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NORTHLAND DISTRICT HEALTH BOARD STAFF MAGAZINE



Countdown Kids Hospital Appeal
\$112,000 donation

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From the Chief Executive



If you're anything like me, there certainly hasn't been any wind down to Christmas. As I have said a number of times, I am aware how busy it's been for many of you this year and how much additional effort you have put into your work to serve our rapidly growing and aging population. Although I've also probably had my toughest year in this role, in the past week I've been involved in two of my

favourite activities. I got to serve many of you Christmas lunch in Whangarei - a bit of a hot sticky job, but it really is so nice to wish as many of you a Happy Christmas and give a little back for everything you do. I know the rest of my Executive team also really enjoy the opportunity. The other activity that I get involved in is a Christmas lunch and thank you to all of our volunteers - they are so willing to give their time and have a myriad of vital roles all over our four hospitals.

In reflecting on the year that almost was, I thought I'd review all the all-staff emails I have sent.

This year I was prompted to express my appreciation for the resilience of staff following two crime-related mass casualty events. These events resonated widely because our population is so small and intimate, and your determination to deliver the best despite the upsetting circumstances was testament to the calibre of people we have working here – people who make me proud on a daily basis.

We all know what a great place Northland is to live, work and play, but we do seem to have much more than our fair share of events and crises. In addition to the mass shootings and methamphetamine and gang related crime, this year we have had over 10 percent of the Road Traffic fatalities in New Zealand even though we have less than 4 percent of the population and about 4.6 percent of the DHB funding. There are also all the water related risks from shellfish poisoning to drownings that some of you will have to contend with over the holiday period.

If I had one word to sum up this year, it would be "more".

We have seen more patients and provided more treatments than ever before. We are facing more attendees at our emergency departments, more outpatient visits, more lab tests, more theatre events and more subsidised bed-days in aged residential care and offering more community visits. Primary care are also seeing more patients than ever before, although some of the "neighbourhood healthcare homes" practices are seeing less because of a change in their model of care with telephone triage etc. We have opened more hospital beds and they are full more than they have ever been. Patients and Whānau expect more, and we have more treatments available. We have more and more people in Northland with over 4000 extra this year, 40 percent of them over 65years old. We have more staff - we are now up to 2929 at the last count - we are increasing by 60-100 per year. We need and have argued very strongly for more money, and it is more and more frustrating that we seem to be being treated inequitably. Whangarei Hospital is getting more unfit for purpose every year and we will need an awful lot more money to build a new one. Finally, the Board have just approved more funding and more of a deficit to address our highest clinical risks and also support a number of initiatives designed to improve your wellbeing. This is because we have listened more to all of you and many of you will have had input into these initiatives. By the time you read this I will have let you know more about what we have invested in.

For the first time in our memory, Northland DHB posted a \$2.5million deficit for the year ending 30 June 2017 and this year we are planning an \$8.4million deficit, which matches exactly the amount that we were underfunded (capped). The Board and Executive Leadership team are absolutely committed to addressing the funding issue and we are confident that next year we will not experience a funding cap. Unfortunately, the \$29.5million shortfall over three years has understandably had a negative impact on all of us.

Despite these challenges, we have had many wins, the most notable are the tens of thousands of patients who have received truly world class care from all of you during the year. A number of new and innovative programmes have commenced or continued this year. Te Ara Oranga Methamphetamine Demand Reduction which was funded from proceeds of crime has had quite a lot of publicity and the need for this collaboration with Police was emphasised in November when results emerged about how much of the drug is entering our water supply from users. We commenced our new Pregnancy and Parenting programme for mothers and potential mothers with mental health and addiction conditions. There has also been exciting work going on with Primary Care - the whole General Practice model of care is being changed with our Neighbourhood Healthcare Home programme and we are also working to develop multi-disciplinary teams who will assist in the care of our highest need patients. Northland DHB, PHOs, Maori Providers and Iwi are also working much more closely together in a Primary Care Collaboration that will ensure a much more joined up and responsive approach in Primary Care.

Choosing Wisely is building momentum, particularly the projects involving the Department of Surgery working to reduce unnecessary blood tests, and the Renal Department who are working to ensure that potential dialysis patients have every opportunity possible to understand the pros and cons of this treatment so that they can make an informed decision on what they want. Speaking of making wise choices, our Advanced Care Planning programme is also looking to accelerate progress both in our hospitals and in Primary Care.

Our Innovation, Improvement and Excellence Programme has assisted many of you to make improvements in various areas, particularly Outpatients and Operating Theatres. Staff are also being given the opportunity of a 3-month secondment to run their own projects and learn and use the various improvement and work redesign tools to make positive changes to work environments.

We have also made further changes to the Partners in Care programme to ensure that all patients have the opportunity to be supported by those closest to them throughout their hospital stay. There are many other initiatives underway through the Quality Improvement Directorate, and despite our busyness, most of our Quality Markers still have us performing in the top quartile of DHBs.

We had a boost in November when the Countdown Kids Hospital Appeal returned an astonishing \$112,000 donation. Thanks particularly to Countdown staff as well as our own staff who participated in a charity auction and other activities.

Our health target results are a mixed bunch as we continue to balance all aspects of healthcare and not simply focus on a few targets. However, as most of them are reasonable measures of system performance, we do need to take them seriously. Our two Achilles heels are Immunisation and Smoking cessation in Primary Care, and there is a significant focus on lifting these while either maintaining or improving all of our other results.

For me personally, the battles with Wellington over our funding have taken their toll. However, when we start to feel like victims, we need to remember that a few years ago when we ran our Census campaign, we found an extra 6-8000 people in Northland which translated to at least \$20million per year of extra funding. Although we haven't received all of this because of the funding cap, we have received at least half of it. Imagine the trouble we would have been in if we didn't run those thousands of census ads. On the other hand it demonstrates that it's not just the last three years that Northland DHB has been underfunded for its population, because those people we found have always been here, just uncounted in previous censuses. We must remember we do have over \$600million going into Northlands Health System and how we allocate that wisely is as important as how much we get. Having said that, we have the census coming up again early in 2018 and it's again vital that we ensure every Northlander is registered.

Other little wins were the Traffic Lights on Hospital Road and getting Air New Zealand to make three flight schedule changes as well as leaving a plane up in Whangarei. It was worth all the lobbying, meetings and letter writing and it was good to see a private business wanting to be responsive to the health and business needs of Northlanders.

In the New Year, we hope to have our four business cases approved for two new Operating Theatres, an Endoscopy suite

in our old delivery suite, a Community mental health facility and a new Cardiac catheterisation laboratory. We are also waiting to hear back from the national capital committee whether we have got the extra funding we need to build a new Primary Healthcare facility and outpatients adjacent to our new Bay of Islands Hospital Accident and Medical facility and Ward. The next stage of our Programme Business case for a new Whangarei Hospital will be submitted in March as we progress through the long approval process. Then we can hopefully build the third floor above Maternity and fill the second and third floor with the most appropriate services, which are likely to be Paediatrics, SCBU and our Laboratory.

So, as is always the way when working in Northland's health system, we've probably got another busy and challenging year to look forward to. Once again, no matter what your role, thank you all for your work and the stunning care you've provided this year, and I hope you all manage to get some special time with your family and friends.

Meri Kirihimete me te Hape Nū la – Merry Christmas and a happy New Year.

Kind Regards,

Nick

Thanks, Countdown Kids Hospital Appeal \$112,000 for Child Health Care



The Countdown Kids Hospital Appeal has wrapped up for 2017 with the handover of \$112,158 to Northland District Health Board Child Health Services.

The presentation was made at the Countdown supermarket at Whangarei's Okara Park shopping complex. Store manager Michael Ravlich and Countdown group manager for Northland Chris George presented the giant cheque to Child Health Services service manager Yvonne Hunter and Health of Older People & Clinical Support general manager Neil Beney.

Over 7500 children and babies are admitted to one of the four Northland hospitals each year. Funds donated by the Appeal to Northland DHB help Maternal and Child Health Services afford items on a 'wish list'.

Past donations to the appeal have paid for equipment including ECG machines, BiliSoft blankets, neonatal respiration monitors, PARI Sprint nebulisers, ultrasound machines, Giraffe heat tables, an OmniBed, incubator cots, trolleys and i-STAT Alinity blood sampling machines. Yvonne Hunter announced that similar equipment on a 3-page wish list will be purchased again in the coming year, thanks to a particularly strong appeal which has raised \$16,104 more than in 2016. Yvonne also

acknowledged the "huge amount of effort" Countdown staff and Northland DHB child health staff both put into the appeal. In handing over the cheque, Chris noted the money raised comes from a combination of efforts big and small. One of the most significant contributions was the inaugural charity auction on 28 October, which raised over \$10,000. Then there were the little things at both Northland hospitals and Countdown stores, such as bake sales and raffles. Countdown supermarkets in Kerikeri, Dargaville and Whangarei went all-out to collect donations, but even the tiny Countdown in Paihia had staff outside all day selling raffle tickets.

Chris said the money raised just in Northland in the 11 years the appeal has been running was \$677,043 at last count. Nationwide, the appeal has raised \$11.6 million since 2007. The amount raised in total nationwide this year was \$1.267 million. Chris also acknowledged the faces of the campaign in the Northland appeal – Whangarei baby Taonga Peita and his mum Miranda Shackell. Taonga spent two and a half weeks in Whangarei Hospital's Specialist Care Baby Unit after he was born prematurely on 16 May this year. He continues to rely upon oxygen 24/7, has Down Syndrome and transient myeloproliferative disorder, which can sometimes lead to acute myeloid leukaemia. Taonga also has a small hole in his heart. Taonga's mum was guest speaker at the auction, where she told the story of Taonga's early arrival and what it was like, immediately after his birth, to comprehend the medical challenges Taonga faces.

Special thanks to David Roy and his colleagues from Barfoot and Thompson, Cheers Party Hire, A'Fare Restaurant, Northern Advocate, Northland Foundation and CAJD the band, all of whom made the charity auction such a smashing success.

Methamphetamine Demand Reduction Strategy Looks at Wastewater

After months of hard work from a dedicated team, Te Ara Oranga was officially launched on 31 August. More than 200 people gathered at Event Cinema in Whangarei to hear from Health, Police and non-government organisation staff and view a collection of video resources. These videos are part of an integrated model of Police and Health activity to reduce methamphetamine demand in Northland by enhancing treatment services and increasing our responsiveness.



Superintendent Russell Le Prou, Jewel Reti and Ian McKenzie speaking with national media

A significant development in Te Ara Oranga is that two programmes provide evidence-based data on illegal drug use in Whangarei.

Up until now, reliable data about the volume of illegal drugs used by the population has been difficult to obtain. Wastewater testing provides an accurate measure of illegal drug consumption that is cost effective, timely and non-intrusive.

When people consume drugs, they are processed by the body into other compounds (metabolites). A mixture of the parent compounds (drug taken) and associated metabolites are excreted and make their way into the wastewater system.

Wastewater testing in Christchurch and Auckland began in December 2016, while testing in Whangarei began in August 2017. Data is collected from the wastewater facilities for one week every month. The reports present the results of analysis of wastewater samples for the last four months from the three sites. This testing does not identify individual users or usage rates. Methamphetamine, MDMA/ecstasy and cocaine were detected in wastewater from all cities. Heroin and alpha-PVP (bath salts) were not detected in any of the wastewater samples.

“The wastewater results for Whangarei highlights the need for the Te Ara Oranga project in Northland,” noted Superintendent Russell Le Prou, District Commander, Northland. “The results indicate a very high incidence of methamphetamine in the Whangarei wastewater and confirm our commitment to the partnership between health and police to reduce methamphetamine demand by enhancing treatment services and increasing our responsiveness.”

The wastewater results will provide an ongoing baseline of data to inform and measure both treatment and enforcement. “For example, following an enforcement operation, when methamphetamine is seized, the impact of the seizure will be monitored against the wastewater results. If the wastewater shows less usage in the community then it may be one indicator that the targeting of that operation was successful. If no impact is seen it may indicate that further investigation is needed into methamphetamine supply.”

Rataora Screening Trial in ED

The Screening and Referral to Treatment trial called Rataora compliments the wastewater testing by providing an indication of the number of people who use methamphetamine and come into contact with health or police services. The trial was implemented within the Whangarei Hospital Emergency Department and the NZ Police Whangarei Custody suite, 24/7 over a one-week period in June 2017.

In the Emergency Department, 350 patients were screened for substance use and related issues. Seventy people were referred on to specialist services such as Mental Health & Addiction, Smoking Cessation, the Alcohol Drug Helpline and Depression Line. A further 12 people were referred to their GP and another 6 people were given a Brief Intervention at ED or by a psychologist.

Four methamphetamine users were identified during the week of screening. If the screening was to be implemented for an entire year then it might be expected that around 200 methamphetamine users would be identified.

“This is significant, as many people don’t come to treatment until their problems are severe or have caused them problems with the law or their mental health,” noted Ian McKenzie, General Manager, Mental Health & Addiction Services, Northland DHB. “The Emergency Department initiative has the potential to offer people a referral to treatment earlier, before they develop a severe problem.”

This research began with a focus on the use of methamphetamine. But what has been found in ED, and amongst those screened in police custody, is that methamphetamine is commonly used together with cannabis and alcohol.

One outcome of the trial is the appointment of a full-time Whangarei Hospital Emergency Department Screening & Intervention position. The DHB is also investigating the possibility of drug testing options for use in a clinical environment.

Activities within the Police methamphetamine team include cold calling suspected users, engaging users with treatment providers and enforcement operations against suppliers of methamphetamine. “Our staff are actively visiting people who are known methamphetamine users and referring them to the DHB,” said Superintendent Le Prou. “Police have referred 10 people in the last month for treatment. The DHB responds within 24 hours of receiving the referral and meets with the client to assess and offer an appropriate treatment option.”

Mana Tāne Ora

Health Symposium for Maori Men



Organisers Harold Wereta, Jensen Webber, Lee Luke, Donovan Clarke and Stephen Kenny

It is hoped that a workshop held in Whangarei on 13 September will inspire improved health outcomes for Northland men.

Mana Tāne Ora, the National Māori Mens Health Coalition, exists to respond to the poor health statistics and lower life expectancy of Māori men. It worked with Northland DHB, Te Tai Tokerau PHO and Manaia Health PHO to set up the Whangarei hui.

Te Tai Tokerau PHO chief executive and organiser Jensen Webber said the hui should inspire “cells of action” in future. Northland DHB Māori Health Directorate general manager Harold Wereta agreed, saying “Today is about starting a conversation and getting a network going across the region with a funding plan for men.” The day was about building a network of Māori men in Northland who can champion men’s health, sharing stories, and creating a forum for information exchange.

The hui drew around 80 attendees from a wide range of Northland health and social services providers. These included youth workers, iwi health providers, mental health, alcohol and addiction clinicians, public health workers, Māori health practitioners, kaumātua and politicians.

Introducing the hui, Jensen said life expectancy is poor for Māori, poor in Northland and poor for men, so people with all of those factors face challenges. Thus the hui was about “Coming to some solutions for ourselves,” Jensen said. “I go to tangi and I don’t see many men around 60–65 years old. Many men know what health checks they should be getting completed, but fail to get these done.” Responding to this, Manaia Health PHO put on health check-ups every 15 minutes for attendees.

Northland DHB chief executive Dr Nick Chamberlain helped to bless the event and spoke about his years taking care of men in Northland – through addictions treatment and care of elite rugby players. Nick implored men to act quickly to get the best outcomes for their health and spoke about his own personal health experiences and delays in seeking a diagnosis. “I really have a heart for this,” Nick concluded, imploring Māori men of Northland to take control of health issues affecting them.

It’s Not Okay anti-violence campaigner Phil Paikea spoke about the healing which can occur when men get together, whether it is gang members or prisoners, and how a lack of male role models is behind many poor outcomes. Phil gave a slideshow presentation about his life story, going from “being a downright arsehole” gang member, drug addict and violent partner, to turning his life around. Ironically it was following a fight between their daughters – and a restorative justice conference – that Phil first met mental health campaigner Mike King, who also spoke at the hui. It wasn’t long before the two realised they had had a common experience in leaving anger and depression behind and devoting their lives to getting the best out of men.

In the afternoon, presentations were made by Riki Nia Nia and Lee Luke of Mana Tāne Ora o Aotearoa, Ngai Tahu community leader / Te Whenua Hou Champion Ra Dallas and Kaikohe community leader/ Patu Aotearoa Gym owner Richie Koroi.

Why the workshop?

Māori men fare poorly compared with other New Zealanders on a number of indicators. Mana Tāne Ora said Māori male life expectancy in Northland was most recently calculated at 71.3 years compared to non-Māori at 80.6 years.

Mana Tāne Ora says by bringing together Māori men from across Northland, “We are hoping to start a conversation and journey that will generate discussion and action and promote the view you are in control and all things are possible.”

Northland DHB has been making health gains for Māori in the last 5–10 years, decreasing the life expectancy gap between Northland Māori and non-Māori at birth, which improved from 10.27 years in 2001 to 9.26 years in 2013. Nationally the life expectancy gap between Māori and non-Māori in 2013 was 6.9 years. One of the Northland Health Services Plan Headline Targets is to reduce by two years the life expectancy gap between Māori and non-Māori.

Pūkawakawa 10-year Reunion



Rob Carr with partner Lauren de Boeck and son Arlo

A celebration marking 10 years of the Pūkawakawa regional-rural programme was held in Whangarei on Sunday 15 October.

Pūkawakawa was the first partnership of its kind between a medical school and a health board.

Set up by the University of Auckland's Faculty of Medical and Health Sciences and the Northland District Health Board in 2007, the Pūkawakawa regional-rural programme training initiative brings more graduating doctors to Northland and enables fifth year medical students to gain crucial experience in regional and rural health.

Each year, 24 medical students complete the scheme. The placements are extremely sought after and not all medical students who apply will get a place. Those who are selected spend two thirds of their time at Whangarei Hospital and a third at one of Northland's four rural hospitals.

So far, 211 University of Auckland medical students have been through the scheme. Since 2010, Pūkawakawa graduates have gone on to claim 40 percent of the available places at Whangarei Hospital for first year provisional Registered Medical Officers (interns or house surgeons). Most stay at least two years and some much longer. Similar programmes have begun in Whakatane and Taranaki.

The 10-year celebration reunion began with a blessing and waiata led by elders from Northland DHB's Te Poutokomanawa Māori Health Directorate. The Māori blessing was fitting as Northland has one of the highest Māori populations in the country, Northland has many Māori health professionals and consumers as well as iwi health providers, and Māori cultural immersion is a significant aspect of Pūkawakawa.

One joyous result of the bonding during the Pūkawakawa year is that students may get together and start families. Numerous couples were present at the 10-year reunion, including Cameron Cole and Carrie Bryers. Cameron, who

is now a psychiatric registrar, completed Pūkawakawa in 2009. Carrie went through the programme in 2010. Carrie at first worked in nursing and now works in paediatrics. Carrie hails from Dargaville while Cameron is from outside Northland, although his whakapapa is with Te Rarawa in the Far North. Cameron said of the Pūkawakawa programme "You felt like every day was a bright, happy day", which was a positive change from the routine of university lectures.

Cameron recalled a great experience working with Dr Lance O'Sullivan near Kaitiaki. When beginning his rural medicine study, "The GPs gave us their houses on the beach – I couldn't believe it." The couple have now bought a house in Northland and both work at Whangarei Hospital. Carrie said an advantage of working in Northland today is having a close connection with peer health providers, more capacity for one-on-one time with patients, and the hometown advantage of being a local. "Me being from Dargaville, I know every fifth patient!"

Other couples included Lauren de Boeck, who met partner and Hokianga native Rob Carr on the course. The two are now parents to little Arlo, age 1.

Hanson Unasa, who spent seven weeks in Dargaville during his Pūkawakawa experience this year, described the programme as giving him "The best year of my life".

Speakers, guests and organisers at the reunion included MC Dr Lucille Wilkinson, University of Auckland Dean of Faculty of Medical and Health Sciences Professor John Fraser, Tumuaki and head of Department of Māori Health Associate Professor Papaarangi Reid, Northland DHB board chair Sally Macauley, Dr Catherine Bremner, Professor Warwick Bagg, Pūkawakawa coordinators Dr Win Bennett and Caroline Strydom, and Northland DHB chief executive Dr Nick Chamberlain.



Dr Nick Chamberlain and Professor Alan Merry, Head of the School, Auckland Medical School

Parenting Course Graduates

Gifted BabyStart Boxes

On 20 September, 10 young mums and whānau celebrated at Te Ora Hou as they completed a seven-week Noho Rangimarie/Living in Harmony course teaching them everything they need to know about pregnancy, birth and how to give their babies a successful first 100 days.

The BabyStart boxes – the brainchild of Philip and Clare Horrobin – each contain around \$900 of products to help ensure each baby has a safe and warm 100 days. The boxes are also a portable sleeping option for baby. The boxes were especially gifted to this cohort of course graduates as a pilot/trial, thanks to the Pearls and Lace high tea fundraiser which Zonta Whangarei put on in May.

The second cohort of women undergoing the Harmony course are likely to receive BabyStart boxes too, although future gifts of the boxes depends on funding and sponsorship. To receive a BabyStart box, those on the course will need to complete their workbook and attend all seven sessions over seven weeks.

The gathering on 20 September recognised the women officially finishing the workbooks they had been filling in at weekly sessions as they learned about pregnancy, labour, birth, breathing, pain relief, the maternity unit, newborn safety, breastfeeding and more. The first participant was due to give birth a week after the graduation ceremony, although others in the class will deliver their babies by December.

Libby, who was 26 weeks along, was connected with the Harmony course by Briarley Birch of He Matariki Teen Parent School. Before she began, Libby says “I didn’t know anything”. She had mixed emotions about her pregnancy journey, but with the support of her friend Sapphire, Libby said she is feeling confident today.

Her BabyStart box has been particularly rewarding. “Phil [Horrobin] showed us the boxes in the first week; I’m looking forward to all the stuff in the boxes. You might not think about the quality of things you need.” The best items in the box, Libby said, were probably the sleeping outfits made of breathable, hygienic merino wool. Libby laughed as she said the course taught her “Pregnancy is not as beautiful as people say!” and described the course as “Really real – it’s not sugar-coated”.

Couple Jacob and Chloe agreed they were particularly grateful for a lovely merino blanket which came in their BabyStart box. Chloe, who was due to give birth at the end of October, said the physical demonstrations of everything from breastfeeding to giving birth were the most useful aspects, and they were impressed to be given a tour of Whangarei Hospital’s maternity unit, too.

“Every lesson, I was blown away with stuff I thought I knew, but didn’t,” Jacob said. While “It felt like a girl’s place,” Jacob and other partners of the expectant mothers were made to feel fully welcome – and Jacob even had a turn putting on a bra to understand Chloe’s perspective! Jacob and Chloe agreed that having to complete the Harmony course workbook helped to engrain all the information

they needed to know to give their child the best start in life.

Te Puawai Ora team leader Sam Harris said feedback from class tutors Natasha Sidford and Monique Williams was that the girls were keen, enthusiastic, and worked hard to attend every class, coming from as far away as Kaikohe.

“They have made a concentrated effort to come. Maybe it was because of the BabyStart boxes – but I

think they have caught on with how awesome the classes are and the benefits, the networking, the information. For me it means that opportunity can now be used to provide a range of information about pregnancy, labour, birth and the first 100 days of their pepi’s life, but also offer healthy choices that will put them in good stead for their journey into motherhood.

“We are extremely grateful to Zonta and BabyStart who have donated boxes in Northland, 44 of which have been given out through Te Puawai Ora so far. We’re also excited about some additional boxes which will soon be given away thanks to Sky City Auckland Community Trust.”

Since 1938, Finland has been giving expectant parents a cardboard box full of useful items to make their early months easier and more comfortable. In addition to holding clothes, baby care products, toys and books, the box also includes a mattress, sheets and blanket which allow it to be used as a safe sleeping space both at home and when out and about. BabyStart became a New Zealand registered charity in 2015.



Jacob and Chloe exploring what is inside their BabyStart box

Occupational Therapist Volunteers in Vietnam



OT Kaye Tolra (centre) with Kiwis and Vietnamese clinicians at Qui Nhon Hospital

In October, Early Intervention in Psychosis occupational therapist Kaye Tolra spent two weeks in Vietnam, including a week volunteering at a psychiatric hospital in Qui Nhon in the province of Binh Dinh. New Zealand has had a long relationship with Binh Dinh. The New Zealand Vietnam Health Trust was formed in 1997 to continue the work begun by Kiwi health workers in Bong Son and Qui Nhon before and during the Vietnam War (1963–1975).

Nurse Helen Hamer had seen Kaye delivering a presentation about her work in Auckland in 2016, and invited Kaye to volunteer in Qui Nhon in October. Others who joined Kaye for the week were psychiatrist Simon Hatcher, psychologist Julie Campbell, and Alcohol & Other Drugs nurse David Shapcott.

Helen pioneered mental health assistance at the Qui Nhon hospital, and has been going over to Vietnam for the last 10 years. Kaye is the first occupational therapist to have delivered services to the hospital. She had a wonderful time, was immersed in the culture of the seaside province and got to visit Ho Chi Minh City and the famous Củ Chi tunnels after her volunteering was complete.

Kaye was struck by the differences between New Zealand and Vietnamese psychiatric healthcare, however. “Families have to pay for a family member to be in the hospital, and the family has to feed the patient,” Kaye said. “It’s a communist country; but you have to pay for medical care. If you don’t have money not everybody gets help. Families have to be able to pay for the hospital care, take time off work to stay with their family member, and then pay for medication. It’s certainly made me appreciate our system, even though ours isn’t perfect.”

Psychiatrists came to the hospital especially to see the visiting team. “During ward rounds, they brought the patient into a room full of people to be interviewed. After the first day, Simon and Julie split off and worked with doctors; Helen and I worked with nursing staff. A lot of work this time was around recovery planning and relapse prevention, trying to look at reducing the risk of the person needing admission again.

“Their system is mostly medication-focused. Helen has, over

time, introduced other means of treatment, such as cognitive behavioural therapy, and now staff are seeing the need to talk with patients about their issues.”

Kaye and Julie donated recreational gear (soccer balls, yoga mats and badminton sets) to a newly-built activity room – tying in with her work in Northland, in which Kaye often has clients use their physical capabilities to improve fitness, build physical and mental health, improve social skills and self-esteem and lessen their substance dependency.

“Amongst the patients there was a lot of alcohol-related illness/dementia and drug-related psychosis. I was struck by the alcohol-related illness. I noticed even when we went out for dinner with staff there was a lot of alcohol consumed.”

While Vietnam has a culture in which people virtually never criticise the government, the shortcomings of Vietnam’s healthcare system were hard to ignore. “One young man took me around city on a motorbike. He told me about a friend who had a bike accident. They took him to hospital. The friend died because they couldn’t put up the money to treat him.”

A translator facilitated communications between the Kiwis and the Vietnamese during the experience. The translator was essential when Google Translate failed to perform. “Google Translate leaves a lot to be desired. We talked about multi-disciplinary team and after they used Google Translate, they asked me why we had a team that ‘punished people in lots of disciplinary ways!’”

Kaye has made lasting Facebook friendships with all the nurses she worked with. “I know I went as a volunteer, but I certainly got as much out as I gave, and it looks like I will be going back next year.”

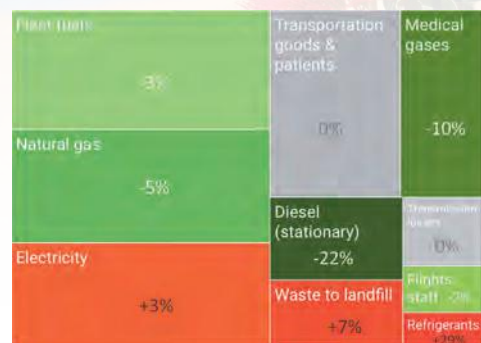
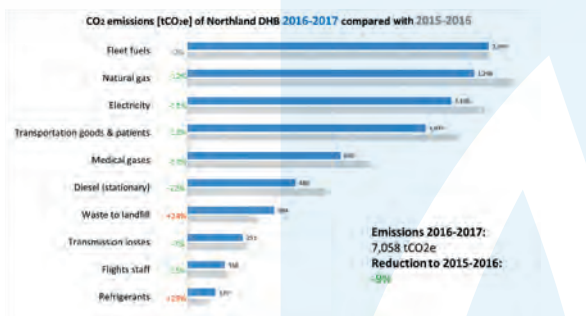
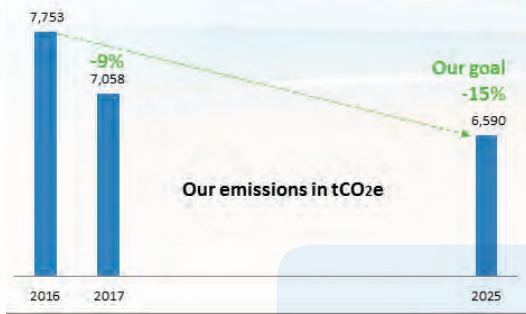


Sustainability: Nine Percent Reduction in Carbon Emissions for Northland DHB in One Year

A year into the sustainability journey, Northland DHB's carbon footprint has been measured again to track its emissions.

A 9 percent reduction has been achieved in financial year 2016–2017 compared with the previous financial year. With this result the Northland DHB is well on its way to achieving the agreed goal to reduce the greenhouse gases by 15 percent in 2025 compared to 2016.

percent, which is fairly consistent with the trend of the last couple of years. Energy audits were performed on the hospitals last month to create a plan for our electricity consumption.



This year fleet fuels have overtaken gas as the largest emission category, and most categories have seen a significant decline. The large reduction in stationary diesel used for boilers to heat water and air is the direct result of the change from the diesel boiler in Dargaville to electric heat pumps.

Within the transportation goods & patients category the biggest contributor for the reduction was a 7 percent decrease in National Travel Assistance claims of patients who need to travel to (mostly) Auckland Hospital.

One area where we are not performing well is our waste to landfill. Except for Kaitaia, all hospitals have seen an increase in waste. The large increase in refrigerants is due to a different calculation methodology, but with an increased number of air-conditioners being installed an increase in this area is in line with the expectation.

The emission factors of the footprint categories are adjusted every year. So to look at the actual changes, the change in quantities gives a better understanding of what is happening within the Northland DHB.

From the overview it can be seen that there has been a decrease of 3 percent in the consumption of fleet fuels. Although there was a reduction in emissions in electricity there was an increase in consumption of 3

Values Award Recognises Rubbish Reduction Initiative

Spotless Services cleaner and porter Liza Brown has received the Kaitaia Hospital and Mental Health and Addictions values award for October.

The award recognises how two months ago, Liza realised the Kaitaia Hospital office area which she cleans was wasting rubbish bags which would end up in landfill, contributing to pollution which could be avoided. Liza took away under-desk rubbish bins in the area she looks after to encourage people in the office to get up and walk to a larger rubbish bin, cutting out plastic bag waste and stimulating staff to exercise.

“I’ve been trying to get rid of rubbish bags here because of the damage they’re doing to our country,” Liza says. “I’ve done it in my area, floor two. I’m hoping it’ll go right through the hospital. And it makes the area look so much cleaner without bins around.”

Liza said her staff love this small but significant change. “When I took the bins out, the staff changed the whole office around which made it look really nice. They like that they are being made active – and it gets our costs down. Those rubbish bags cost a lot of money. If we can get rid of them it’ll help with the environment. You’ve got to make a start somewhere.”

One of Liza’s inspirations has been seeing plastic shopping bags polluting her town. “When you see it along the roads you think ‘Oh my God’. Also I’ve been seeing ads on TV [about reducing plastic bag waste], they really made sense. But mainly it’s when you drive downtown and to the beach. I thought ‘Bugger this. We’ll see if we can start from here’.”

Fun Run and Lions Clubs

Raise Thousands for Diabetes Youth Camps

135 people participated in this year's Diabetes Fun Run, held on the Huarahi o te Whai, Hatea Loop Walkway around Whangarei's Hatea River on 15 November. They raised \$759.80 including donations. Thirty spot prizes were given to competitors, donated mostly by staff working in Northland DHB Diabetes Centre.

Organisers Adrienne Coats and Oringa Barach said the run raises funds to help put on camps for children with diabetes, acknowledges that diabetes is a life-changing long-term condition, and supports children, young people and their whānau to be active and live well with diabetes, whether Type 1 or Type 2.

The Diabetes Fun Run money has been combined with support from Whangarei Lions, Tutukaka Coast Lions and Onerahi Lions clubs who have sponsored the 2018 youth camps for children with diabetes. This year's donations were:

- Onerahi Lions Club – \$300
- Whangarei Lions Club – \$1200
- Tutukaka Coast Lions Club – \$1200.

Clinical nurse manager Adrienne Coats thanked Lions Clubs on behalf of Northland DHB. Adrienne said the

camps enable children to experience the support and encouragement that comes from relating to other children who know how it feels to live with the daily demands of diabetes management.

“As well, their families, whānau and other carers enjoy a four-day respite from the demanding 24/7 caring role. This is greatly appreciated. Relationships between the children and their carers and the diabetes team are strengthened during camp which contributes to improved engagement and diabetes control.

“We will also hold a camp for young people with diabetes between the ages of 15 and 25 years in February 2018 with expected attendance of 12–15 young people. This camp is about helping young people to connect with others, to build peer support networks and increase self-management capacity and personal resilience.

“We also plan to hold some short events during the year to build upon the positive outcomes from the above camps. We are delighted that we will begin 2018 with this financial resource available. We thank you for partnering with our service, in support of children and young people living with diabetes.”

Thanks Lions for Recliner Chairs For Northland Hospitals



Whangarei Lions, Tutukaka Coast Lions, Onerahi Lions, the Kamo Club, Cowley's Hire, Contractors for Charity and Gallagher's New Zealand representatives delivering the first of 21 recliner chairs. Photo: Michael Cunningham

Lions Clubs also recently sponsored the purchase of 21 recliner chairs for Northland Hospitals.

Those Romeo recliners will be used by whānau who are helping care for their loved one in hospital.

The Whangarei Lions Club donated \$17,765, raised by the 2016 fireworks night and proceeds from a fundraiser on the night of the Joseph Parker Fight night. Tutukaka and Onerahi Lions clubs, the Kamo Club and Cowley's Hire have sponsored a chair each and Contractors for Charity and Gallagher's have sponsored two chairs each.

Nigel Parton, the Northland representative for Gallagher NZ, one of the main sponsors for the Joseph Parker versus Ruiz World Heavyweight boxing match last December, offered a commercial TV licence to the Whangarei Lions Club for use as a fundraiser.

Whangarei Lions member Terry Ward met with the management of the Kamo Club and they generously offered their Club premises as the venue for the event's live broadcast.

“With their great support in selling tickets, some raffles, and a small auction (by auctioneer Gary Younger), a sum in excess of \$7500 was raised,” Terry said. “With further generous support from Tutukaka and Onerahi Lions clubs and Cowleys Hire, a fantastic result has been achieved.”

“Being given the opportunity to provide whānau with a comfortable chair is a godsend and we are extremely grateful to the organisations that have helped make this happen,” said Margareth Broodkoorn, Director of Nursing and Midwifery.

Northland DHB adopted the Partners in Care policy in 2015. A Partner in Care is someone the patient chooses who is over the age of 18 and who would normally provide the patient with physical, psychological, or emotional support.

Falls Prevention Programme Launched

Monday 13 November saw a range of healthcare agencies come together in Whangarei as part of the roll-out of the Northland wide Falls & Fracture Prevention Programme. Funded until 2020 by ACC to reduce the number of falls and fractures happening to older people in the community, ACC's national Live Stronger For Longer campaign is about body-strengthening exercise programmes delivered to groups and individuals.

Falls have a significant social, health and disability cost. There are 90 falls-related Emergency Department presentations per month in Northland alone, with 60 percent of those presenting needing to be admitted to hospital. There are 16 fractured necks or femurs per month for those over 65 years old.

Sport Northland is the lead agency in Northland tasked with developing certified Community Group Strength and Balance classes. These classes are for people who are more active and able to safely participate in community group exercise programmes. Classes are already up and running in many parts of Northland. Northland DHB is responsible for managing the In-Home strength and balance exercise programme for individuals who are particularly frail and could not attend the certified community group classes.

Jo McCathie, clinical nurse manager with the Community Specialist Nursing Team within the Health of Older People Service, manages the Falls and Fragility Care Coordination Service, receiving referrals for the In-Home Falls Prevention Service from anyone who identifies an older person needing specialist visits.

Jo said screening for risk can be undertaken by all health workers in primary health, community and secondary services such as ambulance staff, GPs, home-based support providers, Age Concern, out-patient, ward staff and allied health.

The criteria for how to work out who should receive intensive help from Jo's team is whether the person in question:

- Is unable to get out of a chair without using their hands
- Has slipped, tripped or fallen in the past 12 months
- Has stopped doing some activities because they fear loss of balance or falling.

Those eligible should be:

- Living in the community (not living permanently in an aged residential care facility)
- Aged over 75 years
- Too frail to attend community group strength and balance classes.

When referrals come to the Falls and Fragility Fracture Care Coordination Service team, they will do a whole assessment of the person which covers all their health needs, beyond just falls risk.

Referrals can be sent via:

e-Referral: High Risk Falls Programme

Fax: 09 430 4128

Post: Central Referrals Office, Whangarei Hospital Private Bag 9742, Whangarei 0178

Email: falls.service@northlanddhb.org.nz

For more information about the In-Home Programme you can contact:

Email: Josephine.McCathie@northlanddhb.org.nz,

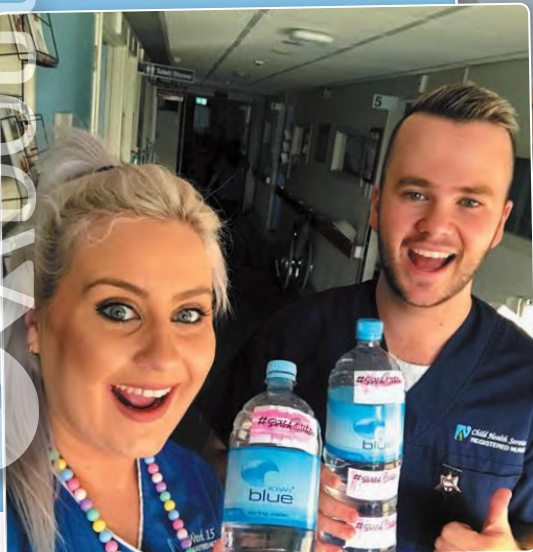
Phone: 09 430 4101 ext 8419

For more information about the Community Group Strength and Balance Classes go to:

<http://www.sportnorthland.co.nz/get-active/community-strength-and-balance-1>



Out & About





Achieve 2B Student Exchanges: Updates From a Successful First Year

By Julia Hartshorne

Northland DHB community maternal social worker and Achieve 2B Founder



Dennon McQueen-Foster

In 2014–2016 I set up Achieve 2B, an intercultural exchange programme for disabled secondary students which is the only one of its kind in New Zealand.

Dennon McQueen-Foster: *“Now I am thinking of my future”*

Dennon has already faced his fair share of challenges. As an infant he had a brain tumour which developed into meningitis, resulting in a mild intellectual disability. He accesses personal support through disability support services. He has had to overcome both bullying and his own anxieties. He attends the Northern Health School and Whangarei Boys School, speaks Te Reo Maori and likes all outdoors activities.

Selected as Achieve 2B's first ever international exchange student, Dennon went to Fairhills High School in Melbourne, Australia in term 2 (from April to July). As a sibling to seven others, he instantly became an only child in his host family. Dennon was able to take his disability-related supports to Australia for longer than is usually allowed. Dennon volunteered for Interchange, an Australian Disability provider. Dennon loved this volunteer work as he supported social activities for children with disabilities.

Dennon said that from this exchange he is now thinking of his future and is considering careers and activities he never thought possible.

Taylor Beattie: “It has defined my personality and values”

Taylor's unpredictable epilepsy meant she had lived a rather sheltered life. After her epilepsy was finally stabilised, her parents felt comfortable about letting her find her wings. Taylor had already shown leadership qualities as a prefect at Kamo High School. She loved netball and had plans to become a physiotherapist.

Taylor was selected to be our first scholarship student. The AUT Scholarship paid her Achieve 2B fees. This particular exchange focused on leadership. Taylor participated in AUT's Shadow a Leader Day and meet-and-greet. She went from Kamo High School to Orewa College. Taylor experienced life cross-culturally, especially as she navigated her way in a predominately Pakeha world.

During this exchange Taylor's career choice took an unexpected direction. After conversations with her host mother and teachers at school Taylor has taken an interest in politics. “This experience has shaped me into a more focused, confident, independent and motivated person,” Taylor said.

Natasha Astill: “I found my voice”

In 2013, Natasha Astill of Auckland thought she had an exciting opportunity which she described as a “Once in a lifetime experience” – an opportunity to go to Japan on a student exchange with her school. However, Tasha has Foetal Valproate Syndrome resulting in visual processing difficulties which means she requires a little extra support at home and at school. Tash felt that she was ‘not good enough’ and that it was all her fault.

But then Tasha found Achieve 2B and was successful in being selected to be our first ever national exchange student. In March 2017, Tasha left home for her 4-week exchange in Whangarei. She moved from her city life to a rural setting and from a co-ed to a single sex school – Whangarei Girls High School. Achieve 2B ensured that Tasha's disability supports (a teacher aide and home help) were in place before she arrived in Whangarei. During her exchange Tasha volunteered at the Hospice Shop.

Tasha is confident enough now to express her opinion. After just 4 weeks, she says that she found a renewed confidence and belief in herself. This has led to her now volunteering for a cat rescue group.

For more info, see <http://www.achieve2b.org.nz>

Bronchiectasis Foundation

Plaque Blessed



Whānau, supporters and Foundation members gathered at Whangarei Rose Gardens.

Monday 6 November saw the blessing of a commemorative plaque placed in the Whangarei rose gardens by the Bronchiectasis Foundation of New Zealand. The commemoration stone was blessed by Fr Peter McDermott from St Francis Xavier Parish. The formal proceedings involved karanga, waiata tautoko and mihi whakatau led by kaumātua Ned Peita and students from the Foundation's ambassador school, Te Kura Kaupapa Māori o Te Rawhitiroa in Tikipunga, Whangarei.

It was 7 April 2015 when the Bronchiectasis Foundation of New Zealand was officially launched by the former Governor General Sir Jerry Mateparae, whānau and supporters of Whangarei woman Esther-Jordan Muriwai. Esther suffered the illness for most of her life and created the foundation shortly before her death at age 24.

Bronchiectasis is a condition in which the breathing tubes in the lungs become scarred and permanently distorted. Often a result of viruses associated with cold, damp houses, the illness can be cured if responded to quickly enough, but can occasionally be fatal.

"The plaque honoured the celebration held in 2015. The greater blessing is that we are celebrating a collective voice and our own place in the community for children and families who walk the journey of bronchiectasis," said Esther's father Camron Muriwai, who is Chairperson of the Foundation.

The ceremony was an opportunity for people affected by bronchiectasis to support one another. Te Aurere Beazley said her bronchiectasis led to her having one of the lobes of her lungs removed at age 8. Te Aurere said she hadn't met many people with the condition and had always found it complicated to explain. "I found it easier to say I just had asthma."

Whangarei paediatrician Dr Catherine Bremner said currently 40 children aged under 16 are known to be affected. The number of adults is harder to deduce because "some with mild bronchiectasis don't come into hospital".

The prevalence of the disease in the population is 99.6 per 100,000 people, or roughly one in a thousand. Prevalence is highest in Pacific and Māori peoples.

Twenty years ago, Camron said as far as he knew his daughter was the only person identified as needing regular hospitalisation for bronchiectasis in Whangarei. "There is today more education and awareness about the condition. We're influencing the clinical landscape; the relationship between the patient, carer and professional is often more open, relaxed and balanced. Consideration to appropriate support is not only about the condition but also the patient and family journey."

Before she died, Esther-Jordan linked with clinical and community teams across New Zealand and walked alongside children suffering the illness. Today they help form the Governance and Clinical Advisory to the organisation. One of the next developments will be that pupils from Esther-Jordan's kura (school) work towards a health science project with a Māori perspective.

Since its inception, Northland DHB has sponsored the development of a website and provided the Bronchiectasis Foundation with a shared office space in the community. The foundation links with both Northland and Auckland bronchiectasis teams. Bronchiectasis Foundation has a clinical advisory arm, and is working with AUT university lecturer and doctoral student Julie Blamires in her mission to inform research about the illness. Her study is looking for young people aged between 12 and 24 to take part.

Part of the Foundation's mission is to empower those affected by Bronchiectasis to manage their condition through good health information, inspiring choices, positive relationships with clinicians and emphasising that it is always acceptable to ask questions.

"This journey is about your life," Camron said, reciting the proverb "Tau whakapono, tau ora – one's wellness is measured by one's belief."

Nonagenarians Donate Knitting For Newborns

A group of senior citizens have given Northland newborns a warm welcome with gifts of hand-knitted beanies, jackets, blankets and teddy bears. The knitting comes from Parahaki Court Rest Home residents June Attwood, 90, Edna Hay, 90, Betty Bridges, 92 and Prunella Keen, 77, who between them have stitched nearly 50 items this year.

Patsy Cork runs the knitting group at the rest home on one of her days off and also works there as a caregiver. Patsy said the knitting is a better occupation than TV or reading books. The knitting circle at one point had seven members but three have passed away. June, who is nearly blind, has been knitting for an impressive 85 years. "I can't do patterns but I can do the simple stuff," June said. "It's not very often June makes a mistake," Patsy added.

The first baby at Te Kotuku Maternity Unit to receive some knitted garments on Friday 17 November was Atāiti Houkamau-Roberts. Although he was born slightly prematurely on 7 November, mum Te Nīwai Mutu was pleased to report Atāiti is now a healthy seven pounds. Patsy said she has asked her knitters if they want to take a break from knitting over summer, to which the answer was a resounding no!



Mum Te Nīwai Mutu and baby Atāiti Houkamau -Roberts happily receives knitted garments.

Whangarei Hospital's George Palmer is Northland Security Officer of the Year



L-R - Edward Irving, George Palmer and Richard Hapi.

Whangarei Hospital security officer George Palmer has been awarded Northland Security Officer of the Year by Armourguard. Although he didn't win the national NZSA Security Officer of the Year, his regional award recognises how George has stood out amongst a pool of 700 guards since he joined the team in 2014.

In nominating George, manager Warwick Taylor of Armourguard cited an impressive recent example of George's dedication in which George and fellow security officer Richard Hapi monitored and apprehended some offenders breaking into cars at Whangarei Hospital in 2017.

"George is a silent achiever but goes about his work in a very professional manner. He is well liked by fellow team members and the Northland District Health Board personnel," Warwick said in a page of praise on George's award nomination form, stressing how George gives his utmost to help patients, their families, Police, Northland DHB and of course his Armourguard team.

We congratulate George on his impressive achievement.

Ageing Theme on National Anaesthesia Day

Northland DHB has 19 specialist anaesthetists, all of whom are qualified medical doctors with more than 10 years of medical and anaesthesia training. The anaesthetic department also has 4 medical officers, 6 registrars who rotate from training in Auckland, and one senior house officer. They are supported by 17 anaesthetic technicians.

Caring Before, During and After Surgery

Anaesthetists are crucial in ensuring that every patient facing high-risk surgery is fully informed about the likely outcomes following surgery with anaesthesia.

Sometimes, surgery may not be the best option for older people. The new High Risk Anaesthesia Clinics (HRACs) at Whangarei Hospital involve an anaesthetist and an intensive care physician sitting down with a patient and their family and having a discussion.

The aim is to work out what the risks are, based on the patient's medical conditions and the surgery they require. There are various risk scoring tools, and these are used to help the patient and family make an informed choice. They also try to work out what benefit the patient will get from the surgery, and if the benefit outweighs the risk.

At times they are able to explore alternative options, such as physiotherapy or a chronic pain team review.

The aim of perioperative medicine is to deliver the best possible care for patients before, during and after major surgery. This involves input and collaboration between various medical specialties, as well as other health professionals, such as physiotherapists and dieticians.

"Anaesthesia has adopted perioperative medicine as a concept," said Dr Jo Coates who set up HRAC clinics with ICU doctor and fellow anaesthetist Dr Richard Harding. "It's about weighing up the equation carefully, ensuring the patient is fully prepared for the possible outcomes and that the hospital have organised backup intensive care facilities."

Evaluating how surgery affects a patient's independence

The goals of the High Risk clinics align with the Choosing Wisely initiative, supported by the Australian and NZ College of Anaesthetists. Choosing Wisely looks at 'Five

Things Clinicians and Consumers Should Question'. These five position statements, among other things, advise anaesthetists to:

- Avoid initiating anaesthesia for patients with limited life expectancy, at high risk of death or severely impaired functional recovery, without discussing expected outcomes and goals of care
- Avoid initiating anaesthesia for patients with significant co-morbidities without adequate, timely pre-operative assessment and postoperative facilities to meet their needs.



Dr Jo Coates conducting a pre-op clinic.

The concern is that elderly patients undergoing high risk surgery may not regain their functional status afterwards. Thus a previously independent person may end up needing additional help at home, or even require residential or rest home care. The natural ageing process can make patients more sensitive to anaesthetic drugs and more likely to develop complications and infections. Older patients may take longer than younger ones to recover and are more likely to have medical conditions that must be taken into account when considering the need to have an operation or anaesthesia.

Many of the discussions include Advance Care Planning (ACP). ACP is the process of thinking about, talking about and planning for future health care and end-of-life care. It is the process of exploring what matters to you and sharing that information with your loved ones and your health care team so treatment and care plans can support what is important to you. It helps you understand what the future might hold and to say what treatment you would or would not want. This makes it much easier for families and healthcare providers – particularly if you can no longer speak for yourself.

In the year 1 July 2016 to 30 June 2017, over 10,000 people received anaesthesia for surgery at Whangarei Hospital. These included around 700 people aged 80–89, 102 people aged 90–99, and three people aged over 100.

Contact Energy

Renal Fund Improves Quality of Life



Hank Woelders enjoying his new La-Z-Boy recliner.

The Contact Energy Renal Fund continues to support Northland dialysis patients by funding applications of up to \$1000 towards items that would improve their quality of life on home dialysis.

The Fund was set up in 2009 with an endowment of \$25,000 and is managed by the Northland Foundation on behalf of Northland DHB.

Northland DHB has renal social workers who assist patients to apply for whatever is needed to lessen the hardships they often face. Northland DHB renal manager Cheryle Kiwi described the fund as a “blessing”. For example, it can be used to pay for electrical costs associated with dialysis treatment or for recliner chairs for comfort whilst dialysing. Patients on home-based therapies spend considerable time sitting while dialysis takes place.

Cheryle said there are 58 patients on home-based dialysis throughout the region, and 14 had received grants from the fund this year. “It’s made a big difference to patients who would be significantly disadvantaged without this financial support. These items really improve the person’s quality of life as well as enhancing their safety and comfort at home.”

The fund paid for Kaeo patient Lois Samuels (pictured 2nd from right), age 72, to receive a Sonata lounge suite this year which features a much-needed footrest. Lois has been dialysing at home since 2016, and like hundreds of patients would otherwise have had to travel to hospital multiple times per week for haemodialysis.

Lois tries to keep herself as active as possible by gardening, visiting her marae and baking, but before

receiving the lounge suite, she was having trouble getting up after sitting for long periods. “I love [my lounge suite] and I’m very grateful to Contact Energy,” Lois said. “I make sure when anyone visits they have a sit on it and my grandchildren are really impressed saying to me ‘oh granny you’ve got a new one’.”

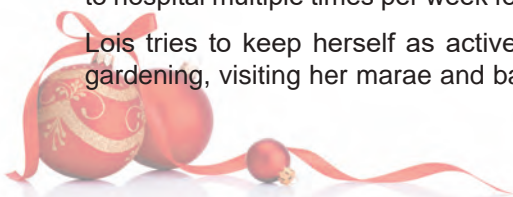
Whangarei man Hank Woelders, 61, received a La-Z-Boy recliner this year thanks to the Fund and, like Lois, needs to plug into a Homechoice PRO dialyser every night. Hank first went on dialysis following kidney failure in 2006, which is likely connected to his diabetes, which first occurred at age 12.

Hank said dialysis isn’t too draining, but he has had six heart attacks, been in and out of hospital frequently and needs regular rests on a quality chair. “It’s just right for having a bit of R&R. [The fund] is a great help, it’s really appreciated. I’m sure there are a lot of happy people out there who have had the same thing happen to them.”

Miriam Peeni of Paparoa has been on home-based dialysis for nearly five years following kidney failure. “I collapsed at work one day. I had multiple cysts in both kidneys and glomerular sclerosis of the kidneys.” Miriam received a new Akai electric stove thanks to her hardship grant. Her old stove was corroded and dangerous. The fund paid for the stove as well as for an electrician to wire it safely. “I was blown away when they offered the fund to me. I didn’t expect it. I was quite shocked they were going to do the \$1000 grant.”



Lois Samuels (pictured 2nd from the right) loves her new lounge suite.



Pre-op Educational Conference for Nurses



Nurses from across New Zealand attended the Whangarei conference, only the third of its kind in New Zealand.

A conference providing education around pre-operative assessment took place at Whangarei Hospital on 26 and 27 October, and was only the third of its kind to be held in New Zealand.

Clinical nurse specialist Shelley McMahon said nurse-led pre-operative Assessment Clinics are still in their infancy in New Zealand when compared to the rest of the developed world. "Formal education aimed at this area of nursing is difficult to come by and we often have to just make do with what we can get, fitting in with peri-operative tutorials. However, we are fortunate enough to encounter education and learning opportunities on an almost daily basis, mostly provided by our anaesthetic department."

Day one of the conference included presentations on pre-operative optimisation, electrocardiography, airway assessment and the relevance of a Mallampati Score, echocardiography, pre-assessment the Burwood Way, and hypnosis and the art of suggestion. Day two included presentations on pulmonary hypertension, pre-assessment in a peripheral clinic, and ethical decisions surrounding surgery.

Clinical Nurse Specialists in Ear Nose and Throat

The Clinical Nurse Specialists (CNS's) for the Ear Nose and Throat (ENT) team are Theresa Leslie, Marg Hunt and Christina Edmonds. Theresa and Christina are based in Whangarei, and Marg at Bay of Islands and Kaitaia. Together they have over 52 years of ENT experience between them.

The CNS role in ENT was established to meet the demands of an ever increasing Consultant caseload and limited Consultant availability. Prior to the CNS role children did not receive follow up after grommet surgery, and therefore children with underlying sensorineural hearing loss were not being identified. There was also recognition that some conditions could be managed by a nurse, and this was also economically viable. They are part of the wider ENT/Audiology team serving Northland, working in conjunction with other ear health providers. Theresa and Marg both have a background in the Mobile Ear Clinic service prior to these roles.

Marg and Theresa run nurse led clinics in Kaitaia, Bay of Islands and Whangarei. Between them they have 10 to 12 clinics per week, seeing 100 to 120 patients. Their patient caseload includes children and adults requiring mastoid cavity cleaning, treatment of discharging ears, treatment of acute and chronic otitis externa, removal of foreign bodies, monitoring children with chronic ear problems, post op follow up e.g. grommet insertion, removal of sutures and packing. As well they also field patient phone enquiries and give lots of advice to patients and other clinicians.

Their role in conjunction with the ENT Consultants is to assess, investigate, diagnose, refer, educate and treat. Alongside their clinical role they have oversight of the

general running of the department, ensuring that the department is working towards meeting Ministry of Health targets, ensuring safe staffing in clinics, completing Registered Nurse performance appraisals, auditing various processes and procedures in the department, organising the annual ENT study day, and ordering a multitude of supplies. Life is never dull!!

Christina's focus is the Head and Neck cancer patients. She works with patients referred to the department who have a high suspicion of cancer. Her goals are to expedite the patient journey and enhance the patient experience of living with cancer. Christina ensures that referrals to Auckland MDT are timely and all investigations have been completed.

The ENT CNS's are lucky enough to work in a great team. They are supported by very experienced and competent clinic nurses, and more recently have added to the skill mix healthcare assistants roles.



Theresa Leslie and Marg Hunt with patient Billy Thompson

Christina Edmonds, Donna Howe, HCA Lynce Milliken

Taking a break *Over summer?*

If you find you need health advice or need to see a doctor while you're away - call Healthline 0800 611 116, 24 hours a day for advice.

If you have a mild ailment, have forgotten your medication or need a script filled - your local pharmacist can help.

Be responsible, ease up on the drink and make sure you have a sober driver.

Here are a couple of tricks to be in control of your drinking. At the end of the

busy day we are often dehydrated, so start with a lime and soda or a water and hydrate. Between each glass of alcohol, drink more water.

Have a plan and stick to it. Eat food, slow down, enjoy the party.

This is a really busy time of year for our Emergency Departments, GPs and Pharmacies – if you need to come and see us, you may have to wait a bit longer than usual.

In an Emergency call 111

