

PreScribe

NORTHLAND DISTRICT HEALTH BOARD STAFF MAGAZINE



MyCare

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From the Chief Executive

Lest we Forget



So much has changed in the past few weeks, and yet with so much else going on in our own lives, we move on, and there is a risk that in fact, nothing changes. Sure, most of us will have learnt a lot more about the Muslim people and their faith and seen the incredible love and forgiveness that many Muslims have shown to that unbelievably senseless act. We'll all have felt good about how New

Zealand came together, how laws were changed, you may have even donated to one of the many causes; but I can't help but wonder whether our changes in attitude will last. I certainly hope so.

As we learn more about people who are different and celebrate their differences, we understand more and learn to care and love more. This could apply to both your colleagues and team members as well as your patients. This simple act speaks to at least three of our values – 'People first', 'Caring', and 'Respect', but also covers 'Communication' and I'm sure it will lead to 'Excellence' as well.

My son in law is a Muslim who has been in New Zealand for 20 years and represents and captains New Zealand in one of his chosen sports. He lost one of his good friends in the massacre at the Deans Ave Mosque, and he spent most of the first week after this in Christchurch. I saw first-hand how it has affected him, I empathised, but it wasn't until someone did something that negatively impacted on me that I realised that I could still think uncharitable thoughts about someone else at least partly because they were so different to me.

Most, if not all of you are already kind, compassionate people - that's why you've chosen to serve in the health sector - but even if you are, it's interesting to examine your own unconscious biases. Over the last couple of years most of us have gone through the 'Engaging Effectively with Māori' course and we'll have heard from either Hone, or more recently, one of our own facilitators, about building relationships with our patients, learning a bit of Te Reo Māori, as well as learning about racism and institutional racism.

The latest NZ Medical Journal writes about racism in the NZ health system and for many of us, this is a really challenging concept. It doesn't mean that any of us are racist. Often it's because of a system not designed for our cultural differences, often it's our lack of time or busyness that prevents us from learning enough about other cultures, or even learning how to pronounce someone's name. How can we let this be an excuse though?

The reality is that people in minority cultures can be disadvantaged by the health system. We know this happens for Māori and Pacifica, but another very large group that experience a system and environment working against them are those people with a disability. We have a new online training programme that I viewed last week, and I strongly recommend it to all of you as soon as it's available. From making sure you're talking to the patient with the disability rather than their parent or caregiver, right through to understanding biopsychosocial theory, everything is included in an entertaining package with excellent videos and other resources.

Forgotten not Lost

It's not only people that can be marginalised. Sometimes regions can be, and I truly believe Northland has been over many years. We all know about the economic and infrastructure neglect as well as our DHB funding cap. After three years, we finally won that argument and are now receiving the full funding we are due according to the formula (whether that is fair on poorer, rural, high Māori populations with significant unmet need is another discussion altogether).

So, although we will never get back the money we missed out on while being capped, we (this includes me!) need to shift out of persecution / victim mode to a more positive framing of our situation, and actually, there is a lot to be positive. If the families and friends of the horror in Christchurch can, then surely we can. Here are just a few reasons to feel positive

- Apparently, an announcement on Ports of Auckland moving to Northport is imminent. I have absolutely no inside information, but I am hopeful that the right decision (for Northland) is made. This could have a massive impact on Northland economically, and we are all aware of how that positively impacts population health. Fortunately, the resultant population growth should come with additional funding although it does always seem like we are playing catch-up
- We do great work here! As usual, PreScribe is peppered with innovation and stories of some of our awesome people
- One day we will have a new Hospital. We are working hard to upgrade our facilities and are hoping for approval of a Critical Compliance and Capacity business case and a new four storey block to get us through to 2027 when we hope to have at least the first stage of a new Whangarei Hospital
- There is fantastic high quality care being provided across all our hospitals and there is significant change and improvement occurring in Primary and Community services
- We have a great culture compared to many other places. One of our senior clinical staff has returned from working in a DHB south of here (they all are so I'm not giving anything away), and he let me know how friendly, kind and supportive the people who work in Northland DHB were. I know that, and I hope you do too.

They are Us

We can learn a lot from three words used in a recent speech from our Prime Minister about Christchurch and the Muslim people – 'They are Us'. I know you get that when it comes to our patients - like me, many of you will either have sampled our health system or had whānau who have. I'm sure most will have had a positive experience because you do live our values and treat them as they would want to be treated. On the theme of 'they are us', I sometimes hear staff talk about the DHB as 'they' or 'the DHB', as if it's a separate malevolent entity that we can blame or not be part of. 'They are us' means that all of us are the DHB, without all of us it would just be a bunch of empty buildings (and pretty old and decrepit buildings at that!). So, let's not forget: remember that we are neither forgotten nor lost, and that 'They are Us'.

Kind Regards,

Nick

Reaching the Light at the End of the Tunnel



ICU Team members Dr Emma Blair, Dr Leon Cloherty, Dr Daniel Owens, Sarah Pickery, Nina Gresswell, Dr Andrew Riddell, Dr Euan McDonald

After years of hard work, lobbying and massive system changes, Whāngarei Hospital has become one of the 11 hospitals in New Zealand to become accredited for Medical Intensive Care Specialist Training by the College of Intensive Care Medicine of Australia and New Zealand.

Interim Head of Department Whāngarei Intensive Care Unit (ICU) specialist intensivist and anaesthetist Dr Daniel Owens said it had been a long process, first mooted by former Head of Department Dr David Austin. One of the specifications from the College was that the ICU would have to be a closed unit, which occurred in 1999 under Dr Austin's guidance. When a unit is closed, patients are only admitted after a discussion with the intensivist on call. The management of the patient is then dictated by that intensivist, with input from the admitting team.

Another stipulation was that the unit have a registrar on site 24 hours a day seven days a week, supported by an on-call intensivist consultant at all times.

Subsequent Heads of Department Dr Michael Kalkoff, Dr Rod Harpin and Dr Katherine Perry all worked on meeting the standards of the College to achieve accreditation over the intervening years. Dr Owens says it was Dr Perry who eventually got them over the line and to whom they owe a significant debt. "She's done the work of bringing extra intensive care specialists into the team and conforming to the standards of the college. Her recruitment drive of New Zealand and UK trained intensivist specialists, in particular, ensured the Hospital fitted into what the College sees as appropriate. Because when you're looking at training, you want intensivists to do that training."

The Northland ICU is a C6 unit, which means they can provide six months of training. In comparison, Auckland DHB is a C24 unit because they provide Neuro ICU, General ICU and Cardiac ICU, which equates to 24 months of training. In Whāngarei there are eight Senior Medical Officers (SMOs) on the rota; four are dual trained in anaesthesia and intensive care, the other four are anaesthetists with an interest in intensive care. Dr Owens says this is impressive for the size of the hospital and adds to the appeal for trainees.

With an eight-year journey ahead of them, trainee intensive specialists who come to Northland will not just gain ICU training but also anaesthetic and rural experience. According to Dr Owens, the anaesthetic training is quite a 'bottleneck' for registrars, and Northland DHB is in a unique position because they have Australian and New Zealand College of Anaesthetists accreditation, which brings a lot to the ICU training programme.

The unit has trained registrars for some time as part of their speciality training for Emergency Medicine and the rural doctor training programme. With this accreditation, they expect to get at least one intensive care trainee every six months. Dr Owens says there won't be massive changes on how they

run their local training programme, but they will benefit from trainees with experience from other ICU's around the country who bring fresh ideas and examples of good practice.

Since accreditation came through in February, the next goal is to get the trainees here. Dr Owens doesn't believe that will be a problem, as they already have a good reputation from current trainees who get more responsibility here than in the bigger centres, giving them more scope to grow within the confines of appropriate clinical supervision.

Each week, trainees can expect to receive at least one hour of formal training. Ongoing teaching occurs during ward rounds where they join a multidisciplinary team made up of a pharmacist, nurse, registrar and a consultant. There are also specialist radiology and microbiology rounds. Dr Owens says that like many medical specialities there's an apprenticeship style to the programme, with a lot of ad-hoc learning opportunities arising throughout the day and, where possible, downtime to undertake the quality improvement projects, audit and research.

Trainees will also work with Northland Emergency Services Trust (NEST), with whom Whāngarei ICU consultants coordinate the Helimed retrieval service for Northland. The Whāngarei ICU provides both the medical and nursing support for NEST transfers and recently introduced telehealth technology to assess whether patients are appropriate to fly with a paramedic or whether they need a doctor and nurse. Dr Owens said, "Running the retrieval service is a large proportion of our workload, but something that is vital for Northland. The experience that this gives our registrars is truly unique, not just in New Zealand, but worldwide."

Dr Owens says despite the length of time it has taken to meet the training requirements of the college and jump through all the hoops, Northland DHB now has an amazing service which is a testament to the work that has been put in.



Was it the Stores Fairies, or Maybe Magic?



Harmony Kingi packing supplies for District Nurses

The Northland DHB Central Stores team are like undercover agents. They pre-empt all the gaps in stock around the hospital and swiftly fill them before anyone realises there was an issue.

For supply and distribution team leader Peter Van Bergenhenegouwen, this is the definition of a good supply chain – when it’s quiet in the background and everyone can get on with their work. “Most people have no clue what we do. Somehow shelves are filled, and orders magically appear on desks. The only time we hear from people is when they’re not happy with something. So the biggest achievement is when we don’t hear anything – that’s when I’m the happiest man in the world.”

The 13-strong Central Stores team have a reputation for consummate professionalism. This was evident when they had to urgently shut up shop in May 2018 after an asbestos discovery in the roof of the old Central Stores building on Hospital Road. Peter said he received a call about 11am. He shot straight down to grab his phone and that was it, he couldn’t go back again.

Subsequent air quality tests showed normal background concentrations, but it was decided to restrict access to the building immediately, pending further investigation. Fortunately, the facility had a specially built clean room with air conditioning that housed most of the hospital’s vital medical supplies. Most were recovered, but around 600 items were left behind.

With excellent reporting systems in place, the team reordered stock immediately and relocated to a temporary space under the Theatre. They juggled delivery of all new stock by staging the drop-offs, so they didn’t have 100 pallets turning up at once. Peter says this is the kind of logistical thinking essential for a good stores person, along with accuracy, speed and fitness. They were ready for business five days later and were based under the Theatre until November. By then their new facility was fitted to their specifications.

Cheyenne Potter works in stores logistics and covers the imprest clerks when they need relieving. She said the move to their current location in South End Ave was massive, but everyone looked forward to it.

“When we were at the temporary space we had to pick from two different sites – the clean room and under the Theatre. There was a lot of double handling, but everyone just put their head down and got the work done. After seven months of doing that, we were all excited to get back to some normality.”

Once again the Stores team were able to move their entire operation in two days, closing on a Friday to relocate. By Monday morning they were ready for service. During both site moves the team worked efficiently and with health and safety as their main priority. Peter is committed to making sure all his staff get home safely to their families each night.

The new 1,000m² site offers more than sufficient space to house stock to service 120 locations across the whole Northland DHB. This includes the three district hospitals which receive daily deliveries. Peter predicts that if the population keeps increasing, the space will accommodate that growth and he has been assured by the organisation that they will remain there for a number of years.

Central Stores staff comprises four imprest clerks (who have allocated wards in the hospital that they restock daily), two inwards people, six stores people and an administrator (who also oversees supplies for the district nurses).

Each morning the team first ensure the imprest clerks stock is picked, packed and ready to deliver by 9am. The imprest clerks take the stock to their allocated wards, unpack and then scan the shelves for any supplies required the next day.

Peter said Northland DHB has always been ahead of its time, using scannable labels on all their imprest products



Peter Van Berghenhenegouwen

since the late eighties. Currently, they have 25,000 individual lines (a line represents a requested item on an order) that can be scanned, including stock for the district hospitals. In comparison, some hospitals in Auckland have only recently begun to scan stock.

Theatre supply chain supervisor, Jill Turketo says having the imprest clerks managing the stock is invaluable for the Theatre team. “Stores are vital to what we do every day. They are all focused on their own wards, and their knowledge of high use goods is quite amazing. They do their thing, and we do ours – but it’s a team effort.”

While the imprest clerks are up at the hospital, the rest of the team pick stock for all other Northland DHB services, including the regional hospitals, and the district and public health nurses. The team also supply external customers that have an affiliation with Northland DHB, such as midwives and rest homes. Once the stock is picked for the day, freshly delivered stock is unpacked, and urgent enquiries are dealt with.

Last year the Stores team picked 350,000 lines, which equated to 8,458,629 individual items being picked, packed and delivered to the hospital. On top of this, Inwards Goods receipt and process 45,000 purchase orders raised throughout the Northland DHB each year, with items ranging from a pen to specialised medical products.

Accuracy is essential when dealing with so much stock. However, Peter says he and the whole organisation can rely on his team 100 percent. This is imperative, because, without trust in the supply chain, the entire hospital is effected.

Stores are so busy that when we arrived to do the story, they had been planning and stocking ahead the whole week so they could all spare one hour to meet with the new supply chain manager from Health Alliance. Cheyenne says this also happens over holiday weekends as they can only ever stop for three days in a row. They have to plan well in advance and make sure they have extra stock for the long weekends when the tourist numbers grow in the region. There is no break over Christmas, and because some suppliers close, they always have a buffer of supplies to cater for the extra people venturing north for their holidays.

This Christmas they ran out of crutches for the first time ever, even though Peter had ordered way more than needed. But in one evening they used 40 crutches, which he says you can’t plan for. “Luckily, we managed to get more from another supplier, and nobody noticed there was an issue.”

Cheyenne says that the team keep fit doing an average of 15,000 steps per day. The imprest clerks do at least 20,000, which is tough – especially in the recent hot weather. But they all work together and support each other to get the job done. “A lot of us have been here for over 10 years and Peter is such a good, chilled out boss. He’s so understanding and will back you 110 percent, no matter what it is.”

Peter is proud of his team because along with having a wide of knowledge of the products they supply to the wards, they all care about patients in Northland. “They’re all very dedicated to what they do. They like their job, and they make sure that Northland DHB is well stocked. If you don’t work as a team here, you’re stuffed.”



Shelley-Ann Edwards, Cheyenne Potter & Dafydd Coleman loading for the Imprest run



First Māori Chief Nurse from Te Tai Tokerau

Northland now has a home grown advocate to speak up for health inequities. Former Northland DHB Director of Nursing and Midwifery, Margareth Broodkoom, took on the Chief Nursing Officer role with the Ministry of Health in February.

Margareth has worked in Auckland and Northland across a variety of positions during her 30-year nursing career including clinical, educational and leadership roles. As she embarks on her most prominent role yet, she knows this is something she is destined to do but does it with a heavy heart. "It's been a bit of an emotional rollercoaster over the last couple of months since I made the decision. I vowed when I finally returned to Te Tai Tokerau, that I would be home to stay."

She never thought that she would go to Wellington, but was encouraged to consider the position by colleagues. As so often during her career, she felt that when opportunities came up she should walk the talk and do what needs to be done.

"If I'm not prepared to step up when one needs to, then I can't expect others to. I have some confidence that there's a destiny and I'm just following where my career is taking me. It's important with nursing leadership in this country that we focus on home grown development, and that's what I have advocated for as the sponsor of the Ngā Manukura o Āpōpō (the national Māori nursing and midwifery workforce development programme). Putting our hands up when we think the time is right. And being able to say we're here, we're ready, willing and able."

This new chapter in Margareth's path has come after nine years as Director of Nursing and Midwifery for the Northland DHB, which she said has gone so fast and has been the longest role of her career. At times when she was sitting at the Executive Leadership Team table, she had to pinch herself – it was a surreal experience to be sitting amongst such esteemed colleagues.

Margareth said she grew to love the people she worked with and being based back in Northland. "Usually, once I've been in a role in for around three years, I get bored and have itchy feet. There wasn't time for that. Every year brought a different challenge and new priorities to deal with."

During Margareth's strong leadership, several changes have been implemented within the Directorate. She championed the development of Te Taumata – the most senior nursing and midwifery leadership group in Northland, the Nursing Midwifery Executive Leadership Team (NMELT) and further developed the Nursing and Midwifery Directorate.

"It has been a great honour to have worked alongside these amazing leaders who have given me the strength and confidence in what we do as nurses and midwives. Having the right people around you is important to deliver on outcomes. I couldn't have achieved what I have without these inspirational and innovative people. We had a vision that by 2020, Northland would have 15 nurse practitioners. We've got 18 already, and we've got three or four in the

wings ready to submit their portfolios. We also have nurse prescribers working across a range of services to ensure timely access to services and prescriptions."

The implementation of the Care Capacity Demand Management Programme (CCDM) is an extensive programme that she is immensely proud to have delivered on, and one that the organisation is committed to. "We've stuck with it. Northland has been recognised as early adopters and stars of the programme and one of the DHBs which have implemented a large component of the CCDM programme."

The He Waka Kakarauri (a model for engaging Māori in Advance Care Planning (ACP) conversations) is another piece of work that Margareth said has been recognised nationally and internationally. "This is a tool not just for Māori, but for everyone to use as a tohu, or a symbol and framework to start a conversation around ACP and end-of-life care. I'm really proud of that."

The development of the Integrated Operation Centre (IOC) was a project that was a long time coming, and she feels confident to hand over to the Chief Operating Officer, where it will be in good hands.

During her farewell, Chief Executive Dr Nick Chamberlain said Northland DHB has been lucky to have had Margareth for nine years. Like everyone else who spoke, he commented that all the achievements that she has successfully made for the organisation have been due to her leading with values, culture, training and knowledge.

Margareth said there's no manual for her new role. There will be a lot of work to do, particularly around connecting care around New Zealand and what nursing can do to contribute to improving health outcomes for the population, for Māori, and addressing inequities within the health system. "I'll be learning a lot around the mechanics of the Ministry of Health and working in Wellington. That will be a steep learning curve. But I'm up for it."



Margareth Broodkoom

A Pathway to Progress



Sheryll Beveridge

When the acting director of nursing and midwifery Sheryll Beveridge retires from Northland DHB, she leaves secure in the knowledge that she has made a positive impact to nursing and healthcare during the course of her 40-year nursing career.

Since Sheryll graduated in 1974, she has taken every opportunity offered to share her skills and knowledge with others – nationally and internationally. This year she was asked to step into the acting director of nursing and midwifery role when Margareth Broodkoorn moved to the Ministry of Health. Even if it's for just a few months, this makes her feel like she has achieved so much.

For a girl who just scraped through School Certificate, Sheryll said getting her Masters in Nursing Education was one of her proudest moments. It also opened up a new career pathway for her, leading her to join the former Waiariki Polytechnic in Rotorua (Toi Ohomai Institute of Technology) as a lecturer in medical and surgical nursing, then kawa whahakaruruhau (cultural safety) in nursing practice, and eventually the competency assessment programme for international nurses to attain New Zealand registration.

This educational pathway took her to England and eventually Abu Dhabi where she taught Muslim women in the Bachelor of Nursing programme for two years. The opportunity to work in a variety of settings with different cultures enabled Sheryll to appreciate how nurses from other cultures work, thereby giving her insight into the struggles and dilemmas they face when they come to work in New Zealand.

After Abu Dhabi, the plan was for Sheryll and her husband to move to Perth where she would undertake her PhD while working at the University. However, their daughter put a spanner in the works, when she told them she was pregnant to her Whangārei fiancé.

With a grandchild on the horizon, they decided to cancel Perth and join their daughter in Whangārei. Sheryll joined Northland DHB as the postgraduate coordinator in 2007, and then changed roles to become the quality facilitator in the Medical Surgical Clinical Service, focusing on quality improvement projects. Quality and change management became a great passion and strength which she continued to progress, her tenacity overcoming significant resistance to change.

In November 2012, Sheryll was appointed to the position of associate director of nursing and midwifery. This allowed her to use her extensive knowledge and experience to develop and implement changes for improved patient safety and the enhancement of nursing practice.

Sheryll has worked tirelessly to progress the professionalism of nursing. She has led and developed many professional groups: the clinical nurse educator group, the associate clinical nurse manager group, and the clinical nurse specialist group. These groups have become influential, cohesive and productive under her leadership.

Sheryll says some highlights were to see the development of nurse practitioners, nurse prescribers, expanded scope, the increase in uptake of Professional Development Recognition Programme and the commitment of nurses in advancing their career supported by postgraduate education. "Growing the number of new graduates employed who are from Northland and having more Māori new graduates has also been fulfilling, and can only benefit our Northland population," she says.

Sheryll has led many initiatives, more recently the implementation of an education programme for healthcare assistants and the National Early Warning Score across Northland DHB, the falls and pressure area prevention initiatives, the appointment of a workplace violence prevention manager, and being part of the implementation of care capacity demand management for safer staffing. The most challenging has been ensuring that nursing documentation meets the Health and Disability Standards.

When the chief nursing and midwifery officer steps in and Sheryll retires, she will continue to watch the progression of nursing with interest, particularly the advancing role that technology plays in the future of nursing and healthcare. She is also looking forward to keeping up with the changes nationally. Especially with Margareth at the helm as Chief Nurse at the Ministry of Health, whom Sheryll says is a fantastic nurse leader – one who will continue promoting the value of Māori nurses in improving outcomes for Māori health.

Although she's more than ready to retire and enjoy some quiet time, Sheryll still wants to continue to support nurses to advance their practice and career possibly as a mentor or in whatever capacity comes along. Next though, there's another grandchild due in May, and then her challenge is to learn to slow down and see what life's like without full-time work.



An Adventurous Attitude



Gloria Reid

After dedicating 58 years to nursing, Northland DHB public health nurse Gloria Reid retired in February, leaving the legacy of a health centre in her name and other accolades – all testament to her caring nature and sense of adventure.

When Gloria was three years old, she burnt her leg from sparks in the fire. Her eldest sister, who was training as a nurse, laid her on the dining table and dressed her wounds. From that moment on she knew she wanted to be a nurse.

Gloria moved to Hamilton from Taumarunui in 1961 to begin her training. She and a group of friends lived in the Nurses Home for a year before moving to a flat in Pembroke Street, which she said was a lot of fun. “Often we’d get off duty at 6am after a night shift and then hitch up to Auckland. Get changed in my uncle’s office in Queen Street and off we’d go. Then we would hitch back, have a few hours’ sleep and go back on duty again.”

Gloria and her friends did a lot of hitchhiking in those days, including a trip to Cape Rēinga covering 900 miles in seven days. “Lots of people said we’d never make it to the Cape – but we did. We’d bunk down in churches or school entrances for the night and had a fabulous time.”

She said the only time there were any issues was when they spent the night on the hillside at Waipapakauri. They all had a shocking night’s sleep because they kept rolling down the hill and the mosquitos were terrible.

Gloria said working on the wards was also a lot of fun, with patients staying for more extended periods giving staff a chance to get to know them. She recalled when she was nursing a room of four men who gave her a bit of a hard time, so she decided to have a bit of fun and get them back.

“When I washed their backs, I’d put methylated spirits on and blow on it so that it would be cold... stuff like that. Another day, they put their false teeth in separate containers for me to clean. So I took them to the sink, cleaned them and then mixed them all up and said, ‘Here you go, take your pick’. They didn’t give me so much cheek after that.”

Gloria met her first husband Ron while she was nursing his father. After they married, they moved around the central North Island for the next few years where Gloria worked at New Plymouth Base and Hawera Hospitals.

They finally settled in Whangārei in 1976 and Gloria worked as a tutor at the hospital, a charge nurse in the children’s ward, then relieved in various positions before taking on the role of the industrial nurse during the expansion of Marsden Point Refinery.

While working at the Refinery, Ron decided to go milking and Gloria would help out. “I would milk in the morning. Change my clothes in the shed and then catch the bus to the Refinery. Then catch the bus home and milk the cows in the afternoon.” Eventually, it got a bit much – especially with four kids to organise, so she began her 33-year career as a public health nurse.

Gloria remained in Ruakaka for 21 years as the local public health nurse. As part of her role she worked with students at Bream Bay College. She and careers counsellor Ginny Gardner struggled daily to find a space to work and often had to use a broom cupboard to conduct their consultations. Using her connections at the Refinery, Gloria and Ginny lobbied to get several Portacoms donated to the school, which formed The Reid/Gardner Health Centre, which still serves the school today.

Between all these career highlights, Gloria travelled around the globe with family, friends and as a Masters’ hockey representative. She hiked almost every track in New Zealand, and conquered the Lake Taupō Cycle Challenge four times and the four-day Tour of Northland five times.

Her energy and instincts have made her a force to be reckoned with as a nurse, touching the lives of many people during her long career.

With 15 grandchildren, lots of friends outside of work and a need to help out more with her church she realised it was time to have a life beyond nursing. Ever the adventurer, she bought a motorhome and will embark on a trip around the South Island with 12 friends from church. After that, she doesn’t know what’s ahead – no doubt more travel, trekking, gardening and fun.



Gloria's Graduating Class 1964

Big Step Towards a Safer Working Environment



Eliza Wallace Workplace Violence Prevention Programme Manager & Sarah Hoyle Emergency and Corporate Risk Manager

***No Hokianga ahau,
Ko Ngatokimatawhoarua te waka,
Ko Hunoke te maunga,
Ko Waiwhatawhata te awa,
Ko Ngati Wharara tōku hapū,
Ko Ngāpuhi tōku iwi.
Ko Eliza Wallace tōku ingoa.***

The newly appointed Northland DHB workplace violence prevention programme manager, Eliza Wallace was welcomed to the organisation in a formal pōwhiri in January. Eliza brings with her valuable in-depth knowledge and experience in the development of violence prevention strategies and pathways for preventing workplace violence and aggression.

This new role was established after ongoing survey results conducted since 2017 highlighted that safety and wellbeing were issues for staff. Approximately 360 events of workplace violence were reported between 2015 and February 2018. Many factors attributed to these events, including drugs, alcohol, increased presentations/admissions for delirium and dementia, as well as aggressive relatives. The impacts on the individual, their families and colleagues, are significant, as are the effects on the quality of care provided to patients and the organisation's culture.

With this in mind, a Workplace Violence Prevention Group was established with a specific aim: 'For all people to feel safe within the Northland DHB workplaces'. The group's objectives were to encourage people to report incidents of violence and to develop a framework that services can adopt to identify and manage risk factors for workplace violence in healthcare.

A Workplace Violence Prevention Plan was developed with targeted goals to be achieved from July 2017 through June 2018. This led to a toolkit of resources being put together, regular staff surveys being undertaken to gather valuable feedback, training opportunities being offered to educate staff on how to deal with critical incidents, and risk mitigation and controls put in place. The outcome was that management acknowledged a new role was to be established to manage this ongoing issue.

Eliza spent much of her career working in the field as a social worker specialising in violence prevention and as a community violence prevention coordinator in Te Tai Tokerau, thus providing her with enduring professional networks. More recently she has been focusing on research and lecturing while she completed a Master of Social Practice qualification.

Eliza believes that through offering this role, the Northland DHB and Te Tai Tokerau have the opportunity and potential to lead the way in workplace violence prevention. She looks forward to having further conversations and discussions with all staff to promote the development of safer workplace environments for everyone.

"While acknowledging the complexity of violence prevention, I am keen to be a part of the leadership and collaborative response to workplace violence. I am encouraged by the commitment to workplace violence prevention with the establishment of this new role, which acknowledges the importance and responsibilities that all organisations have in addressing and championing violence prevention in workplaces."



Clinic Success

Rates Acknowledged



Steve York

The success of a multidisciplinary diabetic foot clinic (MDDFC) based at Auckland City Hospital won the Excellence in Community Health and Wellbeing Award at the Auckland Health Excellence Awards at the Hilton, late last year.

Ten out of every 100 people with diabetes will develop a foot ulcer sometime during their life. These complex wounds have a significant long-term impact on the quality of a patient's life and contribute significantly to rising health costs. The MDDFC's vascular consultant, Mr Venu Bhamidi says that the diabetes tsunami is our single greatest health challenge in the developed world.

"Historically in Auckland Hospital, one out of four patients who end up in the vascular ward ends up with a major limb amputation. The vision behind the diabetic foot service

was to bring together like-minded, passionate people who shared a common universal goal, which was to eliminate preventable amputations within a generation. We set ourselves fairly ambitious clinical targets, and it's fair to say we have surprised ourselves with our results," Mr Bhamidi says.

Members of the MDDFC include a vascular surgeon, a registrar, nurse specialist, diabetes registrar, orthotist and our own Steve York – who provides podiatric advice and support to regular telehealth clinics for Northland diabetic patients in Auckland Hospital. This initiative has enabled Northland patients to gain improved access to Auckland Hospital's Vascular Services as well as consistent management of diabetic foot complications.

The service was established to ensure gold standard treatment for patients with foot ulcers referred to the Auckland Hospital Vascular Service. Results so far have seen major limb amputation reduced six-fold from 27 percent to 3 percent, while wound healing rates have increased from 69 percent to 90 percent.

The clinic has also managed to increase patient engagement, decrease non-attendance rates, avoid patient readmissions, and reduce lengths of stay. This award acknowledges these successes, which have ultimately reduced costs to the health system and patient mortality rates.

Steve says the initiative will be developed further this year by exploring the inclusion of virtual MDDFCs at Whangārei Hospital.



Are you looking for meaningful work in your community?

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Partnership Helps Nurses 'on the Spot'



Left to right top Public health nurses Libby O'Donnell, Tina Vink, Vodafone Account Manager Anthony Marks, Bottom public health nurse Lesa Sheppard and Administrator Cindy Revington

Over the past year, Northland DHB public health nurses have been the envy of other departments in the organisation after adding iPads to their toolkits as part of the hugely successful 'PHNs On The Spot' project.

Northland DHB and Vodafone partnered together to fund and develop the project, to supply 30 iPads to the public health nurse team. The PHNs On The Spot project was a perfect fit for the partnership as it uses technology to generate a positive change for the Public Health Nurse Service and the people of Northland.

Each iPad has been enabled to access all the relevant internal systems and national records the nurses need to treat patients remotely, at the point of care. They can obtain all client information while out in schools and homes – limiting travel time and cost.

Northland DHB programme manager Delwynne Sheppard said the iPads had made such a difference to how the public health nurse team work in the community setting. She said aside from the benefit of having patient information on hand at the point of care, the team can also have remote online meetings with Zoom wherever they are in the region instead of scheduling time in the office to meet.

"The nurses are thankful that they've got this technology

when they're out and about providing quality client care in the community. This saves travel time, so they can spend more time with the client," said Delwynne.

Each device is loaded with approved games and short movie clips to use during the school-based vaccination programmes – for distraction therapy to reduce anxiety and for use during recovery periods.

Public health nurse Libby O'Donnell said the iPads had been especially helpful when treating children with Rheumatic fever who endure monthly Bicillin injections. "It can be particularly stressful for these children, but if they're distracted they get through the process easier. Some even look forward to us returning, so they can have a go on the iPad again."

Connectivity in areas and schools in the region where there is limited access to Wi-Fi has been somewhat problematic. However, where possible the Ministry of Education and schools have engaged and responded to

this issue. Access to the Vodafone mobile network has helped to keep the nurses connected and engaged with their community.

Part of a public health nurse's role is to respond to outbreaks, and during the recent Meningococcal W vaccination programme in Northland, the team said having the iPads had been an invaluable tool for the retrieval of vital information on the spot and for reducing anxiety that some clients experience with vaccinations. Often parents would turn up without knowing their children's NHI numbers. These could be sourced straight away, along with the patient's age and other relevant details – ultimately increasing the speed of patient flow through the clinics.

Northland DHB chief information officer Darren Manley said it is fantastic to see this use of technology making a tangible difference to the lives of both patients and their carer's. "This project showcased the sort of partnership model needed to get the best from digital innovations, and we look forward to more of the same."

Northland DHB mobility capability analyst Rachel Sutton said the many lessons learned during this first year of the project has opened a case for the development of increased technology use throughout the organisation.



Out & About





Medical Students Excited About Their Year In Northland



- Year Five Pūkawakawa Students Preparing for their Year in the North

For the twelfth year running, a select group of students from the University of Auckland's School of Medicine was welcomed into the esteemed Pūkawakawa programme at a pōwhiri in January.

The programme was set up by the University of Auckland's Faculty of Medicine and Health Sciences and the Northland DHB in 2007. It offers year five medical students the opportunity to gain experience in regional and rural health.

While in Northland, each student will spend most of their time working at Whangārei Hospital and the remainder at Dargaville, Kaitaia or Rawene hospitals to work in integrative care. Pūkawakawa's success has led to similar programmes being set up in the Bay of Plenty and Taranaki.

Leading figures from the faculty travelled to Whangārei to attend the welcome, including the Head of the School of Medicine Professor Alan Merry. He said that the pioneering programme is one of the jewels in the crown at the Faculty of Medicine and that it is hugely sought after and valued by students wanting to be part of the rural emersion experience.

Professor John Fraser, Dean of Medicine and Health Sciences, spoke of the importance of the programme, saying that Pūkawakawa was the flagship of their medical programme and the University was extremely proud of what they have achieved with Northland DHB. "We have a partnership. The purpose of Pūkawakawa is to ensure our graduates experience medicine at the very coalface of New Zealand, and Northland is that coalface."

He said that the success of Pūkawakawa could be measured in so many ways, but a good example was that 50 percent of the house surgeons currently working at Whangārei Hospital had been through the programme or were trainee interns in Northland. Professor Fraser said the programme proved so popular for medical students that it was oversubscribed

three-fold and all those who have taken part speak of it being transformational.

Northland DHB Board chair Sally Macauley encouraged students to make the most of their time in Northland by getting out fishing, diving and experiencing the cycle trail, but also visiting Waitangi Treaty House and learning about the Ngāpuhi culture. She said the board recognised that each student had pledged a year of their career to Northland and hoped they would learn from their patients, and obtain and retain the art of communication, as the doctor and patient interaction is the heart and art of medicine.

Northland DHB chief executive Dr Nick Chamberlain took a different tack from his usual inspirational speech about remaining idealistic. Instead, he urged students not to fear failure but embrace it and learn from their mistakes. "If you don't fail you're not going to learn. We put guard rails around failure, so there's a backstop around you. Personally, I've learnt much more from my failures than all the successes I've had."



Malachi Ropata and Israel Read-Eden

He told the students that they were coming to a DHB that provides excellent care and that Northland's biggest challenge is inequity caused by poverty. "This is going to be a big learning experience, and I challenge you to think differently, act differently and look at what you're seeing and learn from it. If we keep doing what we've always done, we get what we've always got."

Another of the key speakers, Professor Papaarangi Reid, who hails from Northland and is Tumuaki and Head of Department of Māori Health at the Faculty, also encouraged the students to get to grips with the Treaty of Waitangi and what it means for New Zealanders, and in practice.

She asked them to think deeply and meaningfully about what health means. Also, what enables and disables health. "Engage in key social issues like poverty and geographic barriers to access in health services. Become political advocates for people who are marginalised by such things in your future careers." As a Northlander, Professor Reid said she was particularly committed to ensuring the students from the North can go back to where they're from and engage with their marae and their hapū.

Most of the 24 students in the 2019 Pūkawakawa intake have some affiliation with Northland, including former Kaitaia College student Anaru Williams who was excited to come back home. "After six years of

study, it'll be nice to get away from the hustle and bustle of the city and work with the rural GPs who are very skilful."

Wellington Trainee Intern Malachi Ropata and year five student Israel Read-Eden from Hawkes Bay had prepared for their year in Northland by taking a year out to focus on their te reo Māori. Malachi spent his fifth year in the Bay of Plenty programme and said he has aspirations to work in Northland, focusing on Māori health. Israel was looking forward to all the different runs that she has been waiting to experience and would be spending her initial few months at Whangārei Hospital, before her placement in Rawene at the end of the year.

Hannah Pitman-Bell has a dual role during her time in Northland as both a year five student in Pūkawakawa and as the site representative for the regional and rural health Grassroots programme. "I respect Grassroots as a council – it's all about advocating for rural medicine and the demographic differences that they have and the inequalities that are present."

Hannah said that although she was sad to leave friends behind in Auckland, she was excited to see how this year goes after hearing great feedback from friends who had also been through the programme. "It's such an honour to be part of a programme that's so reputable. Everyone raves about it."

Support for ED Patients

Patients attending Whāngarei Hospital's Emergency Department (ED) now have the support of volunteers from St John to help comfort them and their whānau if they are feeling ill at ease.

The St John Friends of the Emergency Department service (FEDs) was launched in mid March in Whāngarei and is the latest of Northland District Health Board's four hospitals to introduce St John FEDs after being successfully rolled out at Bay of Islands Hospital and Dargaville Hospital, both in 2010.

The free service was launched at Auckland Hospital in May 2002, following a pilot in November 2001. St John now has more than 840 FED and Hospital Friends (volunteers in smaller hospitals with no ED) in 27 hospitals across New Zealand, of which more than 200 serve in eight hospitals in the Northern Region.

Whāngarei Hospital Emergency Department clinical nurse manager Kathryn Erai says their department feel very privileged to have the FEDs working alongside them, "We really appreciate them giving up their own time to support and offer comfort cares like a cup of tea, a blanket or a sandwich to patients and families who often are here on their own."

Glenda Hubbard and FEDs team leader Rona Rossiter were the first of the volunteers to start their shifts. Rona said she was excited to help out because with her six kids leaving the nest she has plenty of free time on her hands and giving back to the community is something she really enjoys. She loves talking to people, especially the elderly and says she's pretty good in stressful situations. Glenda has worked for the Hospital Chaplaincy service and volunteered for Trade Aid. When she saw this opportunity online, she thought she would give it a go and couldn't wait to begin.



FEDs Glenda Hubbard and Rona Rossiter



New Detox Beds for Northland



Team members of Timatanga Hou

Wait times for patients referred to Northland's only addiction detox unit, Timatanga Hou at Dargaville Hospital, are likely to be reduced. A portion of funding awarded to Te Ara Oranga project was allocated to Timatanga Hou to expand and enhance responsive treatment.

In 2017, Te Ara Oranga, a joint initiative between Police and Northland DHB, was allocated funding for the 12-month pilot from the Proceeds of Crime Fund sourced through the Criminal Proceeds (Recovery) Act 2009. The initial funding was for the establishment phase (new treatment options/referral pathways) and recruitment of health and police personnel. Te Ara Oranga was operational from October 2017. Police have continued to resource the team of eight staff in Northland, and the DHB has received further funding until June 2019.

Timatanga Hou first opened in early 2010 with just three beds to serve the entire region. This gave Northland patients some relief from having to travel to Auckland for treatment and be separated from family. The unit was consistently booked in its first year, proving so popular that bed numbers were increased to five to reduce wait times.

Timatanga Hou provides a fully supportive treatment plan for each patient. This includes medical and non-medical intervention, counselling support for the patient and their whānau and encouragement for setting achievable goals to help prevent relapses.

Methamphetamine use is a growing issue in New Zealand, and Te Ara Oranga has been a successful integrated model of police, health and community groups working together to rid the community of meth. Between August 2018 and 11 January 2019, police made 87 arrests, executed 76 search warrants, issued 27 Reports of Concern for 73 children, seized 28 firearms and referred 257 people for treatment.

Te Ara Oranga project referrals to Timatanga Hou have increased the wait time at Timatanga Hou from 2 to 4 weeks in January 2017 to 6–8 weeks in June–December

2018. At the official blessing of the new beds, Northland DHB Chief Executive Dr Nick Chamberlain noted that last year there were approximately 140 discharges from Timatanga Hou. The increased bed numbers would allow for greater use of the service and would see it working towards 200 discharges per year, reducing the 6–8-week waiting list.

Dargaville Hospital Operations manager Jen Thomas thanked the hospital maintenance team that worked on the new facilities, the maternity unit who gave them the extra space to house the extra beds and improvements, and Timatanga Hou Clinical Nurse Manager Rachel Beech who worked hard to recruit seven new staff to the unit to cope with increasing numbers. "Let's hope with these extra beds we can reduce the wait list so more people seeking support for their addictions can benefit from our service."

General Manager of the Mental Health & Addiction services at Northland DHB Ian McKenzie said acknowledging that addiction is a community issue and having a suite of services that can be tailored to each patient while also offering support for whānau makes this programme of treatment and Te Ara Oranga work.

"Many people and groups have visited us to see what's so special about Te Ara Oranga. Our work to reduce methamphetamine demand here in Northland is based on working together in communities to provide a range of services, when and where they are needed. The increase in detox beds is incredibly helpful to this approach."

Te Ara Oranga's employment service Employment Works, also located at Dargaville Hospital, has received 116 referrals (since August 2017), assisted 48 people into new work, helped seven people at risk of losing their jobs to stay in work, placed 18 people on training/unpaid work experience and eight people into unpaid voluntary work. Meanwhile, District Health Board methamphetamine focused clinicians have managed 803 cases since August 2017.

Distinction for Northland

DHB Psychiatrist



Chommy Kelly receiving his award

Northland DHB consultant psychiatrist Dr Chommy Kelly was named a Distinguished Clinical Teacher by the University of Auckland, Faculty of Medicine for the work he has done to ensure psychiatry placements are part of the Pūkawakawa medical student training programme in Northland.

Dr Kelly (or Chommy as he is known) completed his undergraduate training in South Africa and then worked in the UK before moving to New Zealand in 2000. He completed his psychiatry training in New Zealand and has been coordinating the psychiatry element of the rural and regional immersion experience and teaching programme, Pūkawakawa, since 2014. Since then, year five and six medical students do not have to undertake their psychiatry placements in Auckland city or elsewhere.

The University recognised that fitting teaching into the multiple demands of the Mental Health & Addiction Service is a challenge that not many clinicians would be prepared to add to their already busy and stressful lives. With volunteer support from colleagues, Dr Kelly has helped carry the significant responsibility for these coordinating and teaching duties for the past four years. The end-of-run feedback from Pūkawakawa students has been consistently positive due to his mentorship and teaching.

Hearing that he won the award came as quite a surprise, but after attending the event and listening to other recipients talk about their experiences supporting similar programmes to Pūkawakawa, in New Plymouth and Tauranga, he believes having an event like this is a valuable way to acknowledge everyone's efforts.

"The University staff, supervisors, registrars, nursing staff and broader team members including administrative staff, all support the programme and are extremely responsive, which makes you not mind doing a bit extra. The coordinators are at the front of the process, but it comes

down to each staff member doing something special to make it a great experience for the students."

As coordinator for the psychiatry placement, Dr Kelly plans for the eight students to be allocated placements for six weeks at a time, three times a year, and finds colleagues to volunteer their time to supervise the students. This can make it difficult for the supervisors and Dr Kelly to get to their day-to-day work, but he says helping the students can be a welcome diversion from the usual mental health work. Also, because Pūkawakawa is oversubscribed, the calibre of students selected is high, and they all value the opportunities they have during their time in Northland.

"It's quite inspiring dealing with these young doctors who are so motivated and energetic. To some degree, it keeps supervisors on their toes. You're leading by example like an apprenticeship model. They soak everything up that happens in interviews. It's fascinating to hear their perspective and interpretation about what occurred after client meetings."

Dr Kelly says the students cover theory in a variety of disciplines in pre-clinical years. However, the fifth year psychiatry students have not had formal teaching in psychiatry. The Faculty encourages students to do their readings in preparation for placement and tutorials, and are open to how the supervisors work with the students, which he said is done mainly through dialogue and discussion. "In teaching, I often do role plays – getting into some acting myself. It's entertaining, but can get a bit close to home when acting out scenarios relating to depression and bipolar behaviour!"

When Dr Kelly's regular workload increased last year, he had to pass the year five coordination to Dr Shakeb Ansari, leaving him only the year six trainee interns to focus on. He says the role has always kept him busier than the allotted time. However, the experience is one that he enjoys and learns from, and he is happy to have the opportunity to carry on his work with the year six students.



Chommy Kelly



Resources Ready to Support Foundation's Work



Attendees at the Bronchiectasis Resource Blessing

Beautiful waiata sung by students from Te Kura Kaupapa Māori o Te Rawhitiroa on Monday 4 March at Tohorā House in Whangārei perfectly accompanied the official blessing of resources produced by the Bronchiectasis Foundation to support the understanding of this debilitating illness. Fr Peter McDermott from St Francis Xavier officiated at the blessing, alongside Arama Morunga who provided mihi whakatau to those attending.

The Bronchiectasis Foundation of New Zealand was launched in 2015 by former Governor General Sir Jerry Mateparae and supporters of Whangārei woman Esther-Jordan Muriwai, who suffered the illness for most of her life. The Foundation is a not-for-profit organisation dedicated to supporting those living with bronchiectasis and raising awareness in the community. The resources, currently being translated into Māori, Samoan and Tongan, will be used to empower those affected by providing information on healthy lifestyle changes and encouraging inspiring relationships with health services.

Foundation trustees, advisors from Northland DHB and PHO respiratory services and childrens' teams, and families of the bronchiectasis community came

to support the blessing and hear guest speakers – community paediatrician Dr Ailsa Tuck, Asthma & Respiratory Foundation New Zealand chief executive Letitia O'Dwyer and Bronchiectasis Chairperson Camron Muriwai.

Camron acknowledged his daughter Esther's legacy and contribution to respiratory conditions in this country. Referring to her acceptance of her condition, understanding her mission in life and acting on it, he said, "One kind act having an everlasting effect – Love has brought us together today."

He remarked that this is just the beginning of a project to drive the vision and need for more awareness and education of this challenging illness. He recognised the collaboration and open contribution of Northland and Auckland DHBs (Starship Hospital) and Asthma & Respiratory Foundation New Zealand in supporting the resource project.

The resources are now available for families in preschools, general practice clinics and NGO services to support the ongoing the work the Foundation undertakes.



The Resources with a picture of Esther-Jordan Muriwai

For further information:

www.bronchiectasisfoundation.org.nz

Hope for Hepatitis C Carriers

Hepatitis C Cure NOW AVAILABLE Get Hep C Tested



PHARMAC is now funding a new hepatitis C treatment (Maviret) – a potential cure for everyone living with the disease. Until now, only specific genotypes of hepatitis C could be treated through funded medication. This new free treatment is suitable for all genotypes and has fewer side effects. It only requires one daily dose for a minimum of eight weeks and has high cure rates.

An estimated 50,000 Kiwis have hepatitis C, yet approximately 20,000 don't realise they are carriers of the liver-damaging blood-borne virus. In Northland, there are 500 people diagnosed with hepatitis C, with another potential 500 unaware they have it.

Hepatitis C is often referred to as a silent epidemic because people commonly don't notice any symptoms until 20 or 30 years after infection. Signs that do appear are usually mild and non-specific. The most common symptoms include:

- tiredness (fatigue)
- joint pain
- loss of appetite
- nausea
- abdominal pain.

For every 100 people infected with hepatitis C, 80 will develop chronic infection, 25 will develop cirrhosis (severe scarring of the liver), and 3–5 will die of liver cancer. The liver is the largest organ in the body and performs over 500 functions.

Those who carry hepatitis C but aren't yet aware are likely to be between 45 and 70 years of age and include those who have:

- injected drugs
- had a tattoo or body piercing
- been in prison
- had hepatitis, jaundice or abnormal liver tests
- had a blood transfusion before 1992
- lived in or received medical treatment in SE Asia, the Middle East, Indian subcontinent, Eastern Europe, or Russia
- received hepatitis C from their mother.

Shame around the origins of infection can lead many people to minimise or deny the seriousness of hepatitis C. Now with access to a potential cure through treatment with Maviret, all it takes is a simple test at your local GP to reduce the harm that this disease does.



Have you ever injected drugs?

You might have Hep C and don't know it.

Treatment and cure is now available to all.

Don't be ashamed – it does not matter how you contracted it, what is important is that you have the benefit of treatment.



Talk to your doctor about getting tested for hepatitis C. It's easy, it's free. And it may save your life.





Health Fund PLUS

Giving to benefit us all now and in the future



How can I make a difference for the people in my own community?

Health Fund PLUS was set up by Northland District Health Board (DHB) and the Northland Foundation to provide a way for people to give back to the DHB by way of donations or endowments. These donations enable the DHB to get the “optional extras” in equipment and services that can make all the difference to patients and their whānau.

For example, the Northern Wairoa & Ruawai Lions Clubs and the Kaipara Community Health Trust fundraised for three new recliner chairs at Dargaville Hospital, to help make partners of patients staying in hospital more comfortable. Note: It is never an alternative to Government funding.

You choose exactly where you want your donation to go, and we make sure that is exactly where it ends up.

Call 020 4139 8518 or 021 558 224 or email: info@northlandfoundation.org.nz to discuss how you wish to help.

www.northlandfoundation.org.nz

PreScribe is a quarterly publication produced by the Communications Department, based at Tohorā House. If your department has something to share, email communications@northlanddhb.org.nz

How can I give to Health Fund PLUS?

Giving is easy - just contact the Northland Foundation to talk about your idea for a gift as there are several options:

- A one-off gift
- Regular donations through Payroll Giving. This is an easy way to donate and you receive a 33.3 percent tax credit at the end of the year. So if you contribute \$7.50 per week the government pays \$2.50 of that, meaning only \$5 is deducted from your pay packet (only one coffee per week)
- Donate through your Will
- Forever Funds - You can donate funds for us to hold forever. The Northland Foundation invests the funds with Craigs Investment Partners and delivers the interest (approximately 3 percent per annum) from these funds back to your particular area of interest. Named funds are available from \$50,000.

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