

PreScribe

NORTHLAND DISTRICT HEALTH BOARD STAFF MAGAZINE



O Te Ara Oranga
The path to wellbeing



Taniora Tauariki's 'Let's Make A Change' becomes Te Ara Oranga's theme song.

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From the Chief Executive



Hi Everyone,

We've just won the America's cup! Addictive wasn't it - like many of you, I was adamant I wouldn't get sucked in, and then end up being disappointed. However, always the optimist, I began believing we would win it, despite what happened last time. Fortunately, the fastest boat and the best team won,

and NZ had both of them.

Drawing on the America's cup analogy, there is a lot we can learn, and a lot of similarities with where we need to be.

Being optimistic and proud of your team and Northland DHB - I know that the health sector is tough and we never have enough resources, but we really are providing some fantastic care, and I hope you can see that the training opportunities and support that we try and provide all of you is improving too. Yesterday the Medical Council completed a two day Accreditation visit, and they were very impressed and we flew through all the standards we were being measured on. They made it clear we were among the very best DHBs with respect to all of these standards. The staff survey has shown areas where we can get much better, particularly our focus on your wellbeing, but on the other hand the large majority of you are proud to work here, and are not considering leaving!

What else can we learn. My apologies for overdoing the analogy, but I do think it is worth pursuing:

Having the best team. Teams achieve so much more than groups of individuals. Each member of the team was excellent at what they did. This is important, but what they do together is far more effective than anything that could be achieved by a group of individuals. Another thing to note, was that although there were six people on the boat, there were at least 100 people behind the scenes enabling them to do their stuff.

- The over 8000 Elective procedures that we do each year don't just involve the Surgeons, Anaesthetists, Theatre and Ward Nurses and Healthcare Assistants, but also require Physios, Occupational Therapists, Social Workers, Audiologists, Pharmacists, Lab and Radiology staff, Ward Clerks, Outpatient Staff, Booking Clerks, Telephonists, Porters and many others, all working at the top of their game to ensure we get through the ever increasing workload.

- The mass gang shooting a few months ago not only required three Surgical teams, but also clerical staff, Laboratory and Radiology staff, Duty Managers and many others working through the whole night, some of them on double shifts and some not even on call. In this case, where there was a crisis (similar to when Team NZ's boat capsized in the semifinals!) - it required incredible

discretionary effort, dedication and innovation to achieve what we did.

The innovation that led to Team NZ having such a great boat with cyclists on board, use of hand held gadgets to control the foils and trim of the sails etc. would not have come from Grant Dalton and his executive team - it would have come from the sailors, designers, the people who know best what the problems are and how to fix them. This is something we must get better at. Your leadership teams can help, by agreeing a common purpose, provide resources, training and support, unblock and improve processes where necessary, but after that it's up to all of you to get better, continually improving, making fine and sometimes not so fine adjustments to the way we do things. Please keep making these improvements - it's exciting to see how we are doing in so many areas of patient safety with improvements in falls, venous thromboemboli, infection rates as well as a large number of other outcome measures.

We have some great teams and a culture of getting on and doing what needs to be done. However, unlike Team NZ, we don't have the fastest boat. Our Whangarei Hospital (Boat) is very old. We've got an old monohull and we need a catamaran that foils! Our people and what we all do is much more important than our buildings, but unfortunately these buildings have got to the point where they are holding us back and costing us time and money, and will have an adverse impact on both you and our patients. We will all need to be working in different ways as technology and information advance and we continue to try and shift the balance of care into the community. However, we still need a new boat! Recently we got the first stage of our Programme business case for a new hospital approved by the Capital Investment Committee (Ministry of Health and Treasury). There are three more business cases that need to be completed over the next couple of years, and then we hope to be able to commence what is likely to be, many years of building. We also had approval to proceed much more quickly with a number of enabling projects which will include two new Operating Theatres to stop us having to work on weekends and improve our acute Theatre capacity, an Endoscopy suite in preparation for the national Bowel Screening programme in 2019, a Community Mental Health facility, and a Laboratory for Cardiac Catheterisation.

So, by the time we have successfully defended the next America's Cup, Whangarei Hospital will be beginning to look very different from what it is today. What we all need to do is ensure that all that investment and innovation and change will help us get up on our foils, and stay there 100 percent of the time!

Kind Regards,

Nick

Overview

Northland DHB and NZ Police have been funded \$3m to deliver the Te Ara Oranga Methamphetamine Demand Reduction strategy pilot. The funding was made available under the Criminal Proceeds (Recovery) Act. Te Ara Oranga is an integrated model of Police and Health activity to reduce methamphetamine demand by enhancing treatment services and increasing our responsiveness.

There are four workstreams within the health component - Screening, Brief Intervention and Referrer to Treatment, Treatment Whānau/Community Resources and Evaluation.

Governance



Dr Nick Chamberlain

Te Ara Oranga is governed by Executive Sponsors Dr Nick Chamberlain and NZ Police Assistant Commissioner Richard Chambers who is represented by Superintendent Commander Russell Le Prou.

Dr Chamberlain and Superintendent Russell Le Prou used to co-chair the social wellbeing governance group, a government social sector collaborative group that has responded to youth suicide and family harm.



Supt. Russell Le Prou

The Project Board is co-chaired by Northland DHB Mental Health & Addiction Services General Manager Ian McKenzie. Before the project began Mental Health & Addiction leaders met with the Kaunihera Kaumātua (led by Kaumātua Rob Sarich who sadly passed away recently) to explain the vision of the project.

This meeting set the platform for the project. The Kaunihera Kaumātua provided encouragement, support and the mandate for the work. They suggested Hui be held in the community as an opportunity for whānau to have a voice.



Kaumātua Ben Hita, Taniora Tauariki, Carly Matthews and Kuia Wikitoria Wright

Composer of 'Let's Make A Change' Taniora Tauariki, was honoured by Te Hā Oranga and gifted a pounamu taonga. Northland DHB and NZ Police have licenced Let's Make A Change as the theme song for Te Ara Oranga.

These Hui facilitated by Pam Armstrong were well attended throughout the Rohe.

A community reference group was established following the Hui and are being consulted throughout the development of the whānau resources. Consumer representatives are members of the Screening, Brief Intervention and Referrer to Treatment (SBIRT) project team.

Te Ara Oranga kaupapa has strengthened relationships with whānau, communities and service providers throughout Te Tai Tokerau. Te Ara Oranga is a joint initiative between Northland District Health Board and New Zealand Police.

'Let's Make A Change'

Te Hā Oranga has been instrumental in the creation of Let's Make A Change / He Waka Eke Noa, a CD written and performed by clients, staff and supporters of alcohol and addictions programme He Timatanga Hou (New Beginnings).

The CD is dedicated to the memory of Matua Rob, Te Hā Oranga's kaumātua 1996-2017. Let's Make A Change is featured on the Te Ara Oranga social media video clips and is being produced as a community music video demonstrating community action against methamphetamine.

Copies of the CD can be brought from Te Hā Oranga - 0800 698342.

Wāhine Toa - There are key Wāhine who have helped move this kaupapa forward and make it a reality.



Jenny Freedman, as clinical champion for Te Ara Oranga and the Addictions Professional Advisor, is absolutely committed to strengthening evidence based addiction services as the next step in providing treatment for the northland populations.



Segina Te Ahuahu contributes many years' experience of delivering Kaupapa based services in Te Tai Tokerau. Segina also champions the collaborative contracting methodology that endeavours to achieve a collaborative sector approach.



Jewel Reti, Project Manager, is responsible for weaving the work strands together to create, build, strengthen and unite Te Ara Oranga.



Pam Armstrong has been an Alcohol & Addiction health practitioner for 20 years and is passionate about enabling communities to engage and work cooperatively.

These leaders represent more than seven decades of expertise and commitment in addiction treatment in Te Tai Tokerau.

Clair Mills Moves on to MSF



Northland DHB Medical Officer of Health Dr Clair Mills has left Whangarei once again to work for Médecins Sans Frontières (Doctors Without Borders – MSF).

Clair is taking on the esteemed position of Medical Director at the organisation's Paris headquarters, overseeing medical departments in France,

New York, Sydney and Japan. MSF works in nearly 70 of the world's most war-torn and deprived countries and has 36,000 personnel, most of who are volunteers. The organisation is wholly independent and funded by private individual donations from across the globe.

Clair's send-off in late April was a powerful occasion with waiata and speeches honouring not just Clair's commitment to the community, but also emphasising the values of Clair's whānau who have a culture of strength and advocacy. One speaker described the Mills sisters as "warriors of peace and justice." "She's not interested in doing what's popular," said another speaker, "She's interested in doing the right thing". Marion Bartrum praised Clair's "unwavering commitment to reducing inequities". In particular, Clair is known for her work around the sale and supply of liquor, as well as tackling rheumatic fever rates in Northland.

Clair's remarkable career

Born and raised in Whangarei, Clair became Medical Officer of Health in 2011. After medical training, Clair returned to Whangarei as a house surgeon and did her GP training in Northland. At 30, Clair then joined MSF and went to work in South Sudan in 1993, when the country was embroiled in a civil war spanning three decades. Clair also worked in the conflict-riven countries of Rwanda, Congo and Sri Lanka. Clair completed her Masters in Public Health in London in 1996/7, spent a year working for the World Health Organization then three years with Save the Children in Congo and Mozambique. She returned to New Zealand for public health medicine specialist training 2001–2004, after which she was National Immunisation Manager at the Ministry of Health. Following that, Clair was called back to MSF where she spent nearly five years as Medical Director in Amsterdam.

Two things keep calling Clair back to MSF – initially it was the sense of adventure, Clair said, but also the way medicine enabled her to work anywhere. "Some people use their training to go to the United States and become brain surgeons. But that's not for me. MSF is very interesting work, that's the primary thing, and it's a bit addictive. [...] The reason MSF exists is there are

huge health inequalities in terms of life expectancy and maternal mortality."

Life or death hazards for MSF workers are very real. "You try not to put your life at risk; if you're working in a conflict zone MSF has robust security management, but the risk is never zero. In Sri Lanka there was a lot of shelling, a lot of helicopter bombing, whereas in South Sudan it was more of a risk of a drunk 14-year-old with a gun stopping your car. That's easier because at least you can talk to them. You end up doing a lot of negotiation and talking to provide healthcare access."

Public health crises including HIV/AIDS, Ebola, tuberculosis and rape have been recurring missions in Clair's work. Clair said one of MSF's main 'pillars' is the mission to witness atrocities and epidemics so that awareness and advocacy can result. MSF values international staff highly "because we can be outspoken more than national staff who are under difficult regimes." Rape by soldiers was an issue Clair had to deal with when working in eastern Congo, which has been occupied by Ugandan and Zimbabwean troops who have spread HIV through unprotected sex. "We talked to the military about risks; I brought in a planeload of condoms – they called me the Condom Queen for a while! I landed in Goma with boxes and boxes of condoms – security troops were very excited."

Perspectives on New Zealand

"In our last report to the government, we reported that health inequalities are increasing. We can't afford not to be doing more about smoking and obesity."

Clair, who learned French and some Te Reo Māori when she was at school, said it is a responsibility for staff in Northland DHB to try to pronounce Te Reo Māori properly and if possible practice using the language. "Language is a pathway – it helps you understand how people think. There's appreciation from patients that you've made an effort." Having been exposed to dozens of conflicts, Clair said New Zealand is lucky that the Land Wars of the 1860s didn't lead to ongoing civil conflict here.

"We forget that once conflict starts it builds a terrible cycle that feeds on itself. Imagine it: if your family has been killed, why would you hope for a democratic future? That's an understandable emotion. For countries coming out of conflict, how do you build a future that recognises the harm and suffering and trauma, yet can build something secure?"

Clair left Northland DHB on 20 April after being farewelled by a broad range of healthcare colleagues, including Northland DHB and Manaia Health PHO.

One of Clair's immediate challenges will be finding a place to live in Paris, where small apartments are the norm for most people. "I've been offered one that's 33 square metres," Clair said, "It will be a bit different from my 70 acres of bush at Matapouri!"

All the Best as Bartrums Retire

Marion and Sam Bartrum retired from Northland DHB on 25–26 May with farewell celebrations for Marion and Sam on 19 and 26 May, respectively.

Marion has been service manager for the Public and Population Health Team as part of Child Youth and Maternal Health. Sam was the general manager for Planning, Outcomes, Integrated Care and District Hospitals. The two have spent most of their careers in health, but from very different backgrounds and departments.

Marion – who was born at Whangarei Hospital – began as a registered general nurse at Middlemore Hospital after graduating in 1978. She was then a Plunket nurse in Mangere before moving to Northland DHB in 1985 as a public health nurse. Marion has been in her combined roles for 32 years.

Sam, born in Mangakino, came to Northland DHB for his most recent position after 13 years as Director of Human Resources at Waitemata and Counties Manukau DHBs. Before this he was GM of Public, Community and Mental Health at Hutt Valley DHB and, before that, GM of Human Resources at Northland DHB. Sam has also been GM of Community Health at Northland DHB.

Sam's involvement in public health began in the late 1980s as a health worker organiser for the Public Service Association. In his time, Sam has been involved in the building of gymnasiums at three DHBs but no hospitals until the recent rebuild of Bay of Islands Hospital. Sam said he expects the new integrated Te Hauora O Pukepuke Rau hospital/clinic/A&E at Kawakawa will be truly significant for the people of the mid-north. "Dargaville and Kaitaia hospitals are lovely and well-kept and it's time Bay of Islands got the healthcare facility it deserves," Sam said.

Marion and Sam, now living just outside of Whangarei at Waikaraka, have known one another since the 1970s, been a couple for well over 20 years and were married nine years ago by (at the time) Manaia Health PHO chief executive Chris Farrelly, a family friend and wedding celebrant.

Marion and Sam have plenty of family to keep them company, with six children between them sprinkled across the country. After their kids grew up, Sam had more flexibility to travel long distances to work, commuting all the way to Auckland when he was at Counties Manukau and Waitemata DHBs. "I would leave from Whangarei 4.30 on Monday mornings, come home Friday evenings," Sam said.

Decades dedicated to improving community conditions

Looking back at her career, Marion is proud of the contribution she made as a public health nurse and eventual leader of the public health team. Specific projects she's proud to have worked on include asthma education, World Health Organization Safe Communities and especially SunSmart. Marion helped get the SunSmart



programme up and running and worked on the 'Only pigs look good in pink' campaign in collaboration with Cancer Society in Whangarei and Auckland as well as working with Northport.

Marion also worked on one of the first public-private enterprises, in which Fulton Hogan stop/go traffic operators spread messages about Northland's high UV light problems and handed out info and sunscreen. She worked with boaties on a similar campaign and even took the SunSmart vehicle with a pig on top down to the Auckland Santa Parade (the pig today has a new home at Whangarei's Piggery bookshop.) After SunSmart, Marion took on the coordination of Community Injury Prevention Programmes and was proud to help Whangarei become accredited in 2006 as one of the NZ Safe Communities, which is endorsed by the World Health Organization.

Retirement perspective on Northland

Although they plan to enjoy the exotic beauty of the Gold Coast, and later the Mediterranean, Sam and Marion describe their home region as a paradise where anyone who enjoys the water can make the most of swimming, diving, yachting, fishing and boating. "Northland is one of the best places in the world to live," Sam said.

Still, both acknowledge the challenges Northlanders face as our DHB slowly but surely reduces the life expectancy gap between Māori and non-Māori. Marion said her team works extremely hard to reduce inequities and one key highlight has been Northland DHB nearly eradicating incidences of rheumatic fever during her tenure.

Marion added she will be pleased to see Fit For Life and Food Rescue supporting population health initiatives to succeed. Those programmes should challenge the well-resourced takeaway, alcohol and tobacco industries. Marion acknowledged Jamie Leaf's management of those programmes.

Sam said he is looking forward to days without email and some uninterrupted fishing. Retirement may include a cruise and biking the Otago Rail Trail, maybe on e-bikes.

First things first, though: "The Monday after we finish we're going to jump on a plane to the Gold Coast," Marion said. "We'll sit on the beach, reflect, start a plan and maybe have a few glasses of bubbly!"

Parenting Service Launched for Mental Health and Addictions Clients



Whangarei MP Dr Shane Reti addresses the audience at the launch of He Tupua Waiora

A new service to help clients of Mental Health and Addictions Services (MHAS) was launched at Whangarei Hospital on March 20. Known as He Tupua Waiora Pregnancy and Parenting Service, the new approach is possible thanks to \$1m in funding for each of the next four years and will reach 100 pregnant women and parents of young children every year. He Tupua Waiora is aimed at preventing and reducing harm to children under three years old. It is based on a model of care developed by Waitemata DHB. DHBs in Tairāwhiti and Hawkes Bay are providing a similar service to that launched in Northland. Its main work will be carried out in the Whangarei hub, with a 'spoke' of the hub located in Kaitiāia.

He Tupua Waiora will provide its service in a flexible, non-judgemental, client-focused way, supporting whānau self-efficacy, empowerment and recovery, and will practice from a social justice perspective. It was brought about because Northland DHB could see more help was needed for mothers and mothers-to-be who have multiple complex and interacting issues including dependence disorders, cognitive impairment, histories involving neglect, abuse and domestic violence, multi-generational dysfunctional family patterns and involvement with child protection agencies and the justice system. The service primarily aims for reduced substance abuse in mothers as well as safety and an enhanced psychosocial environment for infants, reduced family violence, improved housing and reduced offending.

He Tupua Waiora was launched at Tohorā House, Whangarei Hospital, where He Roopu Kimiora Service Manager Agnes Daniels spoke about her years of experience working alongside at-risk mums. "Change has to come from within [clients]," Agnes said, adding that the new service aims "To touch people in their hearts." Agnes said the service represents Northland DHB's official values. "Tumanako (hope) is the best value in this service. Because it's hard for children to act for themselves, it's our responsibility to work alongside the parents."

At the launch, Agnes emphasised to Richard Taylor of the Ministry of Health her gratitude for the funding for the service. She then welcomed Whangarei MP Dr Shane Reti and recalled what it's like to be a patient with a baby, taking hers to see Dr Reti in his role as a GP in the early 1990s.

Agnes said patients trusting their health practitioner enough to go out of their way to see that person is the sort of service everybody wants. "Shane started a clinic on our marae at Pipiwai. He didn't pass judgement on our people. Shane was with us providing health services for 16 years – he's the reason we have salad at every kai!" Dr Reti wished the programme success on behalf of the Government. Marijke Cederman and Robert Steenhuisen of Waitemata DHB were thanked with a gift for their contribution to He Tupua Waiora. Stakeholders in the service will include PHOs, Salvation Army and Northland DHB's Child Protection Coordinator; and of course parents, whānau and caregivers.

Shelley's story at service launch

An important voice at the launch came from patient Shelley, who has at times been a client of MHAS. A speech prepared by Shelley was read which spoke of her gratitude for caring health services which helped her through her most vulnerable times. Diagnosed with depression, post-natal depression, anxiety, post-traumatic disorder and with a history of family violence, Shelley had high-risk experiences during pregnancy including attempted suicides and substance use. Shelley's relationship with maternal and infant mental health services in Kaitiāia began in 2014. Since that time Shelley has had an ongoing relationship with staff whom she says have gone over and above to ensure that she stays well. "During pregnancy I become very mentally unwell, irrationally suicidal, and as a result there was a point when my children were removed from my care. My health worker would come at any time of the day or night, travel to Whangarei to attend appointments with me and eventually after recovering from mental illness and drug abuse (as a result of taking prescription medication for a back injury) my children were returned to me."

April Falls: A Month of Patient Safety Awareness



Left to Right - Bronwyn Morgan with Sheryll Beveridge

Every April the Health Quality & Safety Commission's (HQSC) April Falls promotion raises awareness of the importance of reducing falls with harm in hospitals. This year the falls prevention message went out into the community. HQSC and Northland DHB Health of the Older Person team continue to work collaboratively with ACC on a project to prevent falls and keep people out of hospital.

In April the inpatient wards were given a falls cross chart to help staff, patients and their whānau visualise how many falls are occurring. The wards were encouraged to add a map of the ward to identify where the falls were occurring. This enabled the teams to analyse where the trends were in their wards and how to reduce the risk of patients falling.

The individual needs of patients and responses to those patients are different. For example, some patients are assessed for the need for non-slip red socks to keep them from slipping, while patients in ward 15 wear orange wrist bands so nurses know the patient is high risk of falling if they try to mobilise without assistance.

The aim for the newly formed Vulnerable Patient Group (formerly the Falls & Pressure injury group) has been to ensure patients have safe mobility plans, decluttered environments and regular toileting. The group is a multidisciplinary group and as Professor Anne-Marie Hill said at a recent Falls Prevention seminar, physiotherapists play a pivotal role in falls prevention.

Some of the awareness campaigns and activity around April Falls month included:

- An April Falls screen saver campaign
- Ward maps identifying spots where injuries are likely to result
- Therapy dogs Jo and Sam wearing non-slip socks as a talking point for patients around falls awareness.



Te Tai Tokerau Nursing and Midwifery Awards

Nurses and midwives make up the largest component of our health workforce in Northland. We honoured them with the Te Tai Tokerau Nursing and Midwifery Awards 2017 at Tohorā House on May 11. Midwife Sue Bree was the guest speaker. The award winners were:

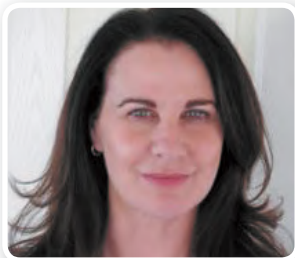
Nga manukura – Effective nursing leadership



Joint Merit:

Rachel Thompson

Keryn Thornton *Clinical nurse manager (pictured)*



Winner:

Helen Topia

Nurse practitioner/lecturer

Te mana whakahaere – Consistency



With Merit:

Sam Wall



Winner:

Hayley Moyle

Clinical nurse manager, District Nursing, Whangarei

Mauri Ora: – Nursing Workforce



With Merit:

Raiquel Te Puni



Winner:

Candy Cassidy, DAO

Toiora – Education



Joint Merit: Brydy Wilson

Ngati Hine Nursing Team
(Koha Aperahama, Sharon Henare & Tracey Wihongi)



Winner:

Davina Mannion

Clinical nurse educator, ICU

Waioara – Excellence in Clinical Practice



With Merit:

Alison Carlin



Winner:

Oringa Barach

CNS, Diabetes

Te Oranga – Innovative Models of Care award



Joint Merit:

Christine Baucke

Fiona Bamforth *(pictured)*



Winner:

Te Hau Awhiwhio o

Otangarei Nursing Team

Women & Newborns – The heart of midwifery



(L) Winner: Maryanne Kaye *Midwife*

(R) Merit: Samantha Harris *Team Leader, Te Puawai Ora Maternity service*



Alma Ringrose (pictured with her family and Mary Carthew) received a special long service recognition award from Manaia Health PHO.



Left to Right - Yvonne Morgan, Sam Harris, Deb Pittman, Joy Leslie, Maryanne Kaye, Sue Bree

Acknowledging nurses' achievements:

Crete Cherrington

After delivering an estimated 1500 babies in her career to date Crete Cherrington was appointed kuia of the New Zealand College of Midwives in March 2017.

Alison Carlin

Alison Carlin's decades of work in gynaecology were recently recognised with the presentation of an NZ Gynaecological Foundation Award in recognition of the "outstanding, above and beyond" work Ali has done in her role as a clinical nurse specialist.

Ali became a registered nurse in 1981, completed midwifery in 1983, came to NZ as a midwife for a one-year working holiday in 1986, stayed on and became a Clinical Nurse Specialist in 2010. Today Ali is on a clinical governance group for cervical screening, and the Northern Regional and NZ Gynaecological Cancer Groups.

Acknowledging nurses who have passed away

Three of our valued nurses passed away over the last year. Tributes to these women, describing their careers and how fondly they are remembered, were read. We acknowledge:

Marion McAulay (passed away 15 October 2016), Jean Partridge (passed away 25 February 2017), Lynette Collins (passed away 1 May 2017).

Moe mai e te tuahine, moe mai, moe mai.

Acknowledging Nurse Nightingale's legacy of hygiene

By Mo White - Infection Prevention and Control Clinical Nurse Specialist

If you visited any hospital or clinic in New Zealand on International Nurses Day, you can thank Florence Nightingale for keeping the facility as clean as possible. 160 years ago birthday girl Florence observed the need for professional nursing standards and uniformity, enacted those standards and contributed to scientific advances in understanding pathology.

Nurses are the largest profession in Northland's health system and make a distinct difference in the health outcome of every patient, which is why we honoured with them with the Te Tai Tokerau Nursing and Midwifery Awards.

Without infection control specialists and nurses safeguarding each patient, we would be overwhelmed by infection complicating each patient's recovery. Perhaps the worst-ever sanitary levels for patients in recent history were the conditions found in the squalor of the 1850s Crimean War, with its dreadful hospitals and barracks. It was those conditions that inspired Florence in her work, leading to generalised nursing which in turn led to the specialised nursing roles which make such a difference today.

The role of Infection Control Nurse, established in New Zealand in the 1980s, was primarily to identify the number of patients who developed infections after their admission to hospital. Hospital-wide surveillance enabled patients with infections to be isolated from others. It did little, however, to address the cause of the infection. Eventually the first New Zealand Standards for Infection Control were established in 2000. These provided a guide for infection control programmes in all hospitals and healthcare facilities.

In 2003 the Auditor General reported on a nationwide survey to discover how hospital acquired infections were being monitored, and by whom. Accreditation surveys, certification surveys and mandatory standards followed. Florence

Nightingale would have been impressed at the mountains of documentation as by 2008 Infection Prevention and Control Standards became part of the Health and Disability Services Standards.

In Northland today, we carry out the legacy of the Lady with the Lamp by providing each patient with entire services dedicated to clean beds and linen, the cleaning, sterilisation and supply of sterile equipment, plumbing, sanitation and waste workers. We monitor multidrug-resistant bacteria, bloodstream infections and surgical site infection. Our Infection Prevention and Control (IP&C) team are trained hand hygiene auditors and trainers. The Health Quality Safety Commission's hand hygiene compliance target is 80 percent, but thanks to Northland's IP&C team, we have a hand hygiene compliance rate of 88 percent. IP&Cs are even involved in the planning, design and construction of healthcare facilities. This stems from Florence Nightingale's discoveries about how fresh air, isolation and room layout affect patient health.

Everything Florence accomplished helped create better patient outcomes. She set a standard which every day we try to match.



Left to Right - Mo White, Sandra Cunningham and Premila Reddy

Relay for Life

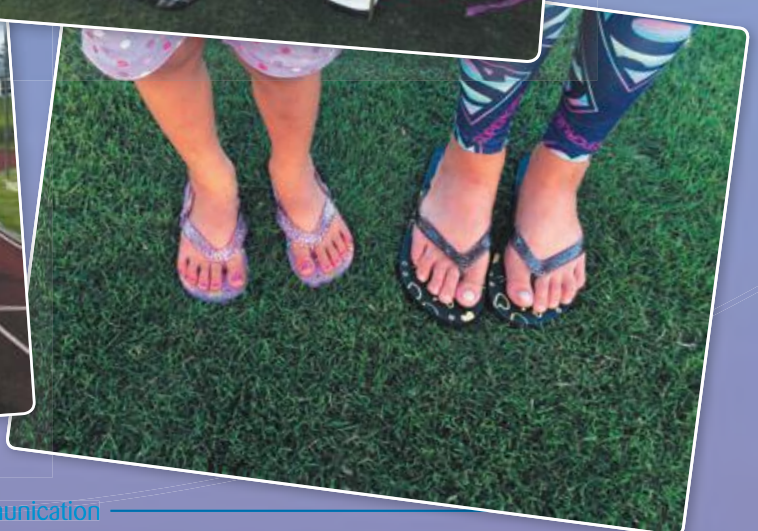
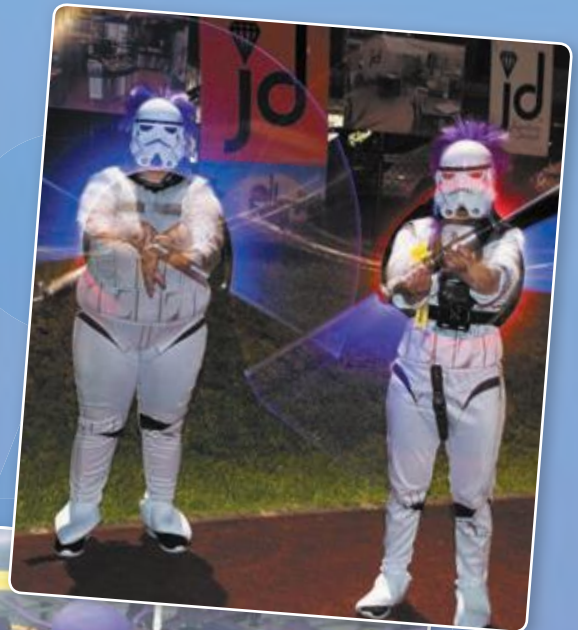
Walking and running through the night helped a Northland DHB team raise over \$1700 towards the Cancer Society's Relay For Life event on April 1-2 in Whangarei.

The Whangarei event alone featured 650 competitors from 46 teams and raised just under \$100,000 for the Cancer Society as participants walked, ran or jogged around Whangarei's Trigg Stadium.

Nationwide, Relays For Life raised over \$1.27m thanks to 704 teams and 6157 participants.

Tina Vink, organiser of the Thongaray Friends team, got together a team of 11 who ran, walked, and shuffled through the night before being rewarded with a big cooked breakfast on Sunday morning put on by New World Regent. The team's quirky name came about because "Northlanders are renowned for walking in bare feet and wearing jandals," organiser Tina Vink explained.

Before the event, the Thongaray Friends raised money through their entry fee and by collecting donations on the Relay For Life website. The team also decorated a Christmas tree with children's jandals, sold the jandals for a koha and donated the money to Cancer Society. On top of this, staff at Whangarei Hospital's Tohorā house donated Eco products, healthy foods and a treat of Easter chocolate contributing to five raffle baskets.



Out & About



How We Meet the Needs of Northland's Ageing Population



By Anu Ragnat, Clinical Nurse Specialist – Gerontology

Starting in my gerontology CNS role in the Health of Older People team at Whangarei Hospital in August 2015 introduced me to a group of exceptionally passionate knowledgeable senior nurses who provide care for the older population of Northland.

The Health of Older People (HOP) and Clinical Support speciality Nurses Team, located on Level 2 of Maunu House, comprise

post-discharge coordinators, fracture liaison nurses, elder clinic nurse, stroke CNSs, gerontology nurse specialists in Whangarei, BOI and Kaitia and a practice development/aged residential care coordinator under the strong leadership of our clinical manager Josephine McCathie.

The world is going through a demographic revolution because of its ageing population. Projections indicate that in New Zealand between 2011 and 2021 the elderly population will grow by 200,000 and by 2051, 1.14 million people will be in this age group. This means one in every four New Zealanders will be elderly by 2050. The 2013 Census indicated people aged over 65 comprise 18 percent of Northland's population.

As the population ages, age-related fragility and accumulating multiple chronic conditions require care coordination which often can span all healthcare settings. Northland's population is older than the national average, which causes more demand on services. Dementia is one main example and is a speciality I work closely with, which gives me immense job satisfaction and fulfilment.

As our ageing population grows, there will also be an increase in the number of people with dementia. In 2011, just over 48,000 New Zealanders had dementia. This number is estimated to reach 78,000+ by 2026, an increase of over 60 percent. There are strategic action plans in place to support our Northland population and the specialised skills of the HOP team are fundamental in making sure there is safety in community settings.

My role includes:

- Clinical assessments for the clinically fragile/complex elderly population who are waiting to be seen by geriatricians, and navigating those people through the cognitive impairment/dementia care pathway. They often also need to be assessed about the safety concerns around medication – polypharmacy and falls.

- Home visits and assessments for cognitively impaired older people who have been referred directly to me by different health professionals in the DHB or from community organisations like Alzheimer's Society.
- Working closely with Needs Assessment team (NASC), post discharge coordinators, social workers, GPs, community assessment and rehabilitation (CARS) team etc to help older people to access the support they need.
- Providing education for patients and carers, especially about cognitive impairment pathway and management of dementia and related issues.

I want to emphasise the importance of raising awareness about the support options available for our older population in the community and directing them towards the teams under HOP to access supports.

If you'd like to know more about the services under Health of Older People please go to:

<https://www.healthpoint.co.nz/older-peoples-health/northland/>

I can be contacted on **09 430 4101 ext 8014** for any queries.



Anu visiting patient Colleen Cheak

Northland Patients Part of Worldwide Hep C Cure



Left to Right: Visiting hepatologist Dr Rachael Harry, CNS Sandra Meyst, Liver Service RN Judy Coyne

Northland is among the locations worldwide where a drug to treat Hepatitis C is achieving a near-100 percent success rate. Curing the disease in individuals is hoped to contribute to the worldwide eradication of the debilitating liver disease as an epidemic.

Viekira Pak is a combination of four antiviral medicines which PHARMAC began publicly funding from July 2016. In Northland – where there are up to 500 people diagnosed with Hepatitis C, and many more undiagnosed – 73 patients had been successfully cured of Hep C as of the end February, with only one known unsuccessful treatment. As at the end of March, 108 patients had been initiated on Viekira Pak.

Viekira and other antiviral drugs, combined with prevention programmes, are expected to eradicate the virus as a public health problem by the year 2030, the World Health Organization says. 50,000 New Zealanders are estimated to carry the blood-borne virus, although only half that number of people are currently diagnosed. Globally, WHO estimates up to 150 million people live with the disease.

Northland DHB physician Dr Kaye Logan and hepatitis clinical nurse specialist Sandra Meyst said the release of Viekira was “exciting” but also generated apprehension. For now, Kaye and Sandra can only use Viekira Pak with patients of Genotype 1, a genotype representing around 60 percent of patients.

Because of the origins of Hep C infection, including blood exchange from intravenous drug needles or tattooing equipment, many patients have experienced guilt, shame or stigma around their condition, intensified by the low success rate of the Interferon and Ribavirin antiviral treatment options which were the norm until Viekira. These antivirals were expensive and many side effects would sicken those undergoing the treatment. “For so many years it’s been depressing to treat, very intensive, often disappointing, with patients unwell and miserable,” Kaye said.

The cure rate brings great news to the patients born between 1945 and 1965 most likely to suffer from Hepatitis C. “In my job often you don’t cure people,” Kaye said. “It’s nice to be able to cure something.” Those who have successfully taken the course of Viekira “have had a big emotional burden lifted,” Sandra added.

The next step in eliminating Hepatitis C as a public health problem will be ensuring Viekira is safely prescribed and dispensed and that GPs – who are able to treat patients without cirrhosis – understand safety around Viekira interacting with other drugs. Other factors in the patient’s health will also affect the success of Viekira.

For now, GPs are being educated about the funding available to get Hep C sufferers engaging with their clinic. “When the dust settles we will go out and reach people who don’t see their GP and aren’t treating their disease,” Kaye said. “We want to hunt them down and give them treatment – in future we want to eradicate the disease, like with smallpox.”

A New Lease of Life: Martin’s Story

A Whangarei patient, who asked to be known as Martin, wept as he shared the story of Viekira curing him of a 20-year illness “equal to cancer”. Hep C had given Martin years of shame, discomfort, depression, and made him feel he was a burden on the healthcare system. Today, Martin says he has a “new lease of life”.

Martin, now 62, contracted the virus as a university student four decades ago, but like many people he was only diagnosed in his 40s, after which cirrhosis began to set in. “When I heard Viekira was coming I rang Nurse Sandra and got on the Viekira list. I’m so thankful. I feel like it’s given me another 30 years of life.” Martin thanked Sandra and Kaye for their caring approach and said the work of award-winning Auckland City Hospital hepatologist Professor Ed Gane and his team of specialists also helped Martin’s recovery.

Part of Martin’s journey involved giving an emotional speech to GPs and pharmacists as they were educated about the impact Viekira can make. “The speech was a pretty emotional time. I was so thankful, and other patients were, to be given that chance. It

felt good to share my story, it was an eye-opener to them. I had felt like a burden on society. You couldn’t talk about it, it was not cool that I got my illness through perceived irresponsibility. No one wanted to know about it.”

“It was a debilitating disease, equal to cancer. You live with depression; you wake up feeling like you’ve got the flu and don’t know why. You just put up with it. It’s not something you share. People don’t appreciate what it does to you – it’s like running on half your cylinders. On top of my shitty liver I had unexplainable grumpiness and moodiness and when I was stressed, the effects of Hep C hit me tenfold. I have lost a couple of mates to liver cancer. In the last 2–3 years I was getting pretty desperate; mild cirrhosis was kicking in. In the back of my mind was finality.”

It was the new year when Martin received the good news: after 12 weeks on Viekira Pak, blood tests proved he was now clear of Hepatitis C. “I’m not ashamed of what I did, how I got it, I was just fortunate to live through it.”

Mario Added to Jim Carney Portrait Series



Mario's portrait in the Jim Carney Cancer Treatment Centre

Mario Vuletich is the latest person to have their portrait put on the walls of the Jim Carney Cancer Treatment Centre at Whangarei Hospital.

Mario, 65, says he has had a lifetime of battling bowel cancer which stemmed from Lynch Syndrome, inherited from Mario's father's side of the family. Mario has had three family members pass away due to bowel or pancreatic cancer, including his beloved son Richard who passed away two years ago.

Mario has an enthusiastic, passionate and positive personality for a man who has endured so many health complications. At one point he flew to Australia to purchase the cancer drug Keytruda and brought it back to New Zealand where he underwent lifesaving immunotherapy at Mercy Ascot Hospital in Epsom. When interviewed on a sunny morning at the Jim Carney Treatment Centre, Mario couldn't wait for his 30-minute immunotherapy infusion to finish so he could get back amongst the grapes by lunchtime.

Mario is passionate about White Diamond grapes and wine as well as the Gewürztraminer, syrah, Gumdigger's Port and dry reds Longview Estate is known for. The vineyard is also a sacred place for Mario's family – it was where Mario worked with his mother and father from when the business was established in 1969.

Mario's parents came to New Zealand from Croatia, which he describes as "a country with a strong culture where everybody grows their own grapes and makes their own wine". Not long after completing his engineering apprenticeship, Mario's dad Mate passed away due to pancreatic cancer, so Mario took his dad's place at the age of 26 alongside his mother Milly in building the

Longview brand and its reputation. Longview Estate was the place where Mario's son Richard began learning how to become an award-winning winemaker. Mario is proud to have directed Longview Estate to its position of business success today. While doing so he created a wine called White Diamond which grew into a brand popular enough to command well over \$500 per bottle in China.

The portrait affirms the role of winemaking in Vuletich family values, and it was amongst the grapes that Mate, Mario and Richard spent many years bonding. From the age of three, Richard was carried around in a baby carrier on Mario's back while Mario worked in the vineyard. As Richard grew bigger so did his passion for wine, just like his father's. After his graduation from wine school, Richard became a valuable and successful asset to the wine industry as a young, up and coming winemaker, in a senior position at Moss Wood winery near Margaret River, just south of Perth in Australia. Mario says his son was 6 feet 2 inches tall, had blonde hair and blue eyes, and an amazing personality. His presence lit up any room that he entered, Mario said. "Losing my son broke my heart."

Mario fought bowel cancer for many years, then melanoma "showed its ugly head". After Richard passed away, Mario and his family decided to sell Longview Estate. The winery and vineyard was acquired by a group of New Zealand and Chinese investors in March 2016. The investors valued the expertise of the Vuletich family so much they retained Mario on the estate as head winemaker. The vineyard has now become a place for Mario to mentor a young student winemaker, Tony. Mario continues to live at Longview Estate in the family homestead with his 14-year-old family cat and is proud to have reached retirement age despite the challenges of the cancer-causing Lynch Syndrome.

"Two-and-a-half years ago I was given three months to live," Mario said. "Keytruda immunotherapy wasn't subsidised in New Zealand at that stage, so I ended up spending \$130,000 to retrieve six infusions of it from Australia." Mario says Keytruda shrunk his lymph node tumours successfully. After two years there was some recurrence, although now Keytruda is publicly funded and Mario hopes the three-weekly Keytruda treatment at the Jim Carney Treatment Centre will suppress the melanoma and other types of cancer. "Keytruda is a miracle drug," Mario said, before returning to the subject he is most passionate about: winemaking.

Mario's large photographic portrait, taken by Liz Inch, will sit alongside those of Sam Hart surfing and Marlene Tuhiwai gathering with whānau at her marae. All of the portraits have one thing in common: they portray people enjoying life, with or without illness. Mario is portrayed at home on Longview Estate – where he has lived for 50+ years – working on his beloved White Diamond.



Our Staff Strike Gold at World Masters Games

The World Masters Games, held in Auckland in late April, was the largest-ever athletics meet in this country. 25,000 athletes were there from over 100 countries – and plenty of Northland DHB staff were in the mix. Across the ten-day event, our Northland DHB whānau achieved personal bests and a range of gold and silver medals. Across 28 sports and 45 disciplines, our people brought home results including:

Northland DHB communications officer Paula Martin achieved four out of five personal best times. “The highlight for me was taking 13 seconds off my 200 medley time, 4 seconds off my 100 m breaststroke and 3 seconds off my 50 m butterfly,” Paula said. “All those weekends staring at the black line on the bottom of the pool was worth it. I met some extremely talented and committed athletes during the games, which put the level of competition into perspective.”

Senior hand physiotherapist Jane Sweeney competed in just two cycling events, and won gold in both. Jane, competing in the 60–64 age bracket achieved a time of 33m51s in the criterium event (as well as the fastest lap time of all competitors, with 3m36s), and also won gold in the cycling road race with a time of 53m11s, covering 27 km while battling an “horrific” headwind. Jane added she is proud to “claim an international field” in the criterium race by beating two Australians and a Scot.

ENT Dr Chris Seeley, who frequently competes in triathlons and half-marathons, was aiming for a time under 2 hours 30 minutes as he tackled a triathlon of 1500 m swim, 40 km bike ride, and 10 km run in his 60–64 age bracket. Chris achieved a silver medal and finished just behind Dr John (Johan) Hellems, one of the top triathletes in the country. Chris, who trained up to twice daily for 4–5 months leading up to the event, achieved the phenomenal time of 2.15.24, just 87 seconds behind Hellems.

healthAlliance business analyst Chris Budge and her four partners won gold in the lawn bowls Women’s Fours category for 50–59-year-olds after two rounds of elimination.

Two Northland DHB staff were part of the NZ 45+ Women’s Field Hockey team which won gold at the Games. They are Clinical Nurse Specialist for Medical Outreach Alma Quirey and Estelle Lang, clinical pharmacist. Both also played for the Northern Ferns 45+ women’s hockey team at the Games. Alma, Estelle and their teammates had been training for this event since October 2016. Alma has been playing hockey since she was 9 years old and Estelle since she was 13. The Northern Ferns came home silver medallists and plan to play in the next World Masters Games which will be hosted in Japan in 2021. Alma and Estelle played in the final of the Games then returned home to go into camp the next day for their New Zealand teams after having already played six games for the Northern Ferns.

Diabetes clinical nurse specialist Oringa Barach competed in the half marathon and came eighth in the 70–74 age group, achieving a time of 3.18.10. If that achievement wasn’t enough, Oringa participated in the triathlon as well, which involved a 750m swim, 20km cycle and 5km run. “It was a pretty difficult event due to the weather. The 65+ group were the last group to head off. By this time, the sea was rough, the wind had got up and it was pouring with rain, making life tricky! The course was changed and the swim shortened, there were no hills on the biking part, just three laps on the flat. I got hauled out of the swim wheezing, fit to burst but once out I recovered and the organisers let me carry on. So I rode in the pouring rain and wind (watching the white lines carefully) and then ran 5 km up and down lots of hills! I was really pleased to be able to continue as generally in triathlon, once out of a discipline – that’s it. No medals for me – but I didn’t go expecting any as I knew all the competitors. BUT we had so much fun. The atmosphere at the whole games was just great.”

Medical Outreach Team CNS Sue Cooper competed in the 50 m freestyle swim just four years after she first learned to swim. “Someone famous once said ‘Nothing is impossible to the willing mind’. I use this phrase often on my grandsons, so thought I better get sorted, learn to dive without my goggles falling off and swim a bit faster!” Sue said. “I managed to swim 50m freestyle in the 60–64 age group in 55.8 sec, which was a personal best for me, and still breathe! As my young grandson said, “‘Nana, you came 31st in 50 m Freestyle for 60–64 year olds in the WORLD! I can live with that.”



Medical Outreach Team Clinical Nurse Specialist Sue Cooper

Ron Thanks 100 Donors For Keeping Him Alive

Each day Ron Pattenden says a prayer thanking the 100 blood donors who have kept him alive. If he didn't receive 1-2 units of blood from donors each week, Ron might not have been here to share his story around World Blood Donor Day, Wednesday June 14.



Ron with nurse Les.

Ron, 76, has large granular lymphocytic leukaemia (LGL leukaemia), a rare blood cancer. Ron also suffers anaemia, meaning the haemoglobin in his red blood cells is low and his blood struggles to carry a healthy level of oxygen so he needs an input of fresh blood each week.

Roughly two thirds of donated blood goes to people requiring transfusions for medical conditions such as anaemia, cancer and blood disease. 29 percent of donated blood goes to cancer patients. Around a quarter of blood supplies are used in surgery, including cardiac and emergency surgery. The other six percent of donations is used to treat blood loss after childbirth.

120,000 units of blood are collected in NZ each year, treating an estimated 29,000 patients. After it has been processed, nearly 40 percent of blood is used in hospitals around Auckland; just 2.75 percent of processed blood is consumed from Whangarei Hospital's Blood Bank. 470mls is the average amount of blood donated. This is 7-8 percent of the blood in an average adult, and each donation is separated into red blood cells, platelets, blood clotting factors, plasma, anti-D, immunoglobulin, globulins and several pharmaceutical/medicinal components. Ron's severely low haemoglobin means he needs to receive anywhere from 280-313mls of red blood cells at a time. That comes from one unit of blood from one donor, and on weeks when Ron's haemoglobin is critically low, he needs two units. Having had 85 transfusions in his life, receiving 1-2 units at a time from 1-2 donors, Ron estimates he has 100 donors to thank.

A Whangarei local, Ron was found to be anaemic when increasingly low oxygen levels meant he could barely move, let alone play bowls. Further testing, an unsuccessful course of Eprex and a bone marrow biopsy found his marrow wasn't producing healthy blood and leukaemia was detected after that.

Ron suffers from asbestos disease, kidney failure, and diabetes on top of LGL leukaemia and anaemia, and also had his thyroid gland removed decades ago, so each condition causes complications – for example, the iron levels in each unit of blood Ron takes in must be watched carefully as his failing kidneys can't process much iron.

A normal healthy adult will have haemoglobin levels of 120-170 grams per litre of blood (g/L); Ron typically has just half that, often with levels of around 86g/L. Each unit of blood Ron receives raises his haemoglobin by ten grams. At its lowest point, around 2014, Ron had a haemoglobin level of 57 and struggled to breathe.

The O-type blood Ron receives gets processed all over the country. Donors are anonymous, but Ron and wife Rosalie always appreciate the people who have taken time out of their day to volunteer part of themselves.

"We tell our children and grandsons, go and give blood for god's sake!" Rosalie says.

"Years ago I used to be worried about blood transfusions, where the blood came from," Ron reflects, "But I've become aware it is very much screened by the blood service. I absolutely admire the donors. Not a day goes by I don't get out of bed and say Thank God for the blood donors."



Midwives Matter

International Day of the Midwife

International Day of the Midwife was observed on Friday May 5. The day was organised by the International Confederation of Midwives, supported by the NZ College of Midwives and was about highlighting the important role the country's 3000 midwives play in the health of mothers and children, as well as family planning. This year's International Day of the Midwife theme was 'Midwives, Mothers and Families: Partners for Life.'

Northland DHB clinical midwife manager Yvonne Morgan said the theme captured the professional friendship around childbirth. "The woman should be in the middle of a decision-making partnership between her, her consultant obstetrician and the midwife." Whangarei Hospital's Te Kotuku Maternity Unit is the location of the largest number of births in Northland every year. Last year there was an average of 141 births per month at Whangarei, an increase on the year before of 123 per month. It all means an average of 4–5 births per day at Te Kotuku alone. There are almost 100 midwives in Northland – around 50 are self-employed, Whangarei Hospital has 31 core staff midwives, 3 in the community, then there are 8 midwives in Bay of Islands Hospital, 2 at Kaitaia and one at Dargaville.

Joy's joyous handmade midwife cards

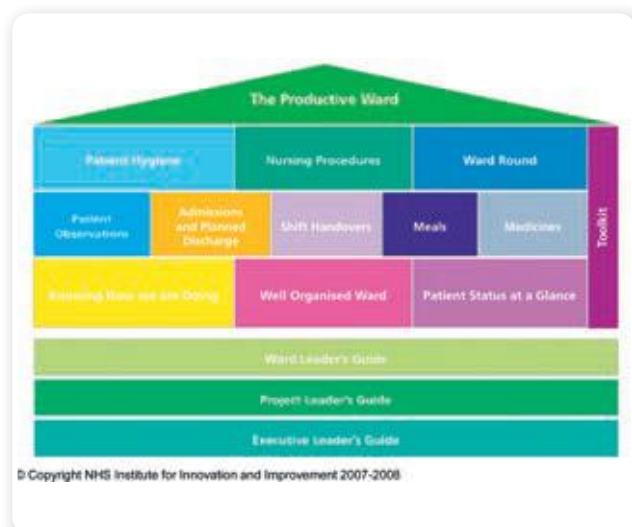
Core midwife Joy Leslie this year made dozens of cards which parents filled in at Te Puawai Ora and the Baby, Bump and Toddler Expo, so that midwives could receive a personalised message from whānau they have worked with and know they were not forgotten.

"It's because I appreciate being a midwife and love my job," Joy said, thanking fellow midwife Charlotte Avery for the suggestion to make the cards. Many of the cards were filled out by appreciative whānau well ahead of Midwives Day. The plan was to photocopy the cards and share these with the Ministry of Health as a demonstration of how much midwives are valued.

The cards have another purpose, too – it is hoped that messages around Midwives Day would reach the small number of mums who give birth without a midwife. While every woman presenting at hospital without a midwife is assigned one by the maternity ward, Joy says there are still occasionally women turning up in labour without a midwife organised. "I want women who don't access antenatal care to realise the value of midwifery," Joy said, "Because we need midwives to give our women a good, healthy pregnancy – otherwise poorly developed babies can result."



Releasing Time to Care Programme



**By Jacky Watkins,
RTC Project Improvement Facilitator**

The Productive Ward: Releasing Time to Care (RTC) programme focuses on removing waste and improving space within wards to allow nurses to spend more productive time with patients. This ultimately reduces falls, not to mention boosting morale.

A nurse-led programme, five of our clinical areas (Tumanako, Te Kotuku including Delivery Suite, Child Health services: Ward 2 and Special Care Baby Unit and Ward 14) are participating in the programme in the first year of implementation.

Developed by the UK National Health Service, RTC is based on well-established 'lean thinking' principles and improvement methodology. The programme aims to improve care quality by eliminating waste and activities that do not add value. This enables staff to spend more time with patients, thereby improving patient safety and ward efficiency.

Some typical benefits of this programme might include:

- increased direct care time spent with patients
- improved safety (participating hospitals have reported decreased numbers of falls)
- reduced costs and waste
- improved staff morale (improvements in nurse and patient satisfaction reported)
- reduced medicine round times and errors
- reduced shift handover time
- reduced time taken for meal rounds and patient nutrition improved
- less time spent searching for equipment.

Staff identify areas for improvement by looking at processes such as drug rounds, ward rounds and discharges. They then find ways of streamlining these processes. It is a modular, structured programme consisting of three foundation modules and eight process modules covering patient hygiene, admission and discharge, nursing procedures, ward rounds, patient observations, medicine, meals and shift handovers.

Influenza Update

June 2017 – Whilst the world focuses on the rapid spread of a computer virus, other viruses are quietly spreading around New Zealand. Centres across the country are now reporting increased influenza activity. Provisional data shows a predominance of A/(H3N2) and B/Yamagata strains. H3N2 tends to cause a more severe illness than other seasonal strains.

We did well to reach 44 percent of Northland DHB staff vaccinated within the first two weeks of the programme which started on 24 April. However, at week nine (68 percent) we are slightly behind the 2016 result of 71 percent so we have a way to go to reach the 'herd' immunity threshold of 80 percent. Herd immunity threshold is the level of vaccination required to stop infection spreading within a population.

New Zealand research from the 2015 SHIVERS cohort showed that only one third of influenza cases were

symptomatic. Asymptomatic infected individuals can, however, still spread the disease to others and we know that the very old and the very young bear the highest burden of severe morbidity and mortality from influenza. Pregnant women are also at much higher risk of severe disease and every winter we have one or more pregnant patients in ICU with influenza. To protect our vulnerable patients, unimmunised staff will be required to wear surgical masks when interacting with patients during the influenza season.

You may be aware by now that a reanalysis of data regarding oseltamivir (Tamiflu) has brought into question how effective the treatment is, so prevention really is the best policy. Hand hygiene, vaccination, cough etiquette and social distancing all reduce the spread of the virus. Don't spread influenza to your vulnerable patients, or indeed your whānau. Get vaccinated, keep your hands clean and stay home if you are ill.

Symposium Links Māori Youth With Health Careers

The Rangatahi Health Symposium kicked off on April 19 in Whangarei. Based at Pehiaweri Marae and spanning nearby towns, beaches and hospitals, the symposium was organised by Kia Ora Hauora, an organisation which exists to boost the number of Māori in health and science careers by streamlining the transition from secondary to tertiary study.

The Rangatahi Health Symposium is held every year for Māori secondary school students years 11–13. This year 60 students attended from South Auckland right through to Kaitaia. Seven tertiary students acted as chaperones through the event, providing up-to-date perspective and guidance on what it's like to go through (mostly Bachelor qualification) health and science study.

The chaperones were just a few years older than the secondary students and were able to give fresh advice on how to balance study life with social life, how to keep fit and healthy and how to benefit from scholarships.

Activities during the symposium challenged and enhanced the leadership abilities of participants, provided study tools, got the rangatahi prepared for university and related the journeys of many people in the Māori health workforce. Cultural knowledge and identity were embedded throughout the event, which was coordinated by Tracey Cornell, who is the Kia Ora

Hauora and Health Workforce liaison within Northland DHB's Te Poutokomanawa Māori Health Services Directorate.

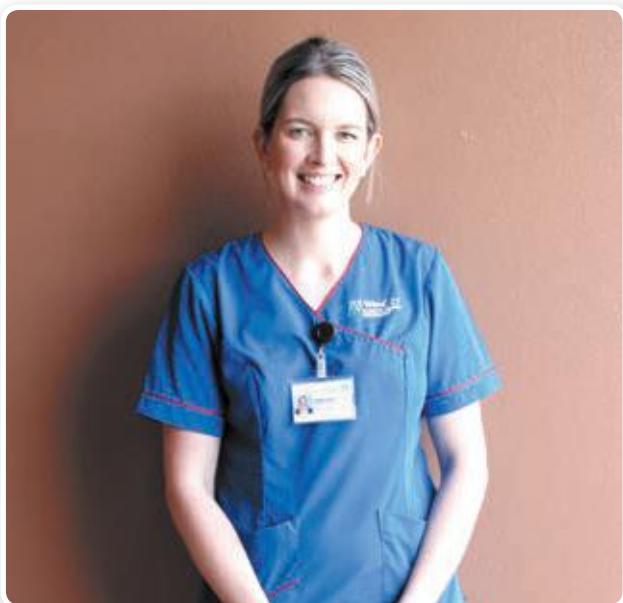
The three-day immersion experience included:

- Māori cultural activities at Pehiaweri Marae, including pōwhiri, waiata and haka
- Whangarei Hospital tour/experience
- Whakawhanaungatanga/teambuilding
- Spoken word performances from chaperone, poet and education worker Te Kahu Rolleston
- Matariki/Navigation/reading the stars at Whangarei's Planetarium
- Environmental science experience at Whale Bay, including snorkelling and biology tours
- Workshop linking symposium students with the fifth year University of Auckland students on the Pukawakawa programme
- Presentation introducing students to AUT University's health programmes
- Introduction to scholarship and tertiary preparation from NorthTec's Youth Guarantee/Foundation studies programme leader.



Half of the 2017 Rangatahi Health Symposium students, working on a project at Whangarei Hospital

Award Honours Emerging Nurse Leader's Empathetic Approach



Gemma Watts is the recipient of the Health Quality and Safety Commission's Open For Leadership Award for June 2017. This award recognises health professionals who demonstrate excellent practice, quality improvement and leadership skills and aims to build capability and leadership within the health sector.

Gemma is a registered nurse who has recently been seconded as a Clinical Nurse Specialist on the rehabilitation ward (Ward 15) at Whangarei Hospital. It was her involvement in the HQSC Patient Co-design programme that saw her work alongside patients and their families to improve their experience during their stay on the rehabilitation ward. Gemma is being recognised for having outstanding nursing skills that have made a difference to patient care.

In 2013-2014 the rehabilitation ward participated in the co-design programme. Gemma, who had joined Northland DHB after graduating from NorthTec in 2013, was instrumental in the success of this programme on the ward. Gemma interviewed patients and families during their hospital stay using open-ended questions that invited them to not only identify issues that they may be experiencing but also encouraged them to make suggestions about how the team on the ward could better work alongside patients and their families. Gemma then analysed and identified themes and made recommendations that would foster a partnership approach to care delivery on the ward. "Despite being in her first year of practice, Gemma demonstrated interpersonal skills that were beyond what would be expected of a new nurse," Clinical Nurse Manager Denise Watene says. "She was able to listen empathetically, creating an environment where the patient and their family felt safe giving honest feedback," Denise adds. "Gemma's analysis of the data she collected showed her ability to think in-depth and she was confident in checking with patients that her conclusions accurately reflected their suggestions.

Gemma quickly grasped the co-design methodology and as she has moved forward with her practice she continues to work in partnership with patients and families to improve patient care on ward 15."

Gemma was involved in this programme during her first year of practice and used nursing skills that were beyond what would be expected a nurse in their first year of practice. "Gemma is one of the most outstanding new graduate nurses I have ever worked with and is well and truly worthy of being recognised as an Emerging Nursing Leader," Associate Clinical Nurse Manager Lisa Cutts says.

Northland DHB director of Nursing and Midwifery Margareth Broodkoom said becoming a CNS within four years of registering – and getting married and becoming a mother – is no mean feat. "The award is a great recognition of her leadership development," Margareth says.

Helping patients pursue what's best for them

The Partners In Care programme was about sitting down with families and working out improvements, Gemma says. "One of the key issues patients and families identified to me was the restricted visiting hours and the doors to the ward being shut. Families also identified that they wanted to take part in providing patient care."

The open-ended questions used to put families at ease simply began with general conversation, Gemma says. "It was 'Tell me about how your day looks and what troubles do you have at the moment.' It's about capturing the whole person and not just the reason they're in hospital right now. It's about establishing trust in a safe environment."

Gemma and her managers describe ward 15 as a progressive ward open to change with a goal of improving the way that they work with patients and families. Since the ward participated in the Co-design programme they have made a number of changes that include involving families in goal-setting meetings and encouraging whānau to work alongside the team learning how to mobilise or care for their loved one.

Involving families in everyday care and decision-making is part of the Ward Values, which in turn are part of the organisation-wide values launched by Northland DHB in 2015. "Working in partnership with patients is built into my practice now," Gemma says. "Whānau are crucial in the transition for patients to get home."

Denise Watene knew Gemma would be invaluable on the ward as far back as the recruitment process. "When hiring Gemma I got excellent feedback from two of her referees. Before I could phone the third referee he phoned me because he wanted the opportunity to tell me that Gemma was one of the most outstanding employees he had ever had," Denise says. "Lisa and I had already worked out how fabulous Gemma was. We knew from the start she had special qualities and she has certainly confirmed that."

Stories from Smokefree May

A month of awareness and positive news around smoking cessation began on May 1. The month built up to World Smokefree Day on May 31 in which Northland DHB once again reminded the community how much smoking takes away from people and how much quitting the smokes can bring back.

Here are excerpts from some of the inspirational smokefree staff stories.

Monique Wairepo – Café assistant, Vibe Cafe

Monique, who began smoking at 15, said her main reason to get off the smokes was that her first child was coming. She contacted Jan Marshall, Northland DHB Smokefree Hospital Facilitator for support, and got nicotine replacement therapy patches which she used for a month to help her stop. She also changed her routines and was grateful that there was now no smoking allowed in bars and clubs. This made it much easier to choose not to be around others when they were smoking. “I just didn’t go outside with my mates when they were smoking.”

Monique says that since she has stopped smoking her breathing has improved, she no longer has a cough and when she goes out she doesn’t have a hangover the next day. Monique has no desire to smoke and says she is determined to be a smokefree role model for her moko. “Thanks to Jan for the help – anyone who helps is a bonus. There’s no going back!”

Peter Hughes – Cook (and multitasker), Spotless Services

Peter remembers starting smoking when he was 21 when smoking was the “in thing” and cigarettes were \$3.00 a pack. He smoked for 23 years and made one previous quit attempt which lasted 1.5 years, initially using the NRT gum. “The problem was I put on so much weight! Food tasted so good... I could actually taste it!” Peter went back to smoking, however an event during an operation on his shoulder proved to be a major catalyst for change. “It was one year and 5 months ago. I technically died in theatre – both my lungs collapsed. It was a real wake-up call – they said I had the lung age of a 75-year-old. I used to be able to buy a 50 pack of cigarettes in Australia and I would smoke one of those a day. I was going outside all the time to smoke, but it was a real struggle to walk to the end of the corridor.”

Peter’s near-death experience prompted him to quit. He got some NRT patches – but didn’t use them and instead of going out with others to smoke he stayed inside. He has taken up walking after work, which is much easier now. Peter says his breathing has really improved – his lung age has dropped by 20 years.

Waata Kanara – Cultural Consumer Advisor, Te Roopu Whitiara

Waata quit smoking after 45 years. Like Peter, Waata had a health crisis which served as a wake-up call that quitting

smoking would make the rest of his life better. “After a car accident in October last year I sustained chest and rib fractures, it was difficult to smoke and I was restricted indoors and at hospital during recovery. I was in hospital for a week. Then I spent three weeks recovering at home. I have been smokefree since then. I feel much better in terms of my health and I have not had any cravings. I’d always tried to or had an interest in giving it up, but never had the opportunity, never had the way to do that until this accident occurred.”

At 66, fatigue and unnecessary costs were two great reasons to quit. “At my age it’s the cost-saving factor: if one member of a family were to give up smoking, it would mean less poverty. People find money for cigarettes, lollies and alcohol, but they don’t really need that. If two family members gave up they would be so much more advantaged.” Waata added he is unimpressed with how smoking has affected Māoritanga. “I’ve been a hypocrite. I’ve seen that among children I looked after, 10–11 years old who are smoking, I’ve seen smoking be a detriment to the culture.”



UPSTANDER Programme Tours

Northland Schools



Times are tough on Rocky Road. Everyone has their demons and the pressure to play along is way too strong. After all, who are we to think that we can change anything?

You're in the workshop. Can you clear the air and set the scene? Join us to create an UPSTANDER narrative for the residents of Rocky Road.

The play UPSTANDER, which gets Northland youth talking about the link between domestic violence, communication and bullying, toured schools from May to June. UPSTANDER is written by Bryan Divers and supported by Northland DHB and Te Puni Kōkiri's Rangatahi Suicide Prevention Fund.

Previously Northland DHB worked with Bryan to produce and tour Matanui, a play about youth suicide. As with Matanui, UPSTANDER performances were followed by educational sessions in schools in which students and health and support agencies engage in korero and role-playing while revisiting parts of the play. This meant organisations including DHB nurses, Te Roopu Kimiora,

Police, Oranga Tamariki and other agencies who work with the school could relate to students what their work is all about and how they can be safely and confidentially contacted.

As Bryan put it, "The stage production is a conversation-starter to streamline support."

UPSTANDER followed characters along the aptly-named Rocky Road, starting with Jo (Tameka Sowman) who is friends with Lucy and Barry. Jo became an upstander against the bullying of Lucy (Johanna Cosgrove) by Barry (Mataara Stokes). Barry's character learned about his own motivations for bullying and violence after he was confronted in the play by Eric, Lucy's grandfather, played by director Bryan Divers.

Tameka, who played Desiree in Matanui, said the underlying 'territory' of suicide awareness links Matanui with Bryan's new play. "It's not easy to talk about some of these topics – but conversations are a way forward," Tameka said. "[Theatre] is a platform for resilience."

Johanna added theatre is a great medium for that topic because theatre is a way to get open and honest dialogue happening.

UPSTANDER toured 19 schools throughout Northland and also visited the Kea Unit, Northland Region Corrections Facility in total reaching an estimated audience of over 3000.



Left to Right: Tameka Sowman, Johanna Cosgrove, Bryan Divers and Mataara Stokes

Helping Northlanders with Autism



Leesa Wilgar joined Northland DHB as Autism Spectrum Disorder (ASD) Coordinator in April. Leesa is a graduate speech and language therapist who works at the Child Health Centre in Whangarei one day per week and does three days per week as a speech language therapist.

She covers Kaiwaka to Cape Reinga, seeing children pre- diagnosis awaiting complex development clinic (CDAC) and those with a new diagnosis. Leesa works closely with the CDAC team (Psychology, Occupational Therapy and Speech Language Therapy) to ensure a smooth process for the children and family of Northland. The paediatric team refer directly to Leesa following a diagnosis and she will help guide families while they establish relationships with community agencies.

Responses to ASD come from the education sector, too. Whangarei-based special needs coordinator **David van de Klundert** of Morningside School relies on many people to help him through the process of transitioning children from one teacher or from one setting, which he says can be a period of uncertainty and stress.

Firstly talking to the family is essential. "I will meet with family and the child to explain our school, our culture and our strengths and to listen to family about their child's needs. The second way involves our own contact with our local early childhood education providers whom we are in regular contact with. They will bring to our attention potential enrolments in our school and will

alert us to any children who may have special needs. Thirdly, contact with our early interventionist is crucial. This person works for Group Special Education and links me to the child, to their family and whānau, to the centre and to resourcing."

"The more information that these sources of information give me, the better understanding I will have of the child, the family, the resourcing, the interventions, the period of transition needed and what type of teacher and classroom placement will best meet the needs of the child.

"From all of these sources I then set about building a transition team that usually involves the family and whānau, the early intervention specialist if one is involved, an early childhood centre member, a teacher and myself. If I can, I also bring in my Special Education advisor."

Everyone involved in the process needs time to build relationships, identify barriers to inclusive practice, meet with other professionals that may have been involved with the child, read all documentation, get teachers to start a relationship with the child and their family, to observe, and ask questions, and support any intervention or resourcing processes that either may exist or are in the process of being applied for.

"Children with ASD and their families and whānau can sometimes become frustrated in repeating their child's story, and advocating for their child's needs. We need to do a better job, at times, to archive and communicate between settings the information required to ensure that we use transitions as a building block to support continuing growth and positive outcomes."



Charlize went through assessments at Whangarei Hospital and by the time she was 4, experts had diagnosed her as being on the autism spectrum. Peter Casey with his girls (LTR) Charlize (7), Piper (4) and Raven (5).

Preventing Rheumatic Fever

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



TIP:

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

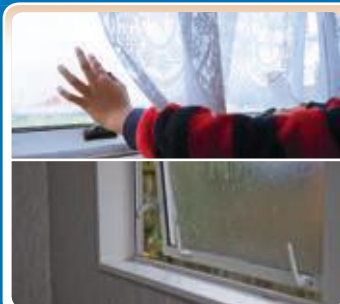
Your windows let heat in during the day. Closing curtains before sunset keeps the heat in, and the cold out, at night.



TIP:

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

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



TIP:

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

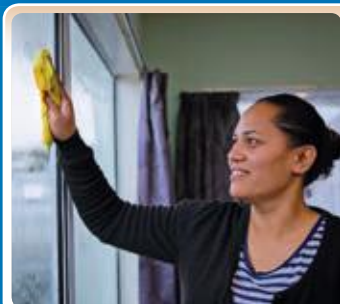
Fresh air helps to keep your home dry, makes it easier to heat your home, and helps reduce the cost of heating.



TIP:

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

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



TIP:

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

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



TIP:

Dry your washing outside or in the garage or carport.

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



TIP:

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

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



TIP:

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

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

Sore throats matter

if your child has a sore throat see a doctor or a nurse
He korokoro ora he manawa ora Mo tatou katoa

