

# PreScribe

Te Whatu Ora Te Tai Tokerau Staff Magazine



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# From The Interim District Director



**Tracey Schiebli**

Kia ora koutou,

In our Summer Issue, I said it would be the last issue of Prescribe. Well surprise, we are back! Development of a national newsletter that resonates locally will take some time, so we made an executive decision to carry on with our local magazine in the meantime.

I would like to start by acknowledging the incredible mahi, kindness, and resilience shown by staff in dealing with the impact of Cyclone Gabrielle. The Cyclone affected many staff on a personal level too, with property damage and many days without power. Before we even put the call out for staff who live close to our hospitals to work additional or alternate shifts, the phones were running hot with staff offering to help. I believe this level of collegiality is unique to Te Tai Tokerau and is something we should value. Thank you also to those who volunteered to support our colleagues in Hawkes Bay and Tairāwhiti who are dealing with very difficult circumstances.

The long-awaited results of the Ngātahitanga Pulse Survey are out. I presented an overview of our local results at a weekly all staff Zoom recently. This session is available to view on Staff Central for those who were unable to attend. A huge thank you to our wellbeing leads Catherine Parker and Dr Lucille Wilkinson for your leadership on this work, including your support of the executive team to help us navigate the findings and more importantly how we respond to them. It was heartening to see that our highest score was the percentage (84 percent) of staff who feel they have the capacity to be compassionate and caring to those around them. This is despite our lowest result (32 percent) of staff who feel they have the resources (time, people, budget, facilities and equipment) they need to perform their roles well. Our results reflect the national picture and I know that Te Whatu Ora are also discussing this at the highest levels.

In response to the 'what would you like to see change' question, our wellbeing team have identified six themes spanning staff, communication, leadership, facilities, equipment and culture. While there are many things that we cannot directly influence in the national context,

there are many things we can immediately improve including communication, acknowledgment of effort and commitment, and visible leadership. Our executive team are taking this very seriously and will be taking this korero back to their respective directorates to inform our organisational response.

We will continue to advocate for resolution of national issues and have recently confirmed that Holidays Act Remediation for Te Taitokerau will be completed by November 2023.

In recent weeks we have seen the announcement of two significant appointments:

- Minister of Health Ayesha Verrall appointed Naomi Ferguson as the interim Board chair of Te Whatu Ora Health New Zealand, effective immediately and until a permanent appointment is made. Naomi is a current Te Whatu Ora Board member and brings significant experience in both governance and executive roles, including having served as commissioner and chief executive of Inland Revenue.
- The Te Whatu Ora National Infrastructure Team has announced the appointment of Nick Saville-Wood as senior responsible officer (SRO) for Stage 1 of the Whangārei Hospital rebuild, Project Pihi Kaha. Nick has more than 26 years of experience in the health sector, with roles including chief executive of Lakes DHB, GM Corporate Services, and chief operating officer. While interim director with Te Whatu Ora Lakes, Nick also took on the infrastructure lead role for that region's Te Manawa Taki project.

Thank you to everyone who participated in the Northland Field Days in Dargaville. We were well represented with our new mobile diagnostic van (Te Pahi O Nga Iwi – The People's Bus), Bowel Screening, Breast Screening and Ngā Wānanga o Hine Kōpū who were spreading the good news about safe co-sleeping for infants.

I had the privilege of attending the Acute Stroke Unit blessing in February. Congratulations to the Project Team on this stunning achievement. The co-design process involving stroke survivors and their whānau sets a new benchmark for service development to which we should all aspire.

In the next few weeks, we expect to see the release of a number of operating model consultation documents, including the proposed model for hospital and specialist services. My commitment is to provide continuity of leadership in Te Tai Tokerau as we transition to the new operating models under Te Whatu Ora and Te Aka Whai Ora. This will be challenging for our leadership team and all our teams, at a time when we face considerable workforce and winter pressures. Please look out for each other and know that support is available if you need it.

On behalf of myself and the Executive Team, thank you for the mahi you do every day for patients and whānau, and for looking out for each other.

Ngā mihi nui,

**Tracey Schiebli**  
Interim District Director

# Warkworth Community

## Comes to Aid of Patient Transport Shuttle

Te Whatu Ora is praising the Warkworth community for its kindness in helping a patient transport shuttle stranded between road closures in early February.

The shuttle's driver Jeanette Schurgers and nine passengers who had attended specialist healthcare appointments in Auckland were returning to Whangārei in the late afternoon when the roads to the north and south became blocked by floodwaters, landslips and fallen trees.

They found themselves stranded in Warkworth, where the local community came to their aid.

Hato Hone St John welcomed them into their station, offered hot drinks and then phoned around their networks to find somewhere for Jeanette and the passengers to stay.

They were offered stretchers and mattresses from the local Scout den and other people offered blankets but, in the end, they didn't need to use them because Warkworth Hospital, an aged care facility, invited them in for the night as they had some spare beds and reclining La-Z-Boy chairs.

Transport and Accommodation Manager Calvin de Boer praised the Warkworth community for their assistance and hospitality "for which we are extremely grateful" he said.

"Our driver Jeanette also went above and beyond the call of duty, even staying up overnight to ensure our shuttle passengers were okay."

On the Saturday morning, Calvin travelled down to Warkworth with another shuttle driver so that Jeannette did not need to drive back up to Whangārei Hospital having had only a couple of hours of sleep.

"Once Dome Valley re-opened after the slips had been cleared, we were able to get through. We arrived around 10am and the passengers were very quick to share their praise for Jeanette. As her manager, it certainly makes me proud."

Calvin said that in the 19 years that the patient transport shuttle has run, an event like this has never happened – "99.99 percent of the time, the trips go really smoothly."

The service operates every weekday, departing from Whangārei Hospital at 7am and leaving Auckland at 3pm for the return home. The service is available free of charge to anyone needing to attend a healthcare appointment in Auckland.

Most passengers are people travelling for radiotherapy sessions and other specialist hospital and health care appointments that are not available in Whangārei.

Another shuttle service operates out of Kaitia Hospital, transporting people in the Far North who need to attend hospital appointments in Whangārei.



**Te Whatu Ora Patient Transport Shuttle driver  
Jeanette Schurgers**

# Te Ara Hauora Wellness Hub

## Northland Field Days



**Nikki Rogers at Northland Field Days**

New Zealand's second biggest agriculture show opened to the public for three days in early March and Te Whatu Ora teams shared health messages, innovations and insights into regional programmes and services from Te Ara Hauora wellbeing site.

The long history of being part of the Field Days reflects our mission to improve the wellbeing of people in the agricultural, horticultural and outdoor industries as well as urban sectors across the region.

This was the 36th time the Field Days has been held since 1985 apart from a break during 2021 and 2022 due to

COVID-19. At its pre-COVID peak, the event had more than 500 exhibitors and up to 27,000 visitors a day. The Northland Field Days is second only in size to the annual national event at Mystery Creek, near Hamilton, and attracts exhibitors and visitors from all over New Zealand.

This year, more than 300 exhibitors took part. At Te Ara Hauora Wellness Hub, we showed what preventative, practical, solution-based, public health initiatives look like.

Image: Louisa Kingi, Vicky Maihi, Evan Smeath (president Whangārei A&P Society), Annette Te Hira, Stuart Selkirk, Tina Quitta

## Advocating for Regular Mammograms

Mauri Ora Breast Clinic kaimahi Nikki Rogers believes having a presence at Northland Field Days this year was very important because although there is a greater uptake of the service, there is still a certain shyness – 'whakaama' – attached to the process for many Māori women.

"Our mobile service captures our rural wahine and women. It is viewed as less stressful and takes away some of the added pressure of travelling to a main centre.

"We welcomed the opportunity to be at Field Days to let more women know about their eligibility for the free screening service."

As well as offering pamphlets and the chance to chat about why early, regular mammograms are so vital, Nikki had an assortment of goodies to give away.

She said that the free lip balm helps to encourage passers-by to join in that vital conversation.

Women aged between 45 and 69 are eligible for a free breast screen every two years, whether they visit a city-based clinic or wait for the fulltime mobile service to visit a community nearby them.

Mammograms can often detect cancer earlier than changes in the breast can be felt.

Even women who have regular mammograms should watch out for changes in their breasts. If they find something, they should see their doctor rather than waiting for their next due breast screen.

# Te Pahi O Ngā Iwi

## Visits Field Days



**Robyn Martinovich in Te Pahi O Ngā Iwi, at Northland Field Days.**

A new mobile health diagnostic service that took to Northland roads late last year had a major public showing at the Northland Field Days.

Te Whatu Ora Te Tai Tokerau's van, Te Pahi O Ngā Iwi (The People's Bus), travels the region's mid and far north to provide a range of diagnostic, assessment, and treatment services for people, without them needing to visit a hospital.

This includes echocardiograms to examine the structure and functioning of the heart. Echo ultrasound waves are turned into moving pictures of the heart that can be viewed on-screen. It plays an essential role in cardiovascular care, including early detection and treatment of heart disease.

There are also plans for the service to provide other diagnostic services such as vascular and ophthalmology scans.

The van is a fully equipped diagnostic clinic, with a dual-purpose ultrasound scanner, computer, satellite dish, a bed, and air conditioning to keep patients and staff comfortable.

The mobile service will also incorporate telehealth technology, with the future goal of linking with GP practices and rural hospitals.

Planned Care Initiative and Performance Manager Michaela Matich said the mobile service will help achieve a more positive health outcome for people, following timely diagnosis.

Michaela said it has the potential to address some of the health equity issues that have affected Te Tai Tokerau communities.

"It will benefit our most vulnerable, our most deprived, to increase equity of care, improve the patient and whānau experience and their health outcomes."

When the service was launched, Kaikohe-based Te Hau Ora o Ngāpuhi clinical support specialist Hemaima Reihana-Tait said the diagnostic van would help to overcome the hurdle of accessing healthcare and expertise.

"Te Pahi o Ngā Iwi is an example of closing the health equity gap by bringing the mountain to Muhammed, to Hine, to Hone and all of us in the communities."

# Walking Through the Endoscopy Process

## Bowel Screening

It's not every day people can walk through a huge bowel complete with polyps and early-stage cancer tumours. The inflatable bowel-come-tunnel that was part of our Wellness display at Northland Field Days certainly raised plenty of smiles as well as quite a few oohs and aahs.

"We're literally walking through the endoscopy process," said Bowel Screening Programme Northland health promotion lead Stuart Selkirk.

Beside him as he spoke of the need for bowel testing, Field Days visitors Annette Davies and John Waldren from Whangārei prodded bouncy rubber polyps and learned about how easily they can be removed from the human bowel. Most polyps can be effectively removed, reducing the risk that bowel cancer may develop.

Bowel screening is the key to getting to any growths early, Stuart said.

"People are still a bit hesitant about being tested. Bowel cancers appear more prevalent in Europeans simply because they do more testing. Māori are opening up to the conversation, but we need to reach more."

There may be no warning signs that someone has bowel cancer. The National Bowel Screening Programme currently free for people aged 60 to 74 years but soon to

lower the age of eligibility, aims to find bowel cancer at an early stage when it can often be successfully treated.

The test can be done at home and is simple to do, and anyone in the eligible age group can take part.

The testing kit arrives in the mail and requires the person to take a small stool sample, about the size of a matchstick head, then post the provided sample safely contained and in a sealed envelope back to the national screening organisation.



**Annette Davies, left, John Waldren and Stuart Selkirk inside the giant inflatable bowel on display at Northland Field Days**

# Ngā Wānanga o Hine Kōpū

## Driving Force of Safe Sleep



From left Mereana Pou, and kaihapai Paula Wetere and Tyler Nolan, from Ngā Wānanga o Hine Kōpū.

Quite often the best health stories are not about multi-million-dollar hospital upgrades, giant steps for humankind through space-age technology, miracle drugs or faster moving surgical queues.

Sometimes the best results are brought about when health and support workers look backwards to find a simple, common-sense solution capable of turning around a devastating, deadly trend and then, fervently promote that solution amongst those who most need it, providing the means to change.

That is exactly what has happened in Te Tai Tokerau to reduce the devastating number of whānau losing their babies to SUDI (Sudden Unexplained Death in Infants). In Aotearoa New Zealand this year alone, between 40 to 60 baby deaths are expected to be called SUDI.

But while the word 'unexplained' occurs in the description, in many cases there has been an identified link between SUDI and three lifestyle factors: smoking during pregnancy, the position of the baby while sleeping, and sharing a bed with a baby in an unsafe way.

Enter the wahakura for a baby to sleep in while sharing the parent's bed. It is traditionally made of woven flax or less traditionally a light wooden basket. The wahakura is made of a breathable and sustainable natural material, has a flat base, firm mattress and sides strong enough to prevent someone from inadvertently rolling onto the baby.

As a result of a significant uptake of wahakura in the region, alongside strong maternity and post-natal messaging, Te Tai Tokerau now has the lowest number of SUDI. Previously the region ranked high in the national statistics.

Ngā Wānanga o Hine Kōpū is the driving force behind new parents being given a wahakura. The gift comes with a support system that includes traditional and modern approaches to pēpi and whānau care.

"Māori deaths no longer top the stats for the first time in the 30 years since statistics have been recorded. That's wonderful," said Mereana Pou, kaitiaki (team leader) with mid-North ante-natal, birth and post-natal provider Ngā Wānanga o Hine Kōpū.

"The evidence we have now about co-sleeping, smoking, and SUDI can't be ignored. We've known about it for a long time but it's no good just telling people not to do it. You also have to provide them with more than that to keep the baby safe," Mereana said.

"These (wahakura) are tāonga and, in that way, they and the good baby care they're part of become part of the whakapapa of that whānau. Whakapapa comes with both accountability and responsibility."

Te Tai Tokerau is not the only region in New Zealand benefiting from the use of wahakura but provides a great role model for embracing traditional, Māori-focused care models to improve maternity and infant health outcomes.

For some years Te Tai Tokerau has had the highest Māori birth rates in New Zealand. In 2014-2015, 50 percent of births were to Māori mothers, only 20 percent of whom attended mainstream antenatal classes. There was a clear need for culturally relevant antenatal education. Māori health change agents were able to slot some missing pieces into the puzzle – using their existing knowledge.

Layered throughout Ngā Wānanga o Hine Kōpū's kaupapa and practices is the intention expressed in the whakatauki: "Let us heal our wairua through affirmative action."

It does that through providing a free kaupapa Māori labour, birth and parenting programme designed for wahine hapū (pregnant women) and their whānau. The service offers two-day wānanga for wāhine and their whānau who are expecting a baby, with much of the programme embedded in matauranga (traditional knowledge and concepts).

## Te Whatu Ora

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Te Tai Tokerau

# Morning Tea for Whangārei Hospital ED

In December, 29 percent or 27,746 out of 96,006 Te Whatu Ora staff, completed the Ngātahitanga pulse survey.

Nationwide, more than 20,700 staff provided free text comments, and 21,857 morning tea nominations were submitted. Here in Te Tai Tokerau our wonderful Emergency Department at Whangārei Hospital received the most nominations and were given a morning tea in February.

## Here is some of what staff said:

- The highest ranked question at 82 percent was “I have capacity to be compassionate and caring to those around me”.
- The lowest ranked question at 33 percent was, “My team has the resources (e.g. time, people, budget, facilities, and equipment) we need to perform our roles”.
- Around 25 percent indicated having experienced discrimination in the last six months.
- Improving communication and leadership also came through particularly strongly as an area we need to work on.

Below is a summary of the most significant areas for change and improvement:

- Resources – having the time, people, budget, facilities, equipment and better pay to perform your jobs well.
- Leadership and transformation – ensuring our leaders are equipped to lead and that decision-making and change is inclusive and transparent at all levels.
- People experience – training opportunities, recognition of hard work, and a positive workplace culture.
- Working together – feeling more connected to colleagues across the motu, working towards a better health system for all together.
- Care and equity – a common understanding of what equity means and providing a level of care we can all be proud of.



Whangārei Hospital ED staff enjoying their morning tea

# New-look Acute Stroke Unit

A Result of Whanaungatanga Kinship and Connection



Acute Stroke Unit project team with Tracey Schiebli

A transformational shift in the way a healthcare service is designed led to the blessing of the expanded Acute Stroke Unit at Whangārei Hospital in February.

Improving the service from a cultural perspective has been equally important as expanding the Unit's capacity, with the number of beds increased from six to 10, set to become operational in March or April.

Recognising that Māori people experience stroke on average 15 years younger than non-Māori, have more severe strokes, higher mortality and worse functional

outcomes, the service's new model of care has been developed and co-designed with whānau affected by stroke.

Project team facilitator Kate Smedley says to achieve equity for Māori, a new model of care is required; one that ensures partnership is a key component and with an equity lens applied in all decisions.

"The key goal is to reduce inequality and improve satisfaction for Māori patients and their whānau who are under the care of the service, from admission to

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ED until discharge from hospital – the period that we can control and improve,” she said.

“We cannot make assumptions about what we think Māori need or want. Instead, by collaborating rather than controlling, we gain more. It’s all about how we engage, having whānau as equal partners at the table and often asking them to take the lead. When we get our service right for Māori, it improves it for everyone.”

The Project team includes four Ward 15 clinical staff, the clinical director for the stroke service, the Medical and Elder Services service manager, a Māori health advisor and a Stroke Foundation community adviser. Half of the team members are Māori – an underpinning principle for the project.

A collective of stroke survivors and their whānau was established to bring their insights, experiences and ideas into the co-designing and co-deciding process and to provide ongoing advice for improvements, drawing on what matters to them and their whānau when in the Unit.

Between December 2021 and mid-2022, several hui involving the collective and the project team were held.

Project team member and Māori health advisor, Dan Gotz says this collaboration identified issues to address and opportunities for improvement, all helping with decision-making, even though it challenged preconceptions about what project leadership should look like.

“This has been a philosophical and progressive journey of change to the then DHB’s traditional way of designing a service, but this genuine collaboration, where leadership is guided by consumers, has been necessary to create a culture that is truly patient and whānau-focused.

“We would never go back to consultation by survey.”

Dan says it was always important to remember that the Acute Stroke Unit was a clinical workspace, however it could still deliver a service that met the needs of Māori in all four dimensions of Te Whare Tapa Wha: taha tinana (physical wellbeing), taha hinengaro (mental and emotional wellbeing), taha whānau (family and social wellbeing) and taha wairua (spiritual wellbeing).

Kate Smedley says that in addition to whānau engagement, the project’s second key area was workforce development.

“We need to change the world view of those caring for Māori. This means we need to train people to ask questions they may not have asked previously and that they actively listen to consumers in a new way. We are shifting the views of those caring for Māori in a systematic way that improves outcomes and satisfaction for Māori.”

Te Whatu Ora interim district director for Te Tai Tokerau Tracey Schiebl praised the innovation and collaborative effort.

“I would like to see this be the benchmark for how we develop all services. It really is a stand-out in terms of the way we involved individuals who’ve experienced the impacts of stroke in their whānau.”

Stroke doctor and clinical director Alan Davis said the project addressed that what was being done for some people with stroke was not working for everybody.

“An important part of this journey has been the whānau providing knowledge to us to move forward. What we do know is that if things are working well for Māori through a kaupapa approach, they will work well for everyone. I have a sense of pride in the way we’ve moved to embrace that.

“Our goal is to see fewer strokes happening and, when they do, that they happen at older ages and with happier outcomes.”

Ward 15 clinical nurse manager Lisa Cutts said that many heads, hands and hearts were involved in the Unit’s development.

“We all look forward to next year and the increased acute stroke beds. We want to make a difference. We want people to reach the stroke unit in a timely manner and we want to continue to develop our manaaki with what the whānau has shared with us to continue to improve what we do.”

Stroke Foundation’s Far and Mid North community stroke advisor Lynelle Ngakuru said the project has been a “massive opportunity” for stroke-affected whānau to share values and experiences to help steer the project.

“Coming together to create what would work for our people in a clinical world. Building wairua, whanaungatanga and hope has been their most common healing factors. This is important to them as they move together into the future.”

The artwork which will be hung in the unit has been painted by project team member and Ward 15 Clinical Nurse Specialist Anoop Krishnankutty, (seen in the foreground of the image below).

The painting depicts Te Po and Te Ao. It talks to the person, the whānau and the team in the Unit. It is about strength, connection and positivity as patients journey from dependency to future.

The darkness depicts Te Po. As you look at Te Po you will see the movement and energy within the darkness this is the Mauri.

The Koru depicts Te Ao. Within Te Ao there is also Mauri. The Mako – shark tooth here are symbols of protection and strength this for us, is whānau. Te Whai (stingray) is a symbol of Kaitiakitanga or guardianship. The koru within this painting are the moon phases likened to the person who has had a stroke and the changes they will experience during their journey.

# Hospital Volunteering

## a Great Way to Get Out and About

The roads in and around Whangārei Hospital are often busy – but 82-year-old Kamreen Lawson loves it.

For the past five years, the Te Whatu Ora volunteer shuttle driver has been picking up patients and their support people from hospital carparks or nearby bus stops and transporting them to buildings in and around the campus to attend appointments. Afterwards, she picks them up again and returns them to where they need to be.

Unfortunately, there are not enough volunteer shuttle drivers to fill the weekly morning and afternoon shifts.

Currently, there are 116 volunteers registered at Kaitaia, Bay of Island, Dargaville and Whangārei Hospitals. They meet and greet people, support whānau in the Playroom, drive the Shuttle and assist on the Kaitaia bus and support our Chaplains to meet the religious, spiritual, pastoral, and ritual needs of patients, staff and visitors.

Several volunteers also work in administrative roles and Cancer Society volunteers assist at the Jim Carney Cancer Treatment Centre (JCCTC) and St Johns Friends of ED supporting our hospitals.

There are currently volunteering opportunities at all four hospitals for hospital foyer meet and great ambassadors, playroom volunteers and chaplain assistants.

Kamreen encourages other people of any age and with time to contribute and volunteer at the hospital.

“It’s great to be doing something to help others. You get to meet a lot of people and have some good chats,” she said.

“And, if you live on your own, it’s an enjoyable way to get out and interact with other people. They won’t come to your doorstep.”

Kamreen volunteers for one morning each week, as well as the occasional relief shift on another day.

“I prefer the mornings as sometimes I’ll need to do school pick-ups. I go from transporting patients to transporting grandchildren. I love it.”

Te Whatu Ora volunteer coordinator Rose Armstrong said at the start of the COVID-19 pandemic, the volunteers needed to be stood down to protect their health and wellbeing.

“At the end of last year when we were able to welcome back volunteers, unfortunately many weren’t available to return. So now we are in desperate need of more volunteers to help the local healthcare effort.”



**Kamreen Lawson – Whangārei Hospital volunteer shuttle driver**

# Postgraduate Year 1 Doctors Welcomed

Te Ao Māori Style



**PGY1s at Whakapara Marae**

A group of newly graduated doctors were welcomed to Te Tai Tokerau in January.

This is the third year the event has been hosted by Dr Chayce Glass, with support from his partner Brittany Haitana and the Health Advisory team, and held at Dr Glass's whānau marae, Whakapara, just north of Whangārei.

Dr Glass says that with the graduation of new doctors, known as postgraduate year 1 (PGY1) from the Universities of Otago and Auckland and the subsequent transition to mahi at Te Whatu Ora Te Tai Tokerau, there is a need for an appropriate welcome and introduction to Te Tai Tokerau as a region of Aotearoa with a high proportion and profile of Māori and rural people.

"A hui whakatau is our welcoming ceremony and provides us with an opportunity to welcome our new cohort of house officers in a community-based setting, to emphasise the importance of Te Ao Māori in Te Tai Tokerau," he said.

Following the initial pōwhiri, attended by whānau and invited guests, several learning sessions were held.

The first was on whakawhanaungatanga – relationship building based upon Tikanga Māori. Chief medical officer Dr Jenny Walker was able to join the group as they developed and used pēpeha to build connections.

Then there was an introduction to the Hui Process and the Meihana Model, currently used in the teaching of Hauora Māori at the University of Otago, which aims to improve clinical interaction with Māori patients.

The third session introduced Te Poutokomanawa (Māori Health Directorate) and the Takawaenga Service which uses a Tikanga Māori approach and works alongside patients, whānau, and staff to determine what their needs are and ensure the environment is patient/whānau-focused and led. The service also works with staff to ensure the patient/whānau voice is heard and provides cultural support to our staff, so they are safe while delivering health care.

# Cyclone Gabrielle

Cyclone Gabrielle is one of the worst storms to hit Aotearoa New Zealand in living history. Like Cyclone Bola in 1988, Giselle that caused the Wahine disaster in 1968 and the unnamed cyclone of 1936, Gabrielle caused shocking impacts to the North Island. Whangārei had the largest

24-hour rainfall recorded for any weather station for this event. 183.8mm was recorded from 9am 12 February – 9am 13 February. However, power and communications outages affecting some of our weather stations mean that some places may have seen much more than this.



Photo: Northland Police



Photo: Michael Cunningham



Photo: NZ Defence Force



The New Zealand Defence Force courier urgent medicines and stores to Te Tai Tokerau.



Photo: Michael Cunningham



Photo: David Fisher

# Cyclone Gabrielle

Te Whatu Ora Te Tai Tokerau Communications Response

**178 POSTS** (Between 31 January – 20 February)



## ENGAGEMENT – FACEBOOK



New Likes and Follows: **136**

Reach: **90,399** (up 82.4%)

# Pūkawakawa Students Welcomed

To Te Tai Tokerau



**Pūkawakawa 2023 students**

A group of fifth-year medical students were welcomed to Te Tai Tokerau with a pōwhiri at Terenga Paroa Marae in Whangārei in late January.

This is the 15th year of the Pūkawakawa training initiative to encourage more graduating doctors to Northland, giving them valuable experience in regional and rural health care.

The ground-breaking partnership was established in 2007 by the University of Auckland's Faculty of Medical and Health Sciences and the Northland District Health Board.

Pūkawakawa placements are extremely sought after, with 24 students selected on the basis of their interest in regional or rural medicine.

During their fifth year, each student spends time in Whangārei Hospital and time in one of the rural hospitals in Kaitaia, Bay of Islands, Dargaville or Rawene. The students also experience working with GPs in outpatient settings, as well as a range of community health expert practitioners.

In addition to helping them understand the unique skills and challenges in practicing rural medicine, the placements help students develop their own links with Te Tai Tokerau.

## Revamped Staff Gym at Whangārei Hospital Campus

The space has been freshened up and lots of new things have been added including a TV, Wi-Fi, some gear to replace the older pieces, and some new gear to keep your training interesting.

Whether your focus is on building fitness or maintaining your glutes of steel, this is a space for everyone.

### Here's some of what's new:

- Star Trac S-TRc Treadmill
- Star Trac S-CTx Cross Trainer
- Star Trac S-UBx Upright Bike
- Spin bike
- Concept 2 RowErg
- Hoist CMJ 6-Station – including triceps extension, hi-lo pulley, lat pulldown, low row, stand alone hi-lo, and crossover pull up station
- Hoist Leg Extension/Curl
- Hoist Leg Press/Calf Raise
- Hoist Inner/Outer Thigh
- Hoist Chest Press/Shoulder Raise
- Hoist 7 Degree Smith Machine

- Hoist 7 position flat/incline/decline bench x 3
- Hoist biceps/triceps
- Hoist Pec Fly/Rear Delt
- Hoist Ab/Back Roman Hyper
- Hoist Adjustable Ab Bench
- 2x Olympic bars and 400kg of bumper plates

The space is open 24/7 to Te Whatu Ora staff only. You will need your ID card to let yourself in.



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Health New Zealand

Te Tai Tokerau

# Te Tai Tokerau Whānau and Health Services

to Benefit from a New Purpose-Built Lab



Artist impression of the new Lab

In early 2024, our Te Tai Tokerau lab teams will be moving into a purpose-built laboratory, nearly triple the size of their current premises at Whangārei Hospital.

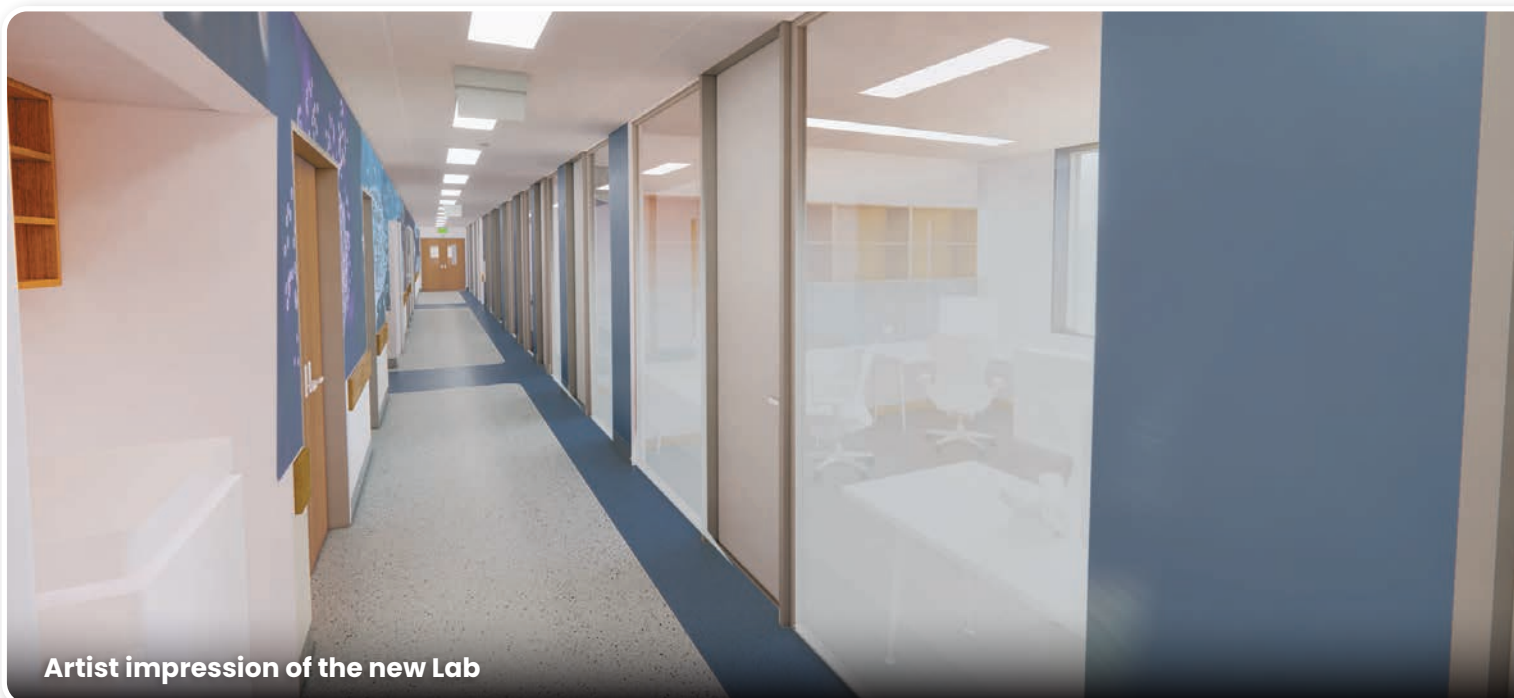
David Hammer, clinical director Pathology Services, says the new lab is a significant leap forward that will allow the lab teams to manage the increasing volumes of lab testing, be more responsive to any further pandemics and provide a much better experience for their lab workforce.

“We’re going from a small and crowded space with a public corridor in the middle, to a purpose-built lab with modern ventilation, a track system, the ability to link into efficient supply chain logistics, as well as a molecular suite, which we have never had.

This means we won’t have to send these tests to Auckland anymore.”

David, who is also the Workforce Lead for the Regional Labs Harmonisation Programme, says that with the move from a “cottage-industry” type lab to a medium-size city lab, they will be more on a par with the rest of the Northern Region labs, and will be in a better position to collaborate as part of the new, integrated regional lab service. They will also be better set up to respond and contribute to the forecasted complexity of testing and increased volumes.

Te Tai Tokerau Pathology manager, Steven McCullough is leading all the move-related mahi and planning.



Artist impression of the new Lab

# New Maternity Resource Launched



Louise Rowson introduces the new Maternity Resource Link Tree to fellow midwives

Te Whatu Ora has launched a new resource in Te Tai Tokerau for people who are having babies and their whānau. The [Maternity Resource Link Tree](#) was developed in response to a need for people to have access to good, correct information all in one place.

“There is a lot of information and disinformation online,” says midwife and Maternity Resource Link Tree coordinator Louise Rowden. “It can be very confusing for people googling a particular issue or problem and it can be hard for them to get the correct information. A lot of information used to be given in the form of a pamphlet, but many places are no longer printing pamphlets and instead are only providing an online resource.

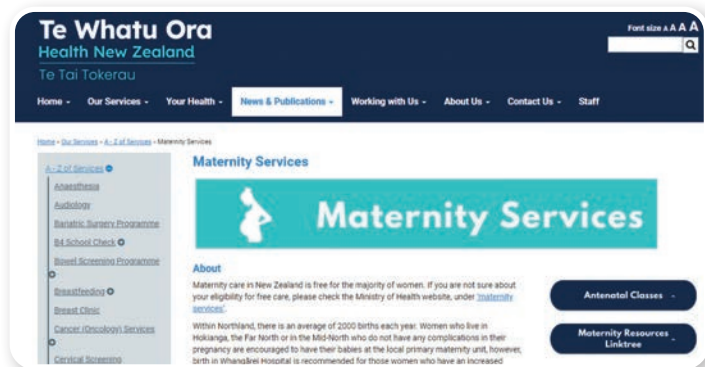
“The link tree is designed so that when a person books with a midwife they can be given the link tree link and it

will then act as a one-stop shop for information. The link can be saved to their phone and shared with others. They can carry on using the link throughout their pregnancy and for the postnatal period.”

The link tree is split into different topics and further separated into information that is really necessary and information that is nice to know for each area and provides all the appropriate information a person having a baby may need to know.

“This is just the start,” says Louise. “There is more that we want to add to the link tree. There has also been a suggestion that we make the link into a sticker and we will also be producing a poster to promote the link tree resource.”

The link tree can be found at [www.northlanddhb.org.nz](http://www.northlanddhb.org.nz).





# Te Aka Whai Ora

## Chief Executive's Waitangi Visit

Riana Manuel, chief executive of Te Aka Whai Ora, reflects on her visit to Waitangi:

"It's always a pleasure to be able to head to the home of Te Tiriti and enjoy the day with whānau, friends and colleagues. The day also gave me the opportunity to support our northern whānau and strengthen the relationships Te Aka Whai Ora have with iwi in Te Tai Tokerau, through to Te Kahu o Taonui.

"It was fitting to return to Waitangi where on 1 July 2022, the formal launch of Te Aka Whai Ora and Te Whatu Ora took place. It was a moment when the Treaty partnership was actually turned into a functional and operating reality. It was a moment I will always be immensely proud to have been a part of. Te Tiriti o Waitangi provides Te Aka Whai Ora the framework by which we will meet the needs of Māori, and

its principles are reflected in our engagement with whānau, hapū and iwi Māori.

"Our journey to now has been busy, but we have not been idle. We have supported the development and establishment of the iwi Māori partnership boards (IMPBs), 11 were formally acknowledged in December last year; Te Kahu o Taonui representing the north. We have invested in expanded rongoā services through existing and new providers, provided funding opportunities that reflect te ao Māori solutions, and in conjunction with Te Whatu Ora – Health New Zealand, developed and launched Te Pae Tata (interim New Zealand Health Plan). There's more in progress and a lot more to do, so being able to get out and about is always a wonderful bonus. Celebrations like Waitangi are a great reminder that everything we do is for whānau."



From left Huhana Lyndon (CEO Ngātiwai Trust Board), Hinerangi Himiona (Māori principal advisor Archives NZ), Riana Manuel and Peter Thomas (Acting GM Māori Te Aka Whai Ora)

# Introducing Tracey Pomare



Tracey Pomare

Tracey Pomare (Ngāti Tūwharetoa ki Ngāpuhi) is Kaiwhakahaere Raukaha (Māori workforce capacity and capability senior manager) for Te Poutokomanawa within Te Aka Whai Ora. It's a role that is a perfect fit for someone with a passion for championing kaupapa Māori hauora wanting to give back to her haukāinga.

For Tracey, the return to papakāinga is particularly significant given that her whānau were part of the urban drift in the 1960s, which took Tracey herself to the South Island.

"We moved from the safety of the marae and hapū to the city of Christchurch. I was raised by my Nanny, aunts, and the Pākehā whānau next door. Moving to the city resulted in the mokopuna being disconnected from their marae, their culture, their whenua, their language, and their whanaunga. This is colonisation with far reaching effects and has given me insight into what has happened to whānau Māori and what is needed at Te Whatu Ora to provide Kaupapa Māori hauora services."

**Te Whatu Ora**  
**Health New Zealand**

Te Tai Tokerau

Tracey's career background is rich and varied. More recently she worked for iwi as Poumanawa leading a team of social workers, Whānau Ora navigators, tauhapai, transitional housing, home-based educators, and COVID responders. Prior to that, Tracey worked in Wellington with the Ministry of Health, Hutt Valley District Health Board, and community-based organisations.

"We lived in the Far North more than 20 years ago but moved to Wellington for mahi. It has taken us 20 years to get back to Te Tai Tokerau as we were in a position to build our whare which has been a lifelong dream of ours."

As a mother of six and a super proud Nanny of five moko, Tracey now lives in Whangārei with her husband Ben. Her mahi is focused on ensuring that our workforce can serve the people of our region.

"My particular mahi provides a collaborative approach to ensure Te Ao Māori is able to flourish throughout Te Whatu Ora Te Tai Tokerau and the workforce reflects the population it serves, ensuring whānau Māori achieve equitable health outcomes. Te Pae Tata and the Pae Ora Act are our anchoring guides."

Tracey works with hiring managers across the entire organisation to help build the numbers of Māori hauora staff as well as build their knowledge skill base to support Pae Ora, which is a holistic model of health of mauri ora, whānau ora, and wai ora.

"My aim is to have a workforce which reflects the population of Te Tai Tokerau which currently sits at 38 percent Māori. Te Whatu Ora and Te Aka Whai Ora Māori workforce rate is 18 percent – so Te Whatu Ora Te Tai Tokerau has a lot of work to do to ensure our whānau receive accessible, acceptable, and culturally appropriate care."

Te Whatu Ora Te Tai Tokerau is committed to eliminating all forms of institutional racism and Tracey's role is crucial to that commitment.

"My mahi assists the organisation to implement Te Ao Māori, Mātauranga Māori which complements Western or euro-centric models of care. The Affirmative Action plan and Taitokerau Rautaki Hauora 2040 (Te Tai Tokerau Health Strategy 2040) provides hiring managers with the environment needed for them to hire Māori due to this demographic being greatly underrepresented and disadvantaged within the workforce."

While Tracey is based in Whangārei her expertise is available for anyone who would like assistance to hire Māori through Zoom, Teams, by email or by phone. She is also able to travel to other locations if required.

It has been quite a journey for Tracey to bring her skills back to our region, but the homecoming is a sweet one. "Te Tai Tokerau is home," says Tracey. "It's where our heart has always been and we feel very blessed to be here."

# Clinical Hub Offers Safety Net

for Unenrolled Patients Discharged from Hospital



**Gaelyn Sinclair contacting unenrolled patients discharged from hospital**

A safety net has been put in place across a gap in the system thanks to innovative work by the Mahitahi Hauora Clinical Hub team and Te Whatu Ora.

Unenrolled patients who are discharged from hospital are at higher risk of missing follow-up care because they lack a GP.

Working with Te Whatu Ora, the Clinical Hub team arranged for unenrolled patients discharged from Northland's three hospitals to be referred to the Hub daily, seven days a week. The team triage the referrals to identify patients who may need further support, contact them to introduce the Clinical Hub service and discuss their circumstances to find out if they need help.

Mahitahi Hauora network support manager Cristina Ross says the intervention grew out of the Hub's experience caring for unenrolled patients with COVID-19.

"We know there's a significant number of people in Northland who aren't enrolled with a GP, and it makes sense that unenrolled patients who've been in hospital would need ongoing support."

Clinical Hub lead nurse Gaelyn Sinclair says patients appreciate contact from a healthcare professional soon after their discharge.

"We try to contact patients within 24 hours of discharge to do a general check on how their recovery is going, whether their medications and pain relief are working, how any wounds are, and to answer any questions or concerns they have," she says.

If the patient's needs are complex, the Hub team do everything they can to find them a GP. The team also assist patients to get enrolled with a GP if they are new to the area, do not understand the healthcare system, or have just not registered with a GP for other reasons.

Since the intervention began in November last year, 76 unenrolled patients discharged from hospital have been referred to the Clinical Hub. The Hub team have supported these patients with 135 consults, and 31 of the patients (41 percent) were assisted to enrol with a general practice, including those with the highest needs and risks.

The team also step in to coordinate care by other agencies to ensure patients' needs are met.

"We had one patient who was discharged from hospital with a brain mass. He was referred to a specialist in Auckland, but he had no way of getting there and no GP. We helped him to find a GP in his local area and get enrolled, then we connected him with a transport agency that provides financial assistance for patients who need to travel and find accommodation for medical procedures. With this support, the patient was able to attend the specialist appointment," says Gaelyn.

"We also worked with the Cancer Society to arrange care for a patient who was discharged from hospital with cancer. The patient had high needs, including an infection that needed to be treated before he could start chemotherapy. We arranged for the patient to have a casual appointment with a GP, and the Cancer Society nurse contacts us whenever the patient needs help from a doctor."



**Protect you pēpē against**

**Whooping cough**

**The best protection for infants is for their mother to be vaccinated during pregnancy followed by on-time immunisations for the infant at 6 weeks, 3 months and 5 months. Children are further protected with booster vaccines at four years and 11 years of age.**

When a pregnant woman is vaccinated against whooping cough her body develops high levels of antibodies (disease-specific protective proteins) which will pass through the placenta.

These help protect the newborn from severe whooping cough for the first few months of life, until the infant has had their own three doses of vaccine and can make their own longer-term protection.

A booster dose of a whooping cough vaccine (Boostrix®) is free for women from the second trimester of every pregnancy and recommended to be administered from 16 weeks, preferably during the second trimester, but at least two weeks before birth.

**Te Whatu Ora**  
**Health New Zealand**

Te Tai Tokerau

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If your department has something to share, email [communications@northlanddhb.org.nz](mailto:communications@northlanddhb.org.nz)