

PreScribe

NORTHLAND DISTRICT HEALTH BOARD STAFF MAGAZINE



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From the Chief Executive

We are all in this Together



It's never been tougher working in health, and from discussions with my colleagues across New Zealand, we are all in the same boat. However, when I say we are all in this together, I wasn't talking about the rest of the country - I was referring to all of us working in Northland's health sector.

Whether you're a clinician or other staff working directly with patients, someone in a support role, or a

manager, all of us are working harder than ever to ensure services are able to be provided safely while trying to ensure we maintain our wellbeing and at the end of the day ensure everyone gets home safely to their family.

There are four issues challenging Northland Health at present; huge growth in demand, health inequity for Māori, staff shortages and our ageing and inadequate hospital facilities.

Over the next few months, I'll delve into each of these, but this Prescribe I'll focus on the last point.

Northland DHB and more specifically, Whangarei Hospital is approaching an important milestone. A majority of Whangarei hospital is approaching 65 - it's certainly well over 65 years since conception, and building commenced in 1955/56. So, in the next year or two Whangarei Hospital should be able to retire and receive a super gold card and a whole lot of benefits.

There are many parallels between Whangarei Hospital and the human condition - and a few key differences.

As with our aging process, our hospital's efficiency and capacity for work reduces, and the cost of maintaining becomes prohibitive (projected to be about \$11 million a year over the next 20 years). We are smaller than the next generation, and our hospital wards are about 50 percent smaller than a modern ward nowadays! Many of our passages narrow or get closed, particularly because of disease, and we have had to close one of our main hospital corridors and our Central Store because of a ubiquitous building disease called Asbestos.

Just as we can become more hunched and lean over to compensate for the development of a spine kyphosis or scoliosis with age, our surgical tower block is on a slight lean (it's ok, it's been that way for 25 years), which has meant we have had to modify bathrooms to ensure water doesn't flow out into the corridors. As we age or develop health conditions, we should have an Advanced Care Plan (ACP), and certainly, we have an ACP for Whangarei Hospital.

Some differences with how we age are that hospitals are built for a maximum useful life of 50 years. Unlike most 65 year olds, Whangarei Hospital is no longer fit for purpose. In broad terms, Whangarei Hospital is no longer as safe as it should be; both for staff and patients who have to work and heal in a facility that is cramped, overheated in summer, damp and leaky when it rains and has minimal ability to provide isolation from infectious disease.

Unlike pensioners, Whangarei Hospital cannot be guaranteed funds from the state. I'm afraid it is now in Intensive Care and will soon require life support.

Unlike someone who has retired, District Health Boards are required to meet targets and report on measures, no matter what the age of their hospitals. There is no 'veterans' category in this Olympic event. Currently, Whangarei Hospital's age

and size directly impacts on at least two measures - our ED length of stay because of our small ED and lack of an Acute Assessment Ward, and our lack of Theatre availability - we need another two Operating Theatres immediately.

Our ACP for these areas is being supported by Government, and we are making the most of the funding we've received to make small nip and tucks to Whangarei Hospital's aging skeleton. The old maternity suite has been completely removed, and the empty shell prepared for construction of the new Endoscopy suite fit out, which will be completed by the end of the year. Commissioning, staff demonstrations and training will then take place in the first quarter of 2020. The Theatre Expansion project is the final stage of the design process, and contractor procurement is underway. Construction will commence early 2020 and is expected to take 12 months to complete.

The new Cath Lab build will also begin in 2020, and the design stage has started. Further north, we are working through budgets and design options to get our Bay of Islands Hospital new primary and ambulatory care facilities built as soon as possible.

Finally, we are hopeful that we will hear soon about our 'Critical Capacity and Compliance' business case which will temporarily improve our hospital's health, providing an Acute Assessment Unit as well as addressing issues with Paediatrics, SCBU and our Laboratory.

As Whangarei Hospital hits retirement age and undergoes some plastic surgery, we congratulate Mahitahi Hauora on your birth. This has been at least a three year gestation, with a huge amount of work behind the scenes. It is the first significant change in New Zealand's PHO landscape for many years.

Mahitahi Hauora is now the single primary care entity in our region. It is not a merger. It's a new approach to primary health care, in which Northland is once again leading the way.

Mahitahi Hauora is built on partnerships - our Treaty and iwi partnerships, partnerships between clinicians in general practice and Māori providers, and a partnership between ourselves and primary healthcare. These partners all have an explicit goal to address and eliminate the inequities and challenges our population is facing.

The plan developed by Mahitahi Hauora is about working smarter, not harder through sharing resources and working collectively to achieve a common goal. Their focus is on what matters to these communities - Mental Health & Addiction, Mama and Pēpi, youth, and our frail elderly and those with multiple comorbidities.

Several localities are planned around the region offering networks of GPs, multidisciplinary teams involving many of our staff as well as other social services.

The community engagement planned by Mahitahi Hauora may assist us in ensuring higher immunisation coverage rates are achieved. As we predicted, our low immunisation rates mean measles is the latest public health risk.

At the beginning of the outbreaks around the country, I recommended Northland principals tell parents of unimmunised children to keep their children away from school during the period of high risk as they are incredibly vulnerable. If they come to school, there is a 95 percent chance of them catching measles if they are within one metre of the infected child.

It was also an opportunity to publicly challenge the antivax/anti-science views that are particularly prevalent via social

media. We're working closely with schools to update their immunisation registers so that they will be aware of their most vulnerable children and help us to encourage their parents to vaccinate their children. However, despite all our efforts, we now have 22 confirmed cases in Northland. Our public health team have been tirelessly contact tracing and working to help quarantine those cases.

Like Whangarei Hospital, many of our GPs are heading towards retirement age, and a number have retired recently. It is hard to find a GP in Whangarei, and Kaitiaki has closed its books. It's a region wide challenge. Although it's not our responsibility to fix, our services, particularly ED, are affected directly. So we're working on a strategy to recruit more GPs and nurse practitioners.

Staffing numbers in our podiatry, ED and medical departments also need inflating, especially as our population grows and the extra demand puts pressure on you all.

On a brighter note, the Government's Wellbeing Budget will directly support our Mental Health services. There is a large investment in Primary Mental Health services, and we have ongoing funding for Te Ara Oranga, our

methamphetamine demand reduction programme, demonstrating that some of our innovative programmes of work are recognised nationally.

I'm intending to throw a big 'gold card' party to celebrate 65 years. Because of our financial challenges, it'll be a 'bring your own everything' party. We will invite appropriate dignitaries and politicians to show them the issues outlined above, but also to demonstrate how well we work in adverse conditions, and the outstanding care we provide.

However, we won't be shying away from the impact our should be retired hospital is having on staff morale and wellbeing, our patients and whānau, various health targets/ measures and our finances which means we cannot spend as much as we'd like on providing patient care. Re-birth or reincarnation cannot come soon enough!

Kind Regards,

Nick

Ngā Tai Ora Public Health Northland



The Ngā Tai Ora Team - Public Health Northland team

The Public and Population Health Service has undergone a complete brand refresh and will now be known as Ngā Tai Ora – Public Health Northland.

Service manager Warren Moetara says the name is taken from the full phrase Ngā Tai Ora o Te Tai Tokerau which references the tides that move in and out of our harbours, waterways, and around our coastline. Those tides move in many different ways bringing daily change, supporting and influencing life, and sustaining environments and communities.

“Shortened to Ngā Tai Ora the name symbolises the many things that promote and protect health and wellbeing across Tai Tokerau, and also refers to the people who play a part in making that happen,” Warren said.

Ngā Tai Ora is one of 12 public health units across New Zealand. Tasked with promoting and protecting health,

and preventing disease, the work is varied. Team members are located around the region and include medical officers of health, health protection officers, technical officers, community wellbeing advisors, a Public Health Intel team, a Health Information Centre and administrative support.

A new logo was developed by Whangarei graphic design company Niwha Creative (Phoenix Ruka and Marcia Hopa). The logo depicts the relationship between land and water, with both supporting growth and new life symbolised by the central koru. The three groupings of niho taniwha on the left side represent the work of public health – promoting and protecting the health of people and the environment, and preventing disease. On the right side is the stylised prow of a waka, and the overall direction of the logo is progressive and forward moving.

Warren says the new name and logo resulted from a collective effort and are the culmination of a restructure implemented over the past year. The restructure sees the health promotion team shift to a community development model and settings based approach, the forming of a Public Health Intel team to strengthen forward planning, and a project based approach to work across the team. “It's exciting times for the team, and they're geared up for the work ahead under our new brand.”



Lights, Camera, Action



A routine check with Dr Lyndon Bradley, Braxton and mum Maria Thompson being filmed for Maria's movie about talipes equinovarus

The Orthopaedic Service at Whangarei Hospital could have been mistaken for the set of Shortland Street in early April. Maria Thompson used the space to film a scene for a short film she submitted to the 2019 Focus on Ability Short Film Festival in Australia.

Maria and her eight-month-old son Braxton have regularly visited the service for treatment since Braxton was born with talipes equinovarus or club foot. Club foot is when one or both feet are rotated inwards and downwards. It is a congenital condition, which means it is present at birth.

About 7–8 in every 1000 Māori/Pacific Island live births have talipes, compared with two in every 1000 Pakeha/European live births. Whangarei Hospital's Orthopaedic Service holds weekly talipes clinics run by an orthopaedic consultant, nurses, physiotherapist and a plaster technician. Northland has a high rate of club foot, with more than 120 children on the DHB's register and 270 children receiving treatment in recent years.

Maria is a student at Hiwa-i-te-rangi, a school for young parents in Kaikohe. She decided to use her film as a platform to inspire other parents on the same journey as Braxton and hers. Ultimately, Maria wants to show that his condition is not a disability after all the effective corrective treatment he has had from Whangarei Hospital.

The film documents their journey from when Maria first learnt she was pregnant, to the present day. Images of the progress Braxton has made since he was born show the different stages of his treatment. Maria narrates the ups and downs she has faced, including how she felt when she was first told about the condition and questioned whether she was responsible or not.

The scenes filmed at Whangarei Hospital during Braxton's last check-up and an interview with consultant orthopaedic surgeon Dr Lyndon Bradley, were a key part of the film. Dr Bradley was a natural in front of the camera and gave Maria a full explanation about club foot and how they have managed to realign Braxton's foot using the Ponseti Method.

He also explains that although they know the condition is genetic, it sometimes appears out of nowhere. "Sometimes if the baby is squashed (if they are a twin), or if there's a problem with fluid, it's there – but other times we don't know why it happens."

Dr Bradley assures Maria that once treatment is finished, Braxton's feet may not be quite the same as other feet and often the calf muscle is smaller, but his foot should be flat and pain free. He adds that someone with club foot could go on to be an All Black.

Initially, Braxton and Maria had to travel from Moerewa to Whangarei every week for Braxton to have new casts made to gradually change the direction of his foot. He also had a small cut put in his Achilles tendon to lengthen it and enable the foot to be moved into a normal position. Following that Braxton had to wear special boots for 23 hours a day for three months, and will carry on wearing these while he sleeps until he is three or four years old. However, his clinic visits have now reduced to six-monthly.

The film also captures Maria assuring a couple who have a newborn with club foot of how successful the treatment is and showing them how well Braxton has responded to it.

Maria's film was selected for the School Documentary section of the Festival, and she is in the running for the Peoples' Choice Award. To watch the movie and support this amazing young Northlander, go to:

www.focusonability.com.au/FOA/films/1803.html



Filming

Harm Ends - Futures Begin

When David White refers to himself as “Just a granddad from Matamata”, you can’t help thinking if all granddads were like him, the world would be a better place.

David’s daughter Helen Meads was shot dead by her millionaire racehorse breeder husband Greg Meads 11 years ago. Just days earlier, she had finally declared she was leaving him after years of psychological and physical abuse, but he got to her before she could escape. Helen’s mistake was to tell him she was going.

To ensure stories like his daughters aren’t repeated, David, with support from the Police, has spent the last seven years sharing his experience with health professionals, prisoners and the general public. His story is confronting, but he speaks from the heart and delivers it with honesty. This resonates with his audiences and gives them the strength to reach out, speak up for others or change their behaviour.

People regularly call him to reach out about their situation. Hardcore prisoners have had light bulb moments after listening to what he has to say and vowed to change their ways. He has even had a letter turn up at home addressed to ‘Helen Mead’s Dad, Matamata,’ from a random stranger asking for help.

Towards the end of his final tour, David spoke to a packed room of health professionals at Northland DHB who regularly deal with family violence. He implored to them to not be ‘if only’ people. He explained that he and several others directly involved with Helen have had ‘if only’ moments since her death and now it is time to stop being polite and to start making a change.

Outwardly Helen was a happy person. She was a great mother who loved her horses and was a popular figure in the racing industry. Behind closed doors, Helen suffered at the hands of Greg. He was always in control of her life from before they married when he made her sign a prenuptial agreement. She attempted to leave several times but never made it. When her mother and her daughter found out she had died, they both knew it would have had something to do with Greg.

Greg was convicted of her murder in 2010, but even from prison, he tried to keep control over her family. David and his wife Pam had to fight for the custody and financial security of her children, which lasted for nine long, expensive years. The children have suffered not only losing their mum but the trauma of Greg being responsible, which the David and Pam have had to navigate through.

During one of David’s presentations, he said he had a light bulb moment of his own when he realised that for them to carry on and create a healthy environment for their grandchildren, they had to stop hating Greg. With that, he set up a meeting with Greg in prison to discuss how to move forward for the kids, explaining that otherwise, they could lose them too. David agreed to support Greg’s release at his next parole hearing

so he could be around as a father again. Greg broke down and decided to release his finances to support the children. That took just 12 minutes, after nine years of fighting.

“Greg has two-and-a-half years until parole, and I’ll do all that’s required of me as far as Corrections are concerned. We haven’t forgiven him, but what are our choices? We have none. We are doing this for our grandchildren,” David says. David believes the key to change is to get people in danger to reach out and to equip those that they reach out to, to have the power to act. “We need to put confidentiality aside and put lives first. We have to understand that it’s all 100 percent preventable. It needn’t happen.”

Before this speaking tour, David approached 71 MPs around the country to ask for support. Only 44 responded. He still visited each of the 71 electorates, making 120 presentations from February until the end of May, because as he says, “Greg was worth \$40 million, but he was still violent – violence knows no boundaries. Family violence is intergenerational, and we need to stop it. If we can raise the alarm, family safety teams can step in.” After his final presentation at the end of the tour in Kaitia, David retired. Speaking out for over seven years has taken a toll and he said he has lost resilience. He and Pam ended their tour by going to Spirits Bay, where they could finally grieve.



David White

Ministry of Health Violence Intervention Programme

Northland DHB violence intervention programme coordinator Paula Anderson says the Ministry of Health Violence Intervention Programme (VIP) has been in operation across all DHBs in New Zealand since 2007. VIP aims to prevent and reduce health harm from family violence, specifically child abuse and intimate partner violence. VIP operates across all Northland DHB sites, and the VIP team provide consultation, support and training for all DHB staff around intervention in child abuse and intimate partner violence.

“It is important that ‘every door at Northland DHB is the right door’ for individuals seeking support for family violence. Every day, staff from around the DHB identify individuals and their children experiencing family violence, engage in safety planning and refer to external services and agencies to support the safety of the family/whānau.”

WHERE TO GET HELP

If you are in danger or are being subjected to sexual violence, call 111 or call these 24-hour helplines:

Women’s Refuge (females only)

crisis line 0800 REFUGE or 0800 733 843

Male Survivors of Sexual Abuse Trust (males only)
0800 044 334

Rape Crisis – 0800 88 33 00

Victim Support – 0800 842 846



Te Tai Tokerau Northland Nursing and Midwives Awards 2019



The evening's winners

Nurses and midwives make up the most significant component of our 3000+ strong health force in Northland. Their achievements were honoured at the Te Tai Tokerau Nursing and Midwifery Awards 2019 at Tohorā House in early May. The event was held between celebrations

for the International Day of the Midwife and International Nurses' Day, with former Northland DHB director of nursing and midwifery and now Chief Nurse, Ministry of Health Margareth Broodkoorn, returning to Northland as guest speaker.

Acknowledging Nursing & Midwifery Achievements

Retired Nurses and Midwives

Janet Ah Mu – Midwife
Elizabeth Parker – Midwife
Lesley (Barbara) Clyde – CCU Registered Nurse
Shirley Jackson – Registered Nurse
Gloria Reid – Public Health Nurse
Bernard Cameron – Registered Nurse

Sally Wagener – Registered Nurse
Maurice (Butch) Britton – Registered Nurse
Wendy Buckley – Registered Nurse
Gill Mahanga – Registered Nurse
Amanda Kier – Registered Nurse
Gerda Brouwers – Registered Nurse

Nurse Practitioners

Fiona Bamforth – Northland DHB, Ophthalmology
Pauline Brown – Northland DHB, Paediatric
Pauline Brennan – Ngati Hine Hauora, Kawakawa

Special Mention

Pamela Watt – 60+ Years in Nursing

Midwifery Category

Woman & Newborns: The Heart of Midwifery

Recognition of Merit:

Te Kaahu Wahine, Māori Midwives in Northland

Category Award:

Nicole Pihema, Midwife, Northland DHB

Nursing Category

Ngā Manukura: Effective Nursing Leadership

Recognition of Merit:

Elaine Parks, Clinical Nurse Specialist,
Dargaville Hospital

Category Award:

Helen Franklin, Clinical Leader,
Onerahi Medical Centre

Te Mana Whakahaere: Consistency

Recognition of Merit:

Adrian Hatton, Service Manager,
Northland DHB

Category Award:

Chris Rivers, Transplant Clinical Nurse Specialist,
Whangarei Hospital

Mauri Ora: Nursing Workforce

Recognition of Merit:

Esther Bates, Team Leader,
Far North Mental Health & Addiction Services

Category Award:

Henriette de Vries, Clinical Nurse Educator,
Northland DHB

Toiora: Education

Recognition of Merit:

Margarita Bartlett, Nurse Practitioner,
Te Hau o Awhiowhio o Otangarei

Category Award:

Ed Ledesma, Clinical Nurse Educator, Ward 1,
Whangarei Hospital

Waiora: Excellence in Clinical Practice

Recognition of Merit:

Chris Bonsor, Community Mental Health Nurse,
Puriri House

Category Award:

Leanne Hulse, Specialty Nurse, Communicable
Disease, Northland DHB

Te Oranga: Innovative Models of Care

Recognition of Merit:

Nursing Team, Hospice, Mid North

Category Award:

Nursing Team, Ward 16, Northland DHB



Special Mention Pamela Watt



Midwife Award Nicole Pihema



Nga Manukura Award Helen Franklin



Te Mana Whakahaere Award Chris Rivers



Mauri Ora Award Henriette de Vries



Toiora Award Ed Ledesma



Waiora Award Leanne Hulse



Te Oranga Award Nursing Team Ward 16



Te Taumata with Margareth Broodkorn



Mahitahi Hauora

A Ground-Breaking Endeavour



Dr Nick Chamberlain, Eru Lyndon, Minister of Health Dr David Clark

Ground-breaking collaborative endeavour Mahitahi Hauora met its 1 July deadline and is now officially the only primary care entity in Northland. Launched at Te Rūnanga Marae – Waitangi Treaty Grounds on Friday 28 June, it replaces Te Tai Tokerau and Manaia Health Primary Health Organisations.

Health Minister Dr David Clark attended the launch at the prestigious location, which only the day before had been named New Zealand’s first national historic landmark. The location was specially chosen to symbolise a renewed commitment to the partnership between General Practice, Māori Health Providers, Iwi and Northland District Health Board.

The establishment of Mahitahi Hauora marks a significant mindset change, to deliver on commitments made in Te Tiriti o Waitangi, including improving Māori health outcomes. “To achieve a broader population health strategy for all in Northland, and to close the equity gap for Māori it is important to recognise that change is required on not just one, but multiple levels within the health and social system if we are to impact social determinants of health,” said Phillip Balmer, Mahitahi Hauora’s chief executive.

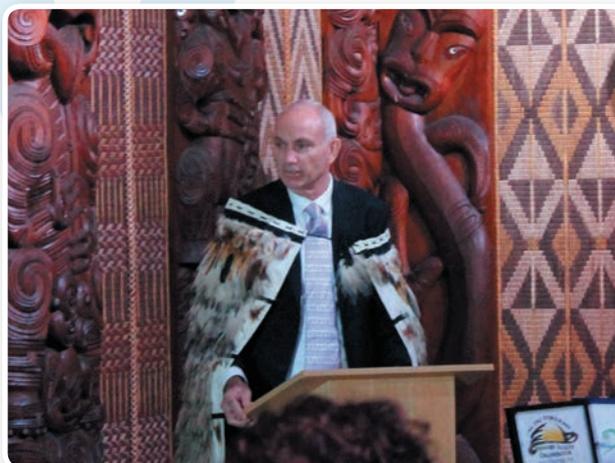


Eru Lyndon receiving Taonga from Manaia Health PHO and Te Tai Tokerau PHO symbolising their coming together as Mahitahi Hauora

“The significant change also includes a broader focus on addressing the wider determinants of wellbeing, including social, economic, and environmental factors. We will be working with local communities and developing clinical networks to ensure we are providing more comprehensive services to meet those community’s needs.”

The purpose of Mahitahi Hauora is to support a primary healthcare system that sustains equitable, self-determined wellbeing and ensures every person has an opportunity to live a long healthy life. “Given our deeper understanding about the determinants of health within the Northland context, we will take a broader and more joined-up approach with other sectors and agencies so that we can leverage opportunities or learn from other initiatives that are improving the health and wellbeing of Northlanders.”

Mahitahi Hauora will be the single primary care entity responsible for allocating resources to priorities that whānau, communities and providers identify via locality driven planning. “Given the challenges of rurality, geography, and population differences, place or locality-based solutions will be tailored to the local context with the relevant partners at the table such as employment, education, housing, health and social services,” Mr Balmer said.



Mahitahi Hauora CEO Phillip Balmer

Workforce growth and retention is another focus given the wide range of factors that make it hard to attract and retain clinical staff, and more particularly medical staff to the region. Mahitahi Hauora will look at how to increase the number of GP training places for rural trainees, and whether Northland DHB platforms can assist with that recruitment.

Also in scope is a review of the skill mix across primary care teams to better connect patients directly with an appropriate professional, which will reduce the burden on other professionals. “By deconstructing a GP’s time, it is recognised that a significant proportion of their work could be allocated to others in the primary care team, which could include nurse practitioners, allied health and pharmacists.”

Health Fund PLUS

Helps Ease the Pressure



SCBU Nurse Vivian Tundagai using the new unit

Thanks to a generous donation from Dairy Goat Co-operative Trust to Northland DHB via Health Fund PLUS, a time-saving device has been installed into the Whangarei Hospital Special Care Baby Unit (SCBU) enabling staff to analyse test results faster.

The new i-STAT Alinity Analyser is an advanced, easy-to-use, portable system that delivers real-time, lab-quality blood test results at the point of care. The system allows staff to take the technology to babies in the unit to do on-the-spot blood tests.

SCBU associate clinical nurse manager Merophy Brown says being able to see results within minutes, instead of having to leave the unit and wait around for bloods to be processed in the lab and uploaded to Concerto, saves vital time and ensures care is appropriate for the current clinical picture. It has been especially useful if they have a baby with low blood sugars because they can treat them promptly, reducing any harm.

Staff must undertake 30 minutes training and pass a theory test before using the hand-held analyser, but Merophy says it is incredibly user friendly. "We are really grateful, and appreciate having this money donated to purchase such a beneficial piece of equipment that will allow us to provide time-critical care."

Dairy Goat Co-operative Trust was established in 2017 to strengthen shareholder communities in Northland, Taranaki and Waikato through charitable donations which nourish and care for future generations. The Trust's primary source of funding is its farmer shareholders, supplemented by contributions from fundraising events involving Dairy Goat Co-operative staff, shareholders and goods/services providers.

Dairy Goat Co-operative Trust chair, Nicola Locke, says funding focuses on organisations which aim to

improve the health, education and welfare of children and families. "We are delighted to be able to support the local community in such a meaningful way. The donation fits perfectly with the mission and purpose of the Trust. The new equipment will make a big difference to the care of infants in SCBU."

Monies from Health Fund PLUS also contributed towards the purchase of four New Zealand made Romeo recliner chairs for patients and their families to use while staying at Dargaville Hospital.

Kaipara Community Health Trust chief executive Debbie Evans said that the Trust, with support from Aratapu Hobson Trust, Northern Wairoa Lions, Ruawai Lions, Dargaville Rotary, community donations and Health Fund PLUS managed to raise over \$6,000 to purchase the four recliners.

Debbie said she fully appreciates the hundreds of volunteer hours that these organisations invest in getting the funds together, as well as the contributions from the community. "People generously donated what they could at a collection held outside Countdown Dargaville and shared their own heart-warming stories about the great care they had received in our little hospital."

She said the Kaipara Community Health Trust's purpose was to retain and enhance quality health services for their community, and they continually work on how they can make what they have, better.

Dargaville Hospital operations manager, Jen Thomas said that all 80 staff have a great sense of pride in the hospital and work hard to maintain services to the community which provides 24 hour emergency cover, adding, "If you're sick, this is the place to come."

Jen acknowledged the support from far and wide with services such as the mobile surgical bus coming to perform minor surgery at a local level to save patients having to travel to Whangarei. She also explained how the use of Telehealth equipment meant they could manage complex patients with the assistance of ICU until the helicopter arrived. Jen said without the ongoing support from their sponsors and the community, they couldn't do what they do.

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

Giving is easy. You can give a regular donation, a one-off gift, or make provisions in your Will. The first thing is to contact the Northland Community Foundation to talk about your idea for a gift and discuss how you would like to contribute.

For all the information, call Northland Community Foundation on 021 558 224.



Out & About



New Challenge Beckons



Chris Budge second from left at her farewell

At Chris Budge's interview with Northland DHB 21 years ago, she told her interviewers if they gave her the job she would never leave. Up until a few months ago, she was true to her word. Then scrolling through emails a couple of months ago, she came across a job she felt was her on a piece of paper and had to give it go.

Always honest, in the interview for this new role at Donovan Group, when they asked what her colleagues at Northland DHB would say about her, she replied, "They'd say, I'm really good at my job and I'm really loud."

Honesty worked again, and she got the job.

It was evident at Chris' farewell morning tea that her institutional knowledge and humour will be sorely missed at Northland DHB. Colleagues spoke fondly of her as a friend and a valued colleague with an extensive range of technical know-how and an elephant-like memory.

Chris says she will miss everyone at Northland DHB and has always felt part of the organisation, even when her team moved into healthAlliance.

She is incredibly proud of the work she has done with

the Emergency Department team on the EDaaG system because of the impact it has made, especially to patients.

That, along with designing, configuring and implementing Concerto in 2011, and undertaking the data migration from Alpha for webPAS and Concerto, which took years of testing are her most significant achievements during her time at Northland DHB. No mean feat when considering the migration of data from Alpha to webPAS required her doing a 46-hour stint of consistent monitoring during the go-live weekend.

Chris has a reputation as a good tester which she puts down to being able to think outside the square, adding "to be a good analyst, you have to be a bit warped".

Although she has always told people she was part of the furniture at Northland DHB, and never expected to leave, Chris is very excited about the new challenge ahead, where she will be helping to develop ground-breaking software for consumers to design their own building plans.

First, though, she's taken off on a well, deserved holiday to Singapore, Ireland and England.



Dargaville Hospital Put to the Test



Jen Thomas acting as a mother protecting her baby from her partner

It was all systems go at Dargaville Hospital – staff faced a simulated lockdown situation to test whether they could apply the appropriate lockdown policy when faced with an aggressive person. To make it as realistic and effective as possible, the simulation was designed by the Emergency Management Team with input from the operations manager, quality facilitator, Police and St John.

An empty maternity unit room was used to create the first scene. A member of the public with a protection order against him entered the hospital through the main doors and let himself into his partner's room, where she was caring for their newborn baby. The patient pressed the emergency call bell, and nursing staff entered the room to find the man. When he refused to leave, the team needed to intervene and enact the lockdown policy.

The situation was further complicated by another emergency where a patient was brought in by ambulance after being stabbed. This scenario was purposely designed to see how nursing staff and Police managed both situations simultaneously and test whether the original patient would be abandoned after her partner was relocated to the ambulance bay. St John supplied two staff to participate in the activity, including the stabbing victim who was mocked up with a stab wound to make it more realistic.

After the simulation was complete, all participants, including the Police and St John staff, took part in a hot debrief to provide feedback and discuss what they had learnt.

The group felt everyone remained calm during the exercise and was able to shield the patient from harm. However, because the facility staff were off site attending to other work, they couldn't call on assistance with securing the man, proving how dangerous this situation could be in reality.

Although Police activation was prompt, Police raised the point that there is often only one of them working the shift and if they were at a job further afield in the district they could be an hour away, and unable to assist immediately.

Emergency and corporate risk manager Sarah Hoyle was pleased with how the exercise ran overall and said it was valuable for staff to test their plan and experience how they would react in a real event.

Oral Health Teledentistry

The Northland DHB pilot of our oral telehealth service in March was a success, with clinicians and patients both giving a 'big smile' to Zoom seamlessly connecting patients in Kaitaia with dentists at Whangarei Hospital.

Oral health therapist Kirstie Culpan said by having teledentist's, children can have their consults on time. "If needed, we can also place them on the general anaesthetic waitlist as soon as possible."

Dentist Ellen Clark added while procedures like tooth extraction, root canals and crowns require an in-person visit, telehealth offers dentistry services such as examinations and consultations.

Roy Davidson, Northland DHB Telehealth and Mobility programme manager, is helping to organise another pilot soon to ensure a successful roll-out. "The live clinical quality imaging provided by the specialised intraoral camera is the key technical component that makes these clinics possible. Now telehealth can make oral health more affordable and convenient for patients and providers alike."



Oral health therapist Kirstie Culpan using an intraoral camera so dentist Ellen Clark (pictured on the monitor) can view and examine a patient's teeth

A Helping Hand Up

After regularly donating boxes of nails to Habitat for Humanity, Northland DHB midwife Joy Leslie decided it was time to use some of those nails herself. She signed up for one of the organisation's Global Village Trips to build a house for a family in Fiji.

Joy had already made several volunteer build trips with another company, travelling to Cambodia, Vanuatu, Mexico and Peru. However, because Habitat for Humanity builds homes, rather than facilities for communities, she said she left this trip feeling that she contributed to both the village and the family.

Habitat for Humanity believes that everybody deserves a decent place to live – in a warm, dry and affordable home. With the help of thousands of volunteers and generous donations, it provides critical home maintenance and repairs and builds new homes in a shared ownership model that makes decent housing more accessible.

The charity relies on donations, fundraising and volunteer support to ensure thousands of people are housed. Its philosophy is about giving a hand up not a handout, and encouraging and enabling recipients in New Zealand and overseas to be involved first hand with each project.

Since opening, Habitat Northland has built 44 homes and coordinated more than 50 home repairs throughout the region. This trip to Fiji was the first time the branch had sent a volunteer team (made up mostly by Northlanders) overseas to undertake a Global Build. Tour leader Beth Cooper said local builders were employed, and all the building materials were sourced locally, which is another way Habitat for Humanity helps to contribute to the local economy.

Healthcare assistant Jessica Spence first read about the project on a church noticeboard. She said although she had never been on a plane, let alone built a house, she decided to put her name forward to help. Volunteers have to cover their flights, accommodation, meals, and a registration fee and also fundraise up to \$1,200, which is given directly to the host country to ensure the work can continue.

For Jessica, this meant she had to work two jobs and fundraise in her spare time, which was a big commitment, but she said she would do it all again in a heartbeat. "The team came together as strangers on day one, and by day five we were like family – it was incredible. It was such an eye opener and a once in a lifetime opportunity that we grabbed with two hands and said let's do this."

Jessica said that even without building experience, the team worked together and supported each other throughout the build, and she learnt so many new skills. "I dug a hole up to my waist on day one in 30–32 degrees. If you're not handy, there's a lot you can do to help out, and every little bit counts."

The Fiji trip was the second for Beth, and the first as Team Leader, which was quite different to her first experience in Portugal. "We had to go and meet with the head of



Joy Leslie, Jessica Spence and Beth Cooper

the village to ask permission for us to build, and to wear shorts and hats (including hard hats) during construction. Getting their blessing was so special. It feels amazing to come away knowing how much we have helped the family and the village."

Beth said this was also the first time they were able to take young people with them. Initially, they planned to take Tikipunga High School student Kaiha Hemara who volunteers at Habitat ReStore. After getting the local media to cover his story in the hope of getting donations, there was a massive response from the community, and they were also able to offer the opportunity to Te Aroha Davis from Bay of Islands College. In keeping with the Habitat for Humanity ethos of a hand up, not a handout, both students had to fundraise at least \$300 to put towards their costs.

A 36-year-old single mother and her three children were the recipients of the transitional shelter. Despite the house not having any plumbing or electricity, the family were overcome with emotion to be given a space to call their own. They had been living with their extended family in basic conditions that included termite damaged walls, leaking plumbing and earthen floors.

The team had five days to undertake the build but managed to complete it in four. They used their spare time and leftover materials to fix outdoor plumbing and build a concrete pad at the back door to improve the conditions for the extended family next door.

They named the house Te Whare Kaha – it has enough bracing in it to withstand a category five cyclone and will give the young family the strength to move forward in their lives with the support of shelter over their heads.

On their return to New Zealand, the team felt quite emotional, reflecting on how much they achieved in just one week. They are all planning on how to fit in another Global Village build soon.



Tū Tira Kaupapa Māori Health Symposium Huge Success



Tū Tira Attendees

Tū Tira (formerly known as the Kaimahi Māori Core Network) successfully undertook its inaugural Kaupapa Māori Health Symposium in Whangarei in late March at the Northland Events Centre. Tū Tira (meaning 'stand together') is a network and forum where kaimahi Māori can come together, share ideas, achievements, successes and build on capabilities.

Northland DHB consultant general surgeon Dr Maxine Ronald joined other keynote speakers Sir Pita Sharples, Dr Ann Milne and Dr Keri Milne-Ihimaera to speak to over 100 Northland DHB kaimahi Māori.

The day included breakout workshops with innovative projects being presented and opportunities for the groups to have a platform to investigate alternate pathways for better engagement with Māori patients and their whānau.

A Kaupapa Māori event of this calibre was a first for this network. The purpose was to mobilise Northland DHB kaimahi Māori, re-establish the network and provide a

space where Māori feel connected to kaupapa relevant to their ideologies and practice.

Event organisers Arama Morunga and Tracey Cornell said they intentionally implemented elements of tikanga Māori to make the event distinctly Māori. "The aim of the day was to express manaakitanga to all participants. That's what makes us different and it was also important to use te reo Māori me ōna tikanga."

The network had their highest ever event turnout since their inception in 1999 and also increased their membership numbers. Tū Tira thanked their sponsors, The Public Health Unit, the Communications team and Te Poutokomanawa: Māori Health Directorate for helping make the event possible.

If you are kaimahi Māori and you would like to know more about Tū Tira, please contact Tracey Cornell: tracey.cornell@northlanddhb.org.nz



Tū Tira Working Group

Working Together to Save a Life

When Northland DHB Emergency Department nurse Joby Paul noticed a man lying half on the road on her way home from Mass on a cold Tuesday morning, she could see by the colour of his face that he was in trouble. She rushed to help.

A jogger had stopped too, and was about to start CPR, but Joby told him she was a nurse and took over. Minutes later, midwife Priscilla Ford turned up, armed with resuscitation equipment including an oxygen cylinder, adult bag and mask. She saw Joby was doing textbook-perfect chest compressions, which was taking all her focus and effort. Joby wasn't talking, so Priscilla had no idea she was an ED nurse.

Priscilla said she noticed that the man looked around 50 and was obviously physically fit, and thought he had a good chance with effective CPR. Once she assembled her oxygen regulator and tubing, she started to assist Joby. Both said because they were wholly focused on coordinating the best possible resuscitation, they were unaware of who was around them. The jogger called an ambulance and said there were two health professionals doing CPR.

Priscilla recalled another woman assisting her in holding the man's jaw, helping her to get sufficient air entry. Another bystander voiced concern about the bleeding from the man's head, which must have occurred during his fall. Priscilla took it as a good sign and told them if he was bleeding, then the chest compressions were working.

After 10 years working in ED, Joby said she was on automatic pilot and felt around for her pen and glasses, and scissors to cut his shirt off so the ambulance crew could use the defibrillator, but then realised she was on the side of the road, not in ED. She carried on with

the compressions. When the ambulance crew turned up, Joby offered to start the IV, but again realised that she didn't have her glasses and instead helped dress his head wound.

Joby finally headed home, where her son asked why she was so late. She explained she had been helping to save a life. She only then realised how shaken up she felt.

Later that day, when Joby checked in to find out how the man was, they told her the ambulance staff took the patient to ED and told them he had been given the best CPR possible. The man had been sent to Auckland via Helimed that afternoon. On the Friday the man's wife called Joby to say thank you and told her he'd had a cardiac arrest on the roadside. When he got to Auckland Hospital, he had two stents put in and was recovering.

Joby believes that anyone would do what they did, but owes her success to her experience in ED for giving her the confidence and skills to be so calm and efficient. "Because he could have been someone's husband, son, or father, you have no second thought not to help. Any human would do what we did. This is what being a health professional means – we're here to help our community."

Priscilla agreed with Joby, saying she feels privileged and thankful to be a midwife, knowing that when faced with a critical emergency, she has the skills and the equipment to assist in any situation.

When the ambulance arrived and took over, the jogger gave Joby and Priscilla a high five and left. He has since been in contact with Priscilla. As for the other bystanders that helped them that day, none have come forward – but together they all helped save a life.



Priscilla Ford



Joby Paul



Respect is Key



Carol Pringle at Bay of Islands Hospital

When Carol Pringle left Bay of Islands Hospital to retire to Australia this month, she would be the last enrolled nurse to work at the hospital for some time. Carol had worked at the hospital for almost 20 years and ran the Outpatients Clinics since 2003. The role meant so much to her that her car 'Clementine' bears the number plate, 'Enrolled Nurses – worth their weight in gold.' Although she had always enjoyed taking care of people, Carol didn't consider a career in nursing until after her children were settled into school. Even then, she gave milking cows a go but soon gave that up after realising it wasn't her scene. A friend told her about a job in the kitchen at Dannevirke Hospital, which she got. That didn't last long after she caught the attention of the hospital Matron, who encouraged her into enrolled nursing.

She began her training in 1987 and was the oldest in the class. While the younger students lived together in the nursing home and partied, Carol worked hard to juggle study and managing a household. With support from her husband, she graduated in 1988. The family relocated from Dannevirke to Opua in 1999 in search of a warmer climate, and she started working for Northland DHB, joining six other enrolled nurses at Bay of Islands Hospital.

Carol says the Northland DHB values-led behaviours' are very close to her heart. Every day she met someone that brightened her day, be it colleagues, patients or visitors. "My support team were wonderful, from our 'Spotless' team to management."

During her career, she saw a significant shift in access to information thanks to the Internet allowing patients to become empowered. "You can ask questions to any health professional and be expected to be treated with honesty, to have choices and to be involved with your treatment. People nowadays seem thirsty for knowledge about their health. They know what medication they are on, what the side effects may be, what it's for and the doses." Unlike earlier in her career, when patients could only tell her the colour of their pills, and when asked what they were for, they would answer, "Not sure, my doctor said to take them."

Carol believes nursing has also changed a great deal, with hierarchy no longer being a barrier. Carol always gave 100 percent to her job and said because life in Outpatients was never dull she was always well prepared for anything.

She experienced all sorts of funny incidents, like being asked to diagnose hair loss on a Jack Russell dog. Another time she was showing a patient into a clinic room to see the specialist, and he asked if she could bring his friend 'Dave' in when he arrived. After a few minutes, a chap came to reception, and she asked if he was Dave. He said "Yes I have just come in to be with my friend", so Carol directed him into the clinic room. Sometime later, Dave and her patient came out. Dave took her aside and asked why he had to sit in with two strangers talking about their health when all he wanted to do was to go and visit his friend in the ward. Carol was shocked and went to apologise to her patient. He said, "I didn't mind this other doctor sitting in, but he could have introduced himself."

"Although we always try hard, sometimes we just don't get it right. That's life. The key is having respect for patients and remembering that often when people are not feeling well on entering the hospital, a smile and kind words can help settle them and their whānau by helping them feel secure."



Carol Pringle middle row second on the left.

10Ft Tall

Resilience-building programmes for taiohi/youth



Nevandra Shaker, Jacob Dale and Lionel Wellington receiving a Taonga from Northland DHB's Tania Papali'i

Life is what you make it, and if you are going down the wrong track you can change direction and be as great as you want to be. This message was delivered to over 3000 young Northlanders during the tour of the play, '10Ft Tall', by local company Playworks Productions.

The tour reached 18 schools across the region, including Regent Training Centre and Ngawha Prison and was supported by Te Puni Kōkiri and Northland DHB as the third in a series of resilience-building programmes for taiohi/youth. 10Ft Tall focuses on the harm that methamphetamine 'P' and other drugs do, and follows the character Jesse, who is a rebel and risk taker, as she gets caught up with the drug and runs off the rails.

The story shows a community which is supportive and effective in keeping Jesse safe, with heroes who model the resilience building attributes of being connected, having a sense of purpose and contributing.

Playworks Production's playwright and director Bryan Divers performs in the play with fellow Northlanders: former Whangarei Girls High student Nevandra Straker, who played Jesse, Lionel Wellington from Ngunguru and Auckland actor Jacob Dale who relocated north for the tour.

As part of the programme after each show, the cast spent an hour with the audience. In these workshops they discussed how Jesse could have done things differently and worked on strategies they could use to help friends, whānau or themselves if they are in a similar situation as Jesse in the future.

Service professionals from Te Ara Oranga, Police, Odyssey House, and Northland DHB supported the cast throughout the tour to help deal with any issues arising from the themes portrayed. These organisations also used the platform to offer their services to youth and engage with them in conversations around P.

Bryan said over the five weeks, thanks to audience reaction, the show became more refined and efficient. "The audience train you up to a certain extent, and you listen to them and deliver things in a way that they respond to. Their reaction has been great, and they've all participated in the workshops. I realised during the tour that there's a lot of listening that us more mature people need to do."

Having younger cast members with large social media

followings allowed the audiences to feel connected and open up. Nevandra said that early on in the tour, they noticed a few students might have been going through something, and they were able to reach out to them and offer help.

"It was great having all the support people there and being able to talk to these kids and show them that, I'm just like you and I have issues sometimes, but it's OK. You can still do great things and be someone that others look up to. There might be bumps in the road, but you're still on the right track."

Nevandra said the youth appreciated the way the issue was portrayed and appreciated that nothing was sugar coated. "They were thankful that we were blunt, but in a way that it wasn't damaging. Plus we gave them options. Having the workshops helped because they were able to talk about the messages in the show."

Northland DHB Suicide Programme Lead Tania Papali'i said that the play is part of the suicide prevention strategy. P is one of the known drivers of suicide that they are focusing on, along with family violence, relationships, alcohol, and bullying. "It has helped reach our taiohi and has all the aspects of help-seeking behaviour woven into it. So having the support services at each show has been a critical element."

Detective Sergeant Renee O'Connell who leads the Northland Police Meth Harm team says that in the year-and-a-half that Te Ara Oranga has been operating, their focus has been on people 18 years and over, so by supporting this tour, they had the opportunity to reach a previously untapped age group.

"At first, I questioned if this age group would be too young for the play, but then you realise that someone could get passed a pipe at a party when they are 15, 16 or 17. You can't ignore the topic, or it could be too late."

She said having members of the Te Ara Oranga team at each show helped send the message to youth that the Police are there to reach out to, not fear. They were also able to connect with other support agencies around the region working with youth that they hadn't met with before.

Overall, Detective Sergeant O'Connell said it had been a valuable opportunity for her team to speak with the younger people who they usually don't get buy-in from during their presentations at marae and community events. "The idea was to provide students with opportunities to find out how to seek support. The actors have done a brilliant job presenting the topics and connecting with the audiences." However, she found it surprising how many students didn't know about the 1737 support line, so appreciated the opportunity to share that with them.

Regent Training Centre was included in the tour, and general manager Jennifer Andrews said the actors managed to reel in their students' attention from the first few seconds and had them enthralled right to the end of the play, which is not an easy task. She added, "The lively and open conversation that followed the performance was a testament of the production's ability to get across the key messages in a way that resonated with our taiohi, and implore them to seek help for their whānau, friends, and themselves."



Studying Nursing has Changed Tori's Life



Tori Evans

Tori Evans is one very happy nurse. From day one of her training at NorthTec until now, working in the thick of it at Whangarei Hospital in the Emergency Department (ED), she has always felt supported.

The small size of the campus, access to tutors and the fact that the nursing degree focuses on the community that we live in and the people students will be caring for, are why Tori believes graduates from the NorthTec Nursing programme are so highly regarded around the country.

Tori said her study experience has completely changed her life. "I loved this programme. It made me physically, mentally and emotionally stronger. I made friends throughout the degree that will be my friends for life, and as an international student, I was able to access pastoral support to assist me throughout my studies. If I had any problems like finding somewhere to live, setting up a bank account or visa applications, there was someone to go to who would do their best to help. They made you feel like this is your home."

She says the supportive NorthTec staff, small classes and cohorts all help create a real sense of community spirit. Tori said her tutors made time for her if she was struggling with anything or had any questions. Because they knew her strengths, they could see her skillset would be well used in the Emergency Department and helped support her to get the position she is in. She believes this would never have happened at a larger university.

Tori feels fortunate to be working in an ED with doctors and nurses that are welcoming, energetic and supportive. "My favourite part about being a nurse is the little things. When you have someone that is having the worst day of their life, and you can make them comfortable and put them at ease by making them laugh or smile. Nursing is a rewarding and amazing career. I can't imagine doing anything better."

Celebrating 50 Years' Service



Heather Carter at Dargaville Hospital

Dargaville Hospital stalwart Heather Carter aka Twigs celebrated her 50th anniversary working for Northland DHB earlier this month.

In 1966 Heather started at the Dargaville School of Nursing, and once qualified began work at Dargaville Hospital in the Operating Theatre where she stayed for four years, during which time she married and started a family.

Over the next 20 years, Heather worked in the Surgical Ward and Children's Ward before starting in Maternity in

1988, where she still works to this day. From 2012 until 2017 Heather worked as a lactation consultant and is now the Baby Friends Hospital Initiative (BFHI) coordinator for Dargaville helping to improve exclusive breastfeeding rates and ensure best practice standards of care are offered by their Maternity Service.

Operations manager Jen Thomas has worked with Heather for the past 26 years and says she is a bit of a legend in Dargaville.

"Everyone who has ever had a baby in Dargaville talks fondly of Twigs. They think she's amazing because she ensures all new parents have the tricks of the trade before taking their newborn home."

Heather is also highly respected by colleagues for her knowledge, skill and her ability to show care and kindness to patients and their whānau.

"People think she's a doctor, nurse, social worker and probably a porter as well but whatever they call her, the respect she has in this community doesn't go unnoticed," said Jen.

Heather has seen many changes during her time and lots of people coming and going and often wonders where they all are now. She has enjoyed working at the Hospital and says 50 years has gone by very quickly.

Aseptic Non-Touch Technique:

Reducing Healthcare Associated Infections by Introducing ANTT Across Northland DHB

Healthcare associated infections (HAIs) are infections acquired in hospitals during interventions. HAIs result in increased morbidity and mortality, increased length of stay for patients, prolonged antimicrobial therapy and a huge financial burden to our organisation. An estimated cost for hospital acquired peripheral intravenous line related *Staphylococcus aureus* bacteraemia is from \$10,000 to \$56,000.

HAIs are preventable. With an increasing trend in multi-drug resistant organisms, we need preventative strategies to reduce the incidence of HAIs and prevent transmission of pathogens, especially multi-resistant organisms.

From this month, the Infection Prevention and Control (IP&C) team and the IV nurse coordinator will be promoting Aseptic Non-Touch Technique as a patient safety initiative. Standardising the Aseptic Non-Touch Technique will benefit both patients and staff.

What is Aseptic Non-Touch Technique (ANTT)?

Aseptic technique is an essential clinical practice that reduces the risk of patients acquiring an infection during invasive clinical procedures.

The concept of asepsis was introduced by Dr Ignaz Semmelweis in the 19th century. He proved (in a randomised control trial) that hand hygiene before patient contact decreased puerperal sepsis. Asepsis is essential for all invasive clinical procedures including maintenance and use of invasive devices – from surgery to community care.

ANTT aims to prevent pathogenic organisms from being introduced to susceptible sites via hands of healthcare workers, surfaces and equipment. ANTT protects patients during invasive clinical procedures by using infection IP&C measures.

The type of ANTT is determined by the procedure to be performed. Key principles of ANTT are hand hygiene, identifying and protecting key sites and key parts from contamination, and effective IP&C.

Key sites include any non-intact skin and insertion or access sites for medical devices connected to the patient.

Key parts are the sterile components of equipment used during the procedure.

There are two types of ANTT:

- Standard ANTT – essential for brief clinical procedures involving few key sites and key parts where there is no possibility of contaminating either the key sites or key parts.



Infection on PVC Site

- Surgical ANTT – essential for complex procedures >20 minutes involving large or numerous key sites and key parts or when there is the potential to touch key sites and key parts.

Risk assessment is required to determine appropriate ANTT. Asepsis is achieved by identifying and protecting key sites and key parts from pathogens transferred from the healthcare worker and the immediate surroundings. Therefore, check first for avoidable environmental risk factors such as disturbed airflow from bed making, environmental cleaning or air turbulence caused by helicopter or fans.

Sequence your practice to ensure efficient, safe and logical order of tasks.

Think clean hands – Your 5 moments for hand hygiene

Effective hand hygiene is a core component of ANTT. Evidence shows skin underneath rings and wrist watches is heavily colonised with organisms such as *Staphylococcus aureus* and *Enterobacteriaceae*. Remember to remove all hand and lower arm jewellery before performing hand hygiene before a procedure.

Let's leave gut organisms in the GI tract!

Glove use

Gloves do not replace the need for hand hygiene. Hand hygiene must be performed before and after glove use.

Sterile gloves: to glove or not to glove?

Sterile gloves are required for surgical ANTT.

Standard ANTT: Selection of gloves is dependent on the healthcare worker's competency. If touching of the key sites or key parts is anticipated, sterile gloves are required.

This is ANTT in a nutshell, so let's work together and say NO to healthcare associated infections.

Wise and humane management of a patient is the best safeguard against infection - Florence Nightingale.



Key Sites



Key Parts



Preventing Rheumatic Fever

Following these tips will keep your home warmer, drier and healthier.



TIP:
Open your curtains during the day and close them at night.

Your windows let heat in during the day. Closing curtains before sunset keeps the heat in, and the cold out, at night.



TIP:
Stop cold air getting into your home by stopping draughts around doors, windows and fireplaces.

Stopping cold air coming in makes it easier to heat your home and helps reduce the cost of heating.



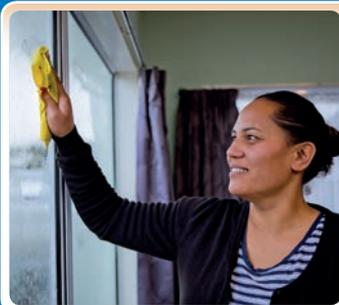
TIP:
Open your windows (ventilate) for at least a few minutes each day.

Fresh air helps to keep your home dry, makes it easier to heat your home, and helps reduce the cost of heating.



TIP:
Open windows (ventilate) in the kitchen when you cook, and in the bathroom when you shower or take a bath, to let steam out.

Doing this helps to keep your home dry, which makes your home easier to heat and reduces the cost of heating.



TIP:
Wipe off any water that has collected (condensation) on walls and on the inside of windows.

Doing this helps to keep your home dry, which makes your home easier to heat and reduces the cost of heating.



TIP:
Dry your washing outside or in the garage or carport.

It keeps the dampness from your washing (which can build up condensation) outside of your home.



TIP:
Use bleach or white vinegar to remove mould from ceilings and walls.

Mould grows in damp and wet places and it can affect your family's health.



TIP:
Create as much space as possible between the heads of sleeping children.

Kids cough and sneeze when they are asleep, and this is how germs such as strep throat can spread between sleeping children.

Sore throats matter

if your child has a sore throat see a doctor or a nurse

He korokoro ora he manawa ora Mo tatou katoa

