

PreScribe

NORTHLAND DISTRICT HEALTH BOARD STAFF MAGAZINE



A Place to Gather

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From the Chief Executive



Does anyone anywhere still think that health isn't the most important thing. For those who lose it or have it threatened, such as pretty much everyone everywhere over the last eight months, it becomes very obvious how precious it is.

A couple of months ago, I wrote about the impact that the last six months will be having on many of you, on me, on our whānau and communities. It's now eight months, and probably many of you are still feeling it. It's understandable, and it can even be explained by science and stress hormones and perhaps even a loss of hope.

So, how can we regain that hope, that sense of purpose, our why? Or even our Wairua!

Firstly, acknowledge that all our jobs have real meaning - I've just established we work in the most important industry there is, and we get to serve. Mohammed Ali once said: Service to others is the rent you pay for your room here on earth.

Let's regain our hope, find our common purpose together. This is what we are trying to do with the Northland Health Strategy 20/40. You may wonder Why a Northland Health Strategy 20/40?

Why a Northland Health Strategy 20/40?

- We need a longer-term approach reflecting what our communities and whānau are telling us and what we know about Northland's health rather than a top-down annual planning cycle we are required to do for the Ministry and Minister
- Shouldn't we plan or at the least work together on something innovative that is a bit longer-term and more ambitious. Hopefully, that question is rhetorical
- Why20/40? This will probably be a 5-year strategy, but it needs a longer horizon - 20 years. It starts in 2020, ends in 2040
- 2040 is the 200th anniversary of Te Tiriti
- A child born in 2020 should have the same health outcomes and opportunities/achievements by that 2040 no matter what race and where they live in Tai Tokerau. By then, we have to have eliminated health inequities.

I know many of you will be thinking that we haven't got that far in the last 20 years, how are we going to eliminate health inequities in the next 20? Obviously, we can't do it on our own. The Health system alone can only address about 20 percent of health, lifestyle factors account for 30 percent, social determinants such as housing, employment, education etc. impact 40 percent, and 10 percent is bad luck (genetics).

If we get the 20 percent right and create the environment for healthier lifestyles, we are up to 50 percent and then why can't the health sector (remember it's the most important thing) help influence those social determinants. Maybe we can impact up to 90 percent

of Health after all. For this to happen, our strategy needs to be bold, it needs to be optimistic. If we don't try for that moonshot, then we will always underwhelm or settle for good rather than great.

In 1961 JFK said, "We choose to go to the moon in this decade and do the other things, not because they are easy, but because they are hard because that goal will serve to organise and measure the best of our energies and skills, because that challenge is one that we are willing to accept, one we are unwilling to postpone, and one which we intend to win".

We've been working on this strategy for over a year - a little issue of a global pandemic got in our way from March to May - and have been talking to communities, iwi, hapu and providers and clinicians across Tai Tokerau. We wanted to wait until the Health and Disability System Review was completed and we want our leadership, our staff, our patients and whānau, our communities to guide us on the high-level goals and outcomes we need to achieve.

A strategy will take into account the insights we have gained, the health needs and data we are gathering - we all know why we need to do things differently. Some may even know some of what we want to do, and we need a new way of agreeing and coming up with the actions and initiatives. However, before we agree on these, we need to agree on how we will work together, how we will make decisions etc.

I was at Church recently and heard about Leading with a Limp, and I thought that it was a great analogy.

I'm not referring to all the patients who have lost their legs due to diabetes, although I could be. I'm definitely not talking about my latest sports injury.

What I'm alluding to is that every one of us can lead and every one of us has a limp, a flaw; every organisation has a limp. I know we have done some things incredibly well, saved countless lives, and we help tens of thousands of people every year.

But that same health system has not served some populations well, particularly Māori and our poorer rural and remote communities. Personally, I've learned a lot from a few recent experiences - Wai 2575, COVID-19, the Health and Disability System Review, and our own DHB work regarding institutional racism and equity frameworks etc.

We need to acknowledge that none of us gets it right all the time, be humble, let go of any power, work in a Te Tiriti based manner, living out the articles of Te Tiriti, in true partnership with our patients, whānau, our communities, hapu and iwi and let them come up with the local solutions and innovations. And, let's all learn some Te Reo!.

Nga Mihi,

Dr Nick Chamberlain
Chief Executive

A Place to Gather



Raumanga Medical Centre's Pamela and Dr Conlin Locke (right)

When Raumanga Medical Centre reached out to their community through surveys and community hui to see what they would like to do to support their health and wellbeing, the idea for a community garden was unanimously agreed upon.

'Up to you, Charitable Trust' was then formed to support communities to make healthy lifestyle choices that could ultimately affect their health outcomes and then the hunt for suitable land was on. The key to the garden's success was finding a piece of land that was available long term and appropriate for gardening to ensure its sustainability.

Manaia View School principal Leanne Otene saw the community garden's potential and approached the Ministry of Education and Whangarei District Council to help secure some vacant land behind the school. In early October the Trust was handed the long-term lease of the land to build the community garden.

Their vision is that it becomes a place of connection with the whenua and the people of Raumanga. The garden will be where people gather, learn from each other and contribute, and where stories are told connecting them to the land and the people that have gone before them. It is hoped that it will become a safe and sacred place where waiata calls out to the surrounding area and where people share a meal.

The use of the land and how the garden will be run will be up to the community.

"Perhaps kuia will teach the tamariki how to weave and work with flax. Perhaps it becomes a place where we harvest and gather food together; where people contribute to learning how to prepare the fresh produce; where the community hold hui and celebrations including Matariki," offered Pamela Locke, Up to You Charitable Trust director.



The Passing of a Change Maker



Harold Wereta – Rongoā Māori Hui

Hundreds of tributes flowed into Northland DHB in late August following the announcement that general manager Māori Health, Harold Wereta had passed away after his battle with bowel cancer. The heartfelt tributes were testament to the lasting impact he had on all who met him and the legacy of changes he brought about for Māori health both here in Te Tai Tokerau and throughout Aotearoa.

The chair of Tumu Whakarāe (the national Māori General Managers Collective to the DHBs) Hector Mathews remembered Harold as a long-standing member of the collective and a staunch advocate of health, wellbeing and equity for Māori. "Harold's contribution to Tumu Whakarāe, the health sector and the wider Māori community has been enormous. We are immensely grateful to have shared in Harold's wisdom, kindness and leadership, and we will miss his presence greatly."

Marty Rogers took over Harold's work as acting general manager Māori Health when he became unwell and described him as a great man, a great friend, a great dad, a great partner, a great son and uncle and a great human being.

Harold grew up and was schooled in Porirua, then left Wellington to study at Massey University. Once he finished his studies, he worked in public sector organisations including Corrections, Treaty Claims and Crown Forestry Rental Trust.

His focus moved towards health when he took on roles at Capital & Coast, Mid Central DHBs and the Ministry of Health before becoming general manager Māori Health at Nelson Marlborough DHB, then here at Northland DHB in 2016.

Working alongside Harold was his executive assistant, Francis Gray, who remembers him as a big, strong, supportive and calm man and manager. "I felt like he had real trust in me, and the team and he supported the decisions we contributed or made. He never intentionally wanted to damage anyone's mana and allowed people to have a voice and say what they wanted to, whether he agreed or not."

Manager Māori Population Health and Strategy, Ellie Berghan also worked closely with Harold and said he was steadfast in his position when services to Māori whānau weren't performing well and would challenge the status quo. She explained that Harold came to Northland DHB with a vision that all pēpi born in 2019 celebrate their 21st birthday in 2040 during the 200th year commemorations of the signing of Te Tiriti o Waitangi, with a good quality of life as they age.

To achieve this vision, one of the initiatives he worked on with Ellie and Francis was the Māori Health Community Services review. The three of them hosted 17 hui around the rohe, speaking directly with whānau in the community to ascertain the challenges and barriers they face with their health.

Francis said Harold purposely designed the hui without involving health providers or clinicians to ensure whānau were clear they were there to engage with them, not health professionals.

The key themes derived from the hui were the importance of rongoā Māori, addressing the determinants of health, i.e. looking at the broader socio-economic challenges facing whānau. Increasing public health initiatives to develop more early intervention services. And, redesigning the health system – as per the Health & Disability System Review.

Ellie said this substantial piece of work showed Harold's commitment to ensuring whānau have a voice. "He believed in co-designing with whānau and was committed to achieving their aspirations - something that was missing in many departments as a normal process within the DHB when developing or designing services."

The vision that came from this work was that the community feel they have a healthy and happy whānau, and their voices are heard.

Ellie said Harold was an avid reader and was knowledgeable on a range of issues that impacted whānau like marine health, whenua and Māori Land Court process, social services and the justice system. "He had a great sense of pragmatism, particularly in responding to process and developing systems, something we greatly appreciated."

During the four years, he was with Northland DHB Harold supported chief executive Dr Nick Chamberlain with responding to Waitangi Tribunal Claims in 2016, 2017 and 2019.

"Through all the work we did together, and the quiet support I received, Harold became a friend. I miss him deeply. He was a gentle giant, a genuinely good man with a special mana and presence that demanded and deserved respect. His work and the pathway he laid down for us is only just beginning, but he has built some strong foundations", said Dr Chamberlain.

Ellie also said Harold set the foundation and roadmap for the rest of the Māori Health Directorate team and the DHB to follow going forward. "He was instrumental in supporting an Iwi-Māori provider relationship model of health within Te Tai Tokerau and helped Te Kahu o Taonui's relationship with Northland, Auckland and Waitemata DHBs Iwi Relationship Board with DHB chairs and chief executives.

"He restructured the Māori Health Directorate while maintaining people's mana throughout the process. He created policies to address institutional racism. He built capability and capacity in the Māori workforce to improve Māori health gain, reduce inequities and develop iwi and Māori relationships at a governance level. And his advocacy led to the development of the Tū Tira Māori Health Symposium and inclusion Workforce Equity and Kia Ora Hauora."

Francis said because Harold was so approachable and had an open-door policy, people from all levels regularly called on him for advice and support, and no one was ever turned away.

She fondly recalls that although Harold was a quiet man, he had a great sense of humour, especially when you weren't expecting it.

"He was very proud of his daughter and fiercely passionate about his mahi, Māori whānau and their health and that his heart was still here even when he was unwell."

Sadly, Francis said Harold thought he was going to be back here in December because he had unfinished business. However, she and Ellie continue with his work, as they knew his vision and the legacy he wanted to leave behind.

Francis said what she remembers about Harold is that when whānau expressed the need for rongoā Māori to be used in the hospital setting he was instrumental in backing it to become complementary to western medicine, rather than it being done on the side.

Ellie said their team still miss Harold greatly but believe he is looking down on them with his quirky smile and telling them to 'keep going' – as this was his mantra when they came across barriers and challenges within the DHB.



Nurse Practitioners

The crème de la crème of nursing



Attendees at the 2020 Nurse Practitioners Forum

Increasing the numbers of nurse practitioners and nurse-led clinics in Northland is the way of the future according to Northland DHB's acting director of Nursing and Midwifery, Dee Telfer.

Our current nursing strategy includes a commitment to increase nurse practitioner training by two percent each year, which has been well exceeded. There are currently 17 NPs working in Northland, 10 in training and 12 nurses who have voiced their interest in starting their pathway to becoming a NP.

Nurse Practitioners (NPs) are expert nurses with advanced education, clinical training and the demonstrated competence and legal authority to practise beyond the level of a registered nurse. They provide a wide range of assessment and treatment interventions such as ordering and interpreting diagnostic and laboratory tests and prescribing medicines within their area of competence. They are also authorised to admit and discharge patients from hospital and other healthcare services and settings and practise both independently and in collaboration with other health care professionals to promote health and prevent disease.

The World Health Organisation (WHO) declared 2020 the Year of the Nurse and Midwife to honour the 200th birthday of the nursing advocate and pioneer Florence Nightingale. Coincidentally, 2020 also celebrates the centennial birthday of another nursing maverick Loretta C. Ford, the mother of the nurse practitioner profession.

The ability to qualify as a NP in New Zealand first came about in 2001. Te Hiku Hauora's Adrienne Murray was New Zealand's fifth and Northland's first NP with prescribing rights across the aged life span in primary care. She was also the first nurse, world-wide to be registered under the title of Whānau Ora.

To be eligible to register as a NP, registered nurses must have a master's degree and at least four years' experience in the specific area of practice. It takes approximately five years to achieve the academic requirement and practice experience.

Once the DHB is aware of a nurse's interest in becoming a NP, they make sure they have ongoing supervision and support to stay on the pathway. During their last year, the nurse must make a submission to their place of work to highlight how the role will benefit them. Discussions around remuneration costs are also held to ensure the position is adequately funded once they qualify. At least two or three days a week during this year they are supervised working in their clinical setting and the NP Training Programme (NPTP) provides funding to help backfill their position, so their service doesn't lose out.

NP training costs up to \$7,000 per year, and most of the academic studies are covered by Health Workforce New Zealand (HWNZ).

The University of Auckland won the tender to undertake NPTP and the enrolled nursing programme in Northland and announced plans to establish a training hub in Whangarei. This will offer increased mentoring opportunities for NPs in the making and the opportunity for final exams to be held in the North, rather than in Auckland.

Dee said Northland DHB invests in NPs because we need them. "Uptake in Northland was initially robust, and we want to continue with this momentum with good career pathways and succession planning across the sector. We want more nurse-led clinics in the hospital run by NPs and clinical nurse specialists, and I want to bargain for NPs to have a training fund of at least \$3,000 in place to help with ongoing education. The more they add to their kete, the more service they can provide to the community and their workplace."

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She believes clinical nurse specialists (CNS) with prescribing rights are probably more suited in hospital settings like the Northland DHB Diabetes Centre, which is run by CNS prescribers, and one doctor free to see patients with more complex conditions.

"It's good synergy, and we encourage both realms. I believe that NPs need to be out in primary care benefitting the community and working to the top of their scope. The health sector needs everybody onboard and considering scopes of practice that would be considered 'non-traditional'". She firmly believes the skills and scope of practice that nurse practitioners provide to our more remote rural areas could also fill some of the gaps we currently have in areas where it is harder to recruit general practitioners.

"Locums aren't always invested in the community, while NPs have often grown up there and have that connection and understand the dynamics. It's not just about talking about people's illness, but also your surroundings, access to healthcare, affordability and health literacy. Their care is especially suited to Māori, who like to go to people they feel comfortable with. NPs have the skills to embrace patients and make them feel involved in their health care and comfortable to come back through the door again."

Nurse coordinator ACP Maree Sharp explained that NP training has become more generalised and offers a broader toolset to enable NPs to transfer across other areas.

"Generalists' with a broad knowledge and experience are well suited to NP roles, especially in primary care. With their skill set, they can assist with equitable

access. For example, if a mum comes in with a child that is sick, she might also say she needs some contraception, or that their house is cold. The NP can prescribe contraception or offer them a referral or advice about how to get insulation in their home."

Maree refers to Te Hau Āwhiowhio ō Otangarei Hauora as an example and model of a nurse-led practice, successfully delivering holistic care to whānau in a community that couldn't secure a permanent GP.

"The clinic is run by three NPs who are upskilling and bringing along behind them other nurses who will be future NPs. Where we would've once seen a general practice led by doctors, we now see nurses leading general practice care."

Northland DHB led the way to create Nurse Practitioner Forums, and these continue to be supported. Participants share case studies, talk about what is going on in the community and new legislation or policy that may affect their work. They also discuss potential future NPs and their pathways. Dee finds these Forums very inspiring and said if you want to be in a room filled with infectious energy, drive and strong personalities – it is there and where you see why they are doing what they do.

They work from a nursing paradigm but incorporate care that includes practices that have historically only been delivered by medical doctors. NPs face barriers and have a way to go until the role is one hundred percent respected.

However, Dee said many Northland GPs understand the value and success of NPs and advocate for them.

A Gesture of Thanks

Our Mental Health & Addiction Service have a new art piece to don one of the meeting room walls at Manaia House thanks to Northland artist, Barbara Ruhdorfer, who donated her piece 'Communication - Whakawhitiwhiti Kōrero' as a gesture to thank them for all the hard work they did for the community during the COVID-19 pandemic.

She hopes it will bring strength and hope to their daily work as it represents communication, which she believes is the key to overcoming the challenges we face. "There are people from all walks of life in New Zealand. I believe the way forward is for us all to try and understand each other's cultures to help us find solutions to the challenges we face."

Service manager Deborah Barrow thanked Barbara at a morning tea at Manaia House telling her how privileged and honoured they were to receive the taonga, especially because the theme of it perfectly fits with how the Mental Health & Addiction Service uses communication to help with healing and wellbeing.

Barbara created the artwork before lockdown from a piece of repurposed aluminium compound (alloy) she found in a skip bin. She has since discovered that it is the offcut of the signage and former logo of Renew Church and School in Whangarei.

The bright red colour appealed to her because it represents inner strength and passion, which she believes is what we need to get together and understand each other. She used acrylics to paint her interpretation of Chinese calligraphy onto the aluminium to capture the beauty and intent of communication and she said she thought the cut-out shape looked like a fishhook which represents abundance.

Originally from Germany, Barbara came to New Zealand in 1996 and moved north to Whangarei five years ago. She is a full-time artist, and her work is widely exhibited and available at galleries throughout New Zealand.

"A Gesture of Thanks" – Image on page 8



Nurse Practitioner Profile

Adrienne Murray



Name: Adrienne Murray

What's your role? Nurse Practitioner (NP) Primary Care, Whānau Ora

How long have you been with Te Hiku Hauora? 19 years since 2001.

What does your work consist of? Three days week in general practice, one day a week in the Nurse Practitioner Mobile Outreach Clinic.

What's your career background? I left Kaitaia college in 1985 and started my nurse training at Northland Polytechnic and graduated in 1987. I then worked for Northland DHB (as registered nurse, nurse manager positions) at Whangarei, Bay of Islands and Kaitaia Hospitals from 1988 to 1997 with specialty practice in Medicine/Coronary care. I then entered private general practice until 2001. Still working, I returned to postgraduate studies at Auckland University from 2002-2005 and qualified with master's in nursing and as a nurse practitioner with prescribing rights.

What's your biggest achievement at work? Carving out a role for nurse practitioners in Northland primary care and helping to establish funding contracts for those initial positions in 2005.

What do you enjoy most about working for Te Hiku Hauora? The variety of work changes from day to day. You are always busy - your appointment schedule reflects the complexity of patients we see, which also demonstrates how vital the role of nurse practitioners is to rural primary care. Without us, there would be a significant service gap that our current doctor supply in New Zealand general practice cannot fill.

What major changes in nursing have you seen since you started in the profession? The nursing profession has continued to expand its practice boundaries at every level to meet today's healthcare needs better. This has meant work on setting scopes of practice to protect both nursing and the public.

Describe a typical day in your role? She's full-on. COVID-19 has brought about a different complexity to our work, but like all providers, you manage it. So, from 8am to 5pm, my daily schedule of 15-20min appointments are fully utilised. From face to face in-house consultations to virtual phone consultations and phone triage assessments - the need to complete patient requests via phone messaging or via Manage My Health electronic portals inclusive. And atop of that, there are daily patient requests for a repeat of usual medications and making sure I check my inbox results section and work emails! This isn't unusual - nurses and doctors working in general practice can all relate to this as being a typical day. It's tough going, though.

What would you say to a person considering nursing as a profession? Be well informed. Seek professional advice at the outset - attend a careers evening to learn what the training involves, how long it takes, the costs, financial supports available, what opportunities nursing offers and potential challenges.

How long have you lived in the North? 52 years - I'm a local girl, born and bred in Kaitaia.

What do you love about living in Northland? Everything. My whakapapa links go back generations here, so, I am well supported by whānau, long-term friends and well-established colleagues in the health sector. My parents were farmers. We were poor in money but rich in other more important ways. We were taught to live off the land, cook, clean, hunt, gather, heal, be whānau orientated and work hard. So, Northland's geography of land and sea is rich in all aspects of providing for life's essentials, at no cost. So, yep, I love where I live.



Barbara Ruhdorfer with 'Communication - Whakawhitiwhiti Kōrero' kindly donated to Mental Health & Addictions

Nurse Practitioner Profile

Fiona Bamforth



Name: Fiona Bamforth

What's your role? Nurse practitioner (NP) in the Eye Clinic Outpatient Department, Whangarei Hospital.

How long have you been with Northland DHB? Since 2002

What does your work consist of? I manage and treat patients who present with common eye conditions such as glaucoma and macular diseases such as macular degeneration, diabetic maculopathy and patients who have had retinal vein inclusions. I also see patients with cataracts and other minor eye conditions. For the past four years, I've been performing procedures which until recently have been typically undertaken by doctors, such as injections into the eye of medicines commonly used for macular conditions.

More recently, I have also been performing laser treatment on patients who have developed a posterior capsular opacity after cataract surgery, and laser peripheral iridotomy for the prevention of closed angle closure glaucoma. It is an exciting new nursing role, and as I understand, I am the only nurse currently doing this in New Zealand.

I develop and update a lot of the departmental policies, procedures, patient information pamphlets and standing orders and provide advice and support in departmental matters when required and mentor nurses and junior doctors and educate the fifth-year medical students that come through the Department.

What's your career background? I trained in Hawkes Bay which is where I'm from. Then moved to Australia after qualifying and worked on the wards for about two years before moving to London to work. I was assigned by a nursing agency to work at Moorfields Eye Hospital in London for one week in theatre and never left. When I returned to New Zealand almost five years later, I worked in the eye theatres in the old 'Wallace Block' at Auckland Hospital, and after three years became the theatre charge nurse – where I stayed for the next four

years. I came to Northland DHB to set up a new role in the Ophthalmology Department as a clinical nurse specialist (CNS). The main driver in establishing the Ophthalmology CNS role was to administer Subtenon local anaesthetic for cataract surgery as there were difficulties providing anaesthetists to administer the anaesthetic for local eye lists, which was a first for nursing in New Zealand.

My role has developed into a more clinic-based position where I manage patients in an outpatient setting. The theatre role no longer exists due to most cataract surgery being performed under local topical anaesthetic eye drops. I completed my Masters in 2005, became a nurse prescriber in 2016 and then a NP in 2018.

What's your biggest achievement at work? When I started here, the doctors were only seeing patients in eye clinics. As the number of patients continued to grow, the doctors couldn't keep up with the demand. I saw an opportunity for my CNS role from predominantly managing local eye anaesthetic lists to doing more in the outpatient setting, so I started seeing patients in the eye clinic. It began with post-operative cataract assessments, then went on to assessing patients with cataracts pre-operatively. Patients with glaucoma were another large group spiralling out of control, and I began seeing them. It was clear there was a lot of potential and value in the CNS role, and we introduced another CNS position, and now have three in the Department along with my role as a NP. I'm proud to have been involved with developing these senior nursing positions, which has enabled nurses to manage clinics and see patients independently. Nurse-led clinics have had a significant impact on increasing the number of patients with common eye conditions being seen in Northland. We have Liz Watts, who sees patients requiring cataract surgery and post-operative cataract assessments. Beth Schwartzfeger who sees uveitis patients, post-cataract assessments and acute presentations as well as the massive job of managing the eye clinic and Sarita Matabilas who injects and manages the care of patients with macular conditions. We have another very experienced nurse waiting in the wings to become our fourth CNS. Good luck, Mel!

What do you enjoy most about working for Northland DHB? Over the years, we've had very supportive charge nurses, most recently Ann McAteer, clinical directors Dr Brian Kent Smith and currently Dr David Dalziel and service managers who have allowed the advancement in the nursing roles in the Department to occur. It's been fantastic recently to have an increased number of registrars: Laura, Sugapryan, and Hugh working in the Department which has increased the number of patients we can see. Their presence has taken the pressure off our senior medical officers (SMOs) David Dalziel and Andrew Watts. We're also fortunate to have our medical officer of specialist scale



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(MOSS), Dr Scott Davidson in our clinic once a week. He has been an invaluable mentor to the junior doctors coming through and has provided continuity of care for patients. Another MOSS, Dr Nathan O'Donnell, is on the team and is following in Scott's footsteps. Also, we couldn't do without our house officers (currently, Oscar).

It's great to be part of a hard-working, committed team of doctors, nurses, HCAs and clerical staff. I feel like together we are making a real difference for the people of Northland.

How long have you lived in the North? 2002

What do you love about living in Northland? I adore the beaches, slower pace of life, warm climate and summers.

What major changes in nursing have you seen since you started in the profession? Nurses are recognised more than ever for the skills, knowledge and experience that they bring to the table, and these attributes are utilised entirely for the benefit of our patients. The number of CNSs and NPs continues to grow, which is, I think the way of the future in improving access to care in a timely and efficient manner, along with the care from our medical colleagues. Ophthalmology nurses only used to be responsible for measuring visual acuity before seeing the doctor. Now it is so much more complex. Our nurses Mel, Hope, Jeannie, Hilary, Jan and Denise have to be skilful in nursing assessment and technically savvy because eye patients require so many more diagnostic tests which involve laser scanners, ultrasound and cameras. Nurse management of patient eye care today is recognised as having a very significant role in preventing blindness.

Describe a typical day in your role? We start the day in the eye clinic with a huddle to debrief from the day before and discuss anything relevant that may have an impact on our delivery of care. I usually have fully booked clinics where I see about eight to ten patients each morning and up to six in the afternoon. It's such a busy department and very much a team effort with

a lot of staff involved in the patient's visit from the preparation of their eye notes by Tina & Karin to the clerical staff greeting the patient and updating details, then the nurses, and our HCA Carole performing visions and tests before finally seeing me. I'm usually assessing new patients and reviewing return patients' condition looking for deterioration, improvement of their condition or if they remain stable. I'll manage their treatment as appropriate, which might mean changing or adding eye medications or requesting more tests. I refer some patients for surgery to our booking clerk Renei to add to our never-ending long surgical booking list.

I'm big on spending time on educating the patient, so they have a good understanding of their eye condition. I always have a lot of letter dictation to approve at the end of the day, that our typists Anna and Idabelle have done. I'm very grateful and impressed they understand me! I usually have a bunch of administration to work on between patients if I have the time, which is never often enough.

Because most of our patients aren't discharged, we see them for the rest of their lives and develop long and lovely relationships with them. However, they require ongoing appointments which create a lot of work and headaches for our booking clerks Christine, Louise, Gina, Cherie and Sandra to find space for them along with all the other patients requiring first appointments. However, it's a very rewarding job managing their care, and our patients are usually very appreciative. I'm confident that they leave feeling confident that they've received excellent care from all the team.

What would you say to a person considering nursing as a profession? It's incredibly rewarding, with a lot of job satisfaction. You can challenge yourself and progress to a high level professionally if you choose to. There can be mental and emotional challenges, but if you want to be that person who through advanced skill, knowledge and understanding has made a positive and meaningful difference to a patient's life when they felt at their most vulnerable, I would consider nursing.



CNM Ann McAteer was presented the 2020 healthAlliance Cyber Hero Award by Sue Miller and Dr Alan Davis for reporting suspicious online behaviour

Nurse Practitioner Profile

Lyndsay Kidd-Edis



Name: Lyndsay Kidd-Edis

What's your role? Nurse Practitioner (NP) Emergency Department (ED)

How long have you been with Northland DHB? A year.

What does your work consist of? I'm one of two NPs in the ED. When people come in, they are triaged from 1-5 depending on the seriousness of their complaint. Our role is to run the Fast Track area of the ED where we see the lower triages and complexities like ear, nose and throat infections, minor head injuries and fractured hips. If there is anything we're unsure of or need to discuss, the senior medical officers (SMOs) in the main Department support us.

As NPs, we are fully autonomous practitioners. We assess, diagnose, treat, prescribe and can refer and have the same rights as the doctors in the Department.

What's your career background? I qualified in the UK in 1996-97 and emigrated here to work at North Shore Hospital where I did 18 months of general, surgery, medicine and gynaecology. I'd always wanted to be an emergency nurse and felt that if I had a background of other specialities, it would make me a better nurse, which is the model in the UK. In 2000, I went to Middlemore Hospital to work in their new 100-bed emergency unit. One night we had a pretty horrendous paediatric resuscitation, and I realised my passion involved paediatrics, so I transferred to paediatric emergency for 18 months.

Then when one of the consultants went to build a new hospital in the desert oasis of Al Ahsa in Saudi Arabia, he asked if I would help set up the paediatric ED, which I did for nearly a year, along with the staff occupational health clinic as a side project.

During a trip to the UK, I saw an ad for a sea-going sister on the QE2. I got the role and did that for six years before deciding to move back to New Zealand. Before I left, I sent a letter to the company saying

that as they only had main offices in LA and South Hampton, if there was a crisis at sea or they had a public health crisis in the Southern Hemisphere, it was prudent to have an office close. They asked me to set up the medical office for Carnival Australia in Sydney.

I came back to New Zealand in 2014 and trained to become a clinical nurse specialist (CNS) at North Shore Emergency. Then I decided to continue my training to become a nurse practitioner and qualified between 2017-18. When my mum became terminally ill, I took time off and did Bureau nursing so I could look after her until she passed away in March last year.

I applied for the NP job here in July, and it's been all go ever since. It's a fantastic team – and probably the best ED team I've ever worked with. Everyone is supportive, and I've never once felt like I was out of my depth or, there wasn't something I could discuss with someone in the Department. It's very inclusive, and I feel privileged to be part of the team.

What's your biggest achievement at work?

Becoming a NP and being part of the team here. When you first qualify as a NP you feel a bit fraudulent – it's called imposter syndrome – but they've been great here, and I feel like I've just fitted in and feel well supported.

Personally, when I was seven months pregnant, we were living in Brisbane, and we got trapped in the Brisbane floods. A local GP, another nurse and I set up a medical evacuation centre and managed that for five days until we were rescued. Then in 2013, I broke my back - so being able to have surgery and come back from that and do my CNS training when I was only six weeks post-op with an 18-month-old son was another achievement. Most of all, it's been raising my son while becoming a NP. And having the privilege to nurse my mum through her last days of cancer.

What do you enjoy most about working for Northland DHB?

The inclusiveness - especially in ED. It's old, outdated, and under-resourced, yet I see brilliant medicine happening here every day. What they could achieve with a new department and resources would be beyond the sky. I'm very proud of what we deliver to the people of Northland. One of my mantras is that I want my patients to be able to leave my care with a smile on their face. Often, they will say, 'Thank you, Dr', and I'll correct them and explain that I'm a NP because I'm exceptionally proud of it. We offer a lot of difference in our role, and being able to educate people about what we do in the ED is brilliant.

What major changes in nursing have you seen since you started in the profession?

The development of the CNS role and amount of qualifications and secondary qualifications like master's nurses can do now.

We are finally recognised for our achievements, skills and knowledge. Even ten years ago, explaining that



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you were a CNS was difficult - people would respond that we were 'just a nurse'. I felt like saying, "I wish you knew what 'just a nurse' was – because it's incredible for 'just a nurse' to be able to extend their knowledge and skills, makes them 'just another super nurse'." I believe the way of the future is to have four to six NPs in ED with units out the front.

I also feel accepted as an equal to my medical colleagues. I've never come across any backlash or problems here in the ED of Northland DHB. We often have colleagues come to us for advice, so being put on an equal footing professionally has been fantastic. It's been a long hard drive and still is with other departments to understand precisely what we are as NPs.

Describe a typical day in your role? Today, for example – I'm about to see an 87-year-old with a head injury and a big gash across his head. I will go and assess why he fell – i.e. was it a mechanical fall or was there a medical event that preceded the fall - before I assess the wound. Then I'll move on to the next person waiting.

What would you say to a person considering nursing as a profession? If I'm honest you must consider everything with nursing – it's a complete lifestyle change. We work shifts, weekends, holidays

– and there's no set pattern, which does have an impact. There are advantages to that – you're not working Monday – Friday, and you're on days off when everyone else is at work so you can go to the beach and do what you want. If you're happy with that, absolutely go into it with an open mind and be willing to listen and see everything. Don't get too focused on one area too early in your career because having a varied beginning gives you a better opportunity to identify where your passion is. Always try to better yourself and improve your knowledge. But take baby steps – absolutely master and the basics because they count for everything. Enjoy it and embrace it. It can take you places - you can travel far and wide, and there are so many avenues you can go down.

How long have you lived in the North? I commute from Warkworth but have family and connections in Kaeo. I also lived in Maungaturoto in 1979 when my dad was on a campaign with the British Army.

What do you love about living in Northland? The beauty of living in Warkworth is that we're always at Mangawhai Heads or Waipu where my husband played in the Pipe band. I love this part of the world - Northland people are just salt of the earth.

The Quest to Quit



Hospital smokefree coordinator Crystal Paikea

After a year with Northland DHB as hospital smokefree facilitator, Crystal Paikea feels like she is finally starting to find her feet within the organisation. She also feels confident that some of the changes she has implemented into her Smokefree Education courses are helping to increase stop smoking success for patients and staff alike.

In March 2011, the Government adopted the Smokefree 2025 goal for New Zealand to get the percentage of people who smoke in New Zealand down to 5 percent. With a current rate of 15 percent, Crystal's fundamental purpose as hospital smokefree facilitator is to get more people to quit smoking using the systems and protocols in place at Northland DHB.

Crystal said she quickly learnt that Northland has a reputation for having a high percentage of people who smoke, and there is no one way to get people to quit the complex addiction. It is more often a long, complicated journey for those who beat it.

However, she said our staff are in an ideal position to influence patients to make a supported quit attempt. One in 40 patients that have not attempted quitting will do so after being advised by a health professional. The ability to assist with stopping smoking is a fundamental

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responsibility of every health professional who see patients who smoke.

Crystal said there are specific health measures in place for individual wards and services in our hospitals that fit the criteria where clinical staff must address smoking with their patients.

It is her role to educate and support staff to do this. Crystal uses her experience as a social worker to introduce techniques into the training to offer alternative ways to broach the subject, so patients don't feel embarrassed about their smoking status and feel obliged to say they will quit when they know they may not be ready.

"I try to incorporate into the training not only the clinical systems and protocols but also encouragement for clinical staff to think about how they engage with the patients. It's all in their approach. They have an opportunity to prompt people to think about the effects of smoking and how it impacts their life. This is usually more effective than just telling them to stop smoking because it's bad for you."

The Northland DHB Smokefree Education courses that Crystal delivers cover The ABC of Smoking Cessation, which is a memory aid that prompts all clinical staff to address smoking with all patients –

- Ask every patient if they have smoked or currently smoke. For all current smokers (everyone who has smoked in the last 28 days) give -
- Brief advice to stop smoking and recommend:
- Cessation Support.

She also provides education on nicotine replacement therapies (NRT), other stop smoking medicines and training on the referral process.

The courses can be held as a service or one on one. Crystal said she has learned to become very adaptable with how she delivers the training, by even holding sessions on the ward just before and after handover.

When a patient accepts a referral to stop smoking, Crystal will follow up with them to determine whether they have said yes because they felt obliged, or if they

are serious about quitting. If they are ready, she will refer them to services like Quitline or Toki Rau Stop Smoking Service Northland who provide free and confidential support to stop smoking and access to free NRT products.

When patients spend time our hospitals they need to be informed that the hospital grounds and buildings are both smokefree and vape free.

If staff see people smoking or vaping on hospital premises, Crystal said the guidelines encourage them to inform them of the Smokefree Policy. But be mindful that they may be in a high-stress situation, so be brief, non-judgemental and be prepared to walk away rather than escalate any risk of harm. However, she would like to emphasise to staff that if they don't feel confident to approach people, she would prefer if they contact her or Security directly to deal with the situation.

The DHB prefer staff remain smokefree at work, and Crystal can provide NRT to help with that. However, those who are unable to comply with being smokefree are asked not to smoke when they can be identified as hospital employees, i.e. in uniform or wearing identification.

Crystal is happy to provide referrals to staff wishing to give up, and Occupational Health & Safety provide a 'Free NRT for Staff' wellness programme available to all DHB staff as well.

Ultimately, Crystal says people who smoke know it has negative impacts on their health and health professionals have a unique opportunity to influence patients and the community to engage with support so they can quit.

For now, she has her eye on the prize and is focusing on what we can do now to help meet the 2025 Smokefree Aotearoa targets.

For Smokefree Education courses or support to quit smoking, please contact Crystal Paikea directly on extension **3558** or **021 0200 7925** or to raise awareness of people smoking on Hospital grounds call security on extension **7420**.



Attendees at October's ACNM study day



It's OK not to be OK



Ben Lockie

Northland DHB service manager Department of Medicine & Renal Services, Ben Lockie has everything he could wish for in life – a beautiful wife, fantastic kids, a home, and a career – yet he has battled with feelings of depression since his 20s.

Ben's life fell apart when he was diagnosed with severe clinical depression and bipolar disorder in 2012. "Being given a diagnosis was very hard to deal with initially. I had always been a very high-achieving person, and I didn't understand why this was happening to me. I didn't think I would ever work again."

Luckily for Ben, he has a very supportive family who he says are the reason that he is here today and doing so well.

At his worst, he struggled to get out of bed. One day, Ben's wife found him contemplating taking his own life. Trying to manage a newborn and not sure what to do, she spoke to her mum who was staying with them at the time.

"I was in a pretty bad place," Ben recalls. "My mother-in-law stormed into the bedroom and told me that she had had enough. She said I needed to get out of bed

and start making some sort of an effort. So, I got up and started what was to be my long, slow journey to recovery. By pushing me into more positive action, she saved my life – something I will always be eternally grateful for."

Along the way, Ben's wife, Liz, has become his source of strength. "When I lost my self-confidence and struggled to leave the house, she was there to reassure me. She did all this while still raising our three children."

He now firmly believes that everyone can get back from the brink. Based on his own experience, he advises others not to give up, but to take it minute-by-minute, hour-by-hour, and day-by-day. Keeping a diary to track his mood and progress aided his recovery and reading Sir John Kirwan's 'All Blacks Don't Cry' helped him lose his fear of depression.

Regular exercise and meditation to relax were not only important elements of Ben's recovery but are integral to his continued wellbeing. He is also grateful for the support he received from the Mental Health & Addictions team.

Ben has a passion for reducing the stigma associated with mental illness. He believes Northland DHB needs to foster a culture of speaking up when you are struggling, without fear or judgement. "We work in a space where empathy, compassion and understanding should be abundant, and our values themselves mean that we shouldn't expect anything less. There is nothing more important than your health, followed very closely by your whānau and your friends."

As Ben says, "Mental illness can happen to anyone. Hold on to hope and put one foot in front of the other. Recovery is going to take a long time, and it will be hard, but you must be patient because there is a light at the end of that dark tunnel."

Northland DHB host a series of free services, apps and self-help tools on our website to help with your wellbeing – www.northlanddhb.org.nz/home/covid-19/covid-19-northland-hub/wellbeing-selfcare-for-you-and-others/ Details about Employee Assistance Programme (EAP) can be found here - <http://staffcentral.nhl.co.nz/Pages/Human%20Resources/WDW-EAP.aspx>

Mental Health Awareness Week Sparks Creativity

When the Dargaville Community Mental Health and Addiction Services gave out compliment cards to share positive, fun and uplifting comments during Mental Health Awareness Week, employment specialist Daphne Adams said the exercise was a massive success as it took minimal effort and provided them with immense joy.

Daphne wanted to share a poem that their security guard Beau Hammond wrote for them.

To: all community health team

Born first of many with locks of golden hair, soon coined "little legionnaire" many eyes watching without a care, wandering life's road as they trustingly follow their legionnaire. Lonely line tentatively trespassed, carrying a weight hard to bear, maintaining impression & walk that line with flare! Soldiers for humanity normally so few and far between, but this hive I've found, the likes of which I've never seen, alive with a buzz they share that weight, side by side they battle life for those in need of a personal army to fight for them selflessly. Late to the party still honoured to be, now at the round table they welcome me.....

Thank you.

Beau Hammond 24/09/2020

Still Caring after Half a Century



Ann Pidgeon

Ann Pidgeon's caring nature shone through as a little girl when she would knock on her neighbour's doors, asking if they would like her to take their kids out for a walk. That natural kindness put her in good stead for a very successful 50-year career, nursing in hospitals from Invercargill to the Bay of Islands.

She completed her nursing studies at Southland Hospital in 1970 after living in the nursing home with stringent rules, "It was very different to how nurses train now. The ten eight hour shifts in a row were killers, but worth it to have four days off in a row! We were allowed out one night a week until 1 am, two nights until 11 pm and if we were outside sitting with our boyfriend in a car, they would come and shine the torch on us."

The friends she made during those years still get together regularly and this year met up to celebrate their 50th anniversary in Hastings.

After graduating, Ann married and moved to Balclutha where she worked as a practice nurse. GPs had only started receiving funding for these roles, so this was a relatively new concept. Part of her role was to visit patients at home, which sparked her inclination for caring for older people.

After having children, she took on a part-time job as a phlebotomist in the Balclutha doctor's surgery, and recalls after taking blood and urine samples in the morning; she had to physically run the bags of samples to the train station to be sent by rail to Dunedin for testing.

A move to Wellington saw her working night duty in a residential care facility caring for elderly patients again, then on a long-term medical ward at Hutt Hospital.

In 1986, she headed to Auckland and got a job at North Shore Hospital, then with Auckland DHB as an acute relief nurse. During this time, she accepted a permanent position on one of the Assessment and Rehabilitation wards. Here her love for older people was truly cemented.

"In Gerontology, you have more opportunities to nurse holistically. You must consider the patient's life story, choices and whānau, as well as their medical history because they all have an impact on their health status. Although it wasn't always a sexy area to work in, I loved

it. The profile of gerontology nursing has risen over the past two decades.

"My patients taught me patience, to be a good listener and that behind the frail older person you are treating, is a rich history that makes them who they are. Whether I visit someone in a palatial or basic home, I always treat them with the dignity and respect they deserve."

After completing her Bachelor of Health Science in Nursing in 2002, Ann spent three years working for Northland DHB in the Assessment and Rehabilitation Unit and Needs Assessment Service (NASC) at Whangarei Hospital.

She returned to Auckland to work at Greenlane Hospital as a Gerontology nurse specialist in the community. Then in 2012, she was presented with the Rotary Trophy of Tradition by Sir John Key for exemplifying the spirit of nursing at the Auckland DHB Nursing and Midwifery Awards. The following year she completed her Master's with Honours, and moved to Opuā, to take up her current role as a clinical nurse specialist in Gerontology at Bay of Islands Hospital.

"I have been there for seven years, which is the longest I've worked anywhere. I love it. I love the small hospital and our team spirit. I'm part of the Gerontology service in Whangarei and feel well supported by them. Because my work is relatively autonomous, having good relationships with our geriatricians and my clinical nurse manager is important".

As part of the Discharge Planning team, she visits patients post-discharge to check on their progress as they are sometimes discharged from the hospital still compromised. She receives referrals from GPs, and other health professionals and visits complex patients waiting for a geriatrician clinic appointment.

Ann works closely with the community physiotherapists, occupational therapists, social workers and organisations like Hospice, Age Concern, Parkinson's Northland and the Alzheimers Society to ensure patients are well supported. And to address any potential reversibility.

She recently completed her Professional Development & Recognition Programme and said she hopes to retire before she has to do another. There are plenty of plans on the horizon for her retirement, including walking the Milford Track, spending quality time with her husband and visiting her daughter and grandchildren in Sydney and her son in Chicago once the borders open.

In the meantime, her garden keeps her busy. As does the work she does with Bay Bush Action taking care of 17 possum and rat traps in the Harrison Reserve with her neighbour - which has been rewarding, seeing and hearing the increasing birdlife.

Ann is grateful for having such a satisfying career and recommends Gerontology as a career path to other nurses, because of the growing demand for the Service with our burgeoning older population.



Life on the Bright Side



Dilys Hay

Heading to Hospital to get results, have a procedure or visit a sick loved one, can be a daunting prospect for many people. Fortunately for Northland DHB, for the last 21 years, Dilys Hay's smiling face has welcomed people on arrival at Whangarei Hospital, helping them feel more at ease.

Dilys' philosophy in life is to start each day with a smile. She likes to see the funny side of life and is known to break out in song while sitting behind her Perspex screen. So, when she retires from her role as cashier customer services for Northland DHB in December, her skills, institutional knowledge and that infectious positive attitude, will be sorely missed.

Back in 1999, Dilys had been off work for almost two years due to ill health. She was attending regular physiotherapy appointments at the Hospital when one day, the receptionist asked her what she had been up to, and Dilys explained she was looking for work. The receptionist said she would speak to customer services manager, Glenys Wynyard because she thought they might have an opening. By the end of the day, she had been interviewed and offered a job as a receptionist, starting Monday.

After applying for and missing out on over 50 jobs, Dilys said she felt like all her Christmas's had come at once. She had always wanted to be a nurse and even started her nurse training when she was 17, but only lasted a month, because she was too homesick. This was something she always regretted, but this new role allowed her to work in health.

She has remained at the front of the house ever since taking admissions, discharging renal patients and dealing with payments for community dental, occupational therapy and orthotic services, the library and overseas patient fees.

"I've always handled money and been good with it. It is exact work and you must balance every day. If you don't, you've got to keep going until you find what's missing."

She also spent six years as a health and safety representative for her Department. Being part of the customer services team has been a perfect fit for Dilys because she loves people and believes everyone should be acknowledged when they come through the doors. However, she notes that not all the public are friendly. "People can get quite angry. I've been called all sorts of things." She says having a sense of humour helps as it can be quite unsettling at times.

A strategy she uses to deal with angry people is to stand up and speak to them at their level while keeping in the back of her mind, that you don't always know what they are going through.

Fortunately, though, she feels safe sitting behind her screen, knowing her incredible team have her back.

The highlight of her working week is a regular Wednesday morning tea date in the café with four other girls. "Sandy Bing starts off every Wednesday asking, 'Has anyone got anything to add to the table today?'" Then for the next 10 minutes, we put the world, 'to right'."

"There are also 12 or 13 of us, most of who have retired that keep in contact regularly, having dinners or going to the local shows. Keeping us together and remaining great friends, and we're known as the 'Old Bats'."

Dilys never planned to retire until she was 75. However, COVID-19 changed this, when her age and compromised health meant she had to stop work during Lockdown. She said the first two weeks were the worst and joked not having a routine and having to spend time with her husband day in day out was a challenge.

Once she learnt to relax, it became enjoyable, and towards the end of Lockdown, she declared to her daughter, Louise Kini, who also works for Northland DHB, that it might be time to retire.

Ever considerate, she gave four months' notice to ensure her replacement had plenty of time to come to grips with the role which Dilys said is, 'very involved'.

"I've grown into it and worked with some good people over the years. The volunteers and the Finance team have been especially supportive. Everyone has been wonderful, including (chief executive) Nick Chamberlain for giving us so many opportunities, which Glenys has always encouraged us to take up. I love working here."

After setting a December 18 retirement date, she feels like she has something to work towards and is starting to feel excited. Although she will miss everyone, especially her colleagues and the elderly and special needs patients she has gotten to know over the years.

Whatever life throws at her in this next chapter, she plans to challenge. Most of all, she looks forward to lying in bed in the mornings, gardening and spending more time with her five grandchildren.

Students Challenged

To Make a Difference



2020 Pūkawakawa students and Trainee Interns

An extraordinary year of unique challenges laid before this years' intake of Pūkawakawa students did nothing to darken the experience for the 24 year five students and 19 trainee interns (final year) farewelled at a pōwhiri at Te Puna o Te Mātauranga Marae in early October.

If anything, the students spoke of feeling fully supported by the University of Auckland, Northland DHB and academic coordinator Dr Win Bennet and site team leader Caroline Strydom throughout their nine months in the North.

The Pūkawakawa programme was set up by the University of Auckland's Faculty of Medicine and Health Sciences and the Northland DHB in 2007 to offer year five medical students the opportunity to gain valuable experience in regional and rural health. During their year, the 24 students would have usually spent most of their time at Whangarei Hospital and then seven weeks in integrated care and General Practice (GP) attachments at Dargaville, Bay of Islands, Kaitaia or Rawene. However, this year most of the student's schedules were disrupted due to the COVID-19 pandemic. Many face to face clinical experiences were replaced by online learning, and timetables had to be rewritten as access to hospitals and teaching increased with reducing COVID-10 Alert Levels.

The trainee interns who spent their final year at medical school in Northland also had a disrupted programme to cope with the added stress of knowing that next year they will be practising in hospitals as new doctors. Ten of them are returning to work at Northland in 2021. RMO Unit manager, Tina Harrop commented that the high number wanting to return demonstrated how much they enjoyed their time in the North.

While most speakers avoided the dreaded 'C-word' (COVID-19), University of Auckland Tumuaki and Head of Department of Māori Health at the Faculty of Medical and Health Sciences, Professor Papaarangi Reid stressed to

the students how valuable this experience would be to them in time. She spoke about how COVID-19 has changed the world, us as humans and how we think about each other and the importance of reflecting on that.

"When you're old and look back, you will be able to say, 'I was finishing my training in the time of COVID-19'. You ought to look back and ask, what were the big issues? How did it change you, and what did you do about it? That is our challenge for years to come."

She explained that the pandemic would cause a global recession, change peoples' wellbeing and livelihoods both here and internationally. She noted that it is making its mark on countries where there is a lot of poverty, overcrowded housing, no fresh water for sanitisation and where it's challenging to practice social distancing. Then explained New Zealand is at risk of it, making its mark here, which will, in turn, make inequities worse.

Dr Reid told the students that because they are at such a significant turning point in their studies and history, they can help make a difference.

She thanked Northland DHB for supporting Pūkawakawa and talked about how it is helping to change the rural medical and GP workforce. Dr Reid asked the DHB to also support both Otago and Auckland University's endeavour to encourage more Māori and Pacific students to study medicine to help increase the Māori and Pacific health workforce in our communities.

"Having doctors who are the same as you play a role in getting a better outcome. It's not the whole answer, but it's part of the answer."

Head of the medical programme directorate at the Faculty of Medical and Health Sciences at the University of Auckland, Professor Andy Wearn, said how much they valued their partnership with Northland DHB and thanked



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Dr Bennett and Caroline for being anchors in the storm. He also commended the students for being so resilient and using their strengths to get through and hoped they got to experience some joy during the year.

After spending the weekend in the North, Professor Wearn acknowledged the contrasts between passing through and staying awhile. "I recognise my privilege and that it's not the same for all New Zealanders or many in Northland. Inequitable access to health, housing and employment are a big issue for us as a country and in this area. You would have seen those contrasts. Hopefully, it has challenged you and made you want to make you think about where you want to work and where you want to make a difference." He finished by encouraging the students to return to the area and consider rural medicine as a career.

Northland DHB Board chair, Harry Burkhardt said that their role had to been to keep the students safe and walk alongside them, so they understood the power of whakapapa and whenua. He thanked the students for their contribution to the organisation and congratulated them for being on this journey.

Dr Nick Chamberlain, Northland DHB chief executive, recalled being in their position as a medical student 35 to 36 years ago and told them what a privilege it is to work in health. He asked them not to let that privilege blind them, and always remember the inequities in health care are our greatest population health challenge. "Get righteous about it. It's unfair, unjust and all of us have the power to change it. Speak out and speak up when you see something you believe is wrong – whether it's about inequity, institutional racism or a clinical decision. Address issues with courage and gentleness but don't just let them happen."

Finally, he said that although medicine can be tough, and they will need to be resilient, they should try and keep a sense of humour as it's essential in life.

Dr Chamberlain joined Dr Reid and Kaumātua Te Ihi Tito in acknowledging the passing of Northland DHBs general manager of Māori Health, Harold Wereta, who passed away recently from cancer. Each one of them spoke about his role as an advocate for Māori and Māori health and his humble nature. Year six student Benjamin Alsop-ten Hove talked about caring for Harold during his illness and said he carried the mana befitting his whānau and whenua despite the ravages of his illness.

Benjamin moved from Leeston in Canterbury to study at Auckland University but got away from the hustle and bustle as soon as he could to do his fourth year in Waikato, the fifth year in Taranaki and his final year in the North.

After spending time at Te Hiku Hauora, Benjamin said he was inspired by their GPs' commitment to resolving the inequity. He now feels the most valuable thing he can do is learn to practice equitably. Benjamin wants to make sure that Māori and others who are victims of institutional racism get equal access to healthcare and health outcomes, adding, "If we're not in it for equity, why are you here?"

Benjamin will be returning to do his postgraduate year (PGY) one, and two years with Northland DHB. Northland was his first choice, as it is for many graduate doctors because of the opportunities; they get to do rural hospital and GP medicine here.

Year five students, Ethan Wells and Laura Anderson, both spoke about how special it was for them to see Māori doctors working in the Northland hospitals.

Ethan said he spent a year at Auckland Hospital last year and didn't meet a single Māori consultant. However, during his seven-week placement in Kaitaia, he met several as well as non-Māori who were all incredible.

South African Dr John Bradley was one of Ethan's supervisors and taught him some key differences between being a GP in a rural setting compared to an urban environment. Specifically, because Kaitaia is a small hospital that serves a substantial geographical area, their patients often live a long way away. Ethan said he learnt it is better to trust your gut instinct and keep patients overnight, rather than send them home if they could be still at risk.

"You need to put yourself in the shoes of your patients. Do they have the means to do what you want them to do or should you better support them by keeping them in to be safe?", he said Dr Bradley also showed him that you don't have to be Māori to be culturally competent.

Pūkawakawa representative Michaela Rektorysová then comically rounded up the year with a series of images she captured throughout the year. Then offered Win and Caroline a piece of art the students created for them and gifted the DHB a peach and an apple tree to thank them for all their support and allowing the students to be part of Pūkawakawa.

Afterwards, Dr Bennett said that it had been a very different and challenging year for students, teachers and University staff. He wanted to thank the students for bearing it all with good humour and for their resilience, clinical teachers for responding so positively to the change and thank the administration staff for hours of additional work pulling things together.



Year 5 student Ethan Wells

Bay of Islands Hospital

Laboratory's Fab Four



Bay of Islands Lab team

Five years ago, Greg Elias was sent to Bay of Islands (BOI) Hospital Laboratory to cover for a staff member for two weeks. He enjoyed the atmosphere of a close-knit team providing outstanding service to the Mid North community so much that he applied for the role of charge scientist at the Hospital.

The Laboratory team of four experienced scientists include Sailesh Singh and Garth Pearse who have been with the Hospital for several years, and Jodi Heaven who recently joined.

They provide a vital service in supporting medical staff to confirm diagnoses and monitoring patients in their recovery.

Although small, BOI Hospital services all the mid-north area, from Mangamuka to south of Kawakawa, and from the Waipoua Forest to the East Coast, including the towns of Kaikohe, Kerikeri, Paihia and Russell. The population of this area has grown significantly over recent years. The changing demographics and Hospital rebuild two years ago has meant the services have seen a significant increase in demand and workload. Further expansion has been planned to make sure that Northland DHB can meet the health needs of the Mid North community.

The Hospital's small size means doctors, nurses, and ancillary staff all work as a team and Greg and his team also work in with the three other Northland DHB hospital laboratories. Resources are shared as needed, with Whangarei Hospital providing the specialist pathologist services and oversight.

The laboratory faces pressure due to providing a 24/7 on-call service with a small team. All four of them must be able to do all tasks, from collecting blood samples, registering them on the computer system, preparing them for testing, and completing a wide range of tests.

However, Greg says this has given them excellent all-around generalist skills, and the challenge and satisfaction of dealing with anything that might come through the doors, whether from ED, Inpatient, Outpatient, Maternity, Renal or GP and community testing.

There are specific qualifications required to work in a hospital laboratory, but several ways of achieving this. Currently, the main avenue is to complete a four-year Bachelor of Medical Laboratory Science degree, which provides specific training for medical laboratory work.

Before this, there was a combined work and study qualification where staff achieved O and A levels while working.

Alternatively, a Bachelor or Master of Science degree plus some bridging studies can be used. Whichever qualification is held, all laboratory staff must be registered with the Medical Sciences Council of New Zealand to work here.

The laboratory team have faced a few challenges this year, with the retirement of a long-serving staff member and the need to deal with COVID-19 lockdowns. Registering and packaging the COVID swabs from all community testing stations throughout the Mid North added to the workload, with up to 300 samples a day at times. Also, the team rotated working from home during Alert Level 4 to minimise contact, leaving an even smaller number to carry the load. Plans for a full COVID-19 response also had to be instigated, although happily there has been no outbreak in Northland to date.

All the BOI Hospital laboratory team are passionate about their part in providing an excellent medical service to their community and are proud of what they can offer. They all agree that it is highly rewarding to be a part of, and to make a difference in, each patient's journey.



COVID-19 Key Messages

- If you have symptoms consistent with COVID-19, such as cold or flu symptoms, contact Healthline (0800 358 5453) or your doctor to find out if you need a test.
- If you are offered a test for COVID-19, please take it. It will help us ensure we don't have community transmission, and help keep your friends, family and whānau safe.
- A COVID-19 test is free of charge.
- For information about where you can get a COVID-19 test in Northland go to our website: www.northlanddhb.org.nz

Simple but effective, these steps can slow the spread of COVID-19

- Wash and dry your hands properly and regularly
- Cough and sneeze into your elbow
- Stay home if you're sick
- Keep track of where you've been
- Keep in touch with friends and whānau and make sure you're all OK
- Regularly disinfect surfaces
- Call your GP or Healthline to see if you think you have COVID-19 and think you need to be tested

COVID-19 Symptoms

- A cough
- A high temperature (at least 38°C)
- Shortness of breath
- Sore throat
- Sneezing and a runny nose
- Temporary loss of smell.

These symptoms do not necessarily mean you have COVID-19 and are similar to other illnesses that are much more common, such as cold and flu. Call Healthline 0800 611 116 or your doctor if you are feeling unwell with any one of the above symptoms and are a close contact of a confirmed case, have recently travelled overseas, or been in contact with recent travellers. They will talk with you and arrange for you to be assessed or tested if they think this is needed.

NZ COVID Tracer is a Ministry of Health app that allows you to create a digital diary of places you visit by scanning the official QR codes. This will help contact tracers to quickly identify and isolate anyone who may have been exposed to COVID-19 if there is a further outbreak in New Zealand. You can download the app in the Apple App Store or from Google Play.



NZ COVID Tracer 4+

Help speed up contact tracing
Ministry Of Health (NZ)

#7 in Health & Fitness

★★★★★ 3.6, 687 Ratings

Free

