

# PreScribe

NORTHLAND DISTRICT HEALTH BOARD STAFF MAGAZINE



Action at stunt school

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# From the Chief Executive

## TBA



History never repeats - yeah, right!

Yet again we are reminded that we aren't all-powerful and a tiny virus can bring us to our knees.

Our health system has only conventional weapons, and we are fighting a nuclear war. The difference between this time and 102 years ago is

modern medicine. However, it's not fancy drugs or high tech procedures and equipment; this time we will hopefully have a vaccine in 18 months - this, and compliance with the lockdown is what will save thousands of New Zealand lives and eventually return us to the big wide world.

The lockdown and compliance with it are vital despite the huge economic impact, and I do want to acknowledge everyone affected by this. It's incredibly tough. A week ago I drove up North on empty roads. I visited Bay of Islands and Kaitaia Hospitals and our Community-Based Testing Centre at Kerikeri as well as someone who wants to set one up in Kaitaia.

After the recent negative publicity about Kaitaia and compliance with the lockdown, I also took some photos of the Main Street in the middle of the morning - not a soul in sight. Most people are complying with the lockdown, and hopefully, those that aren't are getting the message loud and clear.

Isolation during lockdown is tough, but in a strange way, those of us working in health are fortunate - we get to go out of our own bubbles to a role or place with purpose (as well as plenty of risk, I'm afraid). I know that with what you're all having to face, you may not feel fortunate, but we do get to go out every day, reminding us all that the reason most of us work in health is to serve people in times of their greatest need. The difference is this time it's not just people in need, it's not just a community or a country, it's a world in need.

Even those who are against vaccination or like to blame modern medicine and big pharma must realise this is nothing to do with that. However, unless we don't want to be in perpetual or intermittent lockdown, we will need to rely on modern medicine. Health workers to keep most of us safe and "one vaccine to cure it all."

So, what about this vaccine? All the world are collaborating to make the vaccine, and this may shorten the time it usually takes to develop it, but then there will be significant challenges getting enough supply because everyone (ironically, as we saw with last year's measles outbreak, even antivaxers) will want it. So, the 18-month timeframe may be realistic.

Have you seen the meme going around?: "For those who wanted a world with no vaccines .... here's the world without ONE vaccine."

Apparently, in 1942 when writing about the war, C.S. Lewis rather prophetically has predicted some of what we are now seeing 78 years later: "Anxiety, fear, panic, shutdown of businesses, schools, places of worship and sports events, and economic turmoil."

But it would also "Bring together neighbours, restore the family unit, bring dinner back to the dinner table, help

people slow down their lives and appreciate what really matters."

It's a nice story isn't it to believe in such a prescient piece of writing, but actually, it seems that Lewis did not write this passage and it does not appear in 1942 in "The Screwtape Letters" as originally claimed. The passage appears to be a recent invention. Searches for the quote yielded no results prior to March 2020, meaning that it was likely written during the current pandemic.

It reminded me that we all need to be wary of what we read and hear at such a time, and look for the truth from credible sources, acknowledging that we are all still learning and information and recommendations may change over time. The best sources of information are still Covid19.govt.nz, the MoH website, or our own intranet and internet.

I experienced the power of such fake news on social media. One misleading and untruthful video posting resulted in a whole day of phone calls from and to various leaders and politicians.

However, like many of you, I always try to take the positives out of tough times, and I was reminded as if I needed to be, that our conventional approaches to health will not reach everyone, there is mistrust and so much fear out there, and we need to be open to changing our model while staying the overall course and providing consistent messages to our communities and whānau.

I want to acknowledge two groups of Local Heroes - one group are regularly involved in hero moments because they are at our front line. Our ED staff, Age Care and Home and community support workers, our Community Based Testing teams, both our own staff and Te Rūnanga ā Iwi o Ngāpuhi, other Māori health providers, and our General Practice and Pharmacy teams, and all those who are working very hard to vaccinate our vulnerable population as well as all of you.

The second group are unsung heroes - our cleaners - they are also keeping us all safe wherever they work, and despite everything that is going on, they do it with positivity and grace.

I also want to acknowledge all of the people, both our staff and Te Hauora o Ngāpuhi staff, who activated their CBAC in Kaikohe at incredibly short notice. Understandably, there was a lot of community concern about a positive case in someone working in the local supermarket. The decision to open the CBAC on Sunday was made about 9.30 pm Saturday night; staffing was agreed by midnight and they were open for business with enough staff, swabs and PPE for an 8.30 am start. 153 people turned up and 30 were swabbed and tested. What an awesome example of collaboration between our community, a Māori Provider, and DHB staff.

So, thanks to every one of you whatever your role, Keep on keeping on, accept a bit of uncertainty, don't rely on fake news, trust science - it brought us out of the Middle Ages - and continue to be an example during the lockdown - for now, it is our nuclear weapon.

Kind Regards,

*Nick*

# Renal Fund Enhances Quality of Life



Jessie Cherrington, Rayven Rayne and Dillon Gavin are thankful to Contact Energy

At 13 years old, Jessie Cherrington was diagnosed with the autoimmune disease Systemic Lupus Erythematosus (SLE). Because it can affect the skin, joints, kidney, brain and other organs, she was told she could possibly end up on dialysis. However, no one expected it would be so soon. By the time she was 21, she was spending every second day in hospital from 6.30am until 12.30pm.

A year later, Jessie and her partner Dillon Gavin were tied to the hospital even more when their daughter Rayven Rayne was born 11 weeks early, weighing just two pounds. From there, things got tough for the young couple. Dillon had to quit a new job in Auckland because they wouldn't give him time off to support Jessie. She was spreading herself between feeding Rayven and pumping milk in SCBU and going to the Renal Department for dialysis.

"We spent three and a half weeks in Auckland and then another nine weeks at Whangarei Hospital, and fell pretty significantly behind on our bill payments," said Dillon.

Once they got through that ordeal, Dillon managed to get work locally as a gip fixer. In September 2018, Jessie began home dialysis, which has made their life much easier. "Now I'll dialyse in the morning from 10am to 3–4pm if my mum or sister can come over and help with Rayven. Otherwise, I wait until Dillon comes home from work and do it in the afternoon," said Jessie.

However, their power costs escalate to around \$4 or \$5 per day when Jessie is dialysing compared to \$1 on the days she is not. Northland DHB renal social worker Anna Stewardson suggested Jessie apply for \$500 from the Contact Energy Renal Fund. She was successful, and put it towards their monthly power bills. Jessie said knowing they are getting some money from Contact is a big help

for their family, and she would like to thank Contact for their support.

Anna said Jessie had done amazingly well, combining her treatment with bringing up two-year-old Rayven, and she has full admiration for her.

"The Fund has been helpful for our patients to maintain their independence and continue dialysis at home. It's a tough treatment, and there are many benefits to doing it at home.

People who undergo constant medical treatment have 'out of pocket' expenses that are not always covered by Government subsidies, so this Fund helps to fill these gaps."

The Contact Energy Renal Endowment Fund was established in 2009 as a result of discussions between Contact Energy and the Northland DHB around the most effective way they could support the renal unit. Rather than buying new equipment for the unit, equivalent funds of \$28,000 were put into an endowment to "benefit low income residents of the Far North regions of New Zealand" on home-based dialysis.

The Northland Foundation manages the Fund on behalf of Northland DHB and, after careful investment, grew the Fund to \$38,000. So far, 27 recipients have been given grants of up to \$1,000 towards items to improve their quality of life. Grants have now totalled approximately \$24,000 and have been allocated for purposes ranging from a generator to prevent loss of dialysis during power cuts to recliner chairs and contributions to power bills. A further \$14,000 remains to be allocated.

The Fund has benefitted the lives of these patients directly, and has allowed 46 patients and whānau to attend seminars where they have shared their experiences and gained invaluable knowledge about their conditions.

Although diabetes is not a major killer in itself, it is a primary cause of heart disease. A great deal of unnecessary illness and hospitalisation is related to poor management of diabetes.

About three-quarters of deaths in Northland are from cardiovascular disease (heart disease and stroke) or cancer. Twenty percent of adult Northlanders have been told they have high blood pressure and 12 percent that they have high cholesterol, both known risk factors for cardiovascular disease.

Māori experience low levels of health status across a range of health and socio-economic statistics. They comprise 34.9 percent of Northland's total population, but 54 percent of the child and youth population – a key group for achieving long-term gains. Māori experience early onset of long-term conditions like cardiovascular disease and diabetes, presenting to hospital services on average about 13 years younger than non-Māori.

With an ever-increasing number of renal patients in the region eligible to apply, Anna said she hopes another organisation will come on board and take over investing into the Fund from Contact. Then those requiring ongoing treatment will get the support they need to remain independent and reduce some of their financial stress and hardship.



# Learning From Each Other

For four full days in late January, 16 children living with type 1 diabetes from across Northland came together at the annual Diabetes Summer Camp at Whangarei Heads – to learn about their condition, make friends and, most of all, have fun.

To be eligible, attendees need to be at least seven years old, and priority is given to those who are newly diagnosed. This year, three newly diagnosed children came along and met other type 1 kids for the first time. Six out of the 16 at the Camp were using insulin pump therapy.

Each year a large contingent return annually, including ten-year-old Siena Southall and 11-year-old Aayden Mitchell who said they look forward to meeting up with friends from previous years.

Aayden finds it reassuring that she's not the only one who has diabetes, and gets to meet others that know what she is going through. "I've learnt you're not always perfect. You can have high sugars, and so can everyone else."

Northland DHB's dietician Mary McNab's cooking was one of the highlights for the girls. Along with an enormous slippery slide that Whangarei Heads Volunteer Fire Brigade put on, daily activities were arranged by Sport Northland, the Papermill and Muay Thai Movement, which all volunteered their support.

Camp coordinator and clinical nurse specialist Eve de Goey said Northland DHB provides three specialist diabetes nurses, a registrar, child health clinic nurse, paediatrician and the diabetes kaiāwhina who work together to look after the kids

over the four days. Two diabetes experienced staff cover the nightshift and ensure the children all get tested throughout the evening, and two community volunteers also assist with running the Camp.

Families are only asked for a koha of \$20. Northland DHB pays for the food and staffing, and the remainder of the costs are covered by funds raised at the annual Diabetes Fun Run & Walk in November.

Muay Thai Movement instructor Kylie Batistich said she too lives with type 1 diabetes and jumped at the chance to help out at the Camp. "I've always wanted to do a diabetes class where there's no stigma around stopping to go and do a test. Being able to do it with all the kids, was next level. They are my people. We all got to show our pumps to each other. It was just awesome."

Kylie has had diabetes for the past 24 years and said that there had been many advances in technology. She now uses a device called a Miaomiao which sends continuous glucose readings direct to her watch. This device gives data to help her control her insulin levels which can drop or rise at any time, especially when she's exercising. "It's great to see a lot of the kids have them, because it's life-changing. We need to get it funded for everyone."

The successful Camp not only gives the children the chance to meet and reunite with other youth with the same health issues in the beautiful surroundings on Manaia Baptist Camp, but it also gives their parents a well-deserved break.



Diabetes Summer Camp attendees, carers and Muay Thai instructors practising their moves

# New Board Welcomed

A pōwhiri to welcome the new and re-elected Northland DHB board members was held on 28 January at Te Puna o Te Mātauranga Marae, NorthTec. After being welcomed,

the Board gathered together at Tohorā House for their first meeting of 2020, where they had the opportunity to meet and hear from the senior management team.

**The Board includes new chair Harry Burkhardt along with the following members:**

Nicole Anderson\*  
John Bain  
Vince Cocurullo  
Dr Kyle Eggleton  
Debbie Evans  
Libby Jones

Dr Mataroria Lyndon\*  
Sally Macauley  
Dr Carol Peters  
Ngaire Rae\* (Deputy Chair)

\* appointed by the Minister of Health.



Chief executive Dr Nick Chamberlain welcoming the new Board



The new Board being welcomed on



Board chair Harry Burkhardt



# Pūkawakawa Programme

## Pulls Students North



Pūkawakawa 2020 year five students and trainee interns

The intake for this year's Pūkawakawa programme was welcomed by the Northland DHB to the region at a pōwhiri at Terenga Paroa Marae in January.

The programme, which is in its 13th year, was set up by the University of Auckland's Faculty of Medicine and Health Sciences and the Northland DHB in 2007. It offers year five medical students the opportunity to gain valuable experience in regional and rural health. During their year, the 24 students will spend a good portion of time at Whangarei Hospital and then work in integrated care and General Practice (GP) attachments at Dargaville, Bay of Islands, Kaitaia or Rawene hospitals.

University of Auckland Dean of Medical and Health Sciences Professor John Fraser spoke at the pōwhiri. He said the programme was the jewel in the crown for the Faculty and that the students were "the lucky ones". "The reason why we have Pūkawakawa is to ensure students like you experience both the wonderful things here in Northland and the disparities and inequities in health. We want you to become part of the solution."

Professor Fraser acknowledged new Northland DHB Board member Dr Mataroria Lyndon who had been through the programme 12 years ago and symbolised where they want Pūkawakawa to go. He also commented on the support that the students would get from Dr Win Bennett and Caroline Strydom who coordinate the programme and take care of them throughout the year.

Northland DHB general manager Rural, Family and Community Health Services, Jeanette Wedding, spoke on behalf of chief executive Dr Nick Chamberlain who was unable to attend. She said Dr Chamberlain's vision for this new decade was that all Northlanders experience the same equity in health and wellbeing by 2040, which was a challenge set for everyone – one she hoped they would rise to.

"We have much work to do in health, and during this year you will put faces to the negative statistics, but you will

also have the most informative year. You'll also become more familiar with Māori health from many dimensions. You will hear stories that will move you. Listen to them, as they provide so much insight."

Both she and University of Auckland Tumuaki and Head of Department of Māori Health at the Faculty of Medical and Health Sciences, Professor Papaarangi Reid discussed how highly regarded the programme was. Professor Reid said that it has been more successful than any other programme in Australasia at engaging trainee doctors to think about participating in and start believing in regional and rural practice.

Trainee intern Kamaia Pere addressed the audience, saying she was lucky enough to return to Northland this year after being part of the programme last year. She advised the year five students to get in there and learn. "You'll get consultants, nurses, house officers and registrars wanting to teach you. For you that are shy – jump up, you're going to flourish."

She said that Pūkawakawa was probably one of the only cohorts where you come out with a whānau. "It's not about doing it by yourself. It's about grabbing each other's hands and walking together."

Also returning to the North is Ruakaka year five student Kelly Gillingham. Kelly's parents Ruth and Murray Gillingham are happy to have her closer to home after studying in Auckland for the past seven years. Ruth works for Northland DHB as a paediatric clinical psychologist at the Child Health Clinic and understands the need here, so was delighted that Kelly was interested in Pūkawakawa. Kelly said her dream has always been to move back to the North – she just needs to convince her partner.

Gisborne student Michaela Rektorysová said she has tried to do as many years in a rural hospital as she can and heard that Pūkawakawa was difficult to get into. "You're fortunate if you do. When I found out I made it, I was in a clinic and had to control my excitement until the end of it. I see trainee interns and house officers who have been in Pūkawakawa and they have a special bond." She plans to keep an open mind about what area of medicine she will go into and stay away from any decision making until she's experienced everything and given it all a go.

Another student heading to Bay of Islands Hospital is Pūkawakawa's first international student, Apisit (Geoffrey) Sirikientong from Thailand. Jeffrey first came to Kerikeri as a high school student, then relocated to Kings College in Auckland before getting into medicine as an undergraduate. He said although his plan for the future isn't set in stone, he would consider becoming a rural doctor.

# Partnership and Initiatives

## Evolve From Corridor Conversation



Members of the Learning & Development and VIP teams

When the Violence Intervention Programme (VIP) team reviewed their staff training programme in 2019, one goal was to streamline their arduous manual training booking and recording process.

A corridor conversation began when Anne Stevens, team leader for Learning and Development, got wind of their plans. Anne's team had worked with other services to support capturing their training, and offered to help streamline their booking training using the upgraded YourSelf employee self-service kiosk.

Anne explained that when you make a change, there's always more than one thing to consider. She advised them to break down every step of their training pathway to highlight what specific content they needed to offer and what outcomes they were hoping for.

VIP coordinator Iona Edmonds said after learning more about YourSelf, they realised they could design the booking system to include a step where applicants had to provide evidence of completing the pre-course reading before progressing on to book their spot at training.

This aspect had always proven difficult to administer, and there was no way to check if applicants had undertaken the pre-course reading before the training day. Now, the pre-course reading must be completed before the

applicant can move on to booking in. The new design also means attendance is recorded, so applicants have a record of professional development hours.

The VIP team were excited to find that their evaluation processes could be automated, which will save hours of analysis. Reports can also be generated to aid their reporting to the Ministry of Health.

Once the steps were agreed on and finalised, the eLearning package was developed over five months, with regular testing undertaken by the VIP team, before going out live to Northland DHB learners.

Iona says now that staff are completing the required eLearning before self-booking onto the Core Training Course, they have noticed a positive impact with attendees arriving at courses with baseline knowledge about family violence. They can complete the online requirement at any time, then choose any of the monthly workshops to suit their roster or work commitments.

Although there is more work to undertake, both teams decided to celebrate how far they have come. They shared a morning tea at Tohorā House to reflect on the journey that evolved from a conversation in a corridor, so many months ago.



# Farewell Meng Cheong

## To Yourself, You Need To Be True



Meng Cheong with his hand crafted chopping board ready to cook with.

The room was packed as people gathered to farewell chief financial officer (CFO) Meng Cheong in late January. Meng left Northland DHB to take up the chief executive post with Healthvision NZ, a private sector healthcare provider.

“We are here to acknowledge Meng and thank him for his six and a half years of hard labour, to remember the many enjoyable times and congratulate him on his appointment as the new chief executive of Healthvision,” offered chief executive, Dr Nick Chamberlain.

“When we advertised the CFO position, I was thrilled that Meng had applied. I had worked with Meng when he was the chief operating officer at Capital & Coast DHB, and he probably had one of the hardest jobs in health at that time. Meng had an impressive list of referees, including Lester Levy. When I spoke to Lester about Meng, he said

‘Ah, Meng the merciless’. Being firm is what you need in a chief financial officer, but merciful rather than merciless would better describe Meng.

“I am going to miss your strategic vision, and I want to acknowledge Meng, the man. A really passionate family man and a loyal person. I am really going to miss you, and I acknowledge everything you have done over the last six years for Northland and its people.”

Jacque Bell, Director Infrastructure and Commercial Services then spoke (tongue in cheek) on behalf of the finance team. “Dear HR, we are raising a personal grievance concerning an employment relationship problem with Meng. He will not be surprised. We have long threatened him with this after suffering working with him for the last six years. He has been in New Zealand for

30 years but likes to point out that as English is his second language we should not take offence at his insults, he is merely misunderstood. After 30 years, we question whether this is still valid.”

Myles Ward, chief executive of healthAlliance, talked about his relationship with Meng at the DHB and also Meng’s contribution as a healthAlliance Board member. “When you come into health from different backgrounds it can be daunting, and there is so much passion, we are in a fiscally constrained environment, often we are going at 100 miles an hour, from outcome to outcome.

“Meng the merciless – that was the first thing I heard about this guy. Actually, Meng is a passionate guy who has had the DHB at heart in everything he has done – this comes through strongly and is always well balanced, I have really appreciated the balance.

“You have been a crucial person for encouraging us to be the best we can be. The merit of someone leaving is often whether we stay in touch. We are still going to get together – personally and professionally. You have many attributes and will build on those as a chief executive. Thank you so much for the time you have given me, I have appreciated your advice and on behalf of healthAlliance and the Board we wish you all the best and thank you so very much.”

There were many more speeches with a common thread: kindness, respect, humour, cheekiness and a tendency to terrorise the vegetarians in his team with photos of the meat-based meals he had cooked the night before.

Staff also talked about his responsiveness when it was needed, such as approving a stock order even on the weekend; understanding that from a supply chain point of view, it was essential to be available. “Meng’s fastest time to approve an order was 29 seconds; he was always there, holidays or not.”

Executive team colleagues spoke highly of Meng, describing him as someone who had helped the organisation progress and had given excellent and honest guidance to all. “Seeing you in Board meetings was fantastic; you have the ability to pitch things at the right level to help people understand how the organisation ticks, you have real strengths in communicating with people.”

In response, Meng thanked everyone except for Jacque, noting that “the letter you have all written is horrific, you have misunderstood me completely!

“There is something extraordinary about Northland, and it is part of the reason why I wanted to come here. Northland creates great leaders, and I wanted to drink that cool-aid,” Meng explained. “Working for Nick has installed the intense passion and commitment needed to be a leader – you cut Nick in half and written in there is ‘made in Northland’ – you cut me in half, and you see professional mercenary,” he noted with a smile.

One of the books that has inspired Meng is the Black Riders by Violet Needham, originally published in 1939.

The themes of the book are leadership, fortitude, loyalty and trust and those are some of the foundations he has tried to build in his career.

“I have been inspired by some significant New Zealand leaders, including David Clarke, Lester Levy, and Stephen McKernan. I have been trained to be a leader, and I have been blessed with post-graduate leadership opportunities. I have enjoyed the privilege of learning leadership, and my heart yearns to lead as a chief executive. After six and a half years in apprenticeship to Nick I have been given an opportunity to lead a significant provider of community services, which I am grateful for.”

Meng thanked his direct report team Joyce, Darren, Jacque, Melissa, Deb and Brett, “Thank you for putting up with me and making me look good.”

He also had a special mention for his executive assistant Jodie, noting that she had been a fantastic support. “She understands me, and she understands what pushes my buttons, what makes me tick. She has never tried to take over, and that is the mark of a fantastic assistant, someone who understands how I think and work and what information needs to be put in front of me to help me do the best job that I can.”

Meng described his time with healthAlliance as a great journey. “A lot of people don’t really truly appreciate what healthAlliance does, but I will say now the focus on cyber safety and keeping our information safe is world-class. No one truly knows how much work goes into that and how successful we have been in keeping our information safe. Not many organisations can say that.”

Another highlight (and a lowlight) was the discovery of asbestos in the Central Store. “Being told at 10 am that I was going to have to close Central Stores had me really worried about how we were going to continue to supply our four hospitals and community services.

I closed the Store at 2 pm and went home and was physically ill. The team worked throughout the night, and we figured out how we would survive this without one single injury or one single procedure or operation being cancelled and no patients being harmed. That was a challenging three weeks, but the team worked together fantastically and got us through a terrible crisis.

“Payroll team, you guys are fantastic. I am leaving on Friday, so can you make sure my final pay is right, please. When I got my last tax return, I discovered that Payroll had overpaid my tax by \$2.53, and it took me a year to get that back from IRD!

“Thank you for making me feel welcome when I joined, thank you for making me feel part of the team – thank you for involving me in this endeavour called healthcare. Healthcare is a passion, an art, and it is also a business. I really truly appreciate it. It is with a very heavy heart that I leave, but the heart wants what the heart wants, and I have learnt that – to yourself, you need to be true.”



# Putting Whānau First



Lynette Te Ahu

After a decade with Northland DHB, Ward 2 and SCBU clinical nurse manager (CNM) Lynette Te Ahu left the organisation in January. Lynette has relocated with her husband to Hawkes Bay to be closer to their children and, in particular, their unwell daughter.

Lynette started in 2010 as associate clinical nurse manager (ACNM) in Ward 1 and then moved to paediatrics where she remained and thrived. During that time, she saw massive growth in the service and within nursing itself.

She is proud to say that almost every goal she set came to fruition, and she looks forward to seeing the service extended further in the years to come to remedy some of the challenges they face daily.

“For us when there’s an overflow on the ward, there’s nowhere else in the hospital you can redeploy our patients, so we have to fit them in. Which has been a real challenge, but we managed it well – and I’m really proud of that.”

The work that Lynette and her team have done in Care Capacity Demand Management (CCDM) has resulted in

the service gaining extra winter staffing and increased FTE in both Ward 2 and SCBU. This has been timely, with the region’s ever-increasing population and push back from Starship.

“Our workload has really grown. We are doing more specialist infusions on the ward – day stay immunotherapy (bee venom desensitisation), food and drug challenges.”

One of her goals was to get staff from Ward 2 and SCBU to work together more and share staffing when possible. She said this had been a great success and they had become part of one big team.

She is also proud to see the development of a larger Māori workforce, particularly in Ward 2 and paediatric leadership. Lynette said she appreciates how innovative and forward thinking Northland DHB is regarding our partners in care policy and visiting hours, especially after experiencing her daughter being cared for at another DHB.

“Here in Northland, we treat whānau in a positive, open and inclusive way. Our staff are willingly invested in Paihere, which focuses on delivering better care for patients and their whānau, and this has saved a lot of time and increased efficiency.”

The couple and their whānau lived and worked in Hawkes Bay many years ago, and Lynette managed to secure a role as ACNM with her old team at the Child and Adolescent Mental Health Service. “They’re fantastic. I’ll be back out in the community, Monday to Friday working alongside the whole allied health team – which is an exciting space to be in.”

The couple has seven grandchildren in Hawkes Bay and in April will be around for the birth of their seventh great-grandchild.

Although she will miss her team and Northland terribly, Lynette is looking forward to being close to her whānau. One day they will return to the North and retire home at Te Ngaere, as they had planned to do before her daughter became sick.

## Evacuation time in motion study

A time in motion evacuation exercise was held late last year at Whangarei Hospital’s surgical wing to assess how long it would take to evacuate patients in the event of a mass emergency. This involved moving a group of mock patients down the stairwell at the Chapel end of the Hospital. Some of the patients were mobile, and the others were transported down on carry chairs and evacuation stretchers.

The volunteer patients were mainly children of staff on school holidays. They all played their part very well, considering how frightening it can be to be carried downstairs - especially those strapped from head to toe on stretchers.

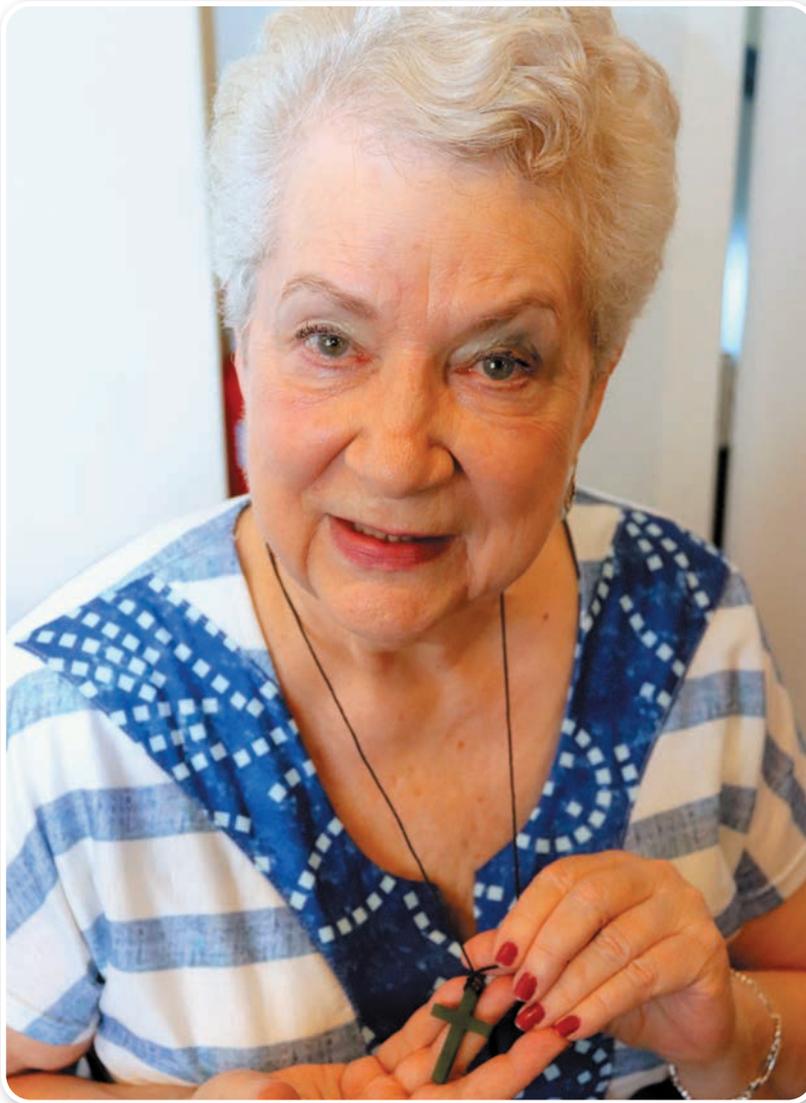
ED and ICU participated as well and tested evacuating a patient on a bed down the ambulance ramp with all the equipment they would need.

That data will be extrapolated to work out how long it would take to evacuate each ward, taking into consideration the different levels of patient mobility statuses. It will also assist in ascertaining what equipment is required to evacuate a whole level or wing, and build a case to purchase that equipment.



Volunteers and staff with Dr Nick Chamberlain at the end of the successful exercise

# Following a Calling



Reverend Sue White with her leaving gift

At her retirement morning tea at the end of January, colleagues from across Northland DHB expressed heartfelt gratitude for the care, support and wisdom ecumenical chaplain Reverend Sue White had given them and patients over the years.

Sue responded with her usual cheeky sense of humour, telling the crowd that out of her three retirements from Northland DHB, this was the best one so far. She first retired at 68, then again at 75, and now at 81, she is leaving to enjoy time with her family, teach piano and focus on community work.

The Hospital Chaplaincy service was first established in New Zealand in 1972. Today there are nearly fifty hospitals from Kaitiaki to Invercargill where chaplains and hundreds of volunteer chaplain assistants (VCA) provide spiritual and pastoral care to patients of all faiths, and often none.

The role of a chaplain is to be a confidential listener who supports and encourages others to seek meaning in life. Chaplains spend time with people, explore ways of coping and celebrate religious rituals – if asked to

do so. Sue embodies each one of those traits.

As lead chaplain, she has been responsible for recruiting, training and supervising VCAs, as well as being available as a chaplain for the Whangarei Hospital on a daily basis and during emergencies.

During her tenure, the outreach in the local community has extended to lectures and information-sharing for churches and community organisations. She has been active in providing orientations for nursing students as well as occasional forums for doctors in training. Through her hard work and enthusiasm, she has tripled the number of VCAs at Northland DHB. There are now approximately 50 serving our four hospitals, visiting over 500 patients every week.

Each of those who spoke at the morning tea had been touched by Sue's kindness, both personally and professionally. Several mentioned her ability to get despairing strangers who were dealing with death and dying to respond to her.

Customer services manager Glenys Wynyard said Sue gives back by giving people something to hold on to. "You have built harmonious relationships with all services and opened the Chapel doors to all in need, regardless of whether they were religious or not.

"You are selfless and generous and would frequently come in to support patients, visitors, and staff out of hours and in your own time. You have supported many people through unbearable grief and hardships with the perfect mix of empathy and wisdom. Sue, you are the epitome of Northland DHB's Values."

After singing a waiata for Sue, Takawaenga Māori health liaison officer Camron Muriwai told her she had not only been a well for those in hospital but also colleagues when they needed someone to speak to. And he thanked her for being that well, and gift for us.

Health care assistant Glenys Epiha-Toa spoke of how Sue helped her learn to disconnect from what she deals with daily in her role. "She taught me that I could be anything, but not everything. And most importantly, first of all, she taught me how to love myself."

True to Sue's practical and humble nature, her parting words of wisdom were that the saying in serving others is, "God doesn't just call those who are qualified, but God qualifies the called."



# Out & About





# Cutting Through the Mustard

If you have been lucky enough to sit and talk with Northland DHB Takawaenga Whaea Aggie Christianson, you would have walked away feeling brighter and genuinely enlightened. She is such an open book and shares so many life stories that you feel like you want to open up and tell her your story.

Aggie has a way of getting to the root of things, and she has been hugely successful in her role as a Takawaenga, a mediator and liaison for Māori patients and their whānau for the past 23 years.

However, she was here long before she started working as a Takawaenga; for 22 years before that she worked in central sterilising alongside 13 others – packing equipment for all four hospitals. When she decided to leave, her general manager at the time, Helen Blaxland, asked if she would consider using her te reo Māori skills and work as a Takawaenga.

“I told her I hadn’t worked with people before and didn’t understand what the role was. She explained she wanted me because I speak te reo Māori and could translate for people. So I did it and have been here ever since.”

As a child, Aggie lived with her grandparents, who spoke only te reo Māori at home. Her grandparents sent her to school to learn English, and she would come home and teach them. “I would be their translator. Now I realise that I’m very lucky – I never thought I would be able to use my language skills in a job.”

When she started as Takawaenga, there was only one other working in the hospital. They had quite a hard time at first and faced a lot of racism. However, she always felt well supported by Matua Makene, who was kaumātua when she first started, and then Matua Pona Mātenga and his wife, Liz.

“We weren’t always allowed through the doors and were questioned about what we were doing on the wards. You didn’t sit with the nurses or doctors – everyone sat in their own departments. It was pretty dysfunctional.”

The role has greatly improved since the early days, which has a lot to do with the groundwork Aggie put in. “It’s important that whoever does this job can relate to anyone and deal with people who are often stressed. We play the part of talking for Māori. You don’t need a clinical background – you just need to use your heart and head.”

She believes the Takawaenga role is essential because they have the time to talk to patients and their whānau about what they might experience while they are in hospital. Taking care of the older generation is particularly crucial to Aggie. They often find hospital scary and confusing – for example, explaining how medications like morphine can affect you.

“For Māori, seeing things on a wall can be like seeing a kēhua (ghost), which can mean death. I can explain to them that it’s just the medication. It doesn’t matter what colour you are – it affects them the same way. I’m here for Māori – but I’m here for all people – I will sit with them and comfort them when they’re stressed.



Takawaenga Whaea Aggie Christianson

“People often need to unload and talk about what has been going on with their whānau and how that makes them feel. Whānau is the most crucial thing. That’s the link to their wellbeing.”

Aggie is a firm believer in whānau meetings and has always been happy to join in if asked. She advises patients that this is their opportunity to listen to and question the doctors and nurses directly. She also sees it as a way to empower them to look after themselves.

“Māori must be heard. Nurses and doctors don’t always get the Māori component and if I sense there’s something I can do – I will. I cut through the mustard.”

Aggie is passionate about helping Māori and is excited that rongoā Māori (Māori medicine) is being introduced into the hospital. She believes that we, as an organisation, need to understand that everybody is different, and need to listen to and look out for each other.

“People are important, regardless of our colour or creed. Don’t ever look down on others. We all bring things to work – but once you talk about it, you can let go of it.”

As of 1 May Aggie will officially leave her role, but, luckily for us, she has decided to return as a volunteer and continue her work with Māori. She will remain a member of the Northland DHB Kaunihera Kaumātua and offer her extensive institutional knowledge when needed. And, as one of the faces of the Safe Sleep and MyCare campaigns, we will continue to see Aggie on our Facebook page.

During her 45 years with Northland DHB, she said she had made a lot of good friends, and although at times it has been a long, arduous journey, “we are in a different place – a good place, where everybody works together.”

# Graduates Achieve 100 Percent Success Rate



Northland DHB health care assistants at their graduation with Carmel Henry fifth from the left

The latest intake of Northland DHB Health Care Assistants studying for their NZQA Certificate in Health & Wellbeing celebrated their 100 percent success rate at a graduation ceremony late last year.

The 26 graduates completed the level 3 qualification, first run as a pilot programme in 2017. The Certificate designed by NZQA for health care assistants (HCAs) working in hospital environments is now recognised throughout New Zealand and Australia.

The course takes six to nine months to complete. It aims to recognise and build on participant's skills and knowledge to enhance the delivery of patient and whānau centred care. Trainees undertake three paid study days that align with the unit standards, and the practical work they do on the wards requires written verification from nurse managers.

Graduates from 2019, Sylvia Dodd and Sue Whalley, said they not only learnt a lot from their studies but also got to know other HCAs working in the hospital. They now feel

confident enough to take on further level 4 studies. Both Sylvia and Sue commented on the continuous support from Nursing and Midwifery Directorate NETP nurse & HCA educator Carmel Henry.

Carmel's role is to profile, recruit into and coordinate the course comprising 16 NZQA unit standards (75 points) that trainees complete over a series of three written modules. She also assesses the written workbooks which are in turn moderated by Careerforce and NZQA.

There are 30 spaces available in two intakes per year, all fully funded by Northland DHB for HCAs from a variety of clinical areas in Whangarei and District hospitals. Carmel encourages other HCAs to make the most of the opportunity.

"Feedback from those who have completed the qualification attests to an increased level of confidence from new skill acquisition. And a real sense of valuing of their role from the DHB. All they need to do is get managerial approval."

## Mass Casualty Exercise

The new mass casualty plan developed by the Emergency and Corporate Risk Manager, Sarah Hoyle and members of the Emergency Department (ED) team, was put into practice during an exercise in November.

Laboratory, Radiology and ED staff were expecting to be part of an exercise but were unaware when it would ensue to create a response that would be similar to a real situation.

As with the evacuation time in motion study in October, volunteer mock patients were involved, complete with fake injuries to create a more realistic experience for those involved in the exercise. St John kindly participated in the activity and applied the fake injuries, delivered the patients in an Ambulance to ED and prepped staff as to their injuries on arrival as per the usual process.

The story for the mass casualty was that a tourist (non-English speaking) had a head-on accident with a small bus carrying eight people, including three children.

All those involved in the accident were seriously injured, including one critically injured. There was one triage (one pt.); three triage (two pts) and four triage (three pts).

ED clinical director, Dr Marysha Gardner, decided the injuries and the vital signs of the presenting patients, and the subsequent vital signs so that the team had guidance on what they were attending.

The exercise went well, and all teams activated as per their plan. They appreciated the opportunity to have a practice and trial their new mass casualty trolley and equipment.

The debrief gave everyone involved a chance to highlight areas where improvements to the system could be made.



# Project Team Developments

## New Sub Acute Service Valued by Community

Tu Kaha, our new mental health and addiction services subacute unit in Kaikohe opened late last year. The beautiful new building replaces a damp building that was going to cost over \$300,000 to repair.

Ian McKenzie, general manager of Mental Health and Addiction Services for Northland DHB, said the service provides transitional treatment and rehabilitation to minimise the need for hospitalisation.

“We promote independence and quality of life for people with a mental illness at a crucial point of recovery or relapse, so it was really important to ensure that they had a suitable place to stay to achieve that.”

There are, on average, 100 individual stays for up to three weeks per year at the facility. The unit also has six bedrooms, a kitchen and living area, offices for clinician and staff and a whānau room. “The house accommodates six clients at any one time, and we have a marae attached to the house to enable whānau meetings and korero.

“Everyone is very proud of this facility in Kaikohe, including patients and their whānau who describe a feeling of being ‘valued’ and certainly not forgotten. This beautiful new building fills a valuable purpose in our mid-north community,” Ian said.

Trigg Construction and Bay Builders managed construction with service manager Neta Smith and DHB project managers Brett Atwood and Deb Rihari.

## Government Commit \$10m Towards Kaitaia Hospital Upgrade

On 29 January the Government announced that they would provide \$10 million to address weathertightness issues at Kaitaia Hospital. The project team has already identified the main areas of concern and will create a programme of works to upgrade facilities.



Petera Reid with Sally Macauley opening Tu Kaha

## Endoscopy Suite Prepares to be Operational

To brighten up the walls of the Te Wāhi Tirohia Oranga Whēkau, The Endoscopy Suite at Whangarei Hospital, we asked photographers if they would like to gift a photograph that would be displayed in the unit and received hundreds of images to consider. The staff chose 23 images in total and the photographers were invited to tour the Endoscopy Suite with chief executive Dr Nick Chamberlain in early March to see their work on display. A visit from the Minister of Health Dr David Clark was scheduled to mark the official opening of the Suite on 25 March, however because of COVID-19 this was postponed. The service is now conducting staff training and safety exercises in preparation for being operational shortly.

## Bay of Island Hugo Whanau House Ready for Winter

Funds from Hugo Charitable Trust will be used to purchase building materials for the construction of the Bay of Islands Hospital’s Hugo Whānau House.

The new building will provide accommodation for up to six whānau while loved ones are admitted to the hospital. The project is a joint undertaking by the Hugo Trust, Northland DHB and the Northland Regional Corrections Facility (NRCF). NRCF is building the unit within the confines of its facility, which in turn contributes towards its internal programmes, offering training opportunities for offenders.

Building the unit will take approximately four months. It will then be craned out of NRCF and transported to the hospital site ready for use by June 2020.

## More Beds for Te Kotuku

Plans have been approved to increase the capacity in Te Kotuku Maternity Unit for two new double rooms with ensuites and an additional scan/assessment room. The rooms should be ready for use by the middle of the year.

The extra space will help alleviate bed constraints in the hospital by allowing boarder mums to be accommodated in Te Kotuku. Four beds will be transferred from the Special Care Baby Unit to Ward 12. The project team is in the final stages of negotiations with the contractor, and, once work begins, it will take approximately six months to complete both areas.

# Specialty Service

## Life Changing for Patients

In 2016, our first gastroenterologist, Dr Arjun Sugumaran, was appointed into the gastroenterology service, followed by Dr Her-Hsin Tsai and clinical nurse specialist (CNS) Donna Howe in 2018.

While gastroenterology covers a variety of diagnoses and disease, in this issue we focus on inflammatory bowel disease (IBD). IBD is classified either as Crohn's, ulcerative colitis or inflammatory bowel disease undetermined (IBD-U).

Since starting the IBD CNS role, Donna said the service has assessed, treated and monitored 260 people with IBD.

IBD is a lifelong autoimmune disease that alternates between remission and relapse. For patients, this requires vigilance with medication and treatment adherence, forward planning when travelling any distance from home or overseas and recognising that stress or diet changes can trigger a relapse.

There is a substantial psychological impact for these patients and, during relapse, this can impact on employment, finances, relationships, fertility, social interactions and mental health.

Historically, the population living with IBD in Northland was treated by primary, general medicine and surgical services. There was a lot of unmet need including delayed diagnosis, recurrent GP presentations and poor therapeutic treatment monitoring, resulting in a reactive model of care.

Introducing a specialised gastroenterology service to treat and monitor patients has been an opportunity to

build a proactive service. The 2017 report "Reducing the Growing Burden of Inflammatory Bowel Disease in New Zealand" has been a useful resource for planning patient management.

In the past 12 months, the team has developed a database of patients in Northland with IBD and established a patient demographic and other disease related data to assist with future planning. The database has also become a useful tool to ensure routine monitoring and surveillance of patients, proving protection, particularly for those being treated with immunosuppressant medications.

The establishment of monthly multi-disciplinary meetings alongside surgeons, radiologists, pathologists and dietitians has ensured effective quality treatment for cases needing discussion.

Dr Sugumaran and Dr Tsai have since resigned and the service is supported by locum gastroenterologists who work with IBD patients and their GPs, along with direct support from a clinical nurse specialist who is familiar with their history and disease. The quality of life for many patients has improved dramatically. With improved accessibility, symptoms associated with relapse are investigated efficiently, and treatment escalated appropriately.

Donna said because of this improved quality of life, she has found that patients are willing to participate actively in their treatment option decisions, resulting in a strengthened, trusting partnership between the patient and medical service.



Hospital Volunteers at their annual luncheon



# Brain Tumour Trust

## Founded by People with First-hand Experience



Northland DHB Sleep Physiologist Gavin Starling

A group committed to supporting people living with brain tumours and their families has launched Brain Tumour Support NZ. All the founders have either been diagnosed with a brain tumour themselves or have a partner or close friend diagnosed with a brain tumour.

Northland sleep physiologist Gavin Starling is one of the founders. His partner Natalie was diagnosed with Glioblastoma Multiforme in August 2017, and it wasn't long before Natalie began to feel isolated and alone. She often relied on overseas websites for support and information.

"Not having easy access to support and information was an additional burden while Natalie was going through treatment," Gavin said. Sadly, Natalie lost her battle in March 2018. "I felt compelled to help others and raise awareness about brain tumours, so other families don't have to go through what Natalie and I experienced."

Serendipitously, in October 2018, Gavin contacted Chris Tse, an International Brain Tumour Alliance (IBTA) senior advisor, around the same time that Mandy Bathan also approached Chris.

Gavin was seeking resources to prepare a display for Whangarei Hospital Outpatients Department to coincide with the annual IBTA awareness week. He was shocked at the scarcity of information and resources available in New Zealand. Chris's wife, Lynda, is a long-term survivor of Glioblastoma Multiforme. When Lynda was diagnosed in 2006, Chris too was appalled at the lack of treatment options for brain tumour patients in New Zealand.

Mandy reached out to Chris after her own experience of the disease. She was working as a primary school teacher when she found out she had an Oligodendroglioma in October 2017.

"I found myself disappearing down a rabbit hole of various overseas websites, blogs and social media posts for

information about brain tumours," Mandy said. "Some of the information I found was helpful, but much of it was irrelevant and didn't reflect the everyday experience of Kiwis living with a brain tumour."

Mandy contacted Chris with the idea of setting up a charity that would support brain tumour patients and their families. They began to recruit others – including Gavin – who could help. In 2019, they founded the Brain Tumour Support Trust. The Trust is committed to the vision that everyone living with a brain tumour has the support, information and access to best treatments, so they feel less afraid, less alone and more empowered.

Gavin considers himself fortunate to have been offered a role as a trustee. "Our mission is to inform, support and advocate for New Zealand brain tumour patients, their family/whānau, and friends," Gavin said. "Having lived alongside Natalie and supported her throughout her journey, I understand what it's like. Being a trustee means that Natalie's experience and mine can be harnessed to provide meaningful support for others."

Brain cancer is the leading cause of cancer death in people under 40. A brain tumour diagnosis may bring with it the double impact of a cancer diagnosis and a progressively debilitating neurological disease.

Brain Tumour Support NZ will help people live life with a brain tumour, and their support is available to everybody affected by any type of brain tumour and their whānau. Given its charitable status, the Trust relies heavily on donations to enable it to provide support, information and advocacy.

**To donate, fundraise or for further information visit:**

[www.braintumoursupport.org.nz](http://www.braintumoursupport.org.nz)

or email [hi@braintumoursupport.org.nz](mailto:hi@braintumoursupport.org.nz)

# Putting Advanced Care Planning into Context



Leigh Manson and Jane Goodwin

Leaders in Advanced Care Planning (ACP) from the Health Quality & Safety Commission (HQSC) joined members of the Northland Future Care Planning Steering Group at Tohorā House in February. Their aim was to work out how to best support implementation of a national programme into Northland. ACP is the process of thinking about, talking about and planning for future health care and end-of-life care.

Senior programme manager Leigh Manson and Canterbury programme lead and implementation support for the Northern region Jane Goodwin journeyed north in a bid to understand our priorities and ensure the national programme is supportive and relevant to our local situation. According to Leigh, Northland has been a leader in ACP for many years and was one of the first DHBs to get involved with the initiative.

In 2015, the former Northern Regional Māori ACP Tool Task Team hosted a co-design hui. Consumers and healthcare workers in Whangarei and Kawakawa looked at what ACP resources were available and assessed how culturally appropriate they were. As a result, He Waka Kakarauri: A model for engaging Māori in Advance Care Planning Conversations was developed.

The guide, *Rarangi Tohutohu o te Waka Kakarauri*, is available online to assist Māori patients, whānau and healthcare workers to engage in these conversations in a way that is culturally appropriate and mindful of the sensitive nature of this topic.

Leigh explained that ACP is a complex initiative and intervention. It requires thinking from different experiences and areas to ensure we're driving all the different cogs to get an outcome that's good for patients, good for clinicians and good for the system.

After successfully rolling out the ACP national programme at Waitaha Primary Health in Canterbury, Jane said Monday's meeting was also an opportunity for our team to talk through what did and did not work in Canterbury. "It's a chance for them to start at base camp rather than at ground zero. They can learn and springboard on what we've already learnt."

Leigh hopes that the national programme will encourage people to be open about what they want from their healthcare and encourage people to talk about death. "It's about making people feel OK about it. Then from a health system point of view, make sure we're truly listening to consumers of healthcare in this country." They hope that ACP becomes as normal as having a conversation about making a will.

"I'd also love to see that real confidence in clinicians to support the patient voice and honour their wishes. Not just in clinical decision making, but also about things that matter most to that person," said Leigh.

Both women have held community meetings with representatives from various consumer groups around the country. They have found that there has been an increased understanding and interest in ACP.

"We talk about the positive impact and memories from a 'good death' for a whānau, but equally the challenge, trauma and long-term impact from something that hasn't gone so well. Having ACP in place means there are benefits for the individual, their whānau and the wider community going forward," said Jane.

The HSQC's plan for Northland is to develop volunteer training which Leigh said will support Northlanders to initiate those conversations in the community in a language and context that makes sense. "Because people don't touch healthcare systems that often, but they're in their community all the time."



# Once Upon a Time in Northland



Team 19 practising sword fighting stunt skills with Dayna Grant (right) at Matapouri Beach

Thanks to Taika Waititi's recent Oscar win, the New Zealand film industry is getting more and more attention, and a group of Northlanders are planning to get themselves, quite literally, in on all the action.

With funding and support from Northland DHB and Te Hau Āwhiwhio ō Otangarei Trust, a group of 11 people ranging in age from 15 to 60 completed their second stunt workshop with Dayna Grant from New Zealand Stunt School (NZSS) late February. Their next goal is to hit the ground running, working as extras or stunt performers in the industry as soon as they can.

Most of the group are part of the Rākau Rangatira programme, which helps beneficiaries or those who have experienced difficulties with alcohol, drugs or mental health obtain skills and resources to gain employment.

Northland DHB employment specialist Lee Colvin, who works alongside the Trust, arranged for NZSS to come up and work with the group after unemployed 20-year-old Hamuera Henare-Neho told her he was interested in acting.

Lee swiftly approached Dayna, who has been in the industry for over 20 years, working as a stunt coordinator and double for Hollywood stars like Charlize Theron, Tilda Swinton and Gwyneth Paltrow. Dayna said when Lee got in contact and gave her some background about the group, she could fully relate to their situation and was keen to work with them.

"I was there once – I was kicked out of school, had ADHD and couldn't sit in an office. But, because of my background in gymnastics, horse riding and dancing, someone at my gym suggested I go for a stunt double job. I got it – but only because someone gave me a chance."

Since their first workshop in December, the group have been meeting fortnightly to train at the Trust's gym in Otangarei. They keep regular contact through a private Facebook page, which has helped cement their bond as a group. They coined themselves Team 19 and blew Lee and Dayna away with the commitment they have made to getting fit in preparation for the two-day workshop.

Dayna said the whole team have the makings of good stunt performers because they are quick to pick everything up, are well-coordinated and naturally good at doing stunts. "It's been incredible. They have all come out of their shells since the first workshop, and are more confident, fitter and healthier. It seems to have changed them a lot.

"What we do as stunt performers is jump off waterfalls on set – these guys do that already. You don't need to go to a high diving pool to learn that. Most of these guys ride horses, and they're good in the water." She said a good stunt performer is an all-rounder, a team player and someone with guts who is excited about learning new skills.

Seeing the group's progress has proven to her that they are worthy candidates to put forward for roles and she is prepared to support them all the way because they are so eager. "I love being able to teach people who want to learn – these guys have a lot of drive, and I've got all the time in the world for people like that."

Dayna has already arranged for six of the group to work as extras on *Avatar 2* in Wellington in the coming months and is confident that they will do well. She said the stunt industry is more than just performing – there is action acting, rigging for those who are good with heights and knots, stunt driving and horse riding.

"Because it's such a small industry, once they get a step in the door and people get to know them, there will be plenty of work ahead."

Group leader Toby Kaipo, who also works for the Trust, says Team 19 are determined to make the most of this opportunity and get themselves noticed on set in the hope it will lead to more work. "We will go to set early, offer to help clean up and spend our days off observing Dayna. She has shown faith in us, and it's inspired us all to work harder."

Three of the original workshop attendees have already got permanent work since December. Two of them had been unemployed for over 15 years. Lee said this proves if you throw people into a job just for the sake of it – it won't make a difference. If you find out what they're interested in, that is when they get motivated.

# Breaking the Stigma



Premila Reddy

After caring for the first New Zealand evacuees from the Wuhan Province at Whangaparāoa reception centre last month, Northland DHB Infection Control clinical nurse specialist Premila Reddy says the stigma around the 2019 novel coronavirus (COVID-19) needs to change.

Premila had finished her management and leadership papers through university as part of her postgraduate studies when she heard that the Ministry of Health (MOH) was looking for a senior nurse to work at Whangaparāoa military camp during the passenger's 14 day quarantine. She signed on for a two-week contract, believing it would be both an interesting experience and an opportunity to learn more about the disease.

On Wednesday 5 February, the government-chartered Air New Zealand flight arrived in Auckland. Premila and the other medical staff were briefed on what to expect and told to make the guests as welcome as possible. The exhausted passengers had already been through quite an ordeal by the time they arrived and staff didn't want them to feel stigmatised here in New Zealand.

Premila said she introduced herself to the guests on the bus trip from the airport to Whangaparāoa and was faced with complete silence.

Once they got everyone safely to the camp, her next task was to set up a clinic for the medical team to assess each passenger. She said this took some time as they had to work through language barriers and medical files. "There were no five minute appointments, but once we got to know everyone, it got much easier."

As part of her role, she also supported the medical team to provide daily health checks for staff at the camp, personal protection equipment and infection control education to the Military, Navy, Police, Red Cross and other personnel.

All staff stayed in the dormitories, and evacuees were housed in caravans around the camp. Families were able to stay together, and some students chose to share with friends, while others had a caravan to themselves. They were asked not to visit each other in their caravans but could talk outside as long as they stayed at least an arm's length apart and wore surgical masks at all times.

Every day Premila visited each caravan to check in, say hello and make sure the guests had everything they needed, including enough hand sanitiser. There was an onsite shop stocked with shampoo, moisturiser, baby formula and some groceries which they could help themselves to, and they were given sim cards and free WiFi to use.

Three cooked meals were provided every day, and the Red Cross and MOH organised activities like yoga and Zumba classes for the adults and colouring competitions for the children. Cultural elements were also recognised by celebrating the Chinese Lantern Festival, and a Pacific themed night catered to guests from the Pacific Islands.

"Most of them said it was like being on a holiday camp. They had their awnings out with picnic tables and mats set up for their children to play on", remarked Premila. "The atmosphere was really good. The guests were all happy and appreciated everything we did for them."

Although she was on call the whole time and was exhausted when her contract ended, she said it was quite hard leaving because she had gotten to know everyone so well. Premila said she always enjoys getting out of her comfort zone and the experience has enabled her to grow in her role. She has now been invited to join the New Zealand Medical Assistance Team NZMAT which she will do once she completes her Master's studies this year.

Her message to the public is that the New Zealand government is doing everything required to keep everyone safe, and not to believe everything the media prints. "The best thing you can do is only use reputable websites like MOH or Northland DHB for tips on how to stay safe, and for the latest information about the disease."

As with other respiratory illnesses, it's essential to follow basic hand and respiratory hygiene measures to reduce the risk of infection:

- Self-isolate and practice physical distancing as directed
- Cover coughs and sneezes with disposable tissues or clothing.
- Wash hands for at least 20 seconds with water and soap and dry them thoroughly:
  - before eating or handling food
  - after using the toilet
  - after coughing, sneezing, blowing your nose or wiping children's noses
  - after caring for sick people.

**For the latest updates and information on COVID-19 please refer to [www.covid19.govt.nz](http://www.covid19.govt.nz)**



# End of an Era



The face of the Northland Appeal for 2019, four year old Zane Williams

After 12 years supporting Northland children through the Countdown Kids Annual Appeal, the supermarket chain has decided to change their fundraising efforts to partner with KidsCan this year.

Countdown Kaikohe store manager Ursula Reichel made the announcement when they presented a cheque for \$80,000 to Northland DHB's Child Health Service from the 2019 Appeal. Ursula said their team felt bittersweet about the change because several staff members had used the Child Health Service over the years, and they all appreciate the love and effort that goes into all of our services.

Northland DHB's former general manager Finance, Funding and Commercial Services Meng Chong thanked Countdown for the 12 years' support they gave Northland DHB. He highlighted that they had donated almost \$1 million to children in our region. He said that although they are sad not to be partnering together again, the fact that Countdown will be providing meals for children means they are working towards preventing ill-health in the long run.

The \$80,000 has been used to purchase new play equipment for the Whangarei Hospital Whānau House, a vein viewer, portable monitors, a breast milk fridge, wheelchair hoist scales, stadiometer, apnoea monitor, immunisation fridge and E-CoolSense devices.

## Northland DHB Graduate Achieves Top Honour

As 400 NorthTec graduates marched through Whangarei on 13 March towards Forum North to celebrate their graduation ceremony, 2019 Bachelor of Nursing Graduate and Northland DHB staff member, Daryn Thompson led the way, as valedictorian.

The father of three was inspired to pursue tertiary education after working in mental health as a community support worker for 10 years. Daryn's dedication to his patients and strong work ethic were rewarded with a JRBM Scholarship, to cover a portion of his tuition fees.

He began his new role as a community mental health nurse this year, and he has already started a Relprev Clinic and a Health Clinic (Metabolic Screening) for Te Roopu Whitiōra clients. He will also be transitioning into the community mental health Medrun coordinator role.

Daryn will start Postgraduate studies next month for the NESP programme at the University of Auckland. He will then be qualified to assist new graduate nurses' transition from student to registered nurse.

His wife will soon join him in the health sector when she finishes her final semester of her Bachelor of Nursing Degree.

Graduating alongside Daryn was a host of nurses with nursing in their blood, including Surgical Department nurse, Stephanie Donelley, who is a third generation nurse. Stephanie was supported by her grandmother Emergency Department (ED) nurse Wendy Wells and

mother Tina Baylis who used to work in SCBU and now works for Kensington hospital.

Emily Tobin-Thorpe and her mum ED nurse Erin Tobin follow in the footsteps of Emily's grandmother's sister who was a nurse.

And finally, our acting director of Nursing Dee Telfer was not only there as part of her role, but also to celebrate her daughter Sian Telfer graduate. Sian will be working in Paediatrics.



Daryn Thompson making his valedictorian Speech

# Recipients receive reprieve from full Fees

An anonymous donation by a member of the public is supporting three Northland DHB employees by funding 65 percent of their educational studies this year.

The JRBM Unregulated Health Workers Fund provides an opportunity to staff who have been with the DHB for over a year and who wish to develop their professional career in the health sector. The fund is generously provided by a member of our community.

Northland DHB workforce development and wellbeing manager Catherine Parker said the selection panel received 11 scholarship applications for 2020 and chose Phoenix Pivac, Daniel Manihera and Anita Robson as the successful recipients.

Phoenix Pivac has worked for Northland DHB for five years and currently works in Whangarei Hospital as a Radiology Department assistant. In July she will commence her studies towards a Bachelor of Health Science specialising in Medical Imaging through Unitec. She said after spending time in various departments, she finds Radiology where she feels most mentally challenged and stimulated.

“It has motivated me to further educate myself, to make a difference not only within the department but also in the world of patient care.”

The second recipient, Daniel Manihera, has worked for the Mental Health and Addiction Services for nine years. In that time, Daniel has completed several training modules, facilitated the Engaging with Māori programme and became the team leader of the Mental Health Auxiliary Workers at Tumanako Inpatient Unit and He Manu Pae Sub Acute Unit. Daniel will start a Bachelor of Nursing at NorthTec. Daniel said he is motivated and driven to have clinical input and make an impact on tāngata whaiora so they can live an independent and dignified life within the community while managing their illnesses.

Kaitiāia Hospital dental assistant Anita Robson is the third recipient and will also start her Bachelor of Nursing through

NorthTec this year. To prepare for the degree, Anita completed her Certificate in Health Sciences (Pre Entry) last year. She said she loves working in the health sector and by becoming a nurse hopes to help improve the health of vulnerable communities in Northland. Both her referees highlighted her compassion and how she always works above and beyond what is expected.

A former recipient of the Fund, Daryn Thompson has not only passed the State Final Nursing exam but as mentioned in the story on Pg.(22) was nominated as valedictorian for the student body for this year’s graduation.

Another former Fund recipient, Amanda House, works as administration support for Medicine, Health of Older People and Clinical Support and is studying towards a Diploma in Business Studies, with a focus on Human Resources from Massey University. Amanda completed and passed two of her eight papers and will be taking a break from her studies to return to work and mum life this term then resume her studies in Semester Two as well as Summer school.

Finally, Mental Health Auxiliary worker Auriole Cook received funding in 2019 and successfully passed her first papers on Counselling Theory and Communication. Auriole is now undertaking a paper on the psychology of grief and was recently in Hamilton for a Safe Practice Effective Communication (SPEC) national training course which supports best and least restrictive practice in mental health inpatient units.

Auriole is getting good marks and great feedback from colleagues and hopes this qualification will lead to a pathway working to prevent alcohol and drug addiction with the Mental Health & Addiction team.

If the three chosen 2020 recipients continue to make satisfactory progress with their studies, they will be eligible for ongoing funding of their Certificate, Diploma or Degree until completion.



Phoenix Pivac



Daniel Manihera



Anita Robson



# COVID-19

# Coronavirus

Help protect yourself and your whānau with simple tips like washing and drying your hands thoroughly with soap and water.

**Your health is in your hands.**

**For more info and tips on staying well visit [health.govt.nz/covid-19](https://health.govt.nz/covid-19)**



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