

# PreScribe

NORTHLAND DISTRICT HEALTH BOARD STAFF MAGAZINE



Retired Surgeon Bill Sugrue and former nurse of 50 years Helen Brown cut the birthday cake

Page 6



# From the Chief Executive



Many of you will have seen the medical drama *New Amsterdam*. It's centred around a Medical Director who frequently asks his staff, "How can I Help?"

With everything that's happened over the last year or so, I felt it was timely to introduce this question to all of us. Certainly, our leadership should be asking you this question, but shouldn't we all be asking this of our colleagues? I know for many

of you, your helping tank is emptied each day. Just helping your patients and COVID-19 has meant that the tank is often running on reserve. Still, I also know you all know that helping is why you're in the jobs you're in, and if everyone gives and takes help, we would have better teamwork and improved wellbeing. This may sound a bit naff, but "How can I help?" defines the service part of the Public Health Service and is an excellent way of demonstrating most of our Values.

Anyway, I've also started turning this question around when any senior Ministry of Health or Government officials visit. I ask them How can you Help? This isn't meant to be flippant. It's our reality that we need help, and if these visitors can't help, I tell them how to help and what we need. It's simple, really - we need a fairer allocation of funding (no more capped funding for Northland) and resources to fill our workforce gaps and enable all of you to stay well and have meaningful roles. We need a system that eliminates post-code healthcare, is focused on and responsive to communities. That system must focus on Oranga (wellbeing), not just Hauora (health). It must adhere to Te Tiriti principles, be colour-blind and eliminate racism and health inequities. And, I always remind them that we also need a new Hospital in Whangarei - yesterday. Regarding the latter, I'm very confident that an announcement about this is coming soon.

By the time this is published, we will have had a visit from the Minister of Health and have officially opened our two new Operating Theatres and the Cardiac Catheter Laboratory. This follows on from the Endoscopy unit, which was opened during the lockdown. There are also several significant building projects planned to occur over the next couple of years or so in Whangarei (\$48m Te Kotuku expansion), Bay of Islands (\$16m Stage2) and Kaitia (\$10m maintenance).

Turning to the recently released Health and Disability System Review changes and Northland DHB ending, and becoming part of Health NZ. Change causes uncertainty and can be challenging for some, but after 20 years of our current system, no one can argue that we aren't due some change. I want to keep trying to reassure those of you who are feeling anxious because of this change.

For most of you, even if the organisation you work for is different or has another name, your jobs won't change as the structure is nowhere near as important as function; how the health system functions, how we care for our patients and Whānau, how we care for Northland. As we all know, there aren't many people in our organisation sitting around doing nothing, so it's highly likely that for the vast majority of you, little (apart from your own and your team's continuous improvement and

development) will change. Even if, as part of a single national health system, there is much more national consistency, your roles, whether they are support or patient and whānau facing, will continue. There should be more resources available and sharing with other districts and regions that have more - the review did recognise the additional cost and burden of looking after high needs populations such as our own.

Many of the changes will be finalised by 1 July 2022; some will occur earlier, but some will take longer. The significant risk of nationalisation or regionalisation is that Northland might get forgotten or overlooked. As we all know, it has happened before, and if we don't have our own voice, we won't be heard. The good news is the review was all about the problems Northland faces. However, without a local board, our voice (that of the community and clinicians) needs to continue to be noisy as it seems that is the only way that we get heard. The noise we had to make over the funding cap, over some of our infectious disease outbreaks, over youth suicide, over methamphetamine funding, over our GP workforce crisis, over Whangarei Hospital and getting a rebuild to be the number one priority for new hospital builds etc. has to continue in a reasoned, informed, evidence-based manner. Over the next year or more, as we transition to a brave new world, it's vital that we have in place a way of ensuring we have that voice.

The following are some of the things we can further embed into our system over the next 14 months:

- Greater connectivity and engagement with our communities, patients and whānau and develop our localities
- Honouring Te Tiriti and partnering Māori through iwi and our Māori Health Providers
- Providing more services closer to home
- Continuing to support our General Practices
- A strong clinical voice and clinical leadership
- Funding confirmed for a new Whangarei Hospital, and engage all services in design
- Complete negotiations and continue to develop Regional Coordinated Care, our new Mental Health and Community electronic health record and ensure greater Primary/Secondary Integration
- A Northland Health Strategy that has relevance, longevity, strong buy-in and is agnostic of structural change.

Finally, I want to acknowledge our awesome public health teams and all those working so hard on our COVID-19 vaccination programme. During April and May, we have the highest target per head of population in New Zealand. Despite our demographic challenges, we have one of the highest per capita vaccination rates. We have now completed over 10,000 vaccines, and our teams have willingly become the first in New Zealand to open up to all over 50s. Hopefully, this will be recognised in the media, but I wouldn't hold your breath!

Nga Mihi,

Dr Nick Chamberlain  
Chief Executive



# Whangarei Hospital Celebrates the 120th Birthday with New Development Plans Revealed



An artists impression of our new Hospital

A group of current and former staff who worked in the Hospital during its many life stages, cycles and hectic renovations were invited to a morning tea on Wednesday 31 March to celebrate the Hospital's 120th anniversary, which officially fell on Sunday 4 April.

As familiar faces reconnected, chief executive Dr Nick Chamberlain walked through some of the milestones that have occurred since 1901, including when the Cottage Hospital opened at the cost of £1440 and included 2 x 5-bed wards, one for males and one for females and a nurse's cottage.

In 1950, staff lobbied the Board for a swimming pool, but it was not until 1955 that the matron was granted permission by the Board to begin fundraising. Four years and £4,000 later, the swimming pool was opened down the hill from the Maternity Annexe.

In the late '80s, the Nurses Home was converted to offices and renamed Maunu House. The second nurses home, which had been used as staff accommodation, was converted into offices for the Area Health Board's newly formed health promotion and planning unit.

The \$11m Surgical Unit was opened in 1991 and provided Whangarei Hospital with a modern and spacious six theatre facility. It replaced the cramped and outdated theatres on level 4 of the central services wing, which had served the Hospital since phase 1 was built.

New facilities such as the front entrance in 2002, The Mauri Ora Breast Clinic Facility (2006), the moving of the mortuary in 2011, the new mental health unit, Tumanako opening (2011), the Jim Carney Cancer Treatment Centre (2014), Te Kotuku Maternity Unit opening (2016), and the Endoscopy Suite Te Wāhi Tirohia Oranga Whēkau (2020) were highlighted as key achievements across the years.

The new Cardiac Catheter Laboratory and two new Operating Theatres were heralded as the latest Capital projects to be completed, but the highlight of the morning tea was the presentation of plans for a completely new Whangarei Hospital.

The Hospital redevelopment aims to address three sets of property-related issues at Whangarei Hospital:

- Condition – the main block has seismic, fire safety and other condition issues

- Size and fitness for purpose – areas within the Hospital are too small compared with space guidelines, and they fail to meet other standards
- Overall capacity – demand either exceeds or will soon exceed physical capacity for inpatient beds, outpatient rooms, theatres and emergency department beds.

Northland DHB and the Ministry of Health have been investigating large-scale options for addressing these issues since 2015.

"We understand it is acknowledged that Whangarei Hospital is the highest priority major hospital redevelopment in New Zealand," said Dr Chamberlain.

"We hope that we will get confirmation from the cabinet of the allocation of funding very soon."

An investment of \$692m would replace a large section of the main hospital block, add capacity and is a key enabler for our goal of addressing growing health inequities in Northland.

Option 8 would utilise a large amount of development area available between Hospital Road and West End Ave, an area currently occupied by on-grade parking and several smaller ambulatory and accommodation buildings.

This allows the main Hospital to be developed as a series of connected buildings instead of a tall compact tower as in Option 6 and 7. This optimises clinic adjacencies and future flexibility/growth while still providing the opportunity to connect back to the current main campus (which could become a future ambulatory and community zone) via a link bridge across Hospital Road.

An over \$600million investment in redeveloping Whangarei Hospital will also be very good for Northland's economy - for 4-5 years, we will have up to 500 extra builders, electricians, plumbers and various specialists working, earning, living, playing and spending in Northland.

"We hope to have good news in the near future so we can start building a hospital that will be fit for purpose for the next 50 years and beyond."

For more information visit:

<https://community.northlanddhb.org.nz/celebration/>



# Northland Kicks off COVID-19 Vaccinations



North Tugz Marine Pilot George Walkinshaw receiving the first vaccination

About 87 border workers from Northport and Opua Wharf were vaccinated on 1 March, at nearby community-based testing centres as the COVID-19 immunisation programme started rolling out in Northland.

A range of people, such as customs workers, marine pilots, data entry operators and other staff who work on the border at Northport to screen/manage vessels arriving into Marsden Point were among the first to receive their vaccinations.

The day prior, 18 of the Northland DHB vaccination team gave and received the Pfizer/BioNTech vaccine to prepare for the rollout.

Around 300 border workers and 900 household contacts were invited to receive the COVID-19 vaccination in Northland.

Marine pilot, George Walkinshaw, was the first border worker to receive the vaccine and said he was doing his best to protect his family against COVID-19.

"I have grandchildren and they come to visit regularly. I'd be devastated if one of the kids contracted it because I didn't take all necessary precautions that I could to prevent this from happening."

Chief executive Dr Nick Chamberlain said the rollout of the COVID-19 immunisation programme in Northland was an important milestone in the fight against COVID-19.

"Our staff are putting in a huge amount of work to provide those at the border in Northland with the best protection against COVID-19.

"This is just the start of the vaccination rollout and we are confident that the system we have created is robust and efficient. We are really proud of our team. This is obviously a new situation for everyone, but it is incredibly important that we complete this first phase as quickly as possible," Dr Chamberlain said.

For data entry operator Brooke Sneddon, having the COVID-19 immunisation provided an extra level of security in her work at the border.

"We've got the gloves and we've got the masks but it's also good to know that we are protected as much as we can be. Just takes a little bit of that worry out of coming to work every day," she said.

As the immunisation programme is rolled out, Northland DHB is focusing on strengthening the healthcare workforce that is authorised to vaccinate for COVID-19.

There are approximately 180 authorised vaccinators in Northland at this time and training is underway, delivered by IMAC, to increase the pool of COVID-19 vaccinators across the rohe - in the DHB, in primary care, Māori and iwi providers and pharmacies.

Northland DHB is working closely with primary care and Māori Health Providers to understand the complexity of delivering a rural vaccination programme such as this to develop a robust strategy for when the time comes to offer the vaccine to our greater population.

Avinash Murthy, operations manager at North Tugz, agreed that the vaccine provided additional protection to border staff working with international crews. For him, it was a simple decision to make.

"As a part of the whole team of five million, it's just the right thing to do," he said.

Murthy encouraged others to have the vaccine when it is offered to them.

"Go ahead and get it done," he said.

#### **Please continue to follow the Four Golden Rules:**

- Wash your hands
- Scan QR codes
- Turn on Bluetooth tracing on the NZ COVID Tracer app
- Stay home if you're feeling unwell and get advice about a COVID-19 test.

Please look after yourself and others. Be kind to each other - For support with anxiety, distress or mental wellbeing, you can call or text 1737 to talk with a trained counsellor for free, 24 hours a day, 7 days a week.



Operations Manager for North Tugz Avinash Murthy preparing for his vaccination



# New CEO at Hauora Hokianga



Margareth Broodkoom and retiring CEO, John Wigglesworth

Former Northland District Health Board director of Nursing and Chief Nursing Officer, Ministry of Health, Margareth Broodkoom started her new Chief Executive position at Hokianga Health / Hauora Hokianga on 25 January.

She replaces John Wigglesworth who has retired after serving the Trust and community for 20 years in this role. Margareth was born in the Hokianga Hospital, just metres away from where she was welcomed home in a beautiful pōwhiri held at the hospital's marae, Pou Kara Ariki.

She was accompanied and supported by her whānau and colleagues from the Ministry of Health who stood by her side as she was called to take up her seat beside the trustees, Hauora Hokianga staff, and the community.

## Northland's First Solar Powered Hospital

The second significant event held later that day on 25 January at the hospital in Rawene, was the karakia and blessing for the new solar power generation system that has just been commissioned at Hokianga Hospital.

It is very likely that this is not only Northland's first solar powered hospital, but the first solar powered public hospital in New Zealand.

The outgoing Chief Executive of Hauora Hokianga, John Wigglesworth said the solar array will generate approximately 33 percent of the hospital's annual power requirement and will pay back its installation cost in savings in just six years.

Solar power generation is well suited for hospital services as they consume most of their electricity during the day, which means that the solar generated power will be used immediately without the need for relatively expensive battery storage systems.

"This project is part of Hokianga Health Enterprise Trust's Strategic Plan and Environment Policy which includes waste minimalisation, EV vehicles, and energy efficiency", said John.



Hauora Hokianga's solar panels

## NETP 2021 Team Welcomed



Mara Woodsworth (left) with the NETP new graduates

On Monday, 18 January, the Nurse Entry to Practice Programme (NETP) team welcomed Mara Woodworth to their team and 26 new graduate nurses into the January intake, including six relocated from as far away as Invercargill. There is now a combined total of 50 graduates over two intakes for 2021 employed throughout Northland in primary Health, rural hospitals,

and iwi providers, with the bulk employed at Whangarei hospital. Four have begun in mental Health in the New Entry Specialty Practice (NESP) programme.

During the twelve-month programme, the nurses will receive clinical and preceptor support, skill and academic development and complete a professional competency portfolio.

Mara will support the NETP and new Enrolled Nurse Support into Practice Programme (ENSIPP) developed for enrolled nurse (EN) graduates who will complete their training in August. The Diploma in Enrolled Nursing is offered through NorthTec and is now fees-free until 2022. They are currently looking for new enrolments, so now is the time to get in if you are thinking of becoming an EN. Enrolments are also sought for the Bachelor of Nursing (fees-free for the first year).



# Once a Nurse, Always a Nurse



Maree Sheard

Returning to Whangarei has allowed our new chief nurse and midwifery officer, Maree Sheard the opportunity to come home to where she was schooled and qualified as a registered nurse.

Working at Maunu House feels so much like home that Maree often goes to stop and pick up her mail at the front doors as she did back in her days of training.

After registering, Maree moved first to Middlemore Hospital and then returned to Northland to work in Kaikohe. Maree worked for several years in Hawkes Bay before deciding to fulfil a lifelong desire to join the military as a nurse in the New Zealand Army.

The Army was tough at first as Maree, and other officer candidates were required to take part in a week-long testing period for the officer selection board to see if they had leadership potential.

Candidates tackled fitness challenges followed by mental tasks to monitor how they functioned in high-stress situations and worked collaboratively with others.

After passing the selection board, Maree started at Waiouru Army Camp Hospital, helping to keep the fighting force fit by providing primary health care and women's health.

"There were around 1500 people that received healthcare through the military in Waiouru at the time. But because military personnel are generally a young, fit vetted population – with no pre-existing conditions, we dealt mostly with injuries and communicable diseases. We did lots of vaccinations to maintain their health status to ensure they were all deployable."

After completing an aeromedical evacuation course, Maree was seconded to join the Royal New Zealand Air Force where she later deployed to East Timor as a flight nurse. Her brief was to care for the New Zealand contingent in Suai and also provide support to companies of Irish and Fijian soldiers.

When her team witnessed the community's desperate need for medical help, they started packing up kits and holding clinics to support the local NGOs.

Maree was surprised how quickly the locals responded to the treatment, compared to the Westerners who were so used to having antibiotics and pain relief.

She returned to Ohakea Military Base after East Timor and was promoted to Captain, and then offered a role as the Principal Nursing Officer at 2 Field Hospital in Linton Military Camp.

Her next deployment was to the Bamiyan Province in Afghanistan, joining a contingent of 104 people working on identifying engineering tasks to rebuild the area's infrastructure for the local Hazara people. The medical team provided care to the New Zealanders, a group of Afghan National Police and other locally employed civilians.

Her team attempted to support the delivery of health care in the community and at the local hospital – which Maree said was very basic, "There were nurses who had no training. They were just local people trying to meet a need. We'd go down and see what we could do to help out – mostly offering knowledge, as we didn't have a lot of kit."

When one of the New Zealand nursing officers on another tour to Bamiyan identified that the mothers in prison had no clothing or nappies for their babies, that nurse set up the project "Babies of Bamiyan". She arranged for baby clothes, sewing machines, and material to be sent over for the women to make disposable nappies.

A local policeman came to Maree because he was having trouble seeing, she gave him her glasses to try on. Maree said his reaction was unforgettable, "He could see, and was so excited. Because there was no optometry service available, I contacted one of the nurses at Burnham Military Camp and asked if they could source old glasses at the optometrists in New Zealand."

Hundreds of New Zealander's pairs of unused glasses were sent to Afghanistan and distributed to the local community according to their needs.

"Simple things can make a massive difference. This meant people could continue to work in a place where if you don't work, you can starve."

Soon after returning to her unit in New Zealand, she was posted to the New Zealand Command and Staff College (Defence Force University) to do the senior staff course after being recommended for promotion.

She completed a Postgraduate Diploma in Defence Studies through Massey University as well as Command and Staff College deliverables, which were very Defence specific. She studied alongside military colleagues and officers from Police, Fisheries and Customs learning about cybersecurity, terrorism and crime.



Following graduation, she went to work as staff officer (2IC) to the Director of Nursing Services at New Zealand Defence Force Headquarters in Wellington where she lived in the barracks in Trentham, venturing home to Manawatu in the weekends.

By then, Maree said she had been advised she would be the next Director of Nursing Services and had a year learning from the current Director who taught her a considerable amount about working strategically and introduced her to the nursing networks. At this time, she was also working on a Master's in Strategic Studies through Victoria University.

Her Master's research project focused on Professional Development and Recognition Programmes (PDRP), scoping to see if PDRP was suitable for Defence nurses. Then went on to do another project looking at creative thinking in government organisations and how to facilitate innovation.

She was then promoted to Lieutenant Colonel and Director of Nursing Services, where she stayed for five years.

As she got older, Maree said maintaining the fitness requirements was an increasing challenge, and she felt she needed a change, so decided it was time to finish her 22-year military career.

The Army gave her a year's secondment on full pay to work anywhere she liked. The innovation within DHBs and the opportunity to work with patients again drew her to Whanganui DHB, who actively supported nurses in order to facilitate good quality care. After her year's secondment, she was offered a job as associate director of nursing for Patient Safety and Service Quality.

She remained at Whanganui from 2012 until August 2019, while working on her PhD studies which looks at how military nurses navigate professional accountabilities and role expectations.

Maree was interested in how nurses in the Army meet their job description expectations while meeting the responsibilities and the clinical governance competence requirements that nurses need.

"Most of the information out there about military nurses is American. So, there was a hole there to have that question answered. Towards the end of my thesis, I needed to commit to it, so I got a job as a lecturer at Massey, where the academic environment supported my research. It was quite busy – but any job nursing is busy!"

"I thought the pressure and culture of Defence would mean that nurses would work tightly to that brief.

"However, I found that military nurses worked towards the nursing brief with a nurse's lens that prioritised patient care ahead of the Defence strategy."

Maree said she has gathered from her research and experience with nurses that the team around nurses and the education they have had helps to optimise their potential.

"The types of people who are nurses have a philosophy in life to care – not to meet budgets or organisational strategy. I thought nurses in the military would have assimilated some of the combat ideologies.

But they don't - those that want to be soldiers leave and become soldiers.

"I've seen that at Whanganui DHB and from what I've seen here in the first few weeks I've been here – the nurses put the patients first.

"If you're going into nursing - you have an orientation towards caring for people. We need to build on that because it does make nurses particularly vulnerable to burnout, and someone needs to be looking out for them. You need to know your team and to look after them."

Maree is excited about her new role and has already set a range of goals to achieve.

The issue of recruitment sits high on her list. She said she doesn't understand why anyone wouldn't want to come to Northland to work and is determined to work with other agencies to help break down barriers, to ensure nursing is encouraged as a profession.

"We need to get out into schools and show students that nursing is a viable career for Northlanders, both in the towns and rural areas.

"There are some schools in Northland not currently offering subjects that enable students to get into health sciences, and I want to help with the health professions' current focus on that. In 10 or 20 years, we want those students working for us. So, we need to concentrate on that early strategy and get nurses who go further afield to study to come home to work. We also need to be educating and hiring nurses that represent the population."

Retaining staff is another of her priorities. She believes the key to this lies in good leadership and encouraging and maintaining professional development.

"If we invigorate our nursing leadership to be the kind of leaders staff want to work for, our nurses will be satisfied, engaged and challenged."

Maree said she is encouraged and supportive of both Northland DHB's affirmative action strategy and the work going into patient safety and quality. She is excited about helping to develop strategies that lead to patients getting good quality care.

Maree still holds an honorary role as Colonel Commandant of the Royal New Zealand Nursing Corps which is the Chief of Army's advisor for professional matters regarding nursing. However, she no longer has to don a pack and push herself to the limit physically. After being part of the military for so long, tramping is in her blood, and she has been tackling some of the local walking tracks to reorientate herself while making the most of being able to take her time and enjoy the view.



# A True Leader Leaves the Team



Neil Beney

After dedicating the past 35 years to Northland DHB, Neil Beney retired from his role as general manager, Medical and Elder Services and acting chief operating officer in February.

At his farewell, an endless stream of colleagues both former and current took the opportunity to speak about how Neil's calm nature, kindness, sense of humour and most importantly, mana made him an exemplary leader. His ability to disagree while remaining decent was appreciated by those who have worked for and alongside him during his long career. He will be greatly missed.

Neil qualified as a Physiotherapist in England in the early eighties. He worked at Westminster, St Bartholomew, St Leonard's and Hackney Hospitals where his clinical and management skills were recognised early on and he was quickly encouraged into more senior strategic roles.

Fortunately for us, Neil's wife Yvonne was from Mangawhai. So, in 1986, the couple and their son Jed relocated to New Zealand, and he began working for the Northland Area Health Board as a Staff Physiotherapist.

Over the next 35 years, both the organisation and Neil's positions underwent several name changes (ten in fact for Neil). However, he managed to carry on working as a clinician with managerial responsibility up until five years ago, when he focused on his general manager position.

During his farewell speech, he explained that management in the earlier days was all about structures and departments and focused on the professional groups. In contrast, our DHB's current focus is on outcomes for our people, then strategy, with the last priority structure.

He said one of the biggest surprises and richest parts of his career was when he was asked to manage Te Poutokomanawa after a period of turmoil.

This role was life-changing for him, and he said he went through a profound period of learning and immersion.

"Working with our kaumātua, kuia, kaunihera and takawaenga was an honour and a privilege, and I am very grateful to them for the kindness, patience and aroha they showed me."

Thanks to their support, time and sharing of wisdom, he said he began to understand tikanga and had his eyes opened to the struggle.

Neil worked closely with kaumātua and cultural advisor, Te Ihi Tito who told him always to tell the truth, so you never have to remember what you said - something Neil thought was useful for everyone to remember.

Te Ihi said Neil was able to lead their team because he gave them respect, and that earned their trust.

Former takawaenga and current kaunihera member, Aggie Christianson agreed. She said Neil was a wonderful support to Māori and his kindness to people is what mattered.

"It's not about the colour of your skin. It's about who you are and how you treat people."

Another surprising role for Neil was leading the implementation of the DHB's initial strategic Information Service transformation. He said it was quite daunting because he was and remains 'technically challenged'. Thankfully, the IT Team and health Alliance worked hard to patiently educate and help him deliver several significant projects during that time.

Neil feels privileged to have worked both as a clinician with patients and as a manager, and he said he owes his successes to the teams he has worked with.

"I have been fortunate to have worked with very talented, committed and hard-working people. In this business, we are surrounded by leaders and the role of a manager as part of a team is incredibly satisfying."

One of his goals for his farewell was to acknowledge all those people and teams he had worked with during his career with Northland DHB. This was a long list, but ever the gentleman, Neil managed to mention everyone, including chief executive, Dr Nick Chamberlain, for giving him plenty of opportunities and challenges.

"Some of which have been frankly just crappy jobs! You never have to learn to read Nick, he wears his heart on his sleeve, wants everything half the price and at twice the speed, and he is a fearless and unwavering advocate for Northland, for which we are all very grateful."

Aside from their work together at Northland DHB, Neil and Nick also worked for the Northland rugby team as their physiotherapist and doctor (respectively).

Nick told the crowd that Neil is the sort of person you want to have as a friend because he's a really, good man. He noted Neil's original job references from London still reflect the type of man he is today - 'reliable, pleasant, tactful and diplomatic - all with a sense of humour'.

Nick thanked him for all his work over the years, including being a key member of our COVID-19 Incident Management Team, where he often filled in as an Incident controller.

He said he was reluctant to let Neil retire and tried to get him to stay on in a part-time position but understands that it is time for Neil to put his family first and wished him well for the future.

There will be no resting on his laurels in retirement as apparently as he has a list of projects around the house that will take him two years to complete – then his wife Yvonne has another list waiting for him. Hopefully, he will get a lot of opportunities to go fishing, do some work with the Bream Head Conservation Trust and spend that quality time with the most important team in his life - his family.



# Homecoming

By Lead Hospital Chaplain, Kathleen Card

In many ways, coming to Whangarei has been a long-awaited homecoming.

I have returned to where my story began.

Born at Whangarei Hospital, the fourth of five children, I was a surprise, a miracle, a tiny but healthy bundle of joy.

Even then we had an understanding, the Hospital and I, I required tests and the hospital was the only place that could provide the methods and the means.

The answers acquired then were inconclusive, but that time spent in hospital presented another opportunity, like the kumara vine twisting upon itself as it strengthens and grows, the hospital and I intertwined our destinies. Little did I know as a pēpi, I would return to my place of birth some thirty-odd years later to be the Lead Hospital chaplain .

Faith, hope, destiny, the world spinning on its axis, in returning to Whangarei life once more made perfect sense . I had come “home”.

Growing up in Australia, Aotearoa – New Zealand, was a place of childhood dreams and myths.

Aotearoa spoke of unfamiliar and extraordinary beauty. Of deep spiritual, religious and cultural significance.

Being the homeland of my parents – their birthplace, childhood and early adult life, Aotearoa held their memories, past, love story, happiness, and future hope. Moreover, it remembered their sorrow, their childhood fears, life struggles, pain, and desolation. Aotearoa was and continues to be a land of fine balance, where bliss and heartache are inexplicably linked with all that life has to offer.

Aotearoa also cradles the only living memory I have of my Grandparents - their legacy, their history, tradition... and my roots.



Kathleen Card

Local tradition suggests that Whangarei may translate to mean ‘to lie in wait’ or ‘wait in ambush’.

I feel Whangarei has long-awaited my return.

Waiting to reunite my past with my present.

Waiting for me to embrace my future.

For many years, I felt the void of disconnection, knowing, and feeling that something bone-deep and soul-bound was missing from my life.

I believe I have found that connection, that spark of fulfilment here,

In this hospital, in this city, in this district.

With you, and all those who call Whangarei and the North “home”.

My faith has paved the path for me to travel, and it has led me here.

Where I feel I belong.

## Congratulating Daryn Thompson on his NESP Academic Outcome

Auckland University have recommended Daryn Thompson, a JRBM Scholarship recipient, for a BN Hons intensive 18-month academic pathway after completing the new entry to specialist practice (NESP): mental health and addiction nursing programme last year.

Daryn was one of the first people to receive support from the JRBM Scholarship fund.

The JRBM Unregulated Health Workers Fund provides an opportunity to Northland DHB staff who have been with the DHB for over a year and who wish to develop their professional career in the health sector.

The fund is generously provided by a member of our community.

“This is a proud occasion for the Northland DHB Mental Health Service, Māori and Māori Health Professionals,” offered Samantha Parata, Whangarei Acute Spectrum Specialist Services Team Leader.

“I am supportive of Daryn continuing his academic pathway and know that with all our aroha and manaaki that he will achieve amazing things in his future.”

The father of three was inspired to pursue tertiary education after working in mental health as a community support worker for 10 years.

Daryn’s dedication to his patients and strong work ethic were rewarded with a JRBM Scholarship, to cover a portion of his tuition fees.



# What A Difference A Year Makes

The year 2020 will go down in history as a year of extraordinary upheaval for most people worldwide. For Rimu Johnson, it was the year she got her life back thanks to unwavering support from members of Northland DHB's staff.

Rimu was brought up living an alternative lifestyle by her parents in Hokianga, where visits to the doctor were rare despite her getting whooping cough and sustaining several childhood injuries from falls, including a two-year concussion from a horse-riding incident.

After leaving school, Rimu travelled to London and worked at Harrods and British Rail before returning home to study Science at Waikato University. She completed her bachelor's degree and began working as an animal behavioural specialist, helping re-home and rehabilitate rescue animals.

When her health began to deteriorate, MRI scans showed her nervous system had begun demyelination when she was young, and she was diagnosed with multiple sclerosis (MS) and a brain tumour.

She decided to move with her dog back to Hokianga to live with her elderly father in the remote Wekaweka Valley until the limited access to medical support became an issue, and all three relocated to Whangarei into a Housing Corporation home.

However, her MS advanced to a point that her father struggled to keep her mobile and he began leaving her in her bed with the curtains shut at all times to ease the terrible migraines she was suffering from.

In early 2020, her GP sent a referral to Northland DHB, and community social worker Nic Duffy went to visit. It took some coaxing for Nic to convince Rimu's father to let her into the bedroom and when she finally got in there, she said the desperate eyes of a woman around her age met her.

"Her arm reached out to me, and she cried, 'Help me'." Nic said she was deeply affected by what she saw and knew it would take a team of professionals to help Rimu, and her father's wellbeing also needed to be considered.



Rimu Johnson and Nic Duffy with Nic's dog Cleo

Nic said Rimu doesn't recall much about her time in hospital, and there was a lot of crying at first, but hospital staff worked hard to transform her health at every level.

"She saw psychiatrists, occupational therapists, physiotherapists and a neurologist. They got her off just about all the medication she was on and sorted her head out. One of the first things they did was to stop her from sleeping during the day. Then each day, her mind seemed to become clearer."

At first Rimu's father struggled with the intervention, but once he realised Rimu would be taken care of and receive the support she needed, he seemed to gain a sense of freedom. Then with encouragement, he eventually returned to his land in Hokianga, where his health has returned, and at 82, he is also feeling strong again.

Meanwhile, Kainga Ora adapted the house and property to suit Rimu's complex needs, including installing new concrete paths for her wheelchair, new carpet, curtains, sorting out the electrics.

Rimu had an Alexa system installed, which she says has been lifechanging, "Alexa turns on the TV, the fan or the radio and supports me to talk on the phone."

Every day, support workers help Rimu to get out of bed, shower, and get into her wheelchair which Nic says is a massive milestone considering there was a chance that Rimu may never sit up again because of the damage the MS had done to her muscles after lying down for so long.

She is now able to sit on her deck and enjoy being outside. Wheelchair services have also provided an electric wheelchair which Rimu is slowly learning to master.

She also practices mindfulness to manage the pain instead of taking medication, and she has a more positive attitude to her own body. Her short-term goal is to go to the gym with other people who have disabilities.

She has regular visits from neighbours and volunteers who read to her and weed the garden. Northland DHB staff, including Nic, physiotherapist Danielle Jones and occupational therapist Angela King also visit Rimu to provide ongoing support.

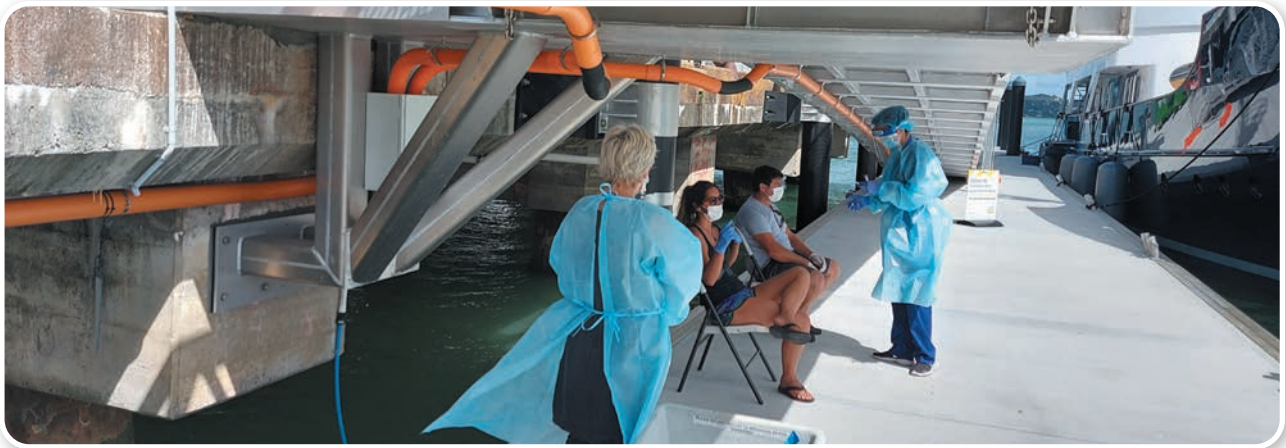
Rimu loves when her visitors talk about their dogs or bring them along because she is living without a dog by her side for the first time in her life.

When Rimu talks about her journey, she tries not to cry because she doesn't like to sound unappreciative.

"I feel overwhelmed with gratitude for the paradigm shift in my life. I want to thank my angel, Nic Duffy, for starting it off. This paradigm shift is thanks to many people and departments' cooperation, particularly Northland District Health Board staff, Housing Corporation, TalkLink, volunteers from Tai Tokerau Timebank, and friends."



# Northland DHB Border-facing Workers at the Maritime Border - Opuia



PHNs in front of a super yacht swabbing crew

As a part of New Zealand's border health response to the COVID-19 pandemic, Northland DHB Public Health Nurses (PHNs) and the Ngā Tai Ora – Public Health Northland Health Protection Officers (HPOs) have been working closely to protect the maritime border.

Particularly at Port of Opuia, which is designated as a place of first arrival for small boats and pleasure craft entering New Zealand. The HPOs meet every incoming boat into Opuia arriving from an international port. They are transported by Customs on a small tender to the breakwater quarantine jetty to meet the boat and undertake health check assessments of each crew member.

Once completed, the crew members are accompanied ashore to the portacom unit for their COVID-19 swab test undertaken by the PHNs.

If the boat is a super yacht, it will come alongside the super yacht jetty where the PHNs are able to swab the crew. The crew return to their boat and remain in isolation awaiting both their 14 days isolation period to end and their COVID-19 swab test result.

The Mid-North PHN and HPO teams have built great relationships with the Customs and Maritime NZ staff at Opuia. This has helped create a very smooth workflow and great communication, which the PHN's really enjoy.

Under the current COVID-19 Public Health Response (Maritime Border) Order (No 2) 2020, any person wanting to disembark a ship that has arrived in New Zealand can only do so if authorised by an HPO or a Medical Officer of Health (MOoH). The HPO and MOoH must be satisfied that the person has been in isolation/quarantine for at least 14 days and in the previous 14 days, not experienced any symptoms that suggest the presence of COVID-19, and has undergone testing and medical examination for COVID-19 with a negative result.

Once the HPO is satisfied with the information, they release the crew from quarantine/isolation.

The border health response has kept the on call HPOs very busy with undertaking daily health check

assessments, arranging the swab testing and managing the phenomenal amount of communications with the crews and managing border agencies' expectations of the application of Ministry of Health COVID-19 guidelines and legislation. Whilst the workload peaked during September to February with over 86 boats arriving, this essential work will remain on-going under the current international traveller restrictions.

The PHN Team has now incorporated COVID-19 swabbing as part of their 'business as usual' with the team staffing all the Northland DHB Community Based Testing centres (CBT) and doing the bulk of all Northland's COVID-19 testing across the region with the help of some additional registered nurses and admin/CHW support.

The PHN and Kaiāwhina teams work together to provide the weekly testing of border-facing workers based at Northport and Refining NZ, in Ruakaka.

Here they provide a twilight CBT to allow border workers to be tested at the change of their shifts. Our COVID-19 response has added another layer to their work and at times is very challenging, but the relationships that have been built across the different community teams, including our providers, has been amazing and will carry on well past COVID-19 pandemic.



HPOs being escorted on the Customs tender to the breakwater quarantine jetty





# Out & About









# Clinical Teachers Recognised



Dr Lucille Wilkinson receiving her award



Dr Jennifer Blasingame and her award

The Faculty of Medical and Health Sciences at the University of Auckland acknowledged two Northland DHB clinical teachers for their outstanding and valuable teaching contributions in their respective fields at the Distinguished Clinical Teacher Awards in March.

Dr Lucille Wilkinson was awarded Distinguished Clinical Teacher for Medicine and Dr Jennifer Blasingame Distinguished Clinical Teacher for Obstetrics & Gynaecology.

Both Dr Wilkinson and Dr Blasingame have made substantial contributions to clinical teaching in the Faculty over many years and carried heavier teaching workloads than many of their peers, including assuming leadership positions in clinical teaching, delivery and participating in teaching development or new course establishment.

Dr Wilkinson graduated from the University of Otago Medical School in 1990 and works clinically as a specialist general physician and clinical director of the Admission and Planning Unit at Northland District Health Board. Before this role, she worked for several years as a general and obstetric physician at Auckland District Health Board.

While at both Northland and Auckland DHBs, Dr Wilkinson has taken an active and sustained role in teaching, including MBChB Year 4, 5 and 6 students and midwifery students at National Women's Hospital. In Whangarei, she has introduced a comprehensive Year 6 MBChB teaching programme which has received positive feedback from students.

Additionally, Dr Wilkinson provides clinical teaching and medical education in the Royal Australasian College of Physicians post-graduate training programmes and has other clinical leadership roles, including with the Ministry of Health.

The School of Medicine said they are grateful for the role Dr Wilkinson has played in teaching programme development in Whangarei and are delighted to award her the Distinguished Clinical Teacher Award in recognition of the long and positive contribution she has brought to teaching.

After graduating as a Doctor of Medicine in 1997 from Columbia University, New York, Dr Blasingame completed her residency in Obstetrics and Gynaecology (O & G) at Baylor College of Medicine, Houston, Texas, in 2001. She has been working clinically in New Zealand as a consultant in O & G at Northland District Health Board since 2009.

Dr Blasingame leads the MBChB Year 5 Obstetrics and Gynaecology medical student teaching and has done so for the last ten years, taking a heavier teaching load than many clinical teachers in other locations. For the last two years, she has also supervised the MBChB Year 6 Obstetrics and Gynaecology programme. Student achievement has been excellent, which is a testament to the teaching leadership she provides at Whangarei.

Feedback from both medical students and academic coordinators is overwhelmingly positive. The department has seen this reflected in senior house officers returning to Northland and taking up specialist training in Obstetrics and Gynaecology. Dr Blasingame is an invaluable member of the clinical and teaching staff at Northland DHB.

University of Auckland academic coordinator based at Whangarei Hospital, Dr Win Bennett, offered his congratulations to both the doctors and said he is delighted to see teachers in Northland receive the recognition they deserve. "These awards reflect the high level of teaching provided in Northland to medical students."



# Theatre Staff Switch to Personalised Theatre Caps for Patient Safety



Left to Right: Dr Jo Coates, Dr Anthony Carrie, Dr Faustina De Veer, Dr Miles Holt, Dr Sarah Preissler-Hunt, Dr Lucy Stone, Dr Chanchal Ajodha, Dr Chris Wong, Dr Tom Riddell

Northland DHB theatre staff are switching to personalised theatre caps as part of a patient safety initiative.

Knowing and recognising team members by name greatly improves prevention of adverse outcomes and builds trust amongst the teams.

Staff came up with the idea after doing a team simulation exercise and reflecting on what they could do to make their work easier and safer for patients, especially in emergency situations.

While many of the staff work together often, the scale of the team and busy environment can make it challenging for remembering names.

Anaesthetist Sarah Preissler-Hunt said that the redesigned hats will make their work easier.

"It means being able to give a task to a person directly rather than calling "can someone please..."

A keen sewer, Sarah volunteered to take on the project and started by drafting the pattern. She then spent around 30 hours sewing hats for her team.

"The project turned from 'a few hats' to sewing 72 of them to provide all of the anaesthetists/intensivists and

anaesthetic registrars with two hats each," she said.

Bright, themed fabrics have been used to make the hats, including Batman, Harry Potter and Kiwiana, which are the most popular so far. Local company Stitches Embroidery has helped with adding the names.

The plan is for all theatre staff – which includes healthcare assistants, nurses, anaesthetic technicians, surgeons and many others to have the new hats and so many more are needed.

A local sewing club is now using Sarah's pattern to help with the sewing.

The simulation that triggered the hat project was part of NetworkZ, a team training programme that focuses on improving patient safety and encouraging staff to speak up in theatre. A number of NetworkZ team training courses have been run for Northland DHB theatre staff over the past year.

NetworkZ is funded by ACC, delivered by the University of Auckland, and supported by the Health Quality and Safety Commission.

## Thriving not just surviving

Following the challenges of 2020, our charge nurse and midwife managers finally came together for a day of reflection, discussion and forward planning for 2021 - a year to begin thriving, not just surviving.

The day also included a brisk walk along Raumanga Stream in pairs to discuss their plans to keep their wellbeing in check for the year ahead.



The charge nurses and midwives discussing their wellbeing plans for the year ahead



# Calderdale Framework



From left to right: Tanya Mortensen, Liz Williams, Alison Riddle, Carol Green – Nateele Howarth, Loraine Hamm, Dr Nick Chamberlain, Karen Boyce-Bacon, Carleen Davis

The Calderdale Framework (CF) provides a systematic method to review skill mix and roles within a service, with the development of new roles and new ways of working, leading to improved workforce efficiencies.

Across Northland DHB, 20 CF Facilitators across two cohorts have been trained over the past two years. The Facilitators work across several professions, including Physiotherapy, Occupational Therapy, Nursing and Psychology.

Eight cohort 1 Facilitators were congratulated in March for completing their training and became fully credentialed as Calderdale Framework Facilitators. The credentialed Facilitators are qualified to continue to apply the framework across other delegation and skill sharing projects across Northland DHB.

Northland DHB's credentialed Facilitators are:

1. Michelle Cleary (Clinical Nurse Manager, CYM, Whangarei)
2. Loraine Hamm (Speech Language Therapist, Whangarei)
3. Tiffany Jones (Occupational Therapist, Whangarei)
4. Alison Riddle (OT & Speech Language Therapist, Whangarei)
5. Liz Williams (Clinical Nurse Specialist, Whangarei)
6. Nateele Howarth (Physio, BOI)
7. Carol Green – (Physio, Kaitaia)
8. Vicki Fryer – (OT, Kaitaia)

Across Northland, five Calderdale Framework projects have been implemented with a number of outcomes achieved across various services. In Public Health, kaiāwhina were upskilled to throat swab children who report having a sore throat, freeing up public health nurses (PHNs) for other duties. This project's outcomes included increased job satisfaction for both

kaiāwhina and PHNs and reduced FTE cost, which enabled two more kaiāwhina to be employed to support throat swabbing.

Another example is Northland DHB's Paediatric Speech Language Therapy (SLT) service, where the preparation time before starting the Videofluoroscopic Studies of Swallowing was delegated to a health care assistant, saving 13.5 hours of SLT clinical time during 2020 despite resource constraints and Covid-19 impact. There was an increase in studies by 42 percent from 2019 to 2020. Waiting time for studies requested before June 2020 averaged 182 days and after this date, it reduced to an average of 34 days.

At the moment, 15 CF projects are underway and at various stages of implementation. There are several projects in the pipeline awaiting facilitator availability. If you have a potential CF project in mind, please contact [Michelle.Hollinger@northlanddhb.org.nz](mailto:Michelle.Hollinger@northlanddhb.org.nz). Michelle will register your project details, and a facilitator will contact you when they are available.

So far, 15 clinical task instructions have been approved for use in Northland, enabling each of those tasks to be delegated to kaiāwhina and Allied Health assistants.

Calderdale Framework Foundation Days are regularly held across Northland DHB to provide participants with the foundation skills required to support trained facilitators to implement the Calderdale Framework in their own team. The workshop provides participants with an understanding of the CF's seven stages, along with the opportunity to simulate the use of the CF tools.

The next Foundation Days will take place on 12 May in Whangarei and 1 June in the Bay of Islands. If you are interested in attending a Foundation Day, please register your interest with Michelle at [Michelle.Hollinger@northlanddhb.org.nz](mailto:Michelle.Hollinger@northlanddhb.org.nz).



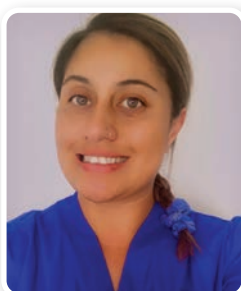
# Recipients of the 2021

## JRBM Scholarship

Once again, the JRBM Scholarship has been generously offered to Northland DHB employees to undertake health-specific undergraduate studies with an accredited education provider.

This year we received 11 applications, and the panel members were impressed with the high standard of all of them.

We are very happy to announce the following three Northland DHB employees will receive the Scholarship this year.



### Miriana Katene

Tēnā Koutou katoa,  
Ko Ngongotaha te maunga  
Ko Te Rotorua-nui-a-  
Kahumatamomoe te moana  
Ko Te Arawa te waka  
Ko Te Arawa te iwi  
Ko Miriana Katene ahau

My name is Miriana Katene and I am from Rotorua. I have been residing in the Far North for the last seven years and work as a healthcare assistant at Bay of Island (BOI) Hospital in Kawakawa.

I am currently studying for the Bachelor of Nursing Degree through NorthTec with the intention of returning as a registered nurse at BOI to help take care of the Far North community.

I am very privileged and honoured to have been a recipient of the JRBM scholarship. This Scholarship has covered part of my course tuition and allowed me to continue my study.

I want to thank Northland DHB for their support and generosity.

Ngā mihi mahana kia koutou katoa.

Miriana Katene.



### Karen Croft

I live in a rural area called Matawaia, where my husband and I own a 100-acre block with various animals such as beef cows, horses, pigs, dogs and cats. We have four children, aged 14, 12, 10 and 3 years old.

My idea of a great weekend is spending quality time with my whānau. Which is our time to catch up, reset and enjoy each other's company before the start of another busy week.

I work at Bay of Islands regional Hospital as a booking clerk/admin support. The bulk of my role encompasses booking clinic appointments for our Cardiology, Echocardiogram

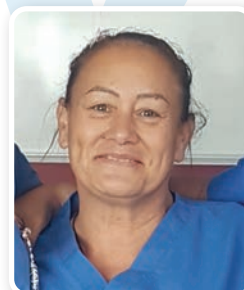
and Orthopaedic clinics. I also manage our Fleet Cars which includes car bookings, maintenance, reporting, etc.

Outside of work, I have recently taken on the treasurer role at my daughter's Kōhanga Reo. I like to constantly challenge myself to learn new skills and expand my knowledge rather than sit stagnantly.

The course I intend to do this year is Introductory ICD-10-AM, ACHI and ACS Clinical Coding Course. It is designed for students who have no prior coding knowledge or have limited coding experience and begins with the basics of disease and procedure classification and coding from medical record information.

My husband manages our farm and cares for our children before and after school - this means we only have one regular income source. Applying for the Scholarship and being a successful candidate takes the financial pressure off us and allows me to focus on the task at hand.

If I successfully complete this course, I intend to do the 'Advanced ICD-10-AM, ACHI and ACS Clinical Coding Course next, which will guarantee me securing a role as a Clinical Coder in the future. Becoming a Clinical Coder is a vocation I have aspired to since starting with Northland DHB. For me, it is the next progressive step towards furthering my career.



### Robyn Cooper

Kia ora koutou katoa

I live in the small town of Moerewa in the Bay of Islands and hail from a place called Waihaha, which is my ancestral home.

I am absolutely passionate about people and have worked in the mental health field for 20 years as

a community support worker. I currently work at Tukaha Sub Acute Unit in Kaikohe and have been there for just over eight years.

I have begun my journey studying to become a registered nurse at NorthTec in Whangarei. My choice to study was prompted by the need for more mental health nurses. Having many years of successful mental health experience, I feel it is time to step up and become even more helpful as a mental health nurse.

I applied for the JRBM Scholarship to help fund the cost of study, and also, as I see that the field is white, and the labourers are few. I am humbly grateful to be receiving the Scholarship and plan to continue working in Northland as a mental health nurse once I have completed the Bachelor of Nursing degree.



# Rongoā Māori

## Northland District Health Board funded pilot services



Rongoā projects leaders including the Rongoā Taumata, Ringa Whakahaere Teresa Hart, DHB Project Lead Vivienne Beazley and Nickola Blunt, partner of late Māori Health GM Harold Wereta

On a beautiful sunny morning in March, we officially welcomed our Te Hiku ō Te Ika Rongoā Māori practitioners into the fold of Kaitaia Hospital to deliver their traditional Rongoā Māori services. This is one of three recently funded Rongoā Māori pilot programmes across Te Tai Tokerau.

The second pilot will offer these Rongoā services at Rawene Hospital and the third through clinics in Haruru, Motatau, Otangarei and Kaiwaka.

In 2018/19, Northland DHB, former Māori Health general manager Harold Wereta, undertook a number of consultation hui with whānau throughout the rohe. The key question asked was, “How do you see whānau in the future”.

The vision from the hui became clear - for whānau to be happy, to be healthy, and to be heard.

The impetus to establish a funded Rongoā Māori service came from an overwhelming call from whānau and the community. While Rongoā Māori is not new, and in fact, a well-practised and well-used kaupapa, having it as an integral, funded health service pathway is new.

“Access to Rongoā and tohunga were key planks in Māori society pre-European. However, post-European settlement saw the dismantling and outlawing of tohunga and rongoā kaupapa. For us in Northland, returning to those things that were and are important not only to our wellbeing but also to our identity is fantastic. It’s been a privilege to be part of a kaupapa that has seen the Northland DHB structure hear and respond to the voices of whānau Māori, hapū and iwi in Te Tai Tokerau,” said Marty Rogers, acting general manager of Māori Health.

The Northland DHB partnered with the Rongoā community to co-design the kaupapa across Te Tai Tokerau. Membership of this Rongoā Project group comprised of Taumata Rongoā, who governed and

set the vision for the practice, the Ringawhakahaere team who worked hard to make that vision a reality, and Northland DHB and an independent project manager who built the framework for service provision.

The traditional practice of Rongoā Māori encompasses a holistic view of health and wellbeing, incorporating physical, spiritual, psychological and family aspects. The practice is uniquely designed to suit the individual and whānau who come through the doors.

“This is a preventative care plan in our natural environment. We want to see whānau have a choice in how they are treated. We want to see whānau owning their wellness plans, and we want to be walking alongside them to tautoko and awhi their journey,” said Teresa Hart, Ringa Whakahaere.

Rongoā Māori services under the Te Hiku pilot in the Kaitaia hospital will operate from ‘Te Waka Hauora’ every Wednesday and are available to all. Nau mai haere mai whānau!



Rongoā facilities in Kaitaia Hospital



# What Matters to Whānau:

## Giving Voice to Whānau in Primary Healthcare



**Mahitahi Hauora**

Providing sustainable, equitable and self-determined wellbeing for Northland communities means finding approaches to care that work for whānau and our Māori communities.

As the primary health entity (PHE) for Northland, Mahitahi Hauora led the development of Papa Tikanga: What Matters to Whānau, an approach to whānau wellness from a te ao Māori view. It gives voice to whānau and Māori communities in Te Tai Tokerau, and puts them at the centre of decision-making in primary healthcare.

The initial work to gather whānau insights was undertaken by one of Mahitahi Hauora predecessors, Manaia PHO, through hapū and Māori provider shareholders Terenga Parāoa. Conducted over eight months in 2017-2018, the kaupapa engaged over 200 whānau ranging in age from 5 to 90 years. Whānau participated in ten hui held at marae, schools, sports clubs, cafes and online. The findings are expressed through five tahā (containers):

- Whanaungatanga – quality of time
- Whakapapa – a place to stand strong in the decisions we make
- Whānau – an active contributor to a purposeful life
- Aroha – unconditional acceptance seen through the footprints of our actions
- Tikanga – foundation in knowing we are doing the right thing

Whānau raised key issues within these tahā, which are framed as a set of questions for providers to consider when measuring the effectiveness of their approach to healthcare services.

The Mahitahi Hauora Whānau Engagement team have developed the kaupapa into a conceptual and measurement framework modelled by a whata (community pantry).

What Matters to Whānau is measured by how whānau hear, see and feel the five tahā expressed in a particular environment, such as a healthcare practice.

The Mahitahi Hauora Whānau Engagement team is further developing What Matters to Whānau into a model healthcare providers can use to implement the kaupapa into their practice.

For more information, and advice on how to align your practice with What Matters to Whānau kaupapa, contact the Whānau Engagement team at Mahitahi Hauora on 09 438 1015 or [info@mahitahihauora.co.nz](mailto:info@mahitahihauora.co.nz)

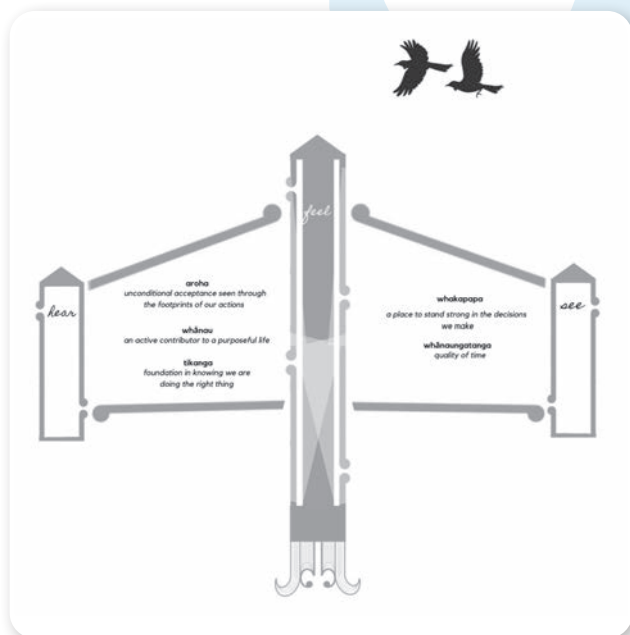
### What's Important to our Community In Wellness and Primary Healthcare

Mahitahi Hauora staff were out in force at the Waitangi Day festivities in February, taking the opportunity to find out more about what wellness means to our community and what matters to whānau.

Staff invited visitors to the Mahitahi Hauora stall to write what wellness means to them on speech bubbles and add them to the 'wellness wall' – a space that quickly got filled up!

In addition, the Mahitahi Hauora Whānau Engagement team asked people to sort beads into jars to indicate what was most important to them in primary healthcare. The beads were colour-coded to represent the participant's age range.

The team got some interesting findings. The results showed a big demand for affordable dentistry, as well as a desire to see and hear more te reo Māori, for whānau to be actively involved in decision-making, and access to te ao Māori across all practices.



Te Whata Toiora



The Mahitahi Hauora stall at Waitangi 2021



# Northland COVID-19 Immunisation Programme

As of 9am 3 May 2021 - 10,000 COVID-19 vaccine doses have been administered so far in Northland. 8,340 people have received their first dose of the vaccine, and 1,660 have completed their second dose.

## VACCINATING NOW – PLEASE BOOK

If you're in these groups, you can book in NOW for your COVID-19 vaccination.

- Border workers and their household contacts
- Kuia, kaumātua and their whānau (the people they live with, and their carers)
- Frontline and other healthcare workers
- Residents in Aged Residential Care Facilities – you don't need to book; we will be coming to your facility soon
- People aged 50 years and over.

## HOW TO BOOK FOR YOUR FREE VACCINATION

**CALL - 0800 237 829** – 9am until 4pm - Monday to Friday - choose Option 1 to make a booking or re-schedule a booking.

If you don't get through, please call again later as we are experiencing a high volume of calls.

Please note that you do not need to know your National Health Index number (NHI) to book an appointment.

## IMPORTANT

- There is enough COVID-19 vaccine for all eligible people and the COVID-19 Vaccination programme is running until December this year –so you do not need to rush.
- You may choose to have your Influenza vaccination before your COVID-19 vaccination. You will need to wait for 14 days after your flu vaccination before you have your COVID-19 vaccination. If you have any questions, please talk with your health provider.

## PLEASE NOTE

- It is really important that you provide your full legal name – not an alias name or a nick name
- If you are over 65 you may wish to have influenza immunisation first – wait two weeks and then you can have your COVID-19 vaccination
- If you have already had your first COVID-19 vaccination you must wait a minimum of 21 days before you have your second dose. You will be contacted before your second dose is due to arrange a booking
- If you are immunocompromised and/or receiving chemotherapy, please wait to have your COVID-19 vaccination through your general practice rather than attending a large public clinic.

## Need help or want to change your appointment?

If you have any problems registering or need to change your appointment, please call us on **0800 237 829** and we can help.

Remember, if you don't get through, please call again later as we are experiencing a high volume of calls.

**Note:** If you've recently had the flu vaccine, you'll need to wait 14 days before you have your COVID-19 vaccination.

*Please do not arrive any earlier than 15 minutes before your appointment.*

*We are establishing a call centre so that the community can quickly request an appointment, which will make the process much easier for everyone.*



## Where to find more information

These are some reliable websites for further information about the COVID-19 vaccine and the roll-out.

**Northland DHB website:** [www.northlanddhb.org.nz](http://www.northlanddhb.org.nz)

**Unite Against COVID-19:** [www.COVID19.govt.nz](http://www.COVID19.govt.nz)

**Ministry of Health:** [www.health.govt.nz](http://www.health.govt.nz)

