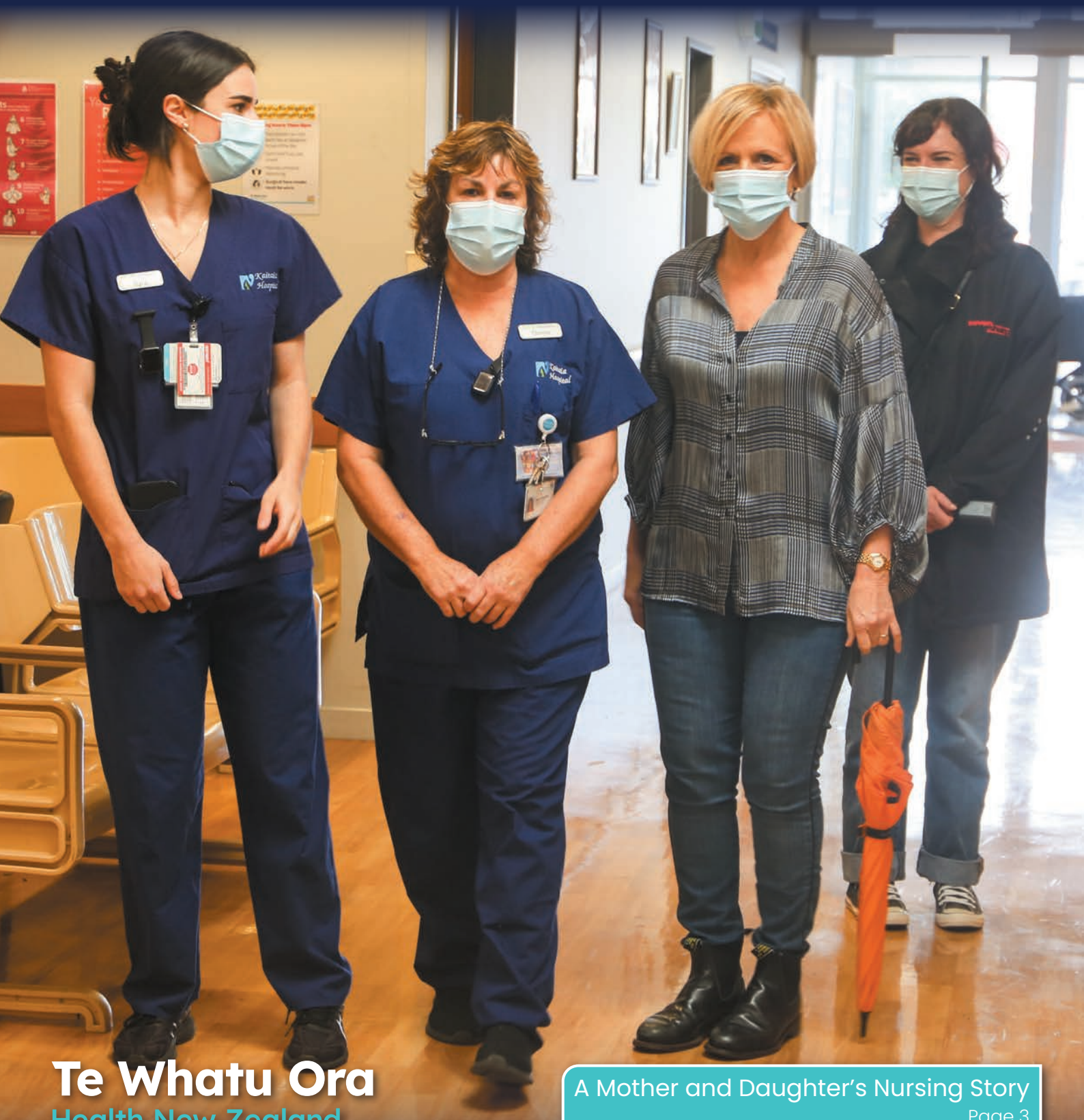


PreScribe

Te Whatu Ora in Te Tai Tokerau Staff Magazine



Te Whatu Ora
Health New Zealand
Te Tai Tokerau

A Mother and Daughter's Nursing Story
Page 3

From Interim Group Director Operations



Alex Pimm

Kia ora koutou,

Having reached my one year anniversary here at Te Tai Tokerau, I want to say how impressed I have been by the on-going innovation and progress that all our services have continued to make. I want to thank you all for your hard mahi in the face of many challenges and your

patience whilst working through changes.

I know this may have been unsettling for those affected by the consultations and those around them. I appreciate you being supportive of one another as we continue to work together to serve our patients and communities.

I want to celebrate what we have achieved in recent months, much of which you can read about in this edition of Prescribe, including our impressive success in reduce surgical and outpatient waiting times. This has been an extraordinary effort, and I thank everybody involved, particularly our booking and scheduling teams for their mahi behind the scenes.

After what feels like a long, wet winter, I would like to recognise how much work has gone into ensuring our community has been well supported and cared for. I really appreciate the work everybody has put in to continue to be able to provide planned care alongside significant demand for our acute services in hospital and the community.

In this issue, you can read about several initiatives within our services to support our community, such as the bell recently installed at Jim Carney Cancer Centre for patients to ring when they reach a milestone during their treatment, and the new resource in mental health and addictions services for tamariki with a parent with mental health and addiction needs to learn coping strategies. Also, our allied health team's better breathing programme in the Mid-North and Whangārei has provided life-changing outcomes for patients with chronic lung disease.

Our patients now can access their hospital documents via the Manage My Health portal, and people with mental health and addictions are supported by the individual placement and support (IPS) employment service in and at work. Please remind patients to sign-up to Manage My Health if they haven't already done so.

I was encouraged to hear that the success of the minor health conditions service pilot within our district through local pharmacies has been extended until April 2024.

Another exciting development has been the partnership between Te Whatu Ora and the Manawa Ora Healthy

Homes initiative. The programme aims to increase the number of children living in warm, dry and healthy homes and reduce avoidable hospitalisations and ill health due to housing-related conditions.

To support our kaimahi and their work-life balance, we have implemented several initiatives, including offering mothers a dedicated space at Te Kotuku Maternity Unit in Whangārei to feed their babies and express and store milk. We are also looking for staff to participate in a survey to see if there is an appetite for Fitness Passport, a discounted workplace health and fitness program that provides access to a wide range of gyms, pools, and leisure centres.

We will continue our focus on hospital patient flow whilst also working to improve planned care access, including across our cancer pathways. An initiative that I'm particularly pleased to see in place is our team offering breast localisation procedures at Whangārei Hospital, making the pathway to treatment much more accessible for people in our community and reducing their need to travel to Tāmaki Makaurau. We want to pursue other initiatives reduce waiting times for cancer patients as well as offering care closer to home where appropriate.

We plan to launch our hospital in the home service in the New Year to enable patients who would otherwise be in hospital to receive support in their homes. This will reduce pressure for inpatient beds whilst providing patients with care at home.

I want to give a special shout-out to our payroll team and thank them for managing the pressures they have been under to ensure everyone gets paid on time and coordinating pay equity, lump sum payments, back pay, and new collective agreements. The team are working through all of the various changes to get you any pay they you are entitled to as quickly as possible. Thank you for your patience whilst we process all of these changes.

Thank you again for all your hard mahi. I hope you are all able to take some leave over Christmas and the summer to relax and spend time with your whānau. Don't forget to get your leave requests in – and a massive thanks to everybody working on the holiday days.

With the forecast of a long, dry summer ahead, ensure your water tanks are topped up (if you have one) and don't forget to protect yourself and your whānau from our harsh sun.

Ngā mihi nui,

Alex Pimm

Interim Group Director Operations

From Family to Frontlines:

A Mother and Daughter's Nursing Story



Hilary Barry delivering morning tea to patients

In July, Hilary Barry and Catherine Ball from Seven Sharp visited Kaitaia Hospital to shine a light on the nursing team and interview mother and daughter Donna and Kyra Stanisich both nurses Kaitaia Hospital.

Hilary and Catherine were welcomed with a mihi whakatau paving the way for the work to be done and connections to be made.

Donna was born and raised in Kaitaia after 25 years in banking, and with four children, she decided to pursue nursing at the age of 45. Kyra's interest to become a nurse was sparked by her mother. "I still remember my mum closing herself in the bedroom to study and I was asked to help cook dinner for the whānau," says Kyra.

"I think it was hearing my mum tell stories of helping people and I wanted to do the same. Being part of this small community, I grew up with a lot of the patients, it's nice to see a friendly face and it's even better to see them walk out the door," says Kyra.

When asked what makes Kaitaia Hospital so special, Donna said "patients smile because they recognise us, it's a little bit more personal. I think you have to have a sense of humour. I try to lighten the day up for our patients. I don't think a lot of people understand what is involved with nursing, it's a very emotionally and physically draining job but also very rewarding."

It was made clear just how fantastic the Kaitaia nursing team are when Hilary interviewed one of the patients –

Judith McLean "I wouldn't be here today without them, they care for me really well and it's such a beautiful country hospital," says Judith.

Kaitaia is home to one of Aotearoa's most remote hospitals. With only 26 beds, it's a small but vital hub for the community, it provides accident and emergency care, paediatrics, maternity and outpatient clinics.



Donna & Kyra

Reducing Waiting Lists in Te Tai Tokerau

The waiting list for patients in Tai Tokerau Northland who have waited more than 12 months for their first hospital specialist assessment or treatment has been slashed.

Interim Group Director Operations, Alex Pimm said the reduction is due to systems working harder, smarter and the newer ability to access more services from the Auckland hospitals which along with Northland make up Te Whatu Ora's Northern Region.

From August 2022 to October 2023, there has been an 82 per cent reduction in the number of Te Tai Tokerau patients waiting more than a year, in some cases up to two years, for their first specialist assessment and an 83 per cent reduction in the number of people waiting more than a year for surgical treatment.

"It's fabulous news. Our plan is to get that down to zero by the end of the year and then get to work on the list of those waiting up to a year," Mr Pimm said. The waiting lists do not include incoming acute referrals which have immediate integration to care. The recommended national standard is for a maximum four-month wait, following a GP referral for an FSA. Mr Pimm said Northland is leading the way in wait-time reduction across the nationwide Te Whatu Ora hospitals, none of which have yet achieved the four-month target.

The improved services for Northland patients include more clinics and surgical procedures being offered in evenings and weekends, patients being sent to Tāmaki Makaurau Auckland hospitals for some operations and more virtual clinics, for example for dermatology assessments.

"Using the theatre and people capacity of the wider region is really important," Mr Pimm said.

An example of utilising time, staff and facilities is since the beginning of this year Kaitiāia Hospital, the only Northland

hospital apart from Whangārei that does the surgery, doing three knee replacements on a Sunday where earlier it could only do two.

"It doesn't sound like a lot, but it makes a huge impact on people's lives as well as the waiting list."

Also making an impact is the upgraded booking clerk system helping provide greater equity of access to a disadvantaged group our region's population. There had been a disproportionate number of Māori (66 percent) on the over 12-plus month waiting list.

"We know Māori wait longer for treatments. Māori patients tend to live remotely, are lower socio-economic and have greater difficulty accessing treatment because of those factors. They need more support to access treatment.

"We're completely committed to reducing waiting lists and improving equity for people across the total pathway.

"We often focus on the work the clinical teams do but our booking and scheduling teams are vital. They've been hugely instrumental in making the waiting list shorter."

Mr Pimm said COVID had been destructive to the health system and was a major factor in the over-long waiting lists. On the other hand, Te Whatu Ora now enabled a wider regional sharing of resources that will help whittle down those wait times.

Also, in Northland's favour is a reduction in nursing and general staff vacancies in its hospitals, he said.

"I think it's going to take a long time to get down to the national four-month standard across the board. The rest of the country is in a worse situation than us but it's simply because our approach is working so well. It's just how the system can work now with the cross-regional opportunities."

New Taonga for Tamariki in Te Tai Tokerau

Te Whatu Ora Mental Health & Addiction Service (MHAS) in Te Tai Tokerau launched a free, downloadable Te Reo Māori resource to help children and their whānau who have a parent with mental health and addiction issues at Terenga Paraoa Marae in mid-September.

Te Whatu Ora MHAS Te Tai Tokerau Consumer & Family Leader Janeen Prohl said the booklet, Tupu Tūkaha Tupu Tūtahi, was created in collaboration with the community, kaiako and whānau in Te Tai Tokerau to provide activities and content for children to engage with to help support their emotional resilience during what may be a very challenging time for them and their whānau.

"We know that tamariki of parents with physical, mental health, or addiction problems are at greater risk of poor mental health outcomes if they are not adequately supported. Conversations with children about mental health early in life can help remove stigma and encourage



From left Maria West, Janeen Prohl and Grace Ryu from Te Whatu Ora Waitematā Asian Health Services with the new taonga

them to ask for help and learn how to cope with adversity later in life.”

Tupu Tūkaha Tupu Tūtahi is aimed at tamariki aged 5 to 12 and includes a range of activities to encourage them to understand and cope with big feelings and develop tools to cope with the situation they and their whānau are in to support parents and whānau to work together to help tamariki understand illness and build emotional resilience.

The concept for the resource came from a similar activity booklet, developed by the Waitematā DHB Asian Mental Health Service in 2017, called ‘Growing Stronger Together’ to de-stigmatise mental illness and help parents and children of all cultures to understand each other’s feelings and give them the tools to build positive coping strategies. Growing Stronger Together was launched in four languages – English, Mandarin Chinese, Korean and Japanese.

Once consent was given by Waitematā DHB to use its concept Te Whatu Ora Te Tai Tokerau undertook full consultation with whānau, teachers, clinicians, and

translators at a collaborative, co-design wānanga in June 2021 to ensure the book was available for whānau in Te Reo Māori to ensure they could choose which language they wanted to work with their tamariki, and reclaim their sense of sovereignty over their language, ultimately supporting equitable health outcomes for Māori.

Communication with the original translator, Evelyn Tobin, was also initiated to seek her consent and Janeen said she appreciated the wānanga style collaboration hui and that the concept was a relatively new pathway forward for the health system.

The response was positive when the final edition was sent out for feedback to MHAS services throughout Te Tai Tokerau, and the original whānau and Kaiako involved in the wānanga.

The free downloadable resource is available from www.northlanddhb.org.nz and 500 copies will be sent to organisations and locations where whānau go for support and assistance in the community.

Centre of Health Infrastructure

Trainee Karen Easterbrook Shares her Experience



Karen Easterbrook studying plans

For the past year, Karen Easterbrook has been working as a Centre of Health Infrastructure (CEHI) trainee with our Facilities team. Having worked as a doctor, Karen decided on a career change and has been studying for a Master of Engineering Project Management – Health (MEPM-H) at the University of Auckland and doing paid work experience with the Centre of Health Infrastructure (CEHI).

Her aim is to become a project manager with the skills to manage health infrastructure projects for Te Whatu Ora.

Since joining CEHI how have you found the experience?

It’s been a really positive experience! I’ve particularly appreciated having flexibility in how I balance my work and study, and I’ve enjoyed learning a lot of new skills and concepts.

What’s been a couple of highlights?

I’ve appreciated seeing the extent of the work that goes on behind the scenes to maintain and improve facilities, and a big highlight for me has been the ability to observe all the new projects that are currently planned / under construction.

One of the first projects I worked on was refurbishing the Mortuary, Police ID and Whānau rooms. It was a real privilege to be involved in this project, and we made some big improvements to these spaces. It’s exciting to work on projects that will have an ongoing impact.

We get a few health professionals asking if you need an engineering background to be able to study MEPM-H. What would you say to them?

You definitely don’t need an engineering background. The papers that make up the MEPM-H are focused on the management of projects and teams and don’t assume any engineering-specific knowledge. I didn’t feel at a disadvantage coming at them from a health background and was able to draw on my experiences working in healthcare teams.

People choose to study MEPM-H and join CEHI as they want to do meaningful work and give back to their communities. What is your Why?

I wanted to step away from clinical work while still doing something that would draw on my knowledge and experiences in healthcare. CEHI offered a pretty unique opportunity to learn some completely new skills without having to relocate away from Whangārei.

From your insights so far, why should people join CEHI?

I’d recommend this programme for anyone who wants to apply their clinical experiences to a new context. The content of the MEPM-H is widely applicable, and it really is an amazing opportunity to explore a bit around where a career in health can lead you.

Applications for CEHI 2024 are now open.

Community Pharmacy Minor

Health Conditions Service Pilot A Success



A newly funded health service that Te Whatu Ora in Te Tai Tokerau piloted from June to September this year proved very helpful to those that accessed the service. 4,253 Northlanders took the opportunity to visit a local pharmacist for advice and medicine for minor health conditions

Thirty-six Te Tai Tokerau pharmacies offered the Community Pharmacy Minor Health Conditions Service to Māori and Pacific people, children under 14 years and their whānau, and community service card holders. While pharmacists did see walk-in customers, some offered a booking service for consultations requiring more time and attention. Te Whatu Ora reimbursed all participating pharmacies for time and products provided to clients.

The initiative was part of the Minister of Health's 2023 Winter Plan to reduce pressure on primary and hospital services. Belinda Edwards, Te Whatu Ora acting business manager primary care in Te Tai Tokerau, said the winter scheme had been introduced in areas where local hospitals are recognised as having consistent and persistent hospital flow challenges, including our busiest emergency departments and wider system pressures. This included Te Tai Tokerau, Auckland, Counties Manukau, Bay of Plenty, Mid Central, Wellington Canterbury, and Southland. 714 community pharmacies across the participating pharmacies opted in to deliver the service.

Two Northland mothers who used the service said they welcomed the in-store help when they would typically have had to book and wait for a doctor's appointment.

"Super helpful," said Holly. "I got pain and fever relief for my sick child without having to sort a GP visit. It was just a virus. The chemist also did a COVID test to rule that out. Great service."

Another mother, Tracey, described it as "So easy. I used the pharmacy for a minor health condition and found it so helpful. I picked my three-year-old son up from daycare. He had yellow gunk in the corner of his eyes.

"Usually, I'd ring the doctor the next day to go on the triage list to be seen to get antibiotic drops. I took him straight to the local chemist. They had a look and prescribed the drops to clear it up."

Pain and fever, minor skin conditions, eye infections and inflammation, and scabies/headlice were the most common conditions people sought assistance with. Pharmacists in the winter health scheme also offered advice and treatment for acute diarrhoea, dehydration, scabies and head lice, eczema and dermatitis.

The pilot's success has led Te Whatu Ora in Te Tai Tokerau to support a new option for care by implementing the local pharmacy acute care service from 1 October 2023 until April 2024.

"We understand the challenges our communities can face with accessing primary and urgent care services in Te Tai Tokerau," said Danny Wu, Northern Regional Wayfinder.

"We are working with local pharmacies to understand which acute conditions are best suited to be managed by them."

In the meantime, the service will focus on treatment or referral for common short-term illnesses such as pain/fever, minor skin infections and eye inflammation/infection.

Those eligible for the service are Māori and Pacific people, children under 14 years and their whānau, community service card holders and dependent children of a community service card holder who is 14 to 17 years of age.

Te Whatu Ora

Health New Zealand

Te Tai Tokerau

Northlanders Have Online

Access to Their Hospital Documents



Dr Andrew Miller and Dr Di Davis

Northland residents with an active Manage My Health portal account are now able to go online to view their hospital care documents.

These documents will include referral notifications, clinic letters and discharge summaries.

Patient portals are an easy, convenient and secure way for people to access their personal health information – anytime, anywhere – via a website or mobile app.

Currently around 75,000 Northlanders have a Manage My Health account who would have been sent an email notifying them that they can access their hospital documents issued from the end of August, if they receive hospital care in Whangārei, Dargaville, Bay of Islands or Kaitiaki.

Dr Di Davis, Portal Project Lead for Te Whatu Ora in Te Tai Tokerau, says the initiative is exciting, but also optional for people.

The email will contain a link that recipients can click on to opt out from viewing their hospital documents via Manage My Health, while keeping the view of their GP care information.

Dr Davis says anyone who receives the email stating they have an un-activated account is encouraged to click on the activate link and follow the simple instructions.

“I’d also like to reassure everyone who receives the email that it is genuine and there is no need to contact your GP about it. We are encouraged by our recent trial which involved notifying 15,000 Manage My Health account holders, with none opting out and no impact on GPs with patient queries relating to it, which is reassuring.”

The project is a collaboration between Te Whatu Ora in Te Tai Tokerau and Manage My Health, the largest patient portal provider in New Zealand, including liaison with the Northland Health Consumer Council.

It aligns closely with one of five system shifts Te Whatu Ora is undertaking – that ‘digital technology will be used in more and better ways’.

Dr Davis says transitioning away from mailing letters and other documents also avoids the risk of lost or delayed mail, healthcare providers having old addresses for patients, and people living across multiple locations.

“This project gives people the choice of an online view of their health information which now extends to their hospital care documents,” she said.

Dr Andrew Miller, a Whangārei GP and patient portal ambassador, encourages people to enquire with their GP or community healthcare provider about registering with the patient portal they use.

“Portals provide many benefits to patients, but primarily the convenience of being able to access your health care information 24/7, wherever you happen to be,” he said.

“You can have your health information available at your fingertips, whenever and wherever you are, including if you move house or to another district or region, or if you enrol with a new GP.”

“Also, using the portal to view test results, order repeat prescriptions or book appointments, as some portal accounts allow, it is not only convenient for you, but helps your general practice’s workload by reducing phone call time and other tasks, freeing them up to provide more care.”

Te Whatu Ora is funding the cost of the Manage My Health portal in Northland, removing the charges from GPs and community healthcare providers.

Te Whatu Ora in Te Tai Tokerau

New Manawa Ora Hub Partner



The Hub team with Dr Ashley Bloomfield

Manawa Ora (Healthy Homes Initiative) has a new hub partner, Te Whatu Ora in Te Tai Tokerau.

“This is an exciting time for the Manawa Ora Hub team as we embark on this new journey with our Hauora and Community partners across Te Tai Tokerau”, offered Pou Ārahi (programme leader) Raewyn Smith.

The Manawa Ora Healthy Homes initiative has been running in Te Tai Tokerau since 2015, initially under Manaia Health PHO and then with Mahitahi Hauora PHE.

The Manawa Ora programme aims to increase the number of children living in warm, dry and healthy homes and reduce avoidable hospitalisations and ill health due to housing-related conditions.

A recent evaluation of Healthy Homes’ positive impact on

whānau shows that the number of hospitalisations per person was reduced by 19.8 percent.

The Te Whatu Ora Manawa Ora Hub team will be working to ensure that whānau are partnered with an assessor to see how well their home performs during our colder months. If the home requires minor repairs, heating or insulation, the team connect whānau with the services so they can receive interventions to ensure homes are warm and dry.

The programme focuses on homes in which our hapū mama, pēpi, tamariki and tai tamariki live. On the face of it, it seems that we only work in a small area of the housing support continuum; however, the work happening in this area is essential and has positive outcomes for whānau.

This programme aligns with the Ngā Tātai Ihorangi framework in that our most valued whānau are in focus and that we work in a well-connected and collaborative way with our whānau, community and health partners. Our goal is that our tamariki and whānau live lives where their hauora aspirations can be achieved.

The Hub team consists of Dean Barber (Manawa Ora Coordinator), Raewyn Smith (Pou Ārahi – Programme Leader), Lisa Hemara (Administrator), and another Administrator to be appointed shortly.

The team can be contacted on **0800 155173** or Manawaora@northlanddhub.org.nz

Reality Star in Our Midst

Staff, family, and friends counted down the days to see our very own Te Whatu Ora shining star on the new television series, Down for Love.

The New Zealand dating show follows six Kiwis with Down Syndrome in the universal quest to find love and happiness. The 2023 season features Erin Smith, Learning and Development Administration Support who said we would have to watch the series to know what happens.

This is what we can share. Erin has featured on TV more than once, her favourite role being a patient on Shortland Street, “I would love to be on there again, if they would have me!” she says. “I have been on television lots,” she points out.

Also interviewed on a typical office day by Michael Holland for Seven Sharp back in 2013, Erin recalls how fun that was, and how much she still loves her role here after 19 years’ service at Te Whatu Ora in Te Tai Tokerau.

“Erin is just a delight to have around and work with. She takes great pride in her work and she has a great eye for finding notes that everyone is looking for. She is always more than happy to help,” says fellow work colleague Philippa MacDonald.

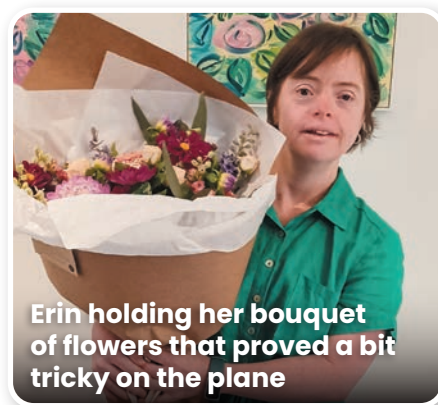
“She brightens our day and is always beautifully presented with cute shoes. She shares lots of interesting stories and

plans that she has with her friends like laser tag and her different dance groups.”

For this recent debut, in a dating show with a difference, Erin had to fly to Christchurch for filming, where she found it cold in January and met up with someone that she already knew. “I wore my purple dress there and I was really cold! Then hot when I came back here,” she laughs.

Presented with a big bouquet of flowers from a mystery person, Erin blushes as she replays the awkwardness of having to carry the bunch on the plane ride. “They were so big that Mum and I had to have turns trying to hold them in our seats!”

Personally, it was the highlight of my day chatting to Erin at her Commerce Street office, and I am sure all fellow staff members will be watching in anticipation as to whether she was lucky in love this time around, or more accurately, someone was lucky enough to find her!



Erin holding her bouquet of flowers that proved a bit tricky on the plane

Te Whatu Ora

Health New Zealand

Te Tai Tokerau

Enabling Breastfeeding

Making a Difference for Working Parents

Te Kotuku Maternity Unit is proud to provide a comfortable, private Breastfeeding Room – Rūma Kai Ū for staff to feed their babies or express without interruption.

The space includes a comfortable chair, table, basin, a sign for the door to notify others that the room is being used, and storage space in the fridge for expressed milk, making work life easier for nursing staff members.

Sue Bree, Director of Midwifery, said all staff are welcome at Te Kotuku Maternity Unit, and they will do all they can to support them.

Anyone interested in using the room can contact the lactation team between 8am and 3pm, Monday to Friday, on 021 679 837, to book the room and talk to staff about their needs or answer any questions.

Bay of Islands, Kaitaia and Dargaville hospitals do not yet provide a specific breastfeeding room for staff. However, they use whānau rooms in the maternity unit or offer a private room for the mother when and if needed.

Paediatric nurse Georgia Kidd works in the hospital's Special Care Baby Unit (SCBU) and has been able to continue breastfeeding her son thanks to her workplace's support.

She and her partner have nailed the balance between work, baby feeding and full-time parenting at home, with Georgia able to leave expressed milk at home for Dad to feed baby Archer while she works night shifts.

Even though their system works seamlessly, Georgia said it's a relief knowing that if she had to dash home or her partner needed to bring the baby to work for a feed, that would be fine with her employers. So far, it has never had to happen, she said.

As it is, her manager, Jules Dewhurst, often reminds Georgia and other staff that they are entitled to take breaks to breastfeed or express milk should they need to.

Georgia said she's lucky her job is well set up to accommodate her expressing or breastfeeding (if need be) at work. She believes it is a parental right and a baby's right, as well as in the best interest for their wellbeing, to have workplace support for breastfeeding.

Georgia has also appreciated how the experience has helped her professional growth, given her speciality area of nursing.

"I definitely feel that becoming a mum has given me a deeper understanding and more skills when it comes to helping a woman with her own breastfeeding experience, knowing how difficult it can sometimes be to get off to a good start."

World Breastfeeding Week was held at the start of August to highlight the benefits that breastfeeding can bring to both the health and welfare of babies



Georgia Kidd has workplace support to continue breastfeeding her son Archer

and a broader impact on maternal health.

The Paediatric Society of New Zealand (PSNZ), the New Zealand Breastfeeding Alliance (NZBA), and the New Zealand College of Midwives (NZCOM) joined forces to highlight the importance of creating breastfeeding-friendly workplaces across Aotearoa.

NZ Breastfeeding Alliance Executive Officer Jane Cartwright said that small changes make a big impact.

"I encourage employers to facilitate what is needed for their staff to continue breastfeeding when they return to work. It's a significant step in improving infant and whānau wellbeing."

Jane said there are simple and low-cost things employers can do that make a huge difference for new mums returning to work.

Have Your Say

About Fitness Passport

As part of our commitment to staff wellbeing, we are considering partnering with Fitness Passport, to enable staff and their whānau access to a wide choice of gyms & pools.

Fitness Passport offers discounted workplace health and fitness program to staff and their whānau that provides access to a wide range of gyms, pools, and leisure centres as often as you like for less than a regular gym membership.

Before we can offer the programme, staff must register their interest and nominate their desired fitness facilities via this survey <https://www.surveymonkey.com/r/TeWhatuOraTTT> by Friday, 27 October.

The final pricing will vary depending on the facilities chosen to be included in the programme, but it will be more cost-effective than directly joining one of these fitness facilities. In addition, you get more choice, convenience and better value than a traditional gym membership.

Getting as many staff members as possible to complete this survey is essential to get the program off the ground for us all, as we can only proceed with the programme if enough people participate in the survey (20-25 percent of our employees). The information you provide will be strictly confidential.

If there is enough uptake, Fitness Passport will confirm the membership price and invite you to review your program and sign up! After that, you can find fitness that works for you.

If you have any questions, please contact well.being@northlanddhb.org.nz. Your answers could influence the final decision, so please participate.



Downer Donates \$3000 Towards Supervised Tooth-Brushing Programme in Te Tai Tokerau



Te Tai Tokerau Spotless Operations Manager John Sharp hands over the \$3000 cheque to Pip Zammit, Oral Health Service Manager in Te Tai Tokerau

The supervised tooth-brushing programme in Te Tai Tokerau is set to grow thanks to a \$3000 donation from the Downer Donate programme.

Downer Donate, a community fund, was launched in August 2022. Downer team members drive this initiative by nominating causes or charities that matter to them and need support.

Te Tai Tokerau Spotless Operations Manager John Sharp nominated the supervised tooth-brushing programme.

"We are extremely grateful to John for nominating our programme because we can now grow the number of schools the programme is in Northland," said Pip Zammit, Te Whatu Ora in Te Tai Tokerau Oral Health Service Manager.

Encompassing all primary schools located in the Far North, Hokianga, East Coast/Whangaroa areas and extending into the Whangārei region, the supervised tooth-brushing programme follows on from a comprehensive study completed by the members of the Oral Health team in Te Tai Tokerau.

The study clearly outlines the significant oral health improvements for tamariki when they have access to supervised tooth brushing within the school setting.

Northland's Year 8 students have a higher number of decayed, missing or filled teeth (0.99 compared with 0.73 nationally). Our 5-year-olds have one of the lowest percentages of teeth without tooth decay (42 percent compared with 55.1 percent nationally).

"Brushing teeth once a day at school is one way, we can provide equity and access to all tamariki as well as improve the overall health of our tamariki teeth," Pip said.

Cancer and Blood Patients

Treated to New Quilts

For more than 30 years, the Whangārei Patchworkers and Quilters Club (WPQC) has been meeting to share ideas, hear from speakers and learn about new techniques and products about anything and everything patchwork-related.

Small groups of members also get together to make and donate handmade quilts to support local organisations and families, such as Hospice, Women's Refuge, SPCA, Foster Hope and Plunket.

The Jim Carney Cancer Treatment Centre recently received several beautiful quilts made for patients to use during their treatment.

Clinical Nurse Manager Sarah Kennedy said they are very grateful for all the donations they receive to pass onto patients and added that WPQC members are happy to make personalised quilts of different sizes for Te Whatu Ora Cancer & Blood patients to take home and can be contacted via Northland Foundation.



Cancer & Blood Services Clinical Nurse Manager Sarah Kennedy (second from left) with Whangārei Patchworker & Quilter Club members and the donated quilts

Piper Mortimer

With Piper the Kiwi



**Piper Mortimer with Piper the kiwi
Photo credit Anne-Stewart**

In 2017, Pataua North Landcare released 13 kiwis into their pest-controlled area. One of them was a young female kiwi named Piper. She quickly dispersed to explore her new home as a wild kiwi, free to roam. Her story can now be continued, six years later.

Venee Mortimer, an Administrator at our Diabetes Eye Screening Service, is Piper Mortimer's Mum whom the Kiwi was named after. We had a chat to Venee about

the journey the local 'Piper chicks' have been on.

"It was Piper's 14th birthday when she went out to the Lovell farm. Lynn Lovell was Piper's paternal grandmother who grew up there in Otaikiarangi and is still owned by the family. Piper Mortimer and Todd Hamilton from Backyard Kiwi found the Kiwi on a miserable rainy day in December 2014," Venee remembers.

Piper the Kiwi, whose father was "Hanga", was uplifted from Lovell's Farm west of Whangārei as a tiny chick. She remained on Matakohe Limestone Island until near her third hatch day.

She was then released at Pataua North on the Wigley's Farm. Piper the Kiwi is named after Piper Mortimer, who is part of the Lovell family, from whose farm the kiwi chick came from.

Piper Mortimer was present and helped release her namesake into her new location.

At her release Piper the Kiwi was 33 months old and in great condition weighing 2400 grams. She disappeared soon after her release - kicking off her transmitter and the Mortimer's feared for the worse.

In February 2023, Piper was discovered with a wild male and by August her first known chick hatched.

"We liken Piper Kiwi to our daughter Piper both being free and independent, a headstrong girl with long legs," chuckles Venee.

As for Piper the Kiwi's mystery mate, the wild bird of unknown origin has been adopted by Robyn Smale and is now known as Henare.

Out & About





Danny Wu

Northern Regional Wayfinder

A man who has an unusual historic family connection to Northland/Taitokerau has been appointed Te Whatu Ora's Northern Regional Wayfinder.

The job of the four regional Wayfinders at Te Whatu Ora - Health New Zealand is to build local teams to identify and remove barriers, engage with communities and stakeholders, and find a way forward in providing appropriate services.

Danny Wu is a fifth generation Chinese New Zealander whose family's connection to Te Tai Tokerau came through the wreck of the SS Ventnor off Hokianga Harbour in 1902. The body of his great, great grandfather, who came to work on New Zealand's gold fields in the mid-1800s, was one of 499 Chinese remains en route to repatriation in their homeland when the ship sank only days out of Wellington.

Wu told a gathering of kaimahi hauora (Māori health workers) his strongest connection to Te Tai Tokerau was in the Hokianga area where a monument now commemorates the Chinese souls that could not have a traditional re-burial at home. Wu gave tribute to Te Roroa and Te Rarawa, iwi who had buried and honoured bodies and bones as they came ashore after the wreck and had more recently cemented their relationship with Chinese New Zealanders through the SS Ventnor and Chinese miners' memorial.

"It feels like a homecoming," he said of each time he returns to the area.

Danny Wu began his career as a pharmacist and has extensive experience across the health sector in

strategic planning, change management and clinical service improvement. He has had planning, funding, provider and management roles in former District Health Boards and a primary health care leadership role at the Ministry of Health.

His wide experience across many roles had left him "with a clear view of what does and doesn't work."

Wu said he was committed to equity issues not only for Māori but rural areas in general. The current reforms offer more opportunity not only in how things are done but in terms of funding, he said.

"I'm already asking our funding people how we can shift funds from metro services to Te Tai Tokerau. Some funding has already been weighted toward Māori and rural equity, but the main transformational change has yet to be planned.

"As I've travelled around, I've seen hardships people face in this region. I'm conscious we haven't had a lot of Waitangi Treaty settlements in this region.

"When the wider regional Wayfinder team is established I plan to take them on a roadshow tour of Te Tai Tokerau to give them a better understanding of the effects of colonisation on the region what the local needs are."

Wu told the kaimahi he felt their pain as they waited to hear more about Te Whatu Ora's current job restructuring but assured them he wouldn't be able to address equity and rural access issues without a strong team on the ground.



Danny Wu visiting Northland

Evidence Based Individual Placement and Support Employment Service



In partnership with the Ministry of Social Development, Te Tai Tokerau, Te Whatu Ora offers Individual Placement and Support (IPS) Employment service to people with mental health challenges into and at work.

“IPS has been phenomenal,” says Caele Ata, Peer Support Lead from Arataki Ministries.

The personalised service helps individuals secure and keep employment of their choice.

Individual Placement and Support is an internationally used, evidence-based approach to help people with mental illness and addiction into work. Employment is considered a health intervention.

Reuben Carpenter, Peer Support Worker at Arataki Ministries says “The routine of having this job has made a world of difference with me... I’ve gone from a person who was unemployed for many years to a person who has a very good routine.”

Kirsty Sadler-Bridge, Employment Consultant at Te Roopu Whitiōra - Adult Kaupapa Māori Service Te Whatu Ora says, “Employers get great people when they work with us. We work with our tangata whaiora (a person seeking health) to get them work ready. We match them to the right person, to the right job so that there’s more chance for success on both sides.”

The employee and the employer are supported through the process. Before they start working, we develop a wellness plan. This makes sure that everybody’s aware of the triggers and the signs of any unwellness so we can get on top of it really quickly.”

[View video here](#)

Good Sorts Gives Gratitude



TVNZ Good Sorts visited Whangārei Hospital in September to film a segment about the Gratitude Project. Established by Steve Sharp the Gratitude Project aims to inspire others to show appreciation for those who work tirelessly behind the scenes to care for our communities. Steve believes that every small act of kindness can go a long way in making a difference in the lives of others.

Danah Sharp was hospitalised for three weeks earlier in the year and was very unwell. During that time, Steve sat by her bedside every day and watched as the nurses tended to Danah ‘with the utmost care and compassion’.

Every month, Steve purchases and delivers 100 muffins to the nurses of each ward at Whangārei Hospital. And his generosity doesn’t stop there. As part of the Gratitude Project, Steve enlists the help of his sales team, who each donate a box of muffins every fortnight to a worthy cause. Together, they have delivered over 10,000 muffins to hospitals, teachers, Hospice, St John and many other volunteer organisations and community centres.

The Gratitude Project Good Sorts item played on **TVONE**, 6.55pm on Sunday 8 October.

Changing Lives Thanks to Better Breathing



From left Nateele Howarth taking the Better Breathing class with Brian Mills seated on right, his partner Keren in black and Wai Raunatiri also seated

Undertaking activities that most of us take for granted, like walking, dressing, gardening and cleaning, have become more achievable for several Northlanders with chronic lung disease thanks to our Better Breathing Programme.

Participants referred to the pulmonary rehabilitation programme offered in Whangārei and Kaikohe by their GP or specialist undergo an assessment by a physiotherapist to create an individual programme based on what they want to achieve before they begin the seven-week Programme.

A commitment of two hourly sessions twice a week to get the full value of each session, which comprises an exercise component focusing on improving physical condition and an hour's education to assist them in managing their specific condition covering the following topics:

- What is COPD/Lung Disease
- Breathing techniques/managing breathlessness
- Sputum clearance
- Energy conservation techniques
- Relaxation, how to manage depression, anxiety and panic attacks
- Nutrition/ healthy eating
- Breathing while speaking and swallowing
- Medicines
- Social services.

Our Allied Health Service in Te Tai Tokerau run the Programme, which involves physiotherapists, dieticians, social workers, speech-language therapists and rongoā Māori practitioners.

At the end of the course, patients will be re-assessed to measure improvements and then given a plan to help them maintain the benefits gained over the seven weeks.

Te Whatu Ora
Health New Zealand

Te Tai Tokerau

Exercise sessions usually start with an aerobic activity like walking or cycling, followed by resistance training, balance exercises and stretching. Over the weeks, exercises will change as patients get fitter and stronger. Once they have confidence, they will be given a home exercise routine for the days they don't attend the Programme.

The participants we spoke to said the Better Breathing Programme had been life-changing for them, and they all felt very fortunate to learn from a range of allied health professionals who all offer different support, improving their capacity to breathe and improve their quality of life.

Brian Mills first attended the Kaikohe programme when he was first diagnosed with COPD, but because he was working at the time, he couldn't commit to attending twice a week, so he did some of the activities at home. After a chest infection, his condition worsened in October last year, and he began being assessed for a lung transplant. In June, he was told he was a good candidate for a transplant but needed to get stronger, so he returned to the class again.

He said because the team have so much understanding and experience, not just around exercise but everything from anxiety to diet and explaining the importance of exercise on breathing and muscles, it has been so helpful and hugely important to him.

Brian's partner Keren Bar attends the classes with him and said they didn't realise how many aspects there were to rehabilitation.

"Learning about some accessories we can use has made life much easier. The bed riser (wedge) has changed Brian's experience at night, and showering used to be a real struggle for him to get in and out and dry himself, but now he has a chair inside and outside the shower to support him," said Keren.

"We really enjoy and appreciate being able to come to the class because it gives us extra tools to get through, and it's always so reassuring."

After being referred to Te Whatu Ora's respiratory nurse, Suzi Penney was diagnosed with COPD and emphysema around seven years ago and assessed for a lung transplant. Suzi was told she had to be healthy enough to survive, but her lungs had to be bad enough to qualify.

"I also had to lose weight, which I did, but I put it back on when COVID hit. Luckily, I've been able to join this Programme 5-6 times over the years because it's so beneficial," said Suzi. "I don't know what we would do without these guys – the whole team. They not only help us with our breathing but also give us confidence, and I can't speak more highly of them."

When Wai Raunatiri was transferred to Te Whatu Ora's Respiratory Service from the Cancer & Blood Service after having a right-side pneumonectomy (right lung

removed) due to lung cancer, he was offered a place on the Programme, which he is very thankful for.

He chuckled when mentioning that after participating in the Programme, he found out he had been breathing wrong. Now his breathing has calmed, which his family have also noticed, and he feels much better.

Wai said before he went in for lung surgery, the surgeon told him there was a 20 percent chance of coming out alive, so he's very happy to be around and explained there's no point in getting down and out.

Both he and Suzie noted their GPs have made a conscious effort to also learn more about their conditions, so it has been a learning curve for everyone.

Professional Leader Physiotherapy Nateele Howarth helped design the Programme, which is offered to any patient with confirmed lung disease (e.g. COPD, bronchiectasis, chronic asthma, interstitial lung disease) who is breathless on exertion, and it is even suitable for patients with very severe respiratory disease.

"The class is designed to run anywhere, including community halls, marae's, or even at home. All participants need is a chair and a Theraband, so we plan to offer some classes via telehealth eventually and in Kaitaia, Whangaroa and Kerikeri when we have the staffing capacity," Nateele said.

Brow Confidence for Cancer Warriors

For Kaikohe Hush Lounge owner, Bo-Deene Stephens offering brow work for cancer patients who have lost their hair makes her mahi extra meaningful.

"It's been an honour to provide my services for patients or should I say warriors who battle cancer, she says."

Back in March, Bo-Deene announced her excitement online, having been approved to be a cosmetic tattoo provider for The Cancer Society.

"Last year I did a lady's brows who loved them. She worked for the Cancer Society and all her clients loved them too, so she got forms for me to sign and send off to become a provider.

"Patients will get to have brows again. I have wahine who have been waiting for this to be approved from Hokianga, Kaitaia, Whangārei and Kaikohe," Bo-Deene says.

The service has been embraced as a wonderful pick me up. One client saying, "It was lovely to be pampered and well looked after. I felt totally relaxed. Thank you for my gorgeous brows.

"And a huge thankyou to Te Whatu Ora for funding a wonderful service."

Te Whatu Ora offers a subsidy for people suffering permanent or temporary hair loss due to a medical condition or certain cancer treatments.

"We know the impact that temporary or permanent hair loss can have on people and this contribution to their wellbeing can be invaluable for our patients and their whānau," says Mark Powell, Te Whatu Ora Group Manager Community Health System Improvement and Innovation – Commissioning.

"Individuals can choose a supplier and then make a request for reimbursement, either through their suppliers or directly through us."

For adults the maximum funding for permanent hair loss is \$2,330.67, over a nine-year period. For temporary hair loss Te Whatu Ora provide \$408.89, over a one-year period. For children, \$1,226.67 is provided, over a three-year period.

Any business can apply to become registered as a Te Whatu Ora provider and we welcome their applications.



Bo-Deene Stephens (owner) and Alice Padlie (client)
Photo: Jenny Ling, Northern Advocate

Let the Bell Ring



John Langford ringing the Bell for the first time

If you happen to be passing by Jim Carney Cancer Treatment Centre (JCCTC) and hear a bell ringing, don't be alarmed – it's a sign that one of their patients has reached a milestone in their treatment.

The Centre is one of the hundreds of hospitals and cancer units worldwide to install a bell for patients to ring when they reach a milestone during their cancer journey.

Clinical Nurse Manager Sarah Kennedy said in the UK, where she hails from, the bells are used at most chemotherapy units to celebrate the end of a patient's treatment and are called End of Treatment Bells.

When she proposed the idea to the JCCTC team almost 12 months ago, some staff thought the concept might upset some of their palliative patients. So, after consulting patients and the team, they adapted the principle of marking milestones to better suit our community and the people and patients in the Unit by encouraging patients to use it whenever it felt right for them, which might be after their first treatment, at the halfway mark, at the end or even if they decide to halt their treatment for whatever reason.

They also changed the name of the Bell to 'Cancer Treatment Journey Bell' and the wording on the plaque to include a poem by a former cancer patient, Jane Brady, which is used elsewhere in the world alongside a Te Reo Māori version of the poem, which kaumātua Te Ihi Tito kindly translated.

"We didn't want to exclude anyone for any reason and wanted it to be a positive experience for people to ring the Bell regardless of where they are on their cancer journey. Everything had to feel right and more personal to Te Tai Tokerau. The map and images of Northland and the words are perfect."

The Bell was donated to the Unit by a former patient, Charlie Smith, who has sadly passed away, and Sarah

said it would have been wonderful for Charlie to see it installed. His wife Julie said she's very proud of Charlie for suggesting the Bell, which he specially ordered as he wanted a nice-looking bell so patients could celebrate their treatment journey.

Since the Bell was installed on 21 August, several patients have rung the Bell. John Langford was the first to have the honour to ring the Bell after being treated with chemotherapy for bladder cancer for the past four months.

"Being the first person to do it felt good. Had I known the significance of it, I would've had my wife there as well, as she has supported me throughout my treatment.

Sarah said hearing the Bell has been quite emotional for the team and will be a great morale booster for everyone at Jim Carney Cancer Treatment Centre.

*This bell is here for you to ring
While those around you cheer and sing
Already you have come so far
You're stronger than you think you are
The journey's hard, make no mistake
Each day, small steps you need to take
With love and strength to you we say -
This bell will help you on your way.*

Jane Brady

*Kei konei te pere hei tangi maau.
Ahakoa te hunga e noho tata ana ki a koe e harikoa ana, e waiata ana.
Kua tae mai koe ki te tawhiti he kaha ake koe i to whakaaro.
He uaua te haerenga, kua e pohehe.
I ra, nga takahanga iti e tika ana kia mahia e koe i runga i te aroha me te kaha
Ki a koe ta matou korero. Ma tenei pere koe e awahina i te huarahi*

Te Whatu Ora

Health New Zealand

Te Tai Tokerau

Russell Medical Centre is using Primary Options Acute Demand Management Service (POADMS) funding to offer an innovative service that provides reassurance for patients, reduces pressure on hospital cardiology services, and avoids lengthy waits for cardiac investigations.

POADMS funds primary care to provide safe, acute and non-acute care in the community that reduces use of hospital services.

It's a high trust model supporting innovative care that meets patients' needs close to home.

Dr Chris Calcott of Russell Medical Centre came up with an innovative proposal to utilise Kardia monitors using POADMS funding.

Kardia monitors are a mobile ECG (electrocardiogram) device that pairs with a patient's mobile phone, which the patient can use to record a heart rhythm tracing each time they feel they are having an episode of palpitation or a "funny turn".

Chris can then review the patient along with the recordings on their phone and decide if any further tests or referrals are needed.

"As a GP, I can have a working diagnosis 7-14 days from my patient presenting," he says. "I can catch patients with paroxysmal AF and start anticoagulation. I can reassure my worried well nothing serious is going on. If I do suspect serious pathology, I can still get an urgent appointment with the cardiologist as my investigations have already provided the necessary evidence. Working like this gives me huge professional satisfaction as a GP."

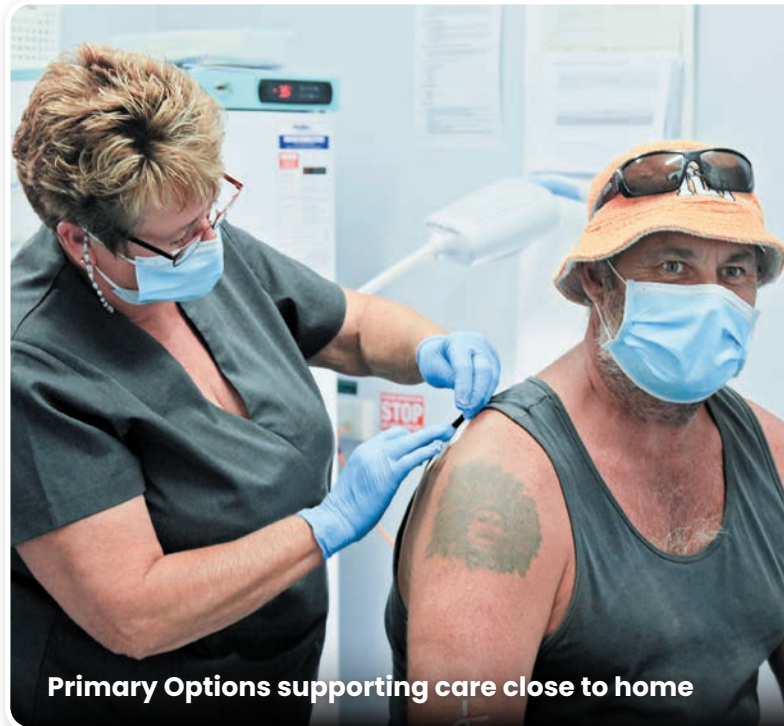
Without the Kardia monitor service, patients can face a considerable wait to see a cardiologist and an even longer wait for a Holter monitor (a portable ECG worn for approximately 24 hours).

In contrast, patients only need to see Chris for the initial consult, the practice nurse to set them up with the Kardia system, and then Chris once more for a review. POADMS covers the cost to the patient of any care which extends beyond the first consult with Chris, including the extra time Chris spends reviewing the traces.

For patients in financial hardship, using a Kardia monitor reduces cost barriers to accessing care.

"My Quintile 4 and 5 and Māori patients spend money to travel to see me, even more to travel to see the cardiologist, and if a Holter is fitted they have further costs getting to the fitting and posting the monitor back. At the end of all that, you may still not have a diagnosis if it does not happen when you have the Holter on."

With the Kardia monitor service, however, Chris can see all the events the patient has experienced since



Primary Options supporting care close to home

they last saw him – all at the patient's local GP clinic.

Dr Libby Prenton, who provides clinical leadership for the POADMS programme, says Russell Medical's Kardia service is a great example of a GP using their clinical skills and experience in a patient-centred way that meets the needs of their practice population.

"We love that Chris approached us with his idea to use POADMS funding in this way: it was a perfect fit with our extended consult funding which we can use flexibly to support care that prevents use of hospital services."

"We recognise GPs are experts in patient management, and where this is clearly used to avoid the need for a patient to be admitted or require a specialist appointment, we are very happy to support that."

Libby and the POADMS team encourage clinicians to use the POADMS programme to its full extent and to approach them with ideas of patient-centred services that meet the aims of the programme.

"We are very happy to receive enquiries about interventions if clinicians are unsure if they would qualify for funding."

For more information about eligibility for POADMS funding and the range of services funded, visit Northland Health Pathways POADMS page Primary Options Acute Demand Service (POADMS) – Community HealthPathways Northland, or contact:

Kathrynn Wrightson, POADMS Nurse Clinical Coordinator
Kathrynn.wrightson@mahitahihauora.co.nz

or **Dr Libby Prenton**, Clinical Director, Mahitahi Hauora
libby.prenton@mahitahihauora.co.nz

Private Water Supply at Home?

Here Comes Summer – Be Prepared!

Believe it or not, despite a year of seemingly non-stop rain, spring is here and it's now time for those whose water supply is a rainwater tank, bore or stream, to start getting ready for a likely drier season.

SOURCE – RAINWATER

Clean spouting/gutters every three months and after storms (and before storms if there has been a long, dry period). Every year check and trim overhanging branches, inspect and repair downpipes, check the condition of the roof.

SOURCE – GROUNDWATER/ BORE SOURCE

Every year check and clean the intake, clean screens, check for cracking and damage around the bore casing, and get a full maintenance done by a professional every five (5) to eight (8) years.

STORAGE – TANK

Every three months check inlet and outlet screens, access covers, clear strainer of debris (and after storms) and check for mosquito larvae in tank water. Every year check the structural condition of the tank, check sludge levels and internal cleanliness every two (2) years or as required. If tank is dirty get tank cleaned out by tank cleaning company.

DISTRIBUTION SYSTEM

Once a year check plumbing/piping is fully operational and well-maintained

TREATMENT SYSTEM

Check that the UV light is operating and free from scum (weekly) and replace filters and UV bulb as per manufacturer's instructions.



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