

PreScribe

NORTHLAND DISTRICT HEALTH BOARD STAFF MAGAZINE



Northland DHB Kaumātua Reverend
Rex Nathan blesses vandalised Kauri

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From the Chief Executive



Wow! What a year it's been, and we're only half way through it.

A fire (Ward1), a drought, a pandemic and a flood!

I was up on Ward 1 yesterday on a Patient Safety Walkround, but I also had a look around SAU and Theatres. Earlier in the week, I had a walk around the Whangarei Hospital roof, Helipad, Ward 5 and 4, the

Duty Managers office as well as the ground floor of Maunu House. These were all areas that were affected by flooding on the evening of 17 July.

With climate change, I'm not sure I believe the once in 500 year claims, but there was certainly a phenomenal amount of rain. Considering that, I guess our very old hospitals held up pretty well. Whangarei Hospital was the worst hit, and not just because it got the most rain. It's the one that most urgently needs replacing. I've also been shown photos of the property damage that some of you have suffered and am reminded that our communities have suffered much more than us.

The main reason we coped so well though was all of you. It's the same reason we coped with the fire and the first wave of COVID-19. Despite all the challenges of our aged, cramped, unsafe, inadequate facilities; years of under-resourcing which is only now starting to be addressed; the complexity of our patients - both health and social; your resilience and can-do attitude is what got us through each of those crises and will get us through whatever is to come. I'm not going to call out individual people or teams because when I do, I inevitably forget some, but all of you will have been called on, or volunteered or just got on and done it, whatever it needed to be.

We recently celebrated Matariki, the start of a new year for the Māori calendar. Matariki is the perfect time to thank our staff who worked through level 4, keeping everyone safe and the self-sacrifices you made. I also want to acknowledge the courage that it took as well as those sacrifices made by your family and whānau at home so that our "essential" workforce could work. Fortunately, some sacrifices haven't been necessary, but as we all know, it ain't over yet!

It also lines up well with the new financial year, when we find out: how much additional funding we will receive; what we're expected to do with it; and we plan what else we can do with it, which, as you know, is never enough. We've also found out what's in the Health and Disability System Review and are moving forward with developing our own long term Northland Health Strategy 20/40.

The senseless vandal who chopped down our beautiful Kauri tree reminded me that the Kauri was in the ground before Whangarei Hospital was built. Although our Kauri's demise was premature, the demolition of significant parts of Whangarei Hospital is now well overdue.

The Business Case for Stage 1 of a new Whangarei Hospital on the other side of Hospital Road is now awaiting approval. In the meantime, we aren't sitting on our hands and waiting. Our Endoscopy suite was quietly opened at the start of lockdown, and progress on new Theatres and the Cath Lab are on track again.

We are also planning to fit out the second floor above Maternity with Paediatrics and Special Care bay Unit, build the lift and a third floor to house our Laboratory.

We are also gradually moving Mental Health services to Manaia House, a central Whangarei community building.

We are awaiting further funding before we can proceed with Stage 2 of the Bay of Islands Hospital as there is a need to include a new Renal Unit in the design.

Other critical interim projects are moving most of dental into the community and expanding Ophthalmology and to a lesser extent Ear Nose & Throat on the third floor. We are desperately trying to find extra space for an Acute Assessment Unit, and the likely best option will be to move some of our Outpatient services into the community. So, as we continue to grow, and as we inch our way toward a new Whangarei Hospital, we will need to continue to challenge the way we work and what must be done in our hospital and what can be done in the community.

Now that we are in level 1 and over three months since we've had any new cases in Northland, it's so tempting to go back to business as usual isn't it, feeling safe with what we know - our comfort zone. But just as Matariki is a new beginning, so it should be with how we work. There is so much we have learnt over the last four months; I expect every one of you to embrace innovation, challenge yourselves and colleagues as to whether there is a better way to do the things that we do. The thing that it's shown me - as if I didn't already know - is that many of the best things happen by enabling all of you to get on and solve the problems yourselves.

Finally, in case you didn't realise, we have an election coming up, and most of us can feel really glad we aren't male politicians! We are public servants though (there's no better demonstration of that than what I've written about above), and it's the public we serve and the public who pay our salaries. So, it's important that we remain politically neutral over this period. I know you know this and I'm not aware of any problems in the past, but I am supposed to remind you, so there you go!

Nga Mihi,

A handwritten signature in blue ink that reads "Nick". The signature is written in a cursive, slightly slanted style.

Dr Nick Chamberlain
Chief Executive

Northland DHB Steps Up Carbon Emissions Reduction Target



Parking control officer, Pani Marsh driving the latest EV

Recognising the urgency to prevent global warming exceeding 1.5° Celsius, Northland DHB has increased its commitment to further reduce its carbon emissions by 2030.

Our organisation has set actions for a low carbon future to be in their vision, He Hauora Mo Te Tai Tokerau, a Healthier Northland.

The goal is to achieve a net zero emission rate before 2050, and we have updated the 2016 target of reducing carbon emissions by 15 percent by 2025 – to halving them by 2030.

The new target requires significant practice changes on every level, especially with the unprecedented growth for medical and surgical services in the region. Besides continuous operational improvements, a set of sustainability policy rules has been approved to support the target:

- No new gas or other fossil fuelled boilers and equipment
- Green Star ratings for new hospital buildings over \$10 million investment
- A set of rules for energy efficiency improvements and building renovations
- Offset helicopter and patient flights as per 2019 and offset all flights as per 2020
- Convert the light fleet to electric vehicles before 2025 and the heavy fleet before 2030
- Offset any emissions above our yearly carbon budget.

Northland's sizeable geographical area means road transport is one of the main challenges to tackle, together with the energy emissions from all hospital buildings.

Since 2016, there has been good progress in reducing emissions by 16 percent, which is a 7 percent improvement over the last 12 months.

A crucial emission reduction project was the conversion of diesel boilers to electric heat pumps in all the district hospitals with the help of Energy Efficiency & Conservation Authority (EECA) loans. This has saved over 200,000 litres of diesel and around \$300,000 per year in operational costs.

Our Surgical Department has made significant reductions in the use of medical gases, particularly Desflurane; a product with high global warming potential, which was halved in the last year alone, avoiding almost 100 tCO₂e.

Other improvements include:

- Videoconferencing tripled over 2019, assisted by the expansion of Telehealth to include a new acute care network.
- Seven electric vehicles were added to the DHB pool car fleet, as well as traditional push bikes and e-bikes available for staff use.
- A 4-Green Star rating for Tohorā House, Northland DHB's administration building
- Food is sourced locally where possible for patient and staff meals, and several products have been switched to biodegradable alternatives.
- An additional 100 recycling bins have been installed throughout the DHB's hospitals and other programmes now in place see better recycling of PVC products including oxygen masks, tubing and IV bags.
- Waste contractor changes have resulted in a saving of \$95,000 per year and 58 tonnes of confidential paper is now being recycled rather than going to landfill.

These outcomes show it is possible to reduce our environmental impact and emissions, without impacting patient care or health outcomes.



Working With the Wise



Dr Frazer Anderson and Dr Juanita Pascual

The chance spotting of an advertisement offering two roles in Northland DHB's Health of Older People Service drew the attention of UK geriatrician Dr Juanita Pascual early last year. Once she read the ad, she knew that if she told her husband and fellow geriatrician, Dr Frazer Anderson, their lives could be changed forever.

The couple had always liked the idea of moving abroad to work, but not until they were closer to retirement. Juanita told herself that it wasn't the right time and she should forget ever seeing the ad. But the two jobs were a perfect fit, including the unusual opportunity for Juanita to join a department as its clinical leader. So she showed Frazer the ad. The Winterless North of New Zealand sounded even more tempting seen from a cold, grey English winter!

As soon as he saw the ad, Frazer thought, "It was one of those things that if we didn't do it now, when would we?"

The couple had been to New Zealand before but had not travelled further than the central North Island. Before committing to the move, they did a fly-by two-day visit to Northland to check out Northland DHB and meet the team. As soon as they drove over the Brynderwyns, Frazer said we had them.

After working in the field for over 25 years, they are both well known for their work and the roles they have held with the British Geriatrics Society, the leading advocacy group for professionals specialising in the healthcare of older people across the UK.

Juanita explained that there is a massive demand for their speciality because the elderly population is increasing.

"If you think of the population in hospitals - most are elderly. Certainly, anybody who stays for a length of time is."

She enjoys the sheer complexity of working with older people. "By the time people get to their 70s or 80s, they've got so many different conditions. Simply bouncing from one specialist to the next doesn't help, because they often end up on a lot of clashing medications. So you have to think about the whole person."

Frazer said he started training in a completely different medical speciality and got to a point where he found himself asking what part of the job he enjoyed. A lot of it was working in a team with professionals from different disciplines, and also working with elderly patients.

"Older people tend to have better stories and have experienced more in their long lives. That's what drove me to it."

As a new consultant, he became heavily involved in medical research - carrying out large trials of vitamin D for fracture prevention before spending ten years

working in undergraduate education. Juanita is known for her work in medical management, which Frazer said was the specific reason for appointing her as clinical director - to develop the Service in Northland.

"We were brought here to expand services, not just maintain things. Particularly for the older population around Kerikeri and the Bay of Islands, a lot of people retire to there in good health, but once they get older and frailer, they don't have services available to them."

Just after they arrived at Northland DHB, one colleague resigned, and another has been off sick, which has limited getting everything off the ground. Juanita said there is lots of work to do and they are in the process of recruiting to add to their team.

Their plans include setting up services for acute frailty, providing more rehabilitation for people in Kaitaia and Dargaville and starting rapid assessments of people at hospital without admitting them.

They will also be starting up an Acute Care of the Elderly unit to enable people to leave hospital sooner with support set up at home. However, they have noticed that whānau support in New Zealand is much stronger than they were used to in the UK. In particular, how much people sacrifice to care for their elders. "People rally round. One of the things I love about Northland is that attitude. The unofficial motto of Northland should be, 'we'll cope'," said Frazer.

Both agreed that access to care in the community is also better and quicker here. "It was verging on normal for us to have people sitting around in hospital for several weeks waiting on the availability of a care facility or a package of care if they were going home. Here, these things get sorted out faster," Frazer said. He puts this down to having more workforce dedicated to older people and better integration of services.

"It feels like people are more likely to be on the same side – so things tend to go quicker and the social services you're working with are on the same team."

A big part of their roles is chairing family meetings, as a lot of their patients not only have physical frailty but often also have dementia. They have to balance out the needs and wants of the individual while managing the complexities mentioned above, which Juanita said is probably their 'bread and butter'.

"You might have an 80-year-old with a heart attack, but they might also have Parkinson's disease or dementia, or other conditions and may already be on multiple drugs. It's working out the most appropriate treatment while considering if they understand or can't express what they want. Also, how far do you investigate and burden someone with drugs when side effects are a particularly big problem for older people, especially when they're taking a lot of them."

Frazer said that another part of supporting families about care for their loved ones is telling them when enough, is enough. "A lot of people try to do too much out of genuine concern – but you can't keep that up 24/7 forever. Sometimes people need to be told by someone professional and external to their situation that we see they can't go on like that."

He explained that much of what geriatricians do is a matter of clinical judgement which you can only pick up with experience, and dealing with families isn't always easy. "There are some families you can't get on with. Or people you find hard to sympathise with and things that you can't resolve - but getting the best result you can is an important part of our job."

Frazer said geriatric medicine as a whole doesn't have as rich an evidence or scientific base as other specialities driven by big clinical trials. "Mainly because older people aren't always included in clinical trials because as people get older, they become more diverse and variable. There's a saying in our speciality that you cannot tell a person's age by their date of birth. Everybody gets older at a different rate."

Both Juanita and Frazer thoroughly enjoy working with older people. "They are an utter joy to treat and look after. A lot of them have a mental toughness and strength of character you don't always find in younger patients. They've been through a lot and have sometimes experienced the worst that life can throw at them, and if they're still here they've already demonstrated that toughness," said Frazer

In Northland, though, he said that for the first time in his career he is dealing with people younger than himself, which he's not used to. "A typical patient in the UK would be in their 80s – here I've got people in their 30s, 40s and 50s who need rehabilitation and that's usually a result of complications of chronic diseases – such as diabetes and kidney failure."

He puts a lot of that down to health inequities, particularly with Māori who tend to get old at a younger age. "This is because of certain intrinsic vulnerabilities within that group. They have a susceptibility to long-term diseases, particularly diabetes, kidney failure and high blood pressure - also, poor access to healthcare and long-term social disadvantage. Similar to pockets of the population in the UK - except here it affects a good proportion of the community."

The high rate of obesity among all ethnicities in New Zealand came as quite a shock to the couple, and they both feel that this is storing up problems for the future.

Talking about older people's use of technology, Juanita said being a couch potato with your tablet has a potential downside, but there are significant advantages in lessening social isolation.

"Giving them a means to communicate will make them less lonely and cut off. Also using it to monitor what's happening to people in the home and assess when they're getting sick. I can see positive sides, but there are questions about whether the current generation will live as long – particularly around diabetes and lifestyle. Using technology to communicate may also mean less face-to-face contact - so it's complicated."

When asked for the key to ageing well, they suggested having a good mix of everything – diet, activity and exercising both your body and brain. "What matters towards the end of life - is keeping your brain active - probably even more important than keeping your body active," said Frazer. Juanita added that having a positive attitude helps, as does believing you're not 'one of the old folks'.

Frazer is particularly fond of the Far North and said he loves the independent-mindedness of a lot of the people. He also loves that the population, in general, are proudly ethnically mixed. "It sometimes seems like everybody's half this and quarter that and a bit of something else! The sheer hybridness - if nothing else means you live longer. There's strength in that."

Although they haven't had much time to explore the region in their downtime, they said that Northland suits their needs and they aim to be here for a long time.



Treasured Kauri Chopped Down by Vandal

When staff arrived at work on Thursday 16 July after an evening of stormy weather, they found a much treasured kauri tree had been mindlessly chopped down by a chainsaw wielding vandal.

The tree had offered shade and comfort to staff and visitors for many years and stood between the Jim Carney Cancer Treatment Centre and the top carpark on the Whangarei Hospital campus.

The offender was captured on CCTV footage with a chain saw, placing cones around the fall area and then cutting down the tree, waving to the cameras as he left.

“It is beyond belief to understand what has motivated such a senseless act,” said acting chief executive Ian McKenzie.

“They have taken away a beautiful tree that we think was at least 80 years old and was valued greatly by patients and staff alike. We are very keen to identify this person and hold them to account for purposely damaging a significant tree on our property.”

Outrage from members of the public flooded the Northland DHB Facebook page, and a local arborist offered to mill the timber free of charge.

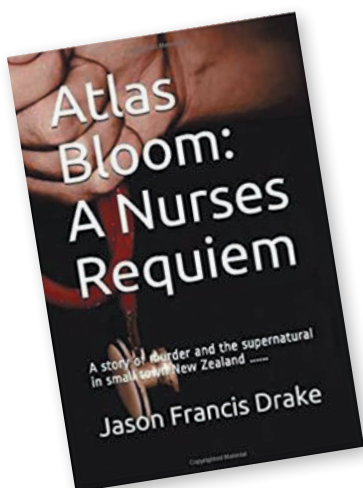
Members of our Kaunihera have since blessed the felled tree and had a kōrero about what should be done with the wood. One silver lining was that a kauri sapling was found in the foliage below the stump.

The matter was reported to police and charges will be laid.



Northland DHB Kaunihera gather to bless the site

Hospital Rich With Inspiration



After delaying putting pen to paper for almost all his life, Northland DHB nurse, Jason Drake, finally published his first book. He offered it as a free download to those looking for a good thriller/murder mystery as a distraction during the COVID-19 lockdown.

Jason said he always wanted to write a story, but life always seemed too busy to justify the self-indulgence of squirrelling away somewhere quiet to get on with it. During his childhood in Cornwall, UK, he was surrounded by myths and legends which inspired his love for dark thrillers. His literary talents were spotted by an English teacher who encouraged him to submit work to the local paper – but he never did. Then, at age 50, he decided if he didn't write a book now, he never would. Spurred on by wife Vonney, he started writing in 2016 and finished three years later.

'Atlas Bloom: A Nurses Requiem' is a story of murder and the supernatural in small-town New Zealand. It is a mix of Jason's own experiences working in hospitals, which he says are always full of drama and an idea that came to him in a dream.

The main character, Atlas Bloom (also a nurse), is confronted with being the suspect of murder. The rich descriptive novel pings back and forth between centuries in its telling. It explores and tests the facade of respectability and dips its toe into the dark side of medicine.

Like most writers, Jason was worried that what made sense to him, may not to others. But Vonney, an avid reader, proofed his manuscript and thoroughly enjoyed it. He then submitted it to various publishing houses and agents and had three offers to produce it, but at a substantial cost. So he published it himself on Amazon's Kindle, which was a great experience and cost nothing.

Jason's work on Ward 16 at Whangarei Hospital put him in the Red Zone of the COVID-19 pandemic, which initially raised staff anxiety to a level he had never seen before. "Sure, we've nursed patients with tuberculosis,

and we went through the whole norovirus outbreak a few years ago. Then more recently, the measles outbreak – but this was different. We care for patients with infectious diseases, but we are also members of the public – sharing the same concerns they do."

Jason said all the misinformation in the news and on social media added to this anxiety. Hence, meetings with infection control staff and the lead consultant were put in place so the facts could be explained – which he said was very important. "This was a new disease, and we were learning along the way and had to adapt protocols – the goalposts kept changing. During times of greater challenges like COVID-19, it's interesting to see how people cope. Because we do cope – all of us in our own way – and it brings out the best in us."

Jason recalled one patient (and her daughter) who tested negative for COVID-19. They were being discharged and spoke to him about the kind attention and 'chats' they had with one of the Spotless Services cleaners. "They praised the way she made them still feel like human beings. And I'm a little ashamed to say some of us nurses did not do that. It reminded me that it's not just nurses who are caring for our patients."

He says that the pandemic provided material for him to slip into another story. "Maybe not a story about a pandemic, but the more interesting stuff about how we rise to a challenge and the ways we overcome it."

Jason's book is available now through Amazon as a paperback or on Kindle.



Jason Drake



Opening Little Boxes



Opening Little Boxes

'Opening Little Boxes' is a beautiful book that captures a moment in our history in a gentle and special way. It is the brainchild of Dr Kees Lodder, a Palliative Care specialist at Whangarei Hospital. It brings together the insights of seven members of one family in lockdown. Added to its uniqueness is that Kees coordinated four authors in three different lockdown bubbles in two countries (New Zealand and Portugal). Kees is Dutch, Manu is Portuguese, Cathy is Scottish, and Alex is a Kiwi, and their ages span two different generations.

The idea for the book originated when Kees and his Portuguese colleague Dr Manuela (Manu) Vidigal Bertão spent time volunteering in Bangladesh last year. They were asked to teach and help set up a palliative care project for the Rohingya people. They visited orphanages with few quality books for the children. The pair decided they would write an inspirational book based on kindness, care and hope.

Then early this year Kees started hearing troubling reports from colleagues around the world about the COVID-19 virus. He decided to change the focus of their writing project to a story about a family's experience during a lockdown. He wanted a book that would help people cope with the trauma of the pandemic and the anxiety of lockdown and spark discussions about what is truly important in life. Kees has always been concerned about the forgotten children when it comes to anxiety due to dying parents and whānau, living in humanitarian crisis situations and pandemics.

Kees developed the concept of the book with each chapter focusing on one family member. There are seven characters in the book – two children, Mum, Dad, Nana (who moves in during lockdown) and the family dog and cat. The names and characteristics of each family member have a symbolic element to them. There are no conversations, no time reflected, and the book has no particular setting. Instead, it captures each of the characters' internal dialogue about what the pandemic and lockdown mean to them, how that makes them feel and what they learn from the experience.

On 14 March, Kees said he locked himself in his home office and tackled the first chapter about the little girl,

Uman who is a bright but somewhat troubled character. When his partner, Auckland City councillor Cathy Casey, read Uman's chapter, she thought it was brilliant. She did all the illustrations and wrote the chapter about Len, the kind dog. Cathy's daughter, writer, Alex Casey also got on board – perfectly capturing the essence of Gorgeous the Cat. Manu took on Mum and Dad, and Kees also wrote the chapters on wise Nana and the boy, Nikau.

Kees works at North Haven Hospice as a Palliative Care specialist and also for Northland DHB as clinical lead for the Palliative Care Liaison team. He is also the senior medical officer for the Advance Care Planning working party. When he headed to work on Monday after writing Uman's chapter, he was asked to be involved in planning to deliver palliative care to COVID-19 patients. He said he was petrified about what was to come and used the book as a kind of therapeutic process.

Kees said their enthusiasm for the project led to everything coming together, including getting the book written while the theme is relevant, finding a local publisher in record time and getting former Prime Minister of New Zealand, Rt Hon. Helen Clark to write the foreword.

'Opening Little Boxes' was launched on Wednesday 15 July at the Central City Library in Auckland. Their archivist was excited about the book and asked to keep all the manuscripts and notes to add to their COVID-19 archive. The Homeless Choir performed and Kees joined Auckland Mayor Phil Goff, Helen Clark and psychiatrist and award-winning author Dr Tony Fernando as a speaker on the night.

All of the authors' royalties for the book will be donated to homeless charities Lifewise and Auckland City Mission because of the work that Cathy has done over the years for the city's homeless, including taking part in the annual Lifewise Big Sleepout.

Finally, 'Opening Little Boxes' is dedicated to Kees' mother, who he and Cathy were planning to visit in the Netherlands later this year to celebrate her 100th birthday. Sadly, she died on 21 April after contracting COVID-19 at her rest home.

The book will be translated into Mandarin, Portuguese, and Dutch and can be ordered online through www.fivedogsbooks.com and Amazon, and eventually as an eBook.



Dr Kees Lodder

A Rebirth for Endoscopy in Northland

After years of research, collaborative planning and a full refit, the former maternity unit at Whangarei Hospital has been reborn as Te Wāhi Tirohia Oranga Whēkau, Northland DHB's new Endoscopy Suite. When translated, it means 'looking inside for the wellbeing of your health'.

Unfortunately for the Endoscopy team, the official opening was scheduled to occur on Wednesday 25 March, just hours before Alert Level 4 came into force. So it had to be put on the back burner. Since then they have been busily adjusting to their new space, albeit much sooner than expected.

Endoscopy Services clinical nurse manager Chloe Henderson said the original plan was to carry on procedures in the Theatre Department for five weeks after the official opening. This would allow them time to set the new Suite up operationally and do mock run-throughs and extra training.

However, when the Surgical Admissions Unit (SAU) was shut down due to COVID-19, Chloe said they lost the pre and post-procedure spaces for their patients. "One week into Alert Level 4, we were informed that we were to come back online with urgent endoscopy, and the decision was made to make the move."

They swiftly relocated their entire operation over three days, rather than the planned five weeks. Chloe said there was a lot to do in a short time, but they managed it safely, and it all ended up fine.

Northland patients were grateful for the opportunity to continue with appointments where possible. However, some were too frightened to leave their bubbles to attend, which included patients from Kaitaia. The latter had to travel down to Whangarei after Kaitaia Hospital's Theatre was turned into a red zone during the pandemic.

Although there is still a lot to be ironed out, Chloe said they are all feeling a bit more settled, and it is good to see the project finally come to fruition. "The main thing was that we were able to move here and bring a service to our patients during COVID-19, which was great."

Before the Suite opened, Endoscopy patients were admitted by SAU. Then they would have their procedures done by the Endoscopy team in a small room in the Theatre Department or the satellite unit of Outpatients on Mondays and Tuesdays. The patients were then recovered and discharged home by the SAU staff.

The nurses in Te Wāhi Tirohia Oranga Whēkau now work in all roles: admitting patients, working in the procedure room and looking after patients in the recovery phase. The nurses also share in the on-call roster, providing support after hours for emergency endoscopy cases in the Theatre Department.

Chloe's focus is to ensure the quality of the procedures is high, and her team have the flexibility to deal with difficult cases without putting them under any extra



Endoscopy Services clinical nurse manager Chloe Henderson

pressure. "It was challenging to work out how to staff a standalone suite when we had always been a part of a much bigger department. It wasn't as easy as just picking up the Service and dropping it in a new location.

"A new model of care had to be planned to increase efficiency, flexibility and patient care, and we hope this will improve our ability to see all patients, including acute patients, on time. We had to ask for more staff than had been allocated to us in Theatre, so we have been interviewing for more."

Currently, because there is no screening for Northlanders, patients only come to the Service if they have been to their GP with an issue or have been identified as having a family history or previous symptoms that need checking on.

"Often, patients don't know why they have been referred to us. Our speciality clinic nurse Sandra Cunningham does a wonderful job to get them on board to help them understand why they are having tests done and alleviate any fears they might have. It's a tough job, but we need to know people are seen to give them the best chance to deal with whatever issues they have."

The National Bowel Screening Programme (NBSP) which is being rolled out gradually across the country is due to be launched in Northland in August 2021. The free NBSP is for men and women aged 60 to 74.

Meanwhile, the Service continues to get lots of great feedback from patients who appreciate the well designed, open space. Chloe said her nurses love working there, and one of the locums who has worked all over the country and overseas, told her it is the best endoscopy suite in New Zealand, which makes all their hard work and planning worthwhile.



Rain No Threat to Renal Run

Despite the threat of torrential downpours, around 150 participants turned up between Whangarei and Kerikeri for the 2020 World Kidney Day Fun Run Walk in early March – helping to raise almost \$1500 Northland wide.

The Kaitaia Dialysis Unit also had an information desk running throughout the day to celebrate.

Northland DHB Renal clinical nurse manager Lisa Harvey-Jack and the Renal team said they were thrilled with the great result and wanted to thank the sponsors – the Renal Education Trust Fund, Pak N Save Whangarei, Bream Bay Concrete Ltd., Flip Out and Activ8. Their support with promotion, spot prizes and raffles all helped to make it such a success.

The money raised from entry fees, raffles and donations will go towards education and support for patients and their whānau from the Northland Renal Service, some of whom participated.

The Renal team are already thinking about what to do for next year's event. In the meantime, if members of the community want to make a donation to the Renal Unit or find out more about the Renal Fund, visit the Northland Community Foundation website – <https://northlandcommunityfoundation.org.nz>



Participants getting prepped to go

Spotless Staff Awarded Certification

Twenty Spotless cleaning staff from Kaitaia, Dargaville and Whangarei hospitals' achieved their Level 3 Certificate in Specialist Cleaning, focusing on specialised infection control and contamination prevention.

To get the certification, they attended a series of classroom training sessions and then undertook workbook training and workplace based assessment over six months.

The New Zealand Qualifications Authority course provides the cleaning industry with graduates who can deliver, guide and promote safe and high-quality cleaning services of both a generalist and specialist nature. This qualification is intended for people who have basic knowledge, skills and experience in the cleaning sector and seek recognition for being able to work knowledgeably, safely and with limited supervision.

It provides graduates with the additional knowledge and skills needed to assume increased responsibilities

and independence in the performance of cleaning tasks.

The Specialist Cleaning and Supervision optional strands build on the core skills and knowledge to recognise the skills required for carrying out specialised cleaning processes, and for supervising a team of cleaners, respectively.



Commercial Services manager Deb Borovich (left) with 10 of the successful Spotless staff and operations manager John Sharpe (right)

Helping the Helper

– the Art of Professional/Clinical Supervision



Participants of the Professional Supervision course with presenter Maureen Frayling (centre wearing brown spotted blouse)

Feedback from senior nurses who attended a new professional supervision course at Tohorā House on 18 and 19 June highlighted how valuable the initial two days were to them. They felt both safe to open up and enlightened by the challenging practice sessions. The three-day programme was designed to train supervisors to provide supervision for other DHB nurses in a variety of departments. Formal supervision involves regular, protected time – specifically scheduled to enable in-depth reflection on clinical and professional practice which is, according to the World Health Organisation, one of the most effective tools to improve the competence of health workers.

Over the two days, the 16 participants were introduced to the concepts of professional supervision, how to develop a relationship of mutual trust and respect and how to conduct an effective supervision session – also, the accompanying responsibilities, ethics and confidentiality on both parties. They were then divided into groups of four to begin to practice peer support. Speciality clinical nurse Paediatric Obesity, Louise Kini said she appreciated the wealth of experience in the room and the generous sharing that resulted.

Nurse coordinator Professional Development Recognition Programme, Wendy Reid, said she came away having learnt more about supervision, which had consolidated and built on her existing knowledge.

There is a period before study day three in September to allow participants to practice their skills as supervisors. The final day is designed for participants to come together and reflect on how effective they were as

supervisors and discuss what issues arose. It is hoped they can also share how they can continue to support each other and the need for supervisors to get regular supervision themselves.

The trainer/facilitator Maureen Frayling has a background in nursing, midwifery, counselling, and adult teaching. She has lived and worked in Mozambique, Lesotho and Samoa and spent ten years as a lecturer at NorthTec in the Social Services Department. She currently works part-time as a specialist palliative care nurse educator at North Haven Hospice and also has a private supervision practice. Supervision has always been a part of her career both as a recipient and provider to health professionals, counsellors and students.

On completion of the training course, these senior nurses will be knowledgeable and confident enough as peer supervisors to offer supervision to other nurses working at the DHB and will gain a Certificate in Supervision Training.

Nurse educator for Nurse Entry to Practice programme & Health Care Assistant educator Carmel Henry said the 15 places filled up quickly and they already have a waitlist of 10 for the next course.

At this stage, the course is only open to senior nurses, but this may change when a new course is offered. Learning & Development, People & Capability in Tohorā House will be managing this programme, so if you would like to train as a supervisor, look out for the course later this year. Otherwise, you can contact Carmel directly to express your interest.



Out & About





Stepping Towards Success

Northland DHB is working towards increasing capacity to provide staff training in the 5-Step Method, an evidence-based programme designed to deliver coping strategies and support to whānau affected by a loved one's substance use.

Alcohol and Other Drugs (AOD) educator, Noeleen Chaney has been raising the profile of the 5-Step Method across Northland to increase the number of practitioners at Northland DHB and make it more widely available to whānau in the community.

The 5-Step Method can be done individually, as a whānau or in a group situation with multiple family members. Ideally, sessions are held once a week, and the timing of each session is fluid and client-driven according to what they feel they need. However, the steps must proceed in order as each has its own aim. If circumstances mean whānau can't get to all sessions, they can be done by phone or Zoom.

Each person taking part must fill out a family member questionnaire (FMQ) before they begin. The FMQ provides clarity about the specific stress and strain experienced and helps them to explore the impact of their relative's addiction. It is anonymised with a code and is a validated tool that contributes to research in New Zealand and internationally.

Step one is an opportunity for the whānau member to 'tell their story'. Often it is the first time they have spoken to a health professional about this.

In step two, they are provided with information and education about addiction and the substance being used to increase their knowledge and address some of the fears and misunderstandings that they may have around it. Whānau members feel empowered by this knowledge and enabled to strengthen their boundaries with their relative who is using AOD.

Step three explores the three common ways affected whānau members cope with the situation and the advantages and disadvantages of each, identifying how they currently respond and whether they could respond differently. Noeleen says evidence shows this is the session whānau find most helpful – and it, in turn, can have a positive effect on the person with the AOD problem because family dynamics improve.

Step four explores the different types of support they currently have, to identify what is and isn't helpful, and what areas they need to address or improve. The clinician can provide information about what community support is available to them.

Finally, in step five, the practitioner will identify whether they need any further support and establish a plan.

Noeleen is a qualified and registered social worker who immigrated to New Zealand 13 years ago. She worked for the Department of Corrections as a programme facilitator for eight years, then at the Salvation Army before coming to Northland DHB in May 2019 under the Te Ara Oranga Programme. As an accredited 5-Step Method practitioner



AOD educator Noeleen Chaney

and trainer, she has been providing the training and supervision to Northland DHB staff and local non-governmental organisations including the Salvation Army and Ngāti Hine Health Trust to become certified 5-Step Method practitioners.

To become accredited, practitioners undertake a two day 5-Step Method training course and then start working on this model with clients. Once consent is obtained, the clinician then submits one audio-recorded example of each step of the 5-Step Method, alongside the FMQ's with each family/whānau member they work with at the pre, post and three-month follow-ups. They also complete a self-assessment of these sessions. Once they pass all five steps, they become an accredited 5-Step Method practitioner.

Marking is currently done overseas because there are not enough 5-Step Method assessors in New Zealand. However, Te Pou Limited has provided the resources for Noeleen to become accredited as an assessor of 5-Step Method trainee trainers, and for two people to become accredited trainers of the 5-Step Method in Northland.

Te Pou project lead, Michelle Brewerton said this means Aotearoa New Zealand now has the ability to be self-sustaining in training, assessing and accrediting AOD workers to develop their skills using the 5-Step Method.

"Whānau can receive help that has been proven to be effective in many cultures around the world, and 5-Step Method practitioners are providing research on its effectiveness here."

Noeleen encourages all those she teaches, to also become trainers and assessors – to grow the pool of clinicians in New Zealand. She says accreditation is a great learning experience for trainees because both their counselling skills and adherence to the Method get assessed in detail.

"That feedback is invaluable for developing clinical skills, and those skills are transferable. An accredited workforce will ensure that we deliver high quality, consistent, and effective interventions across Northland."

Northland DHB staff should contact Noeleen directly to do the training. For those working outside of Northland DHB, Michelle Brewerton at Te Pou Limited michelle.brewerton@tepou.co.nz can arrange training.

A Citizen of the World



Dr José Ortega-Benito

When Dr José Ortega-Benito and his wife, also a doctor, first met, they decided to use their careers to get to know the world. They did, and during José's 40-year career, he has worked everywhere from London to the West Indies, the Orkney Islands of Scotland to Fiji.

Northland DHB was fortunate to have José as medical officer of health for the past three years before he left to return home to Spain earlier this month. Reflecting on his colourful life, he said his most significant achievement had been his children who are as he says, 'citizens of the world', and his 42-year marriage.

"My wife and I have lived in several countries together – and that's an achievement. You lose things like a continuation of friends, economic stability and workplace seniority. But it was good while it lasted."

He said the first time he stepped foot in Aotearoa was last century as a representative of the University of Fiji's medical faculty. That visit led to a job at the Institute of Environmental Science and Research in Wellington in 2001 as a senior epidemiologist. He was part of the team that prepared a strategy to respond to Severe Acute Respiratory Syndrome (SARS).

He then returned to work in the UK and eventually decided to retire. That didn't last long after he was asked to set up a Masters of Public Health in Barbados, at the University of the West Indies. Once the programme was established, he took on short-term academic roles in Trinidad, Orkney, and Wales.

When the medical officer of health role in Whangarei came to his attention, he and his wife decided to move back down under, after missing New Zealand and remembering it as a magical place.

During his time with Northland DHB, José dealt with several public health responses including the Measles and Meningococcal W outbreaks and most recently COVID-19.

Once the COVID-19 pandemic was declared, he said New Zealand had many advantages compared to the rest of the world. Specifically, our small and relatively isolated population and geographical separation from the rest of the world, which made it easy to isolate and close down the borders.

"One of the main attractions of working in New Zealand comes from the fact that you can see the consequences of public health actions taken in a relatively short time – which gives you a lot of work satisfaction. You also get to work with the decision-makers at the highest level. That's important to me – to be able to influence the hierarchy. It is important to show your view of the future and what needs to be taken care of."

He explained that in the UK, it takes a long time to affect public health because of the vast population. However, he believes that most of the approaches taken across the world have been justified and effective.

"We still don't know many things, and we're learning as we go along. For the moment we know COVID-19 has more of an effect on older people than children – which is a relief. And we know what works – social distances, hand hygiene etc."

José predicts, in line with many of his public health colleagues, that the economic fallout from COVID-19 may bring about a second wave of problems like increased hypertension, alcohol abuse, domestic violence and mental health issues. "It's feared there'll be an exodus back from the cities to Northland, due to the increase in unemployment. This, will, in turn, increase in inequities for those already in need."

However, he says the Japanese have a saying that every problem is a treasure, which is the basis of kaizen, an approach to problem solving. "I hope we will learn and pick up the good things and come back to normal."

José had conflicting feelings about leaving New Zealand. He was sad about leaving but was looking forward to seeing his family again and spending the summer relaxing and reflecting. "You cannot go to a greener pasture than New Zealand. When we recruit, I tell candidates that this is the best place in the world to raise children. Nowhere else is as safe. Our children still remind me how happy they were during their years here. But at the same time, you can feel a little bit isolated from opportunities."

He has already been called to fill positions in the UK related to COVID-19 and is yet to decide if he will accept. After losing a couple of friends to COVID-19 in Spain, he said it reminds him that anything can happen tomorrow.

"The bottom line is when you reach a certain level or this time in life, you don't predict the future or plan to achieve something. In my inner self, I feel like I've already done that. The only thing now is to contribute."



A Zeal For Life



Oringa Barach

In 1976 Oringa Barach applied for a position at Whangarei Hospital, after starting her nursing career as an enrolled nurse in London during the 1960s, then qualifying as a registered nurse in the mid-'70s.

She was invited to come, and 'have a chat' with the ward sister of Emergency and Outpatients who offered her a three month trial, and she stayed until 1998 working as a staff nurse and then clinical charge nurse.

Back then, Oringa remembers wearing hats and white dresses that were often old and see-through, with red epaulettes. She was on the committee to get hats abolished as part of the uniform, which like the dresses, were totally inappropriate for working in ED.

"It was a different world back then. The community was smaller, and the hospital was much quieter. We had very few staff and no such thing as emergency specialists in those days, just a doctor who had an interest in emergency medicine. The hospital had one orthopaedic surgeon, one ear, nose and throat surgeon, two physicians, one medical registrar, an obstetrician and a gynaecologist and paediatrician. There were no scans, MRI's or any such thing as a resuscitation crash team. We dealt with everything by phone, through the operator asking whoever we needed in ED, to 'come down now', and they did!"

"Nurses held a lot of responsibility. We would do all sorts of complex suturing/plastering etc. The ED doctor had to approve us as, 'safe' - there were no protocols. We did in-depth assessments of patients, and there no such thing as formal triage - we just learnt on the job." Oringa remembers as a new staff nurse being bellowed at to get the 'Bart's'. She asked, 'What's the 'Bart's'?' - the staff nurse sighed - huffed, puffed and then got it herself. Fortunately, some kind soul came to her rescue and whispered in her ear, 'It's normal saline'.

Only two nurses worked the evening shift, which finished at 11 pm and although it seems unthinkable now, Oringa said they made patchwork quilts during that shift if it was quiet.

It was also an after-hours drop-in STD clinic, which she said always made life interesting.

With no night staff, the department was covered by the 'night snoop', with a nurse on-call if the place got busy.

She recalls working with a young house officer, called Nick Chamberlain and seeing the first helicopter land in the main

carpark between the two buildings. "They had to clear the car park so the helicopter could land and everyone was watching this tiny (Squirrel) helicopter which only just fitted the pilot, patient and doctor."

Gradually, everything changed. A helipad was created, ED was rebuilt, and outpatients moved giving staff a lot more space to work in.

Nurses were also offered more educational opportunities, and Oringa did her advanced nursing diploma. This meant travelling to Auckland every Monday at 5am, returning on Friday evening for a year, which was great for her learning, but difficult leaving her husband and young children so often.

She also completed the American Association of Emergency Nurses Certification, which is the equivalent of a post-graduate paper, and the Trauma Nursing Core Course.

Oringa spent a lot of time working on the committee with the Emergency Nurses Section of the NZ Nurses Organisation, which she said was exciting and rewarding.

In 1999, she started working for the Diabetes Service, where she still works as a clinical nurse specialist (CNS).

The Service had a small team which was a significant change and a huge learning curve for her. She started working on the wards, then, became the lead CNS in gestational diabetes (diabetes during pregnancy). Eventually, she took on caring for children with type 1 diabetes - which again was an entirely new dynamic, having to deal with both the children and their parents.

Oringa left Northland DHB periodically to work in the community, and as a midwife, but the excitement of ED always drew her back. She also worked for ACC for a brief period, which wasn't her scene, so she returned to the DHB. She says, "In the scheme of things, it's a great place to work - otherwise, I wouldn't still be here."

Outside of work, Oringa has had a lifelong interest in keeping fit and enjoying the outdoors. She competes in triathlons and running events - the highlight being, winning her age group at the NZ Ironman Championships and qualifying for the World Championships in Kona, Hawaii, where she finished 11th in the 60-64 year age group.

As retirement looms next month, she has gone into wind-down mode and says lockdown helped her adjust to the thought of finishing work. "Not having to go anywhere or do anything was good preparation for retirement. I might do some volunteering and will try gardening, but I'm not one of these people who looks' at things, and they grow - I cultivate weeds well. We were planning a trip to Aussie, but that's not happening - so we have this awesome backyard called New Zealand which needs a lot more exploring."

As for triathlons, she has no plans to stop competing and working behind the scenes. She won't be tackling any Iron Man competitions but loves nothing better than encouraging others to challenge themselves and see them achieve their goals.

Honouring Jewel Reti

“He kotuku rerenga tahi” - “a white heron’s flight is seen but once”



Jewel Reti

Our long-standing Alcohol and Other Drugs clinician and Opiate Substitution Treatment (OST) coordinator Jewel Reti died on 7 April after a long illness with cancer.

We recognise Jewel’s unwavering commitment to the kaupapa: the reduction of harm caused by alcohol and drugs in our community.

After many years of working in OST Jewel was seconded in 2019 to spearhead the development and introduction of Te Ara Oranga, a Northland DHB Joint venture with NZ Police to reduce methamphetamine demand in Northland.

Jewel has been central to the development and success of Te Ara Oranga and has championed the project to ministers of government and clinical colleagues across Aotearoa in her direct, no nonsense and determined way.

Te Ara Oranga gained widespread recognition and praise because of the tireless work Jewel did with this project,

despite struggling with her illness and chemotherapy treatments over a long period of time.

“Her biggest inspiration for me was shown when she turned up to present with the team at the Problem Oriented Police awards in Wellington. She was very ill but hugely determined to do her part in the presentation,” offered Superintendent Russell Le Prou.

“We know the effort it took her and the energy her illness took out of her just to do the presentation, and we all loved her all the more for that. Jewel believed in Te Ara Oranga and was very proud to be such big part of what we developed.”

Her commitment, determination and strength shone through as a nurse. Jewel worked from a solid framework for the mahi she undertook and had the clinical depth to back herself. She will be sadly missed by many.

“I worked with Jewel closely over 15 years ago. She was a fantastic nurse and leader and such a lovely lady – so courageous,” acknowledged Dr Nick Chamberlain.

Most of all though, Jewel was a great person: real, honest, loyal and direct. She has made the world a better place, and we will all miss her very much.

Jewel’s passion, professionalism, expertise and commitment to improving people’s lives that were struggling in Northland has had a huge impact on us all. Even though the battle has been hard, Jewel never wavered and her determination is an inspiration.

Our sympathy is with the whānau, who sadly were denied the opportunity to grieve in the customary way during this COVID-19 lockdown.

Te Ara Oranga is hosting a memorial service in September with whānau, colleagues and friends.

Hugo Whānau House Back on Track

In May 2018, the Hugo Charitable Trust donated funding for the provision of building materials, fittings and furniture for the new Hugo Whānau House to replace the old building at Bay of Islands Hospital.

Funding for the Whānau House was on the agreement that the Northland Region Corrections Facility would be involved by supplying the building work required which would also contribute towards Corrections programmes in offering training opportunities for offenders.

The project is a joint undertaking by Northland DHB, Northland Region Corrections Facility and the Hugo Charitable Trust.

Changes in processes significantly delayed the project, and Corrections finally started construction work in January this year. They managed to build the subfloor and wall framing before lockdown when work was required to stop.

Corrections started building again on 20 May under strict distancing and management procedures to ensure the

offenders working on the unit were safe.

All materials for the unit are provided from Bay of Islands ITM Building Supplies, with plumbing and electrical work provided by contractors approved by Corrections to enter the facility.

Upon completion and certified by Far North District Council, the unit will be craned out of the corrections facility and transported to Bay of Islands Hospital. Foundations, civil work, pathways, signage and decking will be completed by Northland DHB contractors and facilities staff.

The facility is expected to be opened in October this year.



Taking Care of the Little Things



Nathalie Billett making a delivery of care packs to the Ward 2 team

Each month Nathalie Billett makes the journey north from Auckland to Whangarei Hospital to personally deliver 40 care boxes and 40 sanitary packs for parents and caregivers of patients in Ward 2 and Special Care Baby Unit (SCBU). She does this on behalf of the charitable trust she set up two years ago to support parents, guardians and whānau in need at a time of high stress while their child is in hospital.

The former paediatric nurse at Starship Hospital regularly saw families arrive on the ward without basic toiletry items to look after themselves. After having her children, Nathalie decided that she could do something to remedy this, so in 2018 she set up Caring Crew NZ.

"I firmly believe that if we can look after our families, they are in a better state to help look after their sick child."

Caring Crew NZ has since supplied the Starship Foundation with over 400 care packs and sanitary packs. The care packs include shampoo and conditioner, body wash, toothpaste and brush, a hairbrush, tissues, a drink bottle, deodorant, lip balm, a magazine, hand cream, a sleep mask, some nice coffee and herbal teas. The sanitary packs

have liners, pads and tampons. All of the items are donated by companies and members of the public or purchased with approved grants.

The charity was only supplying to organisations in the Auckland region, but after Nathalie's mother received wonderful care at Whangarei Hospital she approached Northland DHB in January to offer their services to the two paediatric wards.

Clinical nurse manager for Ward 2 and SCBU Judith Hapi said it is such an amazing service for their parents which they are all truly grateful for.

Families at Whangarei Hospital that have received the packs' have messaged Nathalie directly to show their appreciation.

The charity's mission is to have the capacity to distribute carer packs throughout the children's hospitals and wards within Aotearoa with the help of donated products, financial support from businesses, donations and grants.

Although they cannot fix the families' situation, Caring Crew NZ aims to provide packs to those families identified by the health care team to make the hospital admission a little more bearable.

To contribute to these packs, contact Nathalie through their website <https://caringcrewnz.co.nz/>

Donation Helps Light the Way



SCBU nurse Georgia Kidd using the Astodia on a patient

Thanks to a generous donation of funds to Health Fund PLUS, staff at Whangarei Hospital's Special Care Baby Unit (SCBU) can easily access the veins of premature babies and newborns using a newly purchased Astodia Diaphanoscope.

Developed by a neonatologist, the Astodia uses the latest generation of high-powered light-emitting diodes (LEDs) to provide unobstructed

views of even the smallest vessels in premature and small infants, reducing the number of needle sticks required.

Astodia uses red and yellow wavelengths individually to accommodate different patient sizes and vein depths. The yellow light is for viewing smaller veins closer to the skin surface, while the red light illuminates deeper targets. The LEDs are adjustable with different gradients of brightness, for clear vein targeting at various tissue densities. Astodia is lightweight, portable and can be held under the patient's extremities without having to take them out of their incubator. Automatic safety features ensure that the patient is never exposed to an uncomfortable temperature.

The Dairy Goat Cooperative Trust chair Nicola Locke said they were delighted to donate the funds to Health

Fund PLUS for Northland DHB to purchase the Astodia. "The donation fits well with our Trust's purpose of improving the health, education and welfare of children and families throughout our shareholder regions of Northland, Waikato and Taranaki."

The Dairy Goat Co-operative Trust was established in 2017 with the aim of strengthening communities through charitable donations which nourish and care for future generations.

The Trust's primary source of funding is its farmer shareholders, supplemented by contributions from fundraising events involving Dairy Goat Cooperative staff, shareholders and goods/services providers. Funding is focused on organisations in shareholder regions, i.e. Northland, Taranaki and Waikato, which aim to improve the health, education and welfare of children. Trust fund recipients are identified by the Trustees and its contributors.

Health Fund PLUS was set up by Northland DHB and Northland Community Foundation to provide a way for people to give to the DHB by way of donations or endowments. Health Fund PLUS enables Northland DHB to purchase equipment and services over and above what can be purchased through Government funding, helping the organisation provide the best quality healthcare possible to the people of Northland.

Giving is easy. People can give a regular donation, a one-off gift, or there is an option to make provisions in your Will. Contact the Northland Community Foundation to talk about your idea for a gift and discuss how you would like to contribute.

Call Northland Community Foundation on 021 558 224 at any time for all the information you need.

New Rooms Blessed at Te Kotuku

Mothers whose babies are being cared for in the special care baby unit (SCBU) at Whangarei Hospital now have a comfortable, new space to sleep in and freshen up. The two new 2-bed transitional rooms and a new ultrasound room, all with ensuites, were blessed by kaumātua and kuia at Te Kotuku Maternity Unit at Whangarei Hospital last Friday.

Director of Midwifery and service manager of Maternity Sue Bree thanked Argon Construction for getting the rooms built without disturbing the day to day running of the Unit. She also acknowledged general manager, Rural, Family & Community Health Directorate, Jeanette Wedding, for having the foresight to identify that these rooms can also be utilised for the future establishment of a Transitional Care Unit. This will mean those mothers with babies who require slightly higher levels of care can

stay together in the maternity setting instead of baby being admitted to SCBU. Jeanette responded, saying the vision has always been to make the Unit a home away from home for all mama, pēpi and whānau.

Charge sonographer Deb Tansley is happy to finally see the ultrasound room come to fruition after many years of hard work. She said the ultrasound service would be able to expand their service to include pelvic examinations, making the service more efficient and most importantly, more women friendly. Up until now, pregnant women have had to go downstairs to the Radiology Department for scans. "It will be great for everyone. Our women will have a one-stop-shop. We'll have more space to offer a proper service and clinicians will all be working in one department, on one floor - just metres apart."



Wellness Wānanga for Wāhine Māori



Raewyn Smith and Csarndra Ogle Plunkett

A new wellness programme, Whāia Te Ora, is being offered to wāhine Māori in Whangarei by Te Wānanga o Hine Kooipu. If it proves successful, Northland DHB may extend it to other areas of Te Tai Tokerau in 2021.

Te Wānanga o Hine Kooipu are kaupapa Māori antenatal classes for pregnant women, their partners and whānau. Northland DHB Smokefree Kaitiaki for Hapu Mama and Pēpi and facilitator Csarndra Ogle Plunkett said this particular Wānanga covers wellness in all its shapes and forms with a specific focus on becoming smokefree.

Csarndra says the first session looks at what wellness means to each person and plants the seeds about whakapapa – what they would like wellness to look like for their children and their children’s children and what changes they might want to make in their lives, including becoming smokefree.

During the second session, which is held a week later, they work through challenges and triggers and look at what their responses might be to those. Then they will start planning and goal setting. Csarndra said that there is capacity to change things up according to what whānau want to see and where they want to take it.

“There are plenty of activities on offer throughout the Wānanga, including creating a waka huia (treasure box) out of clay where the dreams, hopes and inspirations of each woman’s pēpi are contained.”

Sudden unexplained death in infancy (SUDI) prevention programme coordinator Raewyn Smith reiterated that the Wānanga is a space where everyone can learn from each other.

“Even the facilitators learn from the whānau who attend. It’s reciprocal – whānau help inform us how they want the Wānanga to evolve – and it’s a creative space.”

Stop smoking strategies are discussed, including going over methods they have tried before, what did or didn’t work and opportunities to look at alternative medicines available to them.

Csarndra said the roopu is there to support each person on their journey. The Wānanga is an opportunity for people to find out about other options available to help them quit, including Toki Rau Stop Smoking Services Northland, Quitline for those who are not keen on face-to-face support and a selection of GPs in Te Tai Tokerau who are stop smoking service providers.

“We want to share information on how smoking affects all of us and how essential it is for our tamariki to live in smokefree homes. We know that 87 percent of Northland mums who smoke are Māori. We’re not about finger-pointing. It’s about all of us sharing. When you’re pregnant and try to stop smoking but live with whānau who smoke, it makes it tougher to stop.

“If you stop smoking before the sixteenth week of your pregnancy, the health benefits are like you haven’t smoked at all – but any time you stop smoking in pregnancy is fantastic.”

They offer an incentivised bonus programme to hapu mamas for each week that they remain smokefree, and are rolling out a whānau incentive package for all of those who live in the home with a mama who’s choosing to become smokefree. Csarndra says they have other tools to add to their kete to help them get over the line, like vaping for smokers who’ve not been successful trying other methods.”

The Wānanga is free, whānau friendly, lunch is provided, and transport is available to those who need it.

Small Steps Big Gains



Kaitaia Hospital Wellness Committee member Alma Stevens

The ultimate goal of the Sport Northland Active Workplaces initiative is to support workplaces in sustaining wellness activities and creating a healthier working environment.

Focused wellbeing areas include policies/procedures, general wellbeing, mental wellbeing, nutrition, activity and stop smoking, to name a few. The choice of focus is up to each workplace with easy and fun initiatives enhancing morale and the work environment.

The 12-month wellness plans are created for staff based on their wants and needs in an interactive, time-efficient way.

In the Far North, six years after graduating from the Active Workplace initiative, the Kaitaia Hospital Wellness Committee was holding activities to support the needs of their employees up until COVID-19 put a pause on it.

These activities were popular and promoted fun competition around the workplace as well as reinforcing healthy workplace relationships. They held an individual step challenge, which 40 employees took part in. A couple of couple participants were a bit hesitant to begin with. However, with the encouragement from their colleagues, they gradually increased their steps.

“When I told them this is not a competition, it’s just a challenge to get people up and moving, walking around more instead of just sitting at the desk all day long, they felt better,” said committee member Alma Stevens.

“Every morning, when I arrived at work, they would be waiting for me with their step count. It was so cool seeing this because they thoroughly enjoyed it and are already asking when the next challenge is.”

Another initiative, named Fun Therapy, led by the Occupational Therapy team, was based around a rock treasure hunt. The rocks had personalities and were hidden inside the hospital premises for staff to discover, take selfies and record findings.

Badges of Recognition

During their time in lockdown, Kamo Intermediate students were encouraged to make badges to recognise essential workers in their community. After hearing about staff members from the Jim Carney Cancer Treatment Centre isolating themselves from family to protect the immunocompromised patients they care for, they decided they would like to present some of these badges to the team.

Three students, their teacher and Kamo Intermediate School Principal visited the Centre in June. They proudly presented their handmade badges on behalf of their school, describing how they worked with family members over lockdown to come up with the unique ideas badges from home.

The level of resourcefulness and creativity can be seen in the golden paper stars, and the beautiful round wooden medals hand engraved with the words ‘Thank you’ and ‘No1’.

What an excellent example of our youth giving back to a group of our essential workers! Ka pai tō mahi!



Thank you badge - Photo credit: Mikayla Gardner



A Lifelong Passion



Charmain Weston

What started with a toy nurse's kit under the Christmas tree has led to a career helping Northlanders get back on their feet after a heart event.

Charmain Weston, a cardiac rehabilitation nurse with Northland DHB, recounts one of her earliest memories. "I wanted to be a nurse from the age of five – the first Christmas present I can remember was a nurse's outfit and nurse's bag," she says.

Originally from the UK, Charmain joined Northland DHB 24 years ago, after a two-year stint at Greenlane Hospital. She worked in both the Whangarei Hospital Coronary Care Unit and Intensive Care Unit before moving in to her current role.

It's a job she is passionate about, and Charmain loves seeing patients out in the community after they have worked with the rehabilitation service.

"We get people back to their normal life after a cardiac event, and make sure they are educated. We ask if they know what has happened to their heart, what procedures they might be having and their relevance, how to understand their medications and how to get back to normal, as they have to wait for their heart to heal. "So we make sure that they understand all of that either, face-to-face or on the phone, and we run an education programme and exercise programme."

The four-week education programme takes a multi-disciplinary approach, she says, and involves physiotherapists, dieticians, pharmacists, and occupational therapists to cover the full spectrum of a patient's recovery.

"The great thing is they get to meet other people who have been through a similar thing to them. It's invaluable meeting others and hearing their stories from when they had their heart event so they realise they aren't the only ones," Charmain says.

The exercise programme runs for seven weeks, with two sessions each week.

"That's where we build up circuit training, so it gets harder and harder. It gives them the confidence to exercise after a heart event, as some of them are quite scared."

The role covers all of Northland, with the team having to know about 'every heart event from the Cape right through to Wellsford'. They also contract out to Māori health providers for decile 5 and Māori and Pacific Island patients, who run a home-based programme, she says.

She is normally on the road a lot to cover the patients throughout Northland, but during the COVID-19 restrictions the rehabilitation team had to think quickly to make changes to how their programmes are run, including 'Zooming' patients. Some worked so well, they may continue in some capacity.

"It has been really good, they can show us what they do at home – I did one where they showed us the driveway they cannot walk up without getting out of breath, and that is something we would never have seen otherwise," Charmain says.

A newsletter was also developed to keep patients up to date, which included a page on exercise and relaxation techniques, and links to resources and videos such as the Les Mills fitness classes that ran on TV each day.

When asked what her biggest achievement at work has been, Charmain is quick to answer. "For me it's seeing patients who are too scared to exercise having the confidence to go home and mow their lawns and get back to normal life. "We have some very scared patients, especially if they have had a cardiac arrest, and they're hesitant about what they can and can't do. I love walking the Loop and bumping into patients and seeing how well they're doing. It gives you a lot of satisfaction."

She even had some advice for a patient for exercising when it was raining – walking around Bunnings. "I saw them there a couple of weeks later, so they really do listen to you and that's really cool," Charmain says.

For those considering a career in nursing, she does not hesitate recommending it. "I have loved it, but I wanted to be a nurse from the age of five. Nursing suits so many different personality types and ambitions; it's not just on the wards. "My son's girlfriend has applied for nursing, and I said once you do the three years of training you can do anything you want within nursing."

This year is International Year of the Nurse and Midwife and we have set up a dedicated page to profile our midwives and nurses to show the diversity of their roles, what they do each day and what inspires them. <https://www.northlanddhb.org.nz/working-with-us/nursing-and-midwifery/2020-year-of-the-nurse-and-midwife/>

SAVE LIVES:

Wash Your Hands

Florence Nightingale pioneered the practice of washing hands 200 years ago. Still, it has taken a world-halting pandemic in the 21st century to finally install in people's minds the importance of hand hygiene as the best means to protect us from viruses and infection.

With COVID-19 in our midst, the 20-second rule has become part of our regular dialogue. People who have never washed their hands before are scaling the shelves at supermarkets for hand soap and sanitiser.

On 5 May this year, we were able to genuinely celebrate World Hand Hygiene Day because this simple five-step practice has saved many lives around the world this year – greatly reducing the number of people who have caught COVID-19.

Since 2012, district health boards (DHBs) throughout New Zealand have participated in a national quality improvement programme to improve hand hygiene practice as part of our health care workers key patient safety priority.

The Hand Hygiene New Zealand programme uses the World Health Organisation's '5 moments for hand hygiene' framework to drive culture change and establish best hand hygiene practice for every patient, every time.

The Health Quality Safety Commission's hand hygiene compliance target is 80 percent. Thanks to the hard work put in by our Northland DHB Infection Prevention and Control team, we continue to rank in the top five with a current 85 percent hygiene compliance rate.

Hand washing is vital at all times, but particularly after going to the toilet, before and after preparing food and before eating. Thorough hand washing with soap and water is the best protection against viral infections, such as the common cold, flu and of course COVID-19. It also reduces the chances of cross-contamination when preparing food. It can offer some protection against food-borne infections, such as salmonella and campylobacter.

There is some confusion over whether hand soap or sanitiser is preferable. When your hands are visibly soiled (look dirty) we recommend that you use the soap and water method. Plain soap is proven to be just as effective as hand cleansers and soaps with added antiseptic agents. If your hands look clean and you are unable to access water and soap, hand sanitiser is sufficient.

Eftpos keypads, handrails, gas pumps and door handles are some of the common germ-infested surfaces we all touch daily – which is why it's essential to wash your hands thoroughly and regularly. One surface that periodically comes in contact with your hands and face that you do have control over is your cell phone and your keyboard.

Studies have shown that one in three people use a mobile phone when in the toilet, while one in 20 people also surf on a laptop.

Viruses and bacteria can transfer from a phone onto your hands and then back onto new surfaces in your home and office, think about that next time you pick up your phone. Try and clean your phone at least once a week to keep you safe from nasty germs.

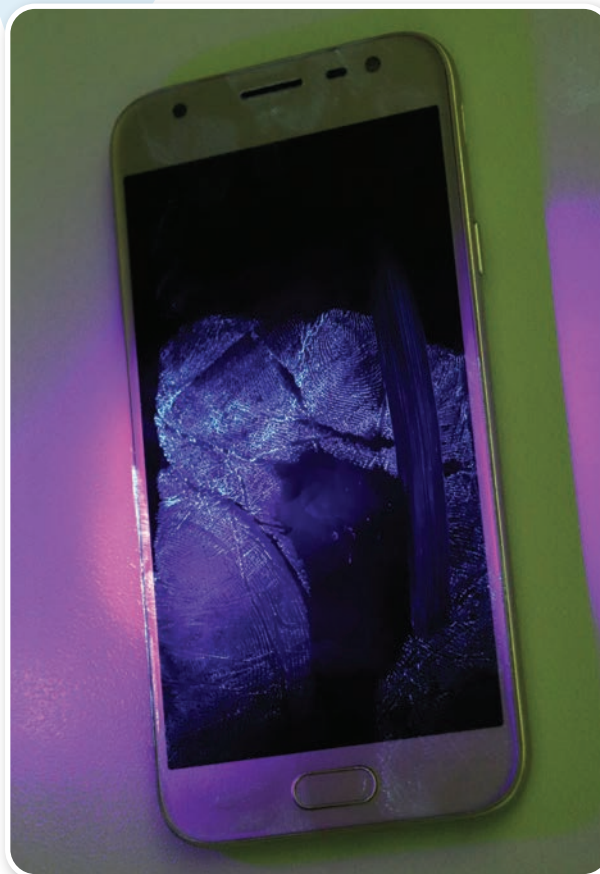
HOW TO WASH YOUR HANDS

1. Wet hands with running water.
2. Apply enough soap to cover wet hands.
3. Rub all surfaces of the hands — including the back, between fingers and under nails – for at least 20 seconds.
4. Rinse thoroughly with running water.
5. Dry hands with a clean cloth, single-use towel or air dry for at least 20 seconds. Drying your hands is as important as washing your hands.

Duration of this entire procedure is 40 to 60 seconds – or long enough to sing 'Happy Birthday' twice.

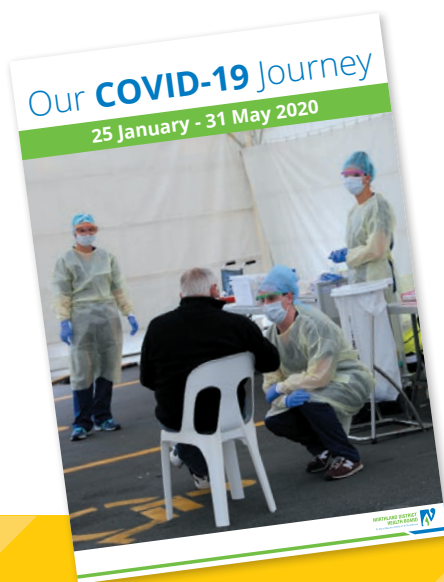
HOW TO USE HAND SANITISER

- Apply one squirt of hand sanitiser in a cupped hand
- Rub hands palm to palm, up to and including your wrists
- Rub your right palm over the back of your left hand with linked fingers and vice versa
- Rub palm to palm with fingers linked
- Rub the backs of your fingers to opposing palms with fingers interlocked
- Rub around your left thumb held in your right palm and vice versa
- Rub around firmly the closed fingers of your right hand in your left palm and vice versa
- Once dry, your hands are safe.



Germs on a cell phone highlighted by a UV light





Our COVID-19 Journey documents facts and stories that give us an insight into our COVID-19 journey between January and May 2020.

[View Online](#)

COVID-19 Key Messages

- If you have symptoms consistent with COVID-19, such as cold or flu symptoms, contact Healthline (0800 358 5453) or your doctor to find out if you need a test.
- If you are offered a test for COVID-19, please take it. It will help us ensure we don't have community transmission, and help keep your friends, family and whānau safe.
- A COVID-19 test is free of charge.
- For information about where you can get a COVID-19 test in Northland go to our website: www.northlanddhb.org.nz

Simple but effective, these steps can slow the spread of COVID-19

- Wash and dry your hands properly and regularly
- Cough and sneeze into your elbow
- Stay home if you're sick
- Keep track of where you've been
- Keep in touch with friends and whānau and make sure you're all OK
- Regularly disinfect surfaces
- Call your GP or Healthline to see if you think you have COVID-19 and think you need to be tested

COVID-19 Symptoms

- A cough
- A high temperature (at least 38°C)
- Shortness of breath
- Sore throat
- Sneezing and a runny nose
- Temporary loss of smell.

These symptoms do not necessarily mean you have COVID-19 and are similar to other illnesses that are much more common, such as cold and flu. Call Healthline 0800 611 116 or your doctor if you are feeling unwell with any one of the above symptoms and are a close contact of a confirmed case, have recently travelled overseas, or been in contact with recent travellers. They will talk with you and arrange for you to be assessed or tested if they think this is needed.

NZ COVID Tracer is a Ministry of Health app that allows you to create a digital diary of places you visit by scanning the official QR codes. This will help contact tracers to quickly identify and isolate anyone who may have been exposed to COVID-19 if there is a further outbreak in New Zealand. You can download the app in the Apple App Store or from Google Play.



NZ COVID Tracer 
Help speed up contact tracing
Ministry Of Health (NZ)
#7 in Health & Fitness
★★★★★ 3.6, 687 Ratings
Free

