy donations at hospitals in Gisborne, Rotorua, Bay of Plenty and Waikato, TLC gave its first batch of teddies to Whangarei Hospital's ED on 31 January.

Though Tony is based at the Prince of Wales Lodge in Auckland, support for TLC came from more than 200 lodges across the country. "After looking at everything from surf lifesaving to the Alzheimer's Society we came across TLC and thought this would be so good for New Zealand, particularly when we saw how many children go through ED here."

Around 25,000 teddies are to be ordered per year for New Zealand, and TLC will try to direct the teddies towards smaller regional and rural hospitals which don't receive as

many toy donations as hospitals in larger centres. Tony said teddies are an ideal toy because they're universally accepted as a symbol of comfort for children. "It's a traditional soft toy loved by kids. It isn't tied to gender or ethnicity – who doesn't like teddy bears?"

The Northland TLC donation began with six boxes of teddies (around 430), half of which will stay in Whangarei's ED while half have gone to hospitals in Kawakawa, Dargaville and Kaitaia. In Whangarei, 650 under 15-year-olds per month come through the ED; around 1100 teddies per year are expected to be needed for Northland.

"The teddies help children to calm down," Whangarei Hospital ED nurse manager Margaret Dreadon said. "They give children something to respond to. The majority of the time children come in acutely so parents haven't brought their toys. It's something they can take home with them, giving them a more pleasant memory of the ED than a memory of distress and fear."

For a child, being able to externalise their experience can help make it easier, especially if they need to have an intravenous (IV) line put in. Procedures like this can be demonstrated on teddy first, helping nurses let children understand what's happening to them.

Tony saw firsthand the positive effect of a TLC teddy on a 3-year-old boy in a hospital in Waikato at the end of 2017. "They had a little boy there who had hurt his hand badly. He was looking so down in the dumps, he was really withdrawn, he wasn't communicating. We quietly asked him which colour teddy he would like and he said 'Blue, please.' He opened up, next thing the nurse asked him a question, shall we put a bandage on teddy? We saw the change in the boy, all of a sudden the boy had a smile ear to ear. His dad came up to me and said 'I was sooo worried, thank you so much.' So it's to help the staff to help the kids. Nurses do a brilliant job, but sometimes an extra tool can help them."



Haze and Zeb Silvery, Kaitaia Hospital

To donate to the TLC appeal, or get in touch with Tony and TLC team, head to <https://www.tlcappeal.org.nz/>

Bella Atherton

Shaving For A Cure



On 10 February Bella Atherton shaved off her long locks to raise funds that would benefit the eating disorder advisory group EDANZ. Her efforts have raised over \$5560.

It all began when three years ago, Bella's youngest daughter was diagnosed with anorexia nervosa. Anorexia nervosa is complex, difficult to treat and has the highest mortality rate of any mental illness.

The whole process of raising awareness and fundraising has been very humbling for Bella. "The kind words, donations and ongoing support since this fundraiser started have been amazing. As I said to my daughter when she was unwell, and remind myself and others often – it's not what you look like that matters, it's what's inside. It really doesn't matter what other people think when they look at you, we should all hold our heads high and believe that beauty lies within and is displayed by our actions and kindness to each other."

As Bella wrote in her initial appeal for donations on Give a Little, "The impact that this illness had on my daughter and our family is indescribable. The anorexia was destructive, manipulative and wanted my daughter to die. The anorexia became known to our family as 'parasite'.

"My daughter was not in control, parasite was. Parasite was sucking the life from my daughter and making her push everyone that loved her away. Parasite was whispering lies to her that made her behave and act like a totally different person. Parasite told my daughter that she was her only friend and that she would help my daughter be happy. Parasite tried to take my beautiful daughter away from her very loving family.

"We were lost and did not know which way to turn. There was no specialist or psychiatric team where we lived that could offer us assistance or support. We were told to refeed and protect our daughter, but no one could tell us how to do this. We needed to save her from the mental

illness that was threatening her very existence but were struggling to find the right way to do it.

"So I started searching the web and that's when I found the Eating Disorder Association of NZ (EDANZ). I left a voicemail message and a wonderful lady (you know who you are!) called me back. I cannot say how much of a relief it was to hear from someone who knew what we were going through. We talked for a long time and she gave me important (I think lifesaving) advice. With her guidance and wise words, I suddenly knew what I had to do and I knew that there was hope. She called me back again at a later date to see if I needed more support or just a chat to someone who truly understood.

"Whilst we were battling for our daughter, the support and empathy that I received from EDANZ was amazing. EDANZ provided hope, information, support and resources that I could not find anywhere else in New Zealand. They were an imperative part of my daughter's journey to recovery. I want to give back to EDANZ for supporting and guiding us when anorexia tried to destroy us."



EDANZ is a registered charity whose volunteers all have personal experience in the process of recovery from an eating disorder – either as parents, caregivers or recovered patients. Their overall goal is to improve awareness and understanding of eating disorders in the community. Alongside their education and support work for health professionals, carers and patients, they also advocate for social and governmental change. EDANZ is the only organisation of their kind in New Zealand and they rely solely on donations and grants.

On behalf of Bella, we would like to thank everyone for their support. All funds raised benefit EDANZ.

To support Bella, go to her Give a Little page to make a [donation](#).

Recreational Water Quality

How your health can be affected



Northland is an amazing place to enjoy many activities in and around water including swimming, boating, diving, surfing, fishing, and collecting shellfish/mahinga kai.

Sometimes waterways; freshwater and coastal, contain microorganisms (bacteria, protozoa, algae and viruses) that can make you sick. The risk is usually low but can be increased by blooms of toxic algae, heavy rain and contamination like sewage spills, stock wading upstream and by birds.

Contact with these microorganisms can lead to:

- Gastrointestinal illness (diarrhoea and vomiting)
- Respiratory illness (asthma-like symptoms)
- Ear, eye and skin irritation or infection
- Tingling and numbness around the mouth or tips of fingers.

Young children, the elderly, and those with underlying health issues are at increased risk of illness and may experience more severe symptoms.

What you can do to protect Northland's recreational waters

- If you own stock don't let them wade in rivers, lakes, or on the coast, and fence off waterways
- Keep household septic systems in good working order
- Report any sewage spills or other contamination events promptly
- Pick up after your dog if it poos/fouls on the beach or near rivers or lakes
- Plant riparian zone next to waterways.

Shellfish/Mahinga Kai

Tips:

- Check <http://www.mpi.govt.nz/travel-and-recreation/fishing/shellfish-biotoxin-alerts/> for any shellfish biotoxin warnings and sign up to receive email alerts directly
- Look for signage warning it is not safe to collect shellfish/mahinga kai
- Wait 3-4 days after heavy rain before collecting shellfish/mahinga kai
- Keep shellfish/mahinga kai cool after collection.

Did you know?

Some of the microorganisms in recreational water that can make you sick are naturally occurring in the environment and are not contaminants.

Swimming

Tips:

- Check www.lawa.org.nz to see if it is safe to swim at your favourite swimming spot
- Look out for signage warning it is not safe to swim
- Wait 2-3 days after heavy rain for the water to clear
- Can you see your feet? If not, the water may not be safe for swimming.

Did you know?

It is often not possible to tell that water is unsafe just by looking at it.

- Check the **Northland DHB Facebook page** for up-to-date information and warnings
- Contact the **Northland Regional Council** if you are concerned about the appearance of any waterway
- If you think you are sick from eating shellfish/mahinga kai or due to swimming, see a doctor, and contact the **On-call Health Protection Officer at 09 430 4100**

