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PreScribe

NORTHLAND DISTRICT HEALTH BOARD STAFF MAGAZINE

Welcoming the transition towards healthy futures for all

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NORTHLAND DISTRICT HEALTH BOARD
Te Poari Hauora Ā Rohe O Te Tai Tokerau

From The Chief Executive

After leading the Northland DHB team since 22 October 2011, I stepped into my new role as National Director, National Public Health Service for Health New Zealand on 1 July, knowing you are in the safe hands of Tracey Schiebli as Interim District Director for Te Tai Tokerau. Tracey will support the organisation through the steps of the transition to Te Whatu Ora Health New Zealand and keep you fully informed along the way, alongside Regional Director Fionnah Dougan.

As National Director of Public Health, I will use my experience in clinical governance and patient safety, improving the patient journey, chronic care management, and preventing avoidable hospitalisation with my personal experience as a general practitioner to enhance how public health can improve population health and wellbeing.

I will lead and bring together the 12 existing public health units, Te Hiringa Hauora (the Health Promotion Agency), and several former Ministry of Health functions - including screening, immunisation, and COVID-19 response services - into one national team of teams.

I am fully committed to a service that ensures that Aotearoa New Zealand is always ready to respond to any threats to public health in a coordinated, proactive, equitable and innovative way. And I am excited for the opportunity this role presents to positively impact the lives of New Zealanders, particularly the unfairness of many of our health outcomes.

It's been an incredibly tough few years for all of us, but it's also woken up the whole world and opened their eyes to the Public Health's centrality and importance and what it has to offer.

I've always supported wellbeing being at the centre of healthcare. However, I have learned from my experience in Northland that we need a wider health system that addressed inequity, reduces need and promotes wellness. I believe this new era will be a transformational opportunity to revitalise Public Health in Aotearoa, New Zealand.

Fortunately, I will still be based in Te Tai Tokerau and will continue to advocate for Northland on a national stage.

As the guardian of Taitokerau Rautaki Hauora, the organisation's vision for Te Tai Tokerau is:

- people live longer in good health
- have improved quality of life
- and there is equity between all groups.

This vision aligns with the direction of the nation's new health system that will achieve pae ora / healthy futures for all. Achievement of this will be measured by the ability of tamariki born today to access and achieve equitable health outcomes as adults in 2040. 2040 is significant as it also represents the two hundredth anniversary of Te Tiriti o Waitangi.

I am immensely proud of the work we have achieved together and want to acknowledge all of you for your dedication and commitment, coming to work every day to do your best for our people.

Thank you one and all!

He aha te mea nui o te ao? He tangata, he tangata, he tangata!

Ngā Mihi,

Nick

Dr Nick Chamberlain
Chief Executive


Tohorā House


Standard Life Investments

Research Putting Northland on the map

Chris Harmston

Most Northlanders have no idea that behind the scenes in the General Surgery Department at Whangārei Hospital, a team of surgeons, registrars and trainee doctors conduct nationally and internationally recognised research helping to improve the health of our people.

At the helm of this research is colorectal and general surgeon Chris Harmston.

Chris trained in general surgery in the West Midlands and undertook a fellowship year at the John Radcliffe Hospital in Oxford. He migrated to New Zealand in 2015 to work at Northland DHB after six years of consultant practice in a large university hospital in the United Kingdom.

After seeing that only small amounts of research and well-designed clinical audits were being performed in Whangārei, he set about building them into the General Surgery Department.

He also helped set up and sits on the expert advisory group for Surgical Trainee Research, Audit and Trials Aotearoa (STRATA). The group's objective is to establish a New Zealand-based collaborative of future surgeons designing and undertaking research, audit and clinical trials.

Under Chris's guidance, the research undertaken in the General Surgery Department sits under three project areas – local, regional (Northland and Auckland) and national.

He uses his experience to help decide what research topics are investigated.

Junior doctors in the Department are encouraged to participate in international collaborative studies. These have included assessing the impact of COVID-19 on outcomes in General Surgery and studies into analgesia post colorectal surgery, to which many patients in Whangārei contributed and made an impact internationally.

The Department also hosts Masters Degree candidates for a 12 to 18 months to complete their Research Masters. The students spend half their time working in General Surgery and the remainder performing research to deliver their thesis.

Chris encourages candidates to develop research topics they are particularly interested in. For example, the first Research fellow, Dr Brodie Elliot, led a national study on appendicitis and the differences in outcomes between rural and urban populations. The second Fellow, Dr Matthew McGuiness, was interested in chest trauma and led the RiBZ study, which focused on improving outcomes in patients with chest trauma and broken ribs.

Chris said both of their manuscripts were exceptional, and he is confident current Masters student Dr Henry Witcomb-Cahill's study on provision and barriers to patients receiving bariatric surgery in provincial centres will also be.

Last year, the University of Auckland recognised Chris's leadership and research accomplishments by awarding him an associate professorship. He said this had enabled him to forge a stronger relationship with the University and broaden what his team can do here.

His primary goal is to develop a research unit in Whangārei to benefit the community and draw medical staff to the region.

Chris noted that often data that informs guidelines isn't relevant to Northland. Therefore, it's vital to perform local studies to ask questions and get answers to guide quality improvement and improve outcomes for our population.

"For instance, in a colorectal study, we looked at the time on the pathway. We didn't find a difference due to rurality or ethnicity. If we had, we would have been able to provide targeted intervention in that area. However,

in the paediatric appendicitis study, we found that rural children did worse and did a qualitative analysis asking why. We are hoping to use the answers from that qualitative analysis to help us do some intervention in that area.

"In the RiBZ study, we found that the rate of pneumonia in patients over 55 was higher than it should be. So, we designed a specific pathway for rib patients in the Hospital to try and improve outcomes.

"Local research allows us to ask a question and target intervention."

The Department also contributed to an international study, OPERA, run by a group called Tasman in Australia with centres worldwide. OPERA looks at opioid prescribing post most surgery, and Whangārei is the third most significant contributor to that study.

Opportunities to be part of studies like this attract a high calibre of people to Whangārei. Chris believes a research facility will draw better candidates across a range of jobs and encourage connections with other academic institutes.

"We've become more lucrative to a group of junior doctors because we offer a research-type environment, which allows us to attract students, registrars, and consultants. We have Pūkawakawa, our intern programme, and we get medical students here. But I believe we can strengthen our relationship with the University of Auckland because we have a lot to offer."

Currently, all this research is done on a shoestring budget. Chris and his colleagues do a lot of work in their own time, and he said they often self-fund because they find it rewarding and a worthwhile investment, "Every dollar you invest in research, you get it back and then some. So even if you don't get it back from that study, the bubble around that research moves things forward – even giving people the skills to perform research and audit is useful."

He acknowledged Northland DHB for allowing registrars to do the work and allocating him time to provide supervision. He also thanked the Auckland Medical Research Foundation for funding specific projects. However, to develop a recognised Research Unit and body in the Hospital with a structure, Chris said they need to secure a whole extra level of funding.

He believes the way to do this is to engage our local population to support research projects through benefactors.

"It's an under-tapped and unused resource, and I'd like to work with people to work out how we set up a research fund and engage the local community to get behind this – I think we'd be surprised at how engaged the local community would be with it."

Although research in New Zealand has tended to be concentrated in a small number of institutions, Chris wants to show that a peripheral centre can lead and perform collaborative national studies.

"Whangārei is one of the few regional units with Masters students and the ability to run a proper research programme. I believe we have demonstrated that it's feasible.

"A research unit will bring together the body of people performing research and move us on to the next level. In General Surgery, we are there and have a pretty well-structured programme. Now it's about moving to the next level by bringing other areas, enrolling patients into studies in Whangārei, and celebrating that. I think we're almost there. We just need some investment. Then we can say 'let's do this'."

"The goals we are trying to achieve in General Surgery are to investigate our local population to provide answers to clinical questions, enable early years researchers, and enrol patients in clinical trials. We are unlikely to conduct laboratory-based research or lead large randomised clinical trials here. But we can get people started on their research and audit pathway and give them the skills and tools they need to move on and perform independent research to continue their research careers, and the word is out that this is the place to come."

The Strategic Projects team are investigating the development of a clinical training centre on the grounds of Whangārei Hospital that would incorporate a research unit, pre-university, undergraduate and post graduate programmes and clinical laboratories for simulation training.

Northland DHB's Jason Haitana Wins

prestigious scholarship to attend international conference in Italy

Jason Haitana

Consumer and Family Leader for Mental Health and Addiction Services Jason Haitana has won the prestigious David B. Feinsilver Award for 2022.

The award grants a scholarship to fund travel expenses to the annual ISPS (International Society for Psychological and Social Approaches to Psychosis). This year the conference is in Perugia, Italy from 31 August to 4 September.

Jason won the award based on submitting the best research or clinical paper on psychotherapeutic treatment. The paper was based on Jason's research into "Te Reo Orooro – An indigenous Māori perspective on hearing voices", which he has been working on for some years.

Jason explains that "te reo orooro" means 'the language of vibration and energy'.

"This means understanding that fundamentally we connect to nature through these things. Te reo orooro is a means where we understand the many positive forces and voices in nature and protection against those that are negative. It also allows us a place of refuge and safety in understanding. Most of all, it is about accepting identity.

"Te reo orooro as such is a language that we use to understand our very connections and accept the dissonance in our lives. This language is based on the use of ritual and ceremony, on the use of incantations and prayers passed down through the generations. It incorporates an understanding of the environment and how it is used in this context. Lastly, te reo orooro is ancient. Its application though is very new, along with a growing set of knowledge still to be discovered. This is both the question and the answer."

"My research looks at Māori healing practises used to connect to nature, to ancestry, and to the various forces of the elements," says Jason. "It is grounded in this knowledge system and the activist edge of the First Nations struggle. It explains things through an understanding of our interactions with nature, and with the spiritual that connects us all.

"Many indigenous cultures experience the light and the dark. Our world has both, just like the sun rising every day. Cultures often had initiations where people are faced with significant spiritual challenges and hardships. Understanding the ritual, the myths and legends as a language for understanding also helps towards healing."

The David B. Feinsilver Award is the latest accolade for Jason, who was recently one of three finalists in the national PWC New Zealand Lived Experience Leadership Award at the 2021 HeadFit Awards. This award category recognises an individual with lived experience of neurodiversity, mental illness, or mental distress, who has demonstrated leadership by role modelling, reducing stigma, and driving positive mental health conversations.

As a younger person, Jason had personal experience of anxiety and depression and recalls having suicidal thoughts, hearing voices, and seeing things. He has been able to transform his life since that time and believes that exploring his personal identity and whakapapa was instrumental in that process.

Jason says that he hopes his successes will provide hope and inspiration for others with lived experience working in the mental health sector and for all his colleagues. "I am them, and they are me. This award is for us all."

Supervised Toothbrushing Programme
launched in the Far North

In late June, the Northland DHB-supervised tooth brushing programme commenced in the Far North, starting at Pukenui and Pukepoto schools, where our oral health team visited the first of an initial 4,300 children.

The total cost per annum to run this Programme is expected to be around $650,000 and we are grateful for a substantial portion of the costs being generously covered by the Clare Foundation.

The Wellington-based philanthropic foundation founded by investor and social entrepreneur Anna Stuck. The Foundation aims to improve oral health outcomes as one of four key focus areas by investing in initiatives that create tangible impact and drive extraordinary change for all.

“As a former dentist, I am really passionate about everyone having the benefit of good oral health,” says Ms Stuck. “It is really exciting to support a locally-led initiative that has shown such promising results in the pilot developed by Ellen Clark and the team at Northland DHB.”

Alice Montague, Clare Foundation CEO, notes that the rollout of major healthcare projects like the supervised toothbrushing programme is likely to have positive flow-on effects.

“Clare has a systems-level focus, so we are supporting an evaluation alongside the project, and based on the results, we hope that this provides evidence for a wider rollout around the country. This is a great opportunity to invest in a project with the potential to have positive health outcomes for all our tamariki.”

The funding provided by Clare Foundation has been managed by Northland Community Foundation as part of Health Fund PLUS, which 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.

Each child enrolled in the Programme will be supervised each day at school, brushing their teeth with their gifted toothbrush and case and toothpaste. An assigned oral health coordinator will also provide ongoing oral health education at the schools participating in the Programme.

The Northland DHB Oral Health Service currently provides comprehensive or episodic oral health care to eligible children, adolescents and adults through the Community Oral Health and Hospital Dental Service and private contracts.

Dental care is also provided at Northland DHB hospitals, 18 school-based mobile dental clinics, and seven fixed community dental clinics across the Northland region. The fixed community dental clinics are strategically placed in the main towns of Whangārei, Kerikeri, Kaitaia, Kaikohe, Hokianga, Mangawhai, and Dargaville.

Roll out of the Supervised Toothbrushing programme is phased, with the new model starting with schools in the Hokianga and northern Kaitaia communities. Northland DHB chose to start in these areas to address the higher decay rates of 5-12-year olds living there.

The long-term plan is for the supervised toothbrushing programme to be rolled out at all schools in Northland.

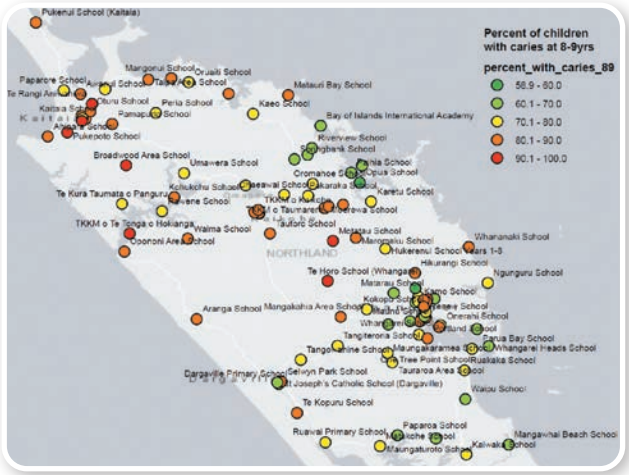

Figure 1. Percentage of children with decay at age 8 years

Sharnee Diamond educates Pukenui School students on toothbrushing skills

Whangārei Man Living Proof
of cath lab success

Grant Kewene

Grant Kewene is living proof of the benefits of Whangārei Hospital's Cardiac Catheter Laboratory in providing Northland residents with the coronary care they need sooner and closer than ever before.

The Catheter Laboratory (cath lab), named Te Whare Manawa (House of Heart), marked its first anniversary in late May 2022 and has seen breakthrough improvement in wait-times for treatment, contributing to better health outcomes.

Between 90 and 95 percent of Northland patients with acute coronary syndromes have been receiving an angiogram within 72 hours of a cardiac event. This significantly exceeds the 70 percent target for DHBs set by the Ministry of Health and makes Northland one of the best-performing regions in the country.

An angiogram is an x-ray to show the extent and location of any narrowing in the heart's arteries, which is often the cause of a heart attack, and determine if the patient needs a coronary stent or bypass surgery to improve blood flow.

In Grant's case, late last year, he had been referred by his GP to Whangārei Hospital after a couple of nights of restless sleep due to discomfort lying down, as well as an episode of shortness of breath one afternoon that week.

An angiogram showed that he had severe coronary artery disease and severe cardiac impairment.

Grant was helicoptered down to Auckland Hospital for the surgery he needed – a quintuple bypass – open-heart surgery to bypass blocked arteries.

Northland's Cardiology Clinical Lead Marcus Lee said there were grave concerns that Grant would not survive the procedure due to his severely impaired heart.

"However, the cardiac MRI also performed here in Whangārei gave the Auckland cardiac surgical team the confidence that Grant had a good chance and would benefit from coronary artery bypass grafting."

Grant said the hospital staff were amazed that he had been able to walk in off the street, considering his circumstances.

"Ironically, I had had no concerns about my heart. For a couple of years, I'd been experiencing a lack of energy, but I do have Type 2 Diabetes and was slightly overweight, so I thought it may have been related to that," he said.

"Ending up under hospital care all happened so quickly, but I always felt like I was in very safe hands. And, to have a cath lab facility here in Northland is just wonderful and I'm so impressed by the outstanding calibre of people who staff it. You can see the dedication and passion they have for what they do, which is amazing work. I can't speak highly enough of them and the service."

Clinical Nurse Manager Lea Callan says that Grant deserves credit himself for seeking medical help when he needed to.

"I think it is fair to say that Grant would have been at real risk of cardiac arrest had we not identified his disease when we did," she said.

"However, having percutaneous coronary intervention or cardiac surgery is not solely curative. Significant effort is required by the patient to get their health back after such procedures. Grant has certainly put in this hard work, through his cardiac rehab programme and following a lifestyle that supports his ongoing health. This is such an integral part of the healing process. Now he's enjoying a level of health far improved from where he was."

Grant is enjoying feeling well, being able to exercise regularly and be back at work.

"I have energy again. I can walk the Hatea Loop in under 50 minutes. I'm sleeping well. My heart rate has come down. Even my vision is better. It feels good."

Healthy Steps Towards Sustainability

Northland DHB has taken significant steps to reduce carbon and other greenhouse gas emissions, increase product stewardship programmes, minimise waste, increase recycling and develop other environmental sustainability activities.

Here's a sample of what is underway:

- Since 2016 we've reduced our total carbon emissions by 21 percent, on track with our target to halve emissions by 2030.
- We've replaced the old diesel boilers at the district hospitals in the Bay of Islands, Dargaville and Kaitaia with modern electric heat pumps. This will save hundreds of thousands of dollars on energy costs and maintenance each year, partly by putting heat only where it was needed, while phasing out diesel has also significantly reduced our carbon emissions.
- We send used, empty syringes to Future Post which recycles and remanufactures them into plastic fence posts.
- We send intravenous (IV) fluids bags, oxygen masks and tubing to Matta Products which recycles and remanufactures them into children's playground matting and industrial safety flooring.
- We're in the process of changing 150 of the DHB's fleet vehicles to new electric vehicles (EVs), replacing 100 so far, and installing EV charging stations. We also have six e-bikes and an e-ATV!
- We recycle batteries, laundry linens and some single-use medical devices. Of course, we also recycle #1, #2 and #5 plastics, glass, tins, cans, paper and cardboard.
- We send some single-use medical products to Medsalv which remanufactures and returns them to the DHB ready to use again. For example, over 10 months 364 Hovermatts (air transfer mats used for inpatient repositioning) have been reprocessed and purchased back; avoiding 747kg of waste to landfill and $23,893 in financial savings.
- We are rolling out metal scissors and forceps recycling, starting with District Nursing and with other areas to follow.

To suggest a new sustainability initiative or to expand an existing one, please contact sustainability development manager Margriet Geesink or waste minimisation and circular economy coordinator Jules Smith.

Desflurane medical gas emission reduction

Over the last five years the use of Desflurane, a general anaesthetic gas with a very high global warming potential, has been reduced by 94 percent significantly reducing the emissions from medical gases.

Syringe recycling

In theatres a new recycling scheme was introduced with the collection of syringes. A recycling scheme supported by the supplier BD.

Celebrating the **past**

2000

2001
NZ Health Strategy

2011 - 2016
Balanced budgets until our DHB started getting its funding growth capped

2016
Values – Led organisational values refresh focusing on desired behaviours

2017
Implemented Neighbourhood Healthcare Homes. A locality approach to Healthcare Homes

2018
Ngā Tātai Ihorangi – Initiated Safe Sleep Wahakura, national rollout

2020 - 2022
COVID-19 Pandemic Leadership

2022
COVID-19 Care in Community with Clinical Hub, Regional Coordination Hub and four Kaupapa Māori Hubs

2001 - 2022
We thank our elected and appointed Board members

2011/12 & 18/19
Led two Meningococcal Vaccination campaigns (C and W strain) for Te Tai Tokerau

2014
Initiated Free under 13s for Primary Care a year ahead of national policy

2017
Te Ara Oranga Methamphetamine Demand Reduction

2017
Established Gastroenterology Service

2018
Te Tai Tokerau Waitangi Tribunal Hearing, Wai 2575

2021
Rongoā Māori pilot - Northland DHB partnered with the Rongoā community to co-design the kaupapa across Te Tai Tokerau

2022
Taitokerau Rautaki Hauora 2040 - a strategy and action plan for transforming health in Te Tai Tokerau

2012 - 2019
Reduced Northland's life expectancy gap between Māori and Non-Māori by 0.9-years, nationally was only a 0.2-year reduction in this gap

2013
Patient Safety & Quality Improvement external review with all recommendations implemented

2017
Traffic lights Hospital Road installed

2017
Oncology Service in Kaitaia

2018
Ngā Wānanga o Hine Kōpū - FREE kaupapa Māori labour, birth and parenting programme designed for wahine hapū and their whānau

2021
General Practice Workforce Fund

2021
Sustainability with vehicles
Heavily subsidised purchase of 150 EVs

2003
Formation of Primary Health Organisations

2012 – 2020
Social Wellbeing Governance Group, response to Youth Suicide outbreak (20 child and youth suicides in six months), Family Violence, COVID-19 response

2015
'Mental Health' initiated external review with all recommendations implemented

2018
After significant negotiation, our funding was returned to a true uncapped Population Based Formula for 2 years

2020
Expansion Cardiology Service

2011 – 2022
Staffing Increases
160 more Doctors
718 more Nursing/HCAs
169 more Allied Health
199 more Admin/Support

2022
Living wage paid to all Northland DHB staff and contracted staff

2022

Developments in the **last decade**

2010
Detox Unit - Dargaville

2011
Tumanako Mental Health Unit

2014
Jim Carney Cancer Centre, Whangārei Hospital

2015
Tohorā House Whangārei Hospital

2016
Te Kotuku Maternity Unit

2018
Bay of Islands Hospital Stage 1

2019
Tu Kaha Mental Health Sub-Acute Unit Mid North

2020
Endoscopy Unit Opened

2021
Cardiac Catheter Laboratory & Two Additional Operating Theatres Opened

2021
Acute Assessment Unit, Whangārei Hospital

2022
Approval Whangārei Hospital Rebuild; A further $130m capital works are underway - Bay of Islands Stage 2; Whangārei - Community Mental Health Facility, Te Kotuku Stage 2, New Laboratory, Paediatric Ward, SCBU and Radiotherapy Unit; Kaitaia - Second Operating Theatre, Bowel Screening Programme, Endoscopy Unit, mental Health Sub-Acute Unit

Welcoming the **future**

Te Whatu Ora
Health New Zealand
Te Tai Tokerau

Why are District Health Boards being disestablished?

Over the course of the last decade, our health system has become increasingly complex with a plethora of organisations and functions now split across national, regional and district entities, including DHBs, Primary Health Organisations, Public Health Units, shared services agencies, and other actors. This growing complexity has driven inefficiencies and has failed to address inequities in care for New Zealanders.

How will these changes improve priority services like mental health?

Currently, one of the greatest barriers to improving care in priority areas such as mental health is the fragmentation of our health system.

New initiatives have to be rolled out across 20 DHBs, ~ 30 Primary Health Organisations, 12 Public Health Units, and a range of supporting organisations. The complexity of this slows down, and complicates, attempts to improve services nationally. In the future system, Health NZ will be able to easily identify areas where new investment or review are needed and move rapidly to improve services, with less complexity in implementation.

How will these changes affect current health services, like my local GP and hospital?

One of the greatest strengths of our health system is our skilled and dedicated workforce; this workforce will continue to care for our communities in our future health system.

These reforms will not change who your local GP is, or your ability to go to your local hospital or specialist.

For more information go to
www.tewhatuora.govt.nz
www.teakawhaiora.nz

Taitokerau Rautaki Hauora 2040
Te Tai Tokerau Health Strategy 2040
Ko te mauri, he mea huna ki te moana
The life force is hidden in the ocean

We need to find a new way of doing things – that was the key message from extensive engagement across Te Tai Tokerau with communities, whānau, hapū, iwi, Ngāi Māori and health workers.

Our vision for Te Tai Tokerau is:

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- Have improved quality of life
- and there is equity between all groups.

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Achievement of this will be measured by the ability of tamariki born today to access and achieve equitable health outcomes as adults in 2040.

2040 is significant as it also represents the two hundredth anniversary of Te Tiriti o Waitangi.

For more information go to
www.northlanddhb.org.nz

NORTHLAND DISTRICT HEALTH BOARD
Te Poari Hauora Ā Rohe O Te Tai Tokerau

International Day of the Midwife

100 years of progress

Sue Bree and Lynley McFarlane

This year the theme for International Day of the Midwife was '100 Years of Progress'. To celebrate, we sat down with two of Northland's longest-serving midwives, Lynley McFarlane, now retired, and Director of Midwifery/Maternity Service Manager Sue Bree, to find out how midwifery has changed during their careers.

Both Lynley and Sue took up midwifery because of the opportunities it gave them overseas and agree that it has enriched their lives more than they can describe.

Sue said it seems obvious now that women have a say in how they give birth, but when they first began their studies, this wasn't the case.

"Women were pretty much powerless and relatively uninformed. Every woman who gave birth had to be in a lithotomy position (on their back with feet put up). They were alone in labour, without the support of family members.

All mothers and babies were separated after birth, with babies put together in nurseries while mothers stayed on the ward. At regulated feeding times, the babies, who were mainly bottled fed, were placed on trollies, each carrying around 20 babies, and wheeled out to the ward to their mothers to be fed.

"I remember working at National Women's Hospital. Women would wait in the corridor antenatal clinic wearing only a hospital gown that often didn't meet at the back so that doctors had easy access to their bellies when the time came for their examination," said Sue. "What that did to women on a cultural basis, let alone as individuals, must have been profoundly bad."

She said that the lack of rights for unmarried women was worse still, "They had to be called Mrs and were often treated very inhumanely. There were many more babies put up for adoption back in the 70s."

"Humane, loving and deeply caring attitudes were not typical words to describe many maternity wards, including midwives themselves, unfortunately.

"They possibly felt disempowered due to a lack of agency, as doctors were very much in charge. Most doctors back then were male, so it was a somewhat paternalistic system overall."

However, Lynley and Sue said, on a personal level, they always felt well supported by Northland Doctors - Graham Parry and Peter Milsom are two that immediately came to mind during the 1980s.

Sue is proud of the quality of inter-professional relationships in the Te Taitokerau maternity service. Nowadays, midwives and doctors work collaboratively, with mutual respect and depend entirely on each other.

Lynley said that Midwifery in Northland has always been progressive. "Whangārei was hands down the best place to be a midwife in New Zealand. We were the first region in the area to have an Area Health Board, middle management was very active – and there was a lot of connection with the community."

She said a lot of work went into making changes to

enable midwives to work autonomously. They had to prove that their profession outdid everyone else, so they scrutinised and educated themselves. For example, they researched whether techniques such as shaving, enemas and lithotomy made a difference in birthing outcomes and concluded that there was no basis for these practices. These learnings allowed them to have the power to make changes.

Another significant change has been the acceptance of home birthing becoming standard practice. Sue said it was frowned upon during the '70s and 80s. Then in 1990, the law changed, enabling midwives to practice autonomously and work as Lead Maternity Carers (LMC) in the community with their own caseload. Home births now make up approximately 10 percent of all births in Northland.

Sue said this gave them the ability to provide the all-important continuity of care that has been proven to influence maternity outcomes positively. Sue and Lynley acknowledged Julie Strid, Linda Williams, Joan Donley, Karen Guilliland and Sally Pairman for leading these changes that were a direct result of midwives and women working together.

Also, in 1990 Direct Entry education was reinstated, which enables people who are not nurses to undertake education to become midwives. The changes included studying to be a midwife, extending from just a six-month post-nursing programme to a four-year degree.

All midwives do ongoing education as part of the requirements to sustain their practising certificate, and AUT has established a satellite programme for Northlanders to undertake their Midwifery degree here. This has been key to sustaining our midwifery workforce. Sue said although there are competing job opportunities for young women, a lot of student midwives enter the service after experiencing birth.

Self-regulation, with the establishment of a Midwifery Council of NZ in 2004, completed the professionalisation of midwifery in NZ as a distinct and separate profession from nursing.

New Zealand midwifery is held in high regard globally, and midwives from other countries are hugely envious of the maternity service in New Zealand. However, midwives here acknowledge that nothing would have changed if midwives and women had not partnered together. This is the advice our midwives offer to countries still developing their midwifery profession.

Sue agreed that Northland midwifery had always been highly regarded, thanks to people like Lynley and because of the collaborative way self-employed LMC midwives in the community and hospital midwives work together.

"We do see ourselves as one and acknowledge that we are entirely reliant on each other – even though our interventions (inductions, caesarean sections etc.) rates are increasing, they're still mostly below the rates of the rest of the country. There is no one reason for this, but I am pretty sure the quality of relationships amongst midwives and obstetricians is hugely influential."

Lynley noted that every intervention has a risk, and in midwifery, it's about finding a balance between risk and benefits.

"The result of your care often alters the outcome, which begins with the relationship you develop throughout the pregnancy."

Sue added that we must respect the worldview of Māori in relation to childbirth, and that Māori women make up almost 50 percent of our birthing population.

"Although Māori have inequitable outcomes in health generally, this is not so apparent within our maternity setting here in Te Taitokerau. I still don't believe our maternity service has got it right for Māori. There is more to outcomes than just physical outcomes – it is also about the experience whānau have. Fortunately, we have an increasing Māori midwifery workforce providing care to Māori women."

Sue believes deliberate measures need to be made to retain and grow the midwifery workforce, "Like national recognition that we're in trouble as a workforce. We're in a constant deficit. We need to take care of student fees, have incentives and a retention package to keep midwives in New Zealand."

"Up until recently, Te Kotuku was one of the best staffed secondary units in New Zealand. However, our midwife numbers have significantly reduced, and nationally our midwifery workforce is aging – so we've got to get more vibrant young midwives to replace us oldies."

Sue said there is now an increased incidence of diabetes and high blood pressure in our birthing population, which directly impacts our birth outcomes.

Both noted midwives face challenges matching current science with midwifery philosophy and social expectations – like increased consumerism and pressures from social media.

When discussing the highlights of their career, Lynley said hers was seeing women making their own decisions, "It's a time in someone's life of incredible intimacy. And it's a great privilege to be part of that family's experience."

Sue agreed that there was nothing like the deep relationship between a midwife and a woman and her whānau. Irrespective of whether that is over the entire childbirth experience or for the length of a hospital stay, "That connection is created through this incredible primal act of having a baby."

Breaking Boundaries
for more than sixty years

Shirley Gates

Whangārei Hospital laboratory scientist Shirley Gates credits being useful, having science in her blood and ongoing learning, as reasons for keeping her working well into her eighties.

Bucking trends is something Shirley has done since she began her career in the 1960s, when women traditionally took one of two career paths – teaching or nursing. At 17, Shirley followed her mother into nursing by starting work as a nurse's aide at Dargaville Hospital. She quickly grew bored of the strict rules and monotonous tasks, so when an opportunity to work as a trainee in the hospital's new laboratory came up, she applied, got the job and found her forte - science.

After the laboratory closed, she moved to Whangārei Hospital to complete her five years of training, then was appointed charge technologist of biochemistry. She stayed in this role until she took time off to have her two children. Then, four years later, she said Dr Orpin knocked at her door, asking if she would join him in his new Radioassay Laboratory. She couldn't refuse the opportunity and re-entered the workforce part-time and eventually integrated into the main laboratory, where she has remained until now.

Shirley said there weren't many women working or staff in laboratories back then, and the workload was significantly different.

"We did everything manually. For example, we made our own chemical reagents, white cell counts were done manually, and in emergencies, we even bled our own blood donors – but we had the time because we weren't as busy as we are now."

She explained that the beauty of doing everything manually meant they could physically see results before reading them in the biochemistry colorimeter. So, for example, they could tell if people had diabetes just by looking at the intensity of the resulting colours.

"My work changed enormously over the years. These days, it's about turnabout times and quality control. It's moved to a more highly pressurised environment and is about getting things correct and keeping up with the innovation - which I have never been scared of."

Her role grew from doing bench work to management. She has also worked as a quality facilitator, health and safety representative, trainer, and continued professional development (CPD) coordinator, which she said is a vital part of the laboratory due to the changing environment and continued updating technology.

Up until she retired in June Shirley worked in haematology and did some bench work, but mainly spent her time sharing her in-depth skills and knowledge with her colleagues through training, educating and coordinating seminars.

In 2013, Shirley completed her master's thesis, 'The Palynology of two Whangārei Craters', which focused on another of her passions, rock and gemstones.

Her love of teaching and learning extends to the Whangārei Rock and Gemstone club, where she is Club secretary and writes their regular 'Stone Age News'.

Despite officially retiring on 23 June, Shirley has no plans to hang up her lab coat just yet. To keep her finger on the pulse and her brain active, she will continue to participate in seminars.

Calderdale Framework
helping to fill gaps

Carol Green

Carol Green was one of the first Northland DHB cohorts to complete the Calderdale Framework training in 2019. She was so impressed with the potential for improving patient care through workforce flexibility and efficiencies that she gave up her role as charge physiotherapist at Kaitaia Hospital to champion it wholly by taking up the position of Calderdale Framework Coordinator.

The Calderdale Framework is a seven-step, clinician-led process used to improve the way healthcare teams work. It provides a clear and systematic method of reviewing team skill mix, developing new roles and ways of working and linking these workforce changes to service redesign to ensure safe and effective patient-centred care.

The Framework focuses on the workforce elements of a model of care and compliments established methods of service redesign, including Lean methodology. The primary tenet of the Calderdale Framework is patient-centred care. Carol said Northland DHB decided to implement the Calderdale Framework and started with Allied Health to remedy staff shortages and workload issues. Once she did the training, she found the Model supported physiotherapy care well. She became excited about the possibilities of using the Framework to deliver high-standard rural care despite chronic challenges with the recruitment of physiotherapists.

One of the clinical procedures in the Calderdale Framework uses to ensure patient safety is, 'When to Stop'. The Physiotherapy Service in Kaitaia had implemented a similar procedure, but she found the Calderdale Framework Task instruction was more comprehensive in guiding Allied Health assistants to know when to stop and check with the physiotherapist.

"When you're looking at change management, research shows that standards used in this Framework are very high, the changes are sustained long term and more likely to be integrated into routine care. It also means you're much more efficient and working at the top of your scope."

She said the Framework makes the most of everyone's potential by widening their scope to deliver care with skill-sharing or delegating clinical care to free up clinicians for complex patients. This is particularly important when rurality limits access to care, and health equity is an issue.

"I'm passionate about rural health, and if this framework is implemented well, it'll change how we can deliver care."

"For me, it's about using your workforce efficiently, working in different ways long term that supports better treatment for patients, and using people like Allied Health assistants in new treatment roles, safely. The skills are also transferable when people move on."

As Calderdale Framework Coordinator Carol is tasked with supporting and implementing all seven stages of the Framework and linking services with staffing gaps and skill shortages that will benefit from implementing the Framework with Calderdale Framework Facilitators to work through the Framework process.

In mid-June, the Scientific Technical and Allied Health Directorate celebrated the second cohort of Calderdale Framework Facilitator credentialing with an afternoon tea.

There are now 18 Calderdale Framework Facilitators within the organisation who assist with Calderdale Framework Foundation courses and facilitate other services to implement workforce change using the Calderdale Framework.

A Career Of Breakthroughs And Innovation

Gary Dow

As a young man, Gary Dow entertained the idea of studying Veterinary Science but interviewed for the trainee technologist position at Whangārei Hospital in 1968 and took the job when he worked out, he could get paid while training and sitting exams to qualify.

"I was told the position was mine if I wanted it. But I said I would give it some thought. The then pathologist said, "Well, you are really only dealing with human animals, and after being shown around the laboratory, I liked what I saw."

Gary spent the rest of his 54-year career working in Northland DHB laboratories, apart from a short five-month stint picking kiwifruit and working in the shipbuilding industry after being made redundant along with many others as a result of the privatisation of the Whangārei Hospital Laboratory.

In that time, Gary said laboratory work and practices have vastly changed, "Firstly, everything was done manually. Including making media, chemical reagents, calculating patient results, and collecting blood for agar plates from each other when making plates to grow organisms. Glass tubes, water baths and mouth pipetting were also the order of the day. Tubes and containers were autoclaved, washed, sterilised and reused, and all patient reports and copies plus delivery of such were done manually.

"We used empty Milo tins and put some plates into these with a lit wax candle to provide an increased CO2 atmosphere which some organisms' growth was enhanced by.

"There were no photocopiers or computers or electronic sending of results. We processed TB specimens and identified positive cultures on-site along with a variety of swab types, urines, CSFs, blood cultures, drinking waters and oyster farm waters, query food poisoning samples, and estate management samples for legionella."

He said that manual testing had been replaced by various companies providing panels of tests to identify organisms isolated from specimens more quickly and accurately, and the nature and variety of specimen types have also increased over time.

"In other areas like biochemistry, haematology, coagulation and histology, there have been marked improvements in capabilities in analysers and new techniques which tell us more about things and much quicker than manual techniques of yesteryear. The Laboratory has also taken on workloads of renal, oncology, urology, and mental health services, to name a few over the years, which involves a much greater workload, complexities and demands."

During his time as charge scientist of Microbiology, Gary introduced further testing for chlamydia antigen, rotavirus antigen, anti-hyaluronidase antibody testing, TPHAs, a biohazard cabinet, a CO2 incubator and two Jouan water-jacketed incubators, which he said last 20 years compared to NZ Contherm incubators which lasted about 18 months and then had to be replaced. He also was involved with the commissioning of the theatres doing particle counts, and colony counts with a machine from the National Institute now called the ESR.

"Microbiology does PCR testing now, which is something our first medical microbiologist wanted me to apply to the Board to go to the USA and learn decades ago."

He also convinced management to purchase an automated blood culture incubator that would alarm when growth was detected in a blood culture bottle saving the increased workload of manually sub-culturing the bottles at pre-defined intervals.

"Organisms we once reported as normal flora or commensals have over time become pathogens with various new interventions in medicine. TB (atypical) isolates which were regarded as non-pathogenic, became pathogens when HIV arrived."

Gary said inappropriate use of antibiotics for infections has led to multi-resistance amongst organisms, and techniques have been developed to identify the enzymes and other mechanisms of resistance in vitro.

He also helped set up Infection Control and the Occupational Health and Safety Service at Northland

DHB and the Sexually Transmitted Infection clinic and spent three years as the Infection Control Committee chairman.

In 1988 Gary was nominated by the Board and accepted by the university to complete a Diploma in Health Administration from Massey University, which was a first for the Laboratory.

He was also asked to set up and monitor Infectious Disease serology in 2009, which he continued to do until he left, adding Hepatitis C and HIV serology to Hepatitis B antigen and antibody to the new Cobas analyser purchased in 2008.

From 1975 until 1995, Gary was the charge technologist of Microbiology at Whangārei Hospital and 1978-1991 a Hospital Welfare Society Committee Member, 1983-1995 Deputy Supervising Charge Technologist and 1992-1995 Chairman of the Northland Area Health Board Infection Control Committee.

Between 1995 and 1996, Gary was a staff technologist at Dargaville and Bay of Islands Hospital Laboratories. Then he was the manager of Regional Laboratories from 1996 until and 1999, when he became charge laboratory technologist at Dargaville Hospital Laboratory until he moved to the role of medical laboratory scientist at Whangārei Hospital Laboratory in 2004. He remained in that role until retiring this year and was also charge scientist Infectious Disease Serology from 2009-2022.

Gary appreciated being able to help people with recovery from treatable conditions and finding causes for their hospital admission, monitoring some medications, and confirming the correct diagnosis for people. As well as being part of emergencies where blood or blood products are required, for surgery, both elective and emergencies and motor vehicle accidents etc., where quick action is necessary to save lives.

He is very proud to have been able to help troubleshoot any analyser problems, so service downtime was kept to a minimum. He also loved being a part of breakthroughs and improvements in laboratory capabilities as they evolved.

After such a dynamic and successful career, Gary is enjoying a ‘seven-day weekend’ where he can get out walking, spend time in his garden, doing some landscaping and have more time with his grandchildren. He said he might even get into some community work or local politics and teach karate. But, most of all, he plans to enjoy life.

Pukepoto students having their toothbrushing supervised - from story on page 7

Whānau House A Treasured Place

of respite for whānau supporting patients at Whangārei Hospital

From front to back are Whangārei Whānau House kaimahi Sheryl Poutai, Henrietta Sakey, and Louisa E Kingi

Supporting a whānau member who has been unexpectedly or suddenly admitted to hospital can be a very challenging time, especially if you're not sure where you can stay or if you'll be able to cook a meal for yourself. It's natural to want to stay as close as possible to the person you are supporting.

The Whānau House at Whangārei Hospital provides emergency accommodation for people who are in just that position. For $10 a night per person people who have a whānau member admitted on a ward at the hospital have a safe place on the hospital campus where they can unwind, cook kai, use a washing machine, and whakatau, restart, and replenish themselves so that they are better able to support and care for their loved one on the ward.

"The whare is called 'Te Whaea o Te Iwi' (the mother of the people). It is available for everyone, non-Māori and Māori whānau," says Louisa Kingi, Kaiarai Takawaenga for Te Poutokomanawa (the Māori Health Directorate) at Northland DHB.

"There are some important considerations for everyone staying in the whare to ensure it is restful for all. There are no visitors to the whare, only those who are staying there are allowed in the whare. This includes after hours. There is no vaping/smoking/alcohol or drugs and animals are not allowed. The Whare is also only available to fully vaccinated people (including fully vaccinated children) at the moment, as a response to COVID-19.

"We understand that this presents real challenges for some whānau, but it is the best way for us to keep everyone as safe as we can and to support the health and recovery of the loved ones who are on our wards."

Whānau who find themselves in Whangārei supporting someone admitted to hospital but who are without access to food can be connected with support to get kai. "We can help whānau in need directly or help link them access food support from My Food Bank who may even be able to collect kai and bring it in."

The Whānau House has a dedicated team of kaitiaki who are available to support whānau. While staffing is limited due to COVID-19, and because some staff have been seconded to support other teams, Louisa and the Whānau House kaitiaki ensure that whānau can access the house between 7am and 9:30pm. The security team will also escort whānau to the house and let them in so that they can feel safe if they have been visiting their loved one later in the evening.

An exciting development for the team is the upcoming arrival of a Whānau House at the Bay of Islands Hospital. The house project has been led by Mare Clarke, a Takawaenga service member based at the Bay of Islands Northland DHB campus. The house has been built by inmates at Northland Region Corrections Facility near Kaikohe, with the Hugo Trust having donated the whānau house build.

While the new whare's arrival has been delayed due to COVID, it will soon service the needs of families in the region's mid north, providing emergency accommodation for those supporting whānau admitted to the Bay of Islands Hospital in Kawakawa.

"We understand how important it is to have a place where a person's wairua can be restored and uplifted so that they can better serve in their role as carer for a whānau member who has been admitted to hospital. We are here to support them in a practical way," Louisa said.

"We find that when whānau stay with us they show their care for the Whānau House and what it has provided for them in really lovely ways. Firstly, they take amazing care of the whare, so it is in a great condition for those who follow them, but they often also provide koha such as blankets, cushions, or kai for others. We've even had people replace lightbulbs that aren't working. We're so grateful that people understand the kaupapa behind this whare and that they look after our 'whaea'."

Whānau who want to enquire about staying at the Whānau House can contact Louisa Kinga via the main hospital number on 09 4304100.

"Just a reminder for whānau, bookings to stay at Te Whaea o te Iwi can't be made in advance as this is emergency accommodation only," says Louisa. "However, if you find yourself with a sudden accommodation need while you support a whānau member admitted to Whangārei Hospital, call us and we will do our best to help you."

Turning Data Into Knowledge
to create a COVID-19 acuity tool

Dr Libby Prenton, Clinical Lead with Mahitahi Hauora, in the Clinical Hub. The acuity tool enabled the Clinical Hub team to target need effectively with limited resources.

Data, on its own, is meaningless. But, by organising data and applying context to give it meaning, we can turn it into intelligence and knowledge. These are powerful tools for improving patient outcomes and experiences, and for increasing the efficiency and effectiveness of the mahi our clinicians do.

The COVID-19 Clinical Hub, which helped to manage the region's response to Omicron, provides a powerful example of how turning data into knowledge enables us to make a difference for the people who need it most.

To work effectively within BCMS, the national software system for managing COVID-19 community care, the Clinical Hub team needed to be able to assign an acuity rating for COVID-19 cases to rank how urgently they needed care. The team were mindful that workloads would be high as the Omicron pandemic peaked and that many of the clinicians contacting COVID-19 cases would be speaking to patients they didn't know, lacking background knowledge of their health status.

Using pre-existing data about the demographics, vaccination status, and comorbidities of patients enrolled with Mahitahi Hauora, the team created an acuity tool that assigned a score to each person.

If someone in the community became COVID positive, this tool meant the Hub team knew immediately if their care needed to be prioritised. The team could effectively focus their limited resources where they were most needed.

Later, the acuity tool was further adapted to pre-calculate eligibility for therapeutics once these became available, saving clinicians valuable time and ensuring eligible patients would be offered the medication they needed.

This approach – turning data into knowledge that creates a useful tool for delivering care where it's most needed – can be adapted into almost any situation to make a difference if we combine expert data analysis with the context of a community's health and wellbeing.

HPV Self-Test Trial Expands

A two-year research study of an innovative cervical self-screening test has been expanded to three additional Mahitahi Hauora practices.

The self-test enables women to screen themselves for Human Papillomavirus (HPV) at home or privately at their GP clinic. Mahitahi Hauora is working with Te Herenga Waka-Victoria University of Wellington's Te Tātai Hauora o Hine - National Centre for Women's Health Research Aotearoa to carry out a study of the challenges associated with implementing the self-test and its ability to improve uptake and experiences of cervical cancer screening in Northland, particularly for Māori and rural populations.

The study has been running at four Northland practices - Whānau Ora Community Clinic, James Street Doctors, The Doctors Tikipunga, and Hokianga Health - since February this year. From July, once staff training is completed, it will also be rolled out to Te Whareora o Tikipunga, Bream Bay Medical Centre, and Moerewa Medical Centre.

Since the trial started, over 240 women have participated.

For Joseph Mihaka, practice manager at Te Whareora o Tikipunga, being involved in the trial is a chance to bring down statistics that have previously been hard to shift.

"When I heard about this and how it's a self-swabbing procedure, I saw the benefits, particularly for Māori and Pacific people, because it's less intrusive. It can be done in a home environment that feels safe for the patient, and I think that's a win-win," he says.

"We want to try doing something outside our normal model of practice and start a 'suitcase clinic' where two of our clinical staff go out into the community. As part of the implementation process, we want to identify people who would switch straight to a self-swab. We like the idea of it and breaking down the barriers for Māori and Pacifica."

To take part in the study, women need to be enrolled at one of the medical centres offering the test be aged between 25 and 69 years and be due or overdue for a cervical screen.

STAY WELL THIS WINTER

Who can get a FREE Influenza Vaccine?

People in these groups are eligible for a FREE Flu vaccination:

- Pregnant people (any trimester)
- People aged 65 years and over
- Māori and Pacifica peoples aged 55 and over
- People aged six months + with eligible conditions such as cardiovascular disease, respiratory diseases, diabetes or cancer
- Tamariki aged 3-12 years
- People with serious mental health or addiction needs

Visit www.northlanddhb.org.nz for more information

Immunisation is one way to protect whakapapa.

Put soap on your hands and wash for 20 seconds.

Stay home if you are sick.

Cough and sneeze into your elbow.

Ngā Tātai **Ihorangi**

Me whakapapa te ora - Hoki ki ngā tūāpapa

Connecting to practices that nurture wellbeing

PreScribe is a quarterly publication produced by the Communications Department, based at Commerce Central.
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