

News, views and information from Waitemata District Health Board

Healthlines

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SPIRITUAL
CENTRE
OPENING

ePRESCRIBING
ROLLS ON

DHB CELEBRATES
SAFE
SLEEP DAY

GROWING
UP WITH
DIABETES





A message from Dale

It has been another huge year of accomplishment by members of the Waitemata team and I want to take this opportunity to personally thank you.

Throughout 2015, we have delivered 18,000 elective surgical procedures, more than 117,000 people were treated through our EDs and 275,000 bed days' worth of care was given to people in need from our community.

This, in addition to the many services we provide outside the hospital setting, has an immeasurably positive effect on the lives of our patients and their families.

This year, we have made real progress on developing the services, people and facilities required by the biggest and fastest-growing DHB population in the country.

Over 200 new permanent staff positions have been created in the last year to assist with our increasing demand, making us one of the fastest-growing workforces in the country. Our total FTE has now reached 5850 and we are nearing the 7000 mark for total number of employees. More new staff will be arriving in the New Year.

We have also opened our new He Puna Waiora mental health inpatient facility, our Hine Ora women's ward and our multi-faith Spiritual Centre. These developments cater for both the physical and emotional needs of our patients as well as providing better working conditions for our staff.

Work has begun on our expanded Emergency Department at Waitakere Hospital and we have launched our *Waitemata 2025* programme, looking ahead to anticipate the future needs of our community.

All of this has been achieved in the context of the DHB living within its financial means and making solid progress against the national health targets.

It is a great story of service to the Waitemata community and of this DHB working innovatively in the way we provide care.

We should never underestimate the impact our work can have – our intervention and support changes lives every single day.

However, I believe that providing great care alone is not enough; that we have a responsibility to treat every person with the dignity, respect and compassion we would expect for members of our own families.

Improving our patients' experience is an important area where we have made considerable improvements throughout 2015.

We are listening to our patients and building their feedback into our services as we strive to be the most welcoming DHB in the country.

Remembering to smile and to treat people well not only complements our healthcare, it builds our own culture and values, with every staff member playing an important role.

I'm immensely proud of the Waitemata team and all that has been achieved this year. I particularly want to thank those of you working through the festive season. Your service is greatly appreciated.

I hope you are all able to spend some time with your loved ones over the coming holiday period.

My thanks to each of you. Christmas greetings to you and your families. Nga Mihi, Dale.

ePrescribing on the road to a complete rollout

“better, best, brilliant”

The evolution of ePrescribing continues at Waitemata DHB, with Waitakere Hospital becoming the first emergency ward in Australasia to use the electronic system for prescribing medications to inpatients.

Waitakere Hospital’s Emergency Department (ED) began implementing ePrescribing in October. Waitakere ED is also the first department to use iPad tablet devices, instead of pushing a computer around on a mobile worktable, making the transition from patient to patient less cumbersome for staff.

Waitakere ED charge nurse manager Marja Peters says staff found the phasing-in of ePrescribing, which required training with the programme, very positive, with support from an ePrescribing team of pharmacists and clinical super-users.

“Working in ED means working in a fast-paced environment, so it is important to have the full and correct history of a patient’s medical background as soon as possible,” she says.

“With ePrescribing it means that we have consistent and timely access to information, and can immediately spot any potential risks a patient might have to a certain type of drug, whether that be an allergy or adverse reaction.”

The rollout at Waitakere ED is part of a much larger rolled out across both hospital sites. A six-month programme is about to start at North Shore Hospital that will see ePrescribing rolled out in ED, ADU, Cardiology, all medical, surgical and orthopaedic wards, PACU, Short Stay Ward, Hine Ora, and ICU/HDU.

Project leader David Ryan first introduced ePrescribing into the DHB and is delighted to see the system being rolled-out to all wards and departments.

Beginning as a trial in wards 14 and 15 at North Shore Hospital in 2012, ePrescribing has been such a success that Waitemata DHB has already implemented it into the remaining AT&R wards, Mason Clinic, acute mental health wards, medical wards and ADCU at Waitakere Hospital.

“The clinical change is enormous and what will make this a success is that we haven’t rushed the process,” David says.

“We’ve worked really hard to make sure all the systems are in place and that we

can provide a high level of support to help people during the change.”

“With this system, everything is entered electronically so it is clear and legible. There is no more difficult-to-read handwriting, and it is much harder to make 10-fold dose errors with decimal points. It also helps us to reduce the risk of patients experiencing avoidable issues with their medication, such as allergies or adverse reactions to certain drugs and interactions with other drugs they may be on.”

“For example, if a patient has a penicillin allergy recorded, the system will automatically flag up the allergy if someone attempts to prescribe them penicillin. This type of targeted alert is far superior to simply having a patient’s drug allergies listed at the top of a paper prescription.”

David says ensuring staff know how to

use the system effectively and accurately can take time, but it will greatly improve Waitemata DHB’s clinical quality.

While ePrescribing started off as David’s pet project, he says the secret to its success is the champions on each ward making sure staff always have someone on hand to support them as they use the system.

He also commends his team, which has received national recognition for the clinical advancement.

“Having people on board who know the DHB intimately and the support from across the organisation has really helped us to find the creative solutions we need to really improve patient safety.”

Both Auckland DHB and Counties Manukau Health plan to introduce ePrescribing to their services in 2016.



ePrescribing on tablet devices have been part of the latest rollout at Waitakere ED.



Project leader David Ryan and nurse Carmen Cashmore discussing the ePrescribing programme.

From the chairman Kindness Dr Lester Levy

“with
compassion”

‘The smallest act of kindness is worth more than the grandest intention.’ Oscar Wilde

If you are fortunate enough to be on the receiving end of kindness, it is more likely that you will also be kind to others. In our environment it is critical that all of us, whether we directly interface with patients or not, are compassionate. I struggle to understand how it would be possible to consistently treat our patients, their families and whānau with compassion if we do not treat each other with kindness.

It is an intuitively appealing and understood concept that kindness in the workplace will have a positive impact. However, do we spend enough time thinking about the impact of a lack of kindness in the workplace? A lack of kindness in the workplace does affect relationships adversely and results in, at best, indifference and unpleasantness and, at worst, meanness and cruelty.

It is not too difficult to ‘connect the dots’ between unkindness and bullying, which often starts in the common practice of constantly criticising others. This frequently spirals to behaviour which intimidates or humiliates others and makes them feel unsafe and vulnerable.

Workplace bullying studies in New Zealand have revealed that bullying is relatively common in certain industry sectors, of which healthcare unfortunately is one. Other research has demonstrated that New Zealand has very high rates of reported workplace bullying compared to other countries.

Bullying is completely unacceptable and a health and safety problem. The Waitemata DHB Board and I have placed a high priority on health and safety, which includes identifying and eliminating any bullying within Waitemata DHB.



Dr Lester Levy

Being accountable and receiving constructive criticism is part of the necessary, healthy operation of a normal organisation. This is as an important part of people’s development and do not forget the power of motivational feedback.

I am sure we all would like a workplace environment where there is a lot more kindness and no bullying and the Board is determined to achieve this aspirational goal. One of the exhilarating aspects of kindness is that it is contagious – the kinder you are to people, the more that kindness spreads. Be intentional about ensuring that you are kind, be careful not to bully, because ultimately this organisation will hold you to account for that bullying behaviour.

I will conclude with a quote from Keith Harrell (Dr Attitude), ‘A dead battery can’t charge a dead battery.’ Fundamentally, you always have a choice between having a negative attitude to your work colleagues or channelling your own resources and vitality to craft a positive attitude to your work colleagues. That choice is likely to have a big impact on whether or not our patients, their families and whānau are treated with compassion.

This is the season for kindness and for thinking of others. At this time, please take the opportunity to give thanks to your colleagues, to treat each other well and to value the contribution each and every one of us at Waitemata DHB makes to support the care of our patients and communities throughout the year.

Who’s the boss? ... a light-hearted look at what makes our senior managers tick

Rosemary Chung: Deputy Chief Financial Officer

Describe the most memorable gift you’ve ever received. The most memorable gift I ever got would have to be my first pair of dancing shoes. The shoes were pink and shiny and I felt like Cinderella.

In a film being made about your life, what genre would it be and who would play you? It would have to be a musical comedy. I have always enjoyed a great laugh and will go anywhere to see a musical. I would be very delighted if Sandra Bullock accepted the role.

What do you cook when you want to impress a guest? It would definitely be dessert pizzas on my barbecue – yummy!

What was the first record or cassette you ever owned? It would have been a cassette tape with songs by Queen. I listened to that until the cassette broke and then immediately replaced it with a CD!

What would you do with one more hour of free time a day? If it’s windy enough, I’d fly my kite which has the capacity to pull me. On a nice sunny day I would spend it walking or jogging along the water front – so energising.

What’s your best personal characteristic? It has to be my ability to have a good laugh, even at my expense.



Star pupil lives long and strong life with diabetes

“better, best, brilliant”

Winsome Johnstone is a role model to all. At 86 years old, Mrs Johnstone is New Zealand’s longest-surviving person with Type 1 Diabetes and one of Rab Burton’s star pupils.

Rab, a diabetes Clinical Nurse Specialist with Waitemata DHB, has nothing but admiration for Mrs Johnstone and often uses her story when encouraging other patients with diabetes.

“In her 80 years, she’s never missed one appointment, which is about every three-to-six months,” Rab says.

“That may not seem hard but you would be surprised with how many people struggle to persevere with the appointments and the diet and the medication.

“What Winsome does is such an achievement and she’s a beacon for those with diabetes to show them that if you follow the rules, you can live a long, happy and healthy life.”

Mrs Johnstone was diagnosed with diabetes when she was six years old.

“I remember the day I was diagnosed. I was just six, sitting in the waiting room and the nurse came out and told us while everyone

else was sitting there. I remember just bursting into tears.”

Diabetes wasn’t an easy condition to live with when Mrs Johnstone was a child.

Her sister had died from the condition at the age of 16 and insulin wasn’t discovered until just a few years before Mrs Johnstone was born.

Unlike nowadays when it’s easy to pop down to the chemist for insulin, Mrs Johnstone remembers the mornings she and her father would go down to the port and wait for a shipment of insulin to arrive from England.

“And you were in big trouble if you’d forgotten to put the order in on time,” she says.

“I learned to be very prepared.”

Rab says having children as a Type 1 Diabetes patient wasn’t an easy task when Mrs Johnstone was starting her family.

“She had to monitor her body very, very closely, testing herself eight times-a-day and constantly testing her blood sugar,” Rab says.

“Was that too much for Winsome? No. She went on to have four children, including a set of twins.”

After years of keeping a healthy diet and taking care of her body, Mrs Johnstone’s children and grandchildren have managed to avoid the condition.

“I have always followed the rules meticulously but after so many years of doing it, it doesn’t even feel like a chore. It’s sheer determination and I’m very strict on myself,” she says.

Rab laughs, saying even when she’s given a green light to relax a bit and enjoy a small piece of cake for a special occasion, she’s not easily convinced.

Instead, she’ll keep busy preparing her four injections a day with two different types of insulin.

She’s done about 80,000 injections of insulin in her lifetime and more than that in blood tests.

Rab says there are millions of excuses as to why people don’t keep up with the routine.

“They’ve had enough and there is just too much going on. People just find it too hard,” Rab says.

Mrs Johnstone says while it is hard work sometimes, she’s proof that sticking to the rules is worth it. And to spread the word, she sometimes volunteers with Diabetes Auckland to speak to people with diabetes and encourage that crucial lifestyle.

“Winsome’s an inspiration. And not just to people here in the Waitemata but all over the world,” he says.

“Health professionals all around the world use her as a benchmark for what can be achieved. She really does make me proud.”





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MERRY
★ Season's Greetings ★
CHRISTMAS



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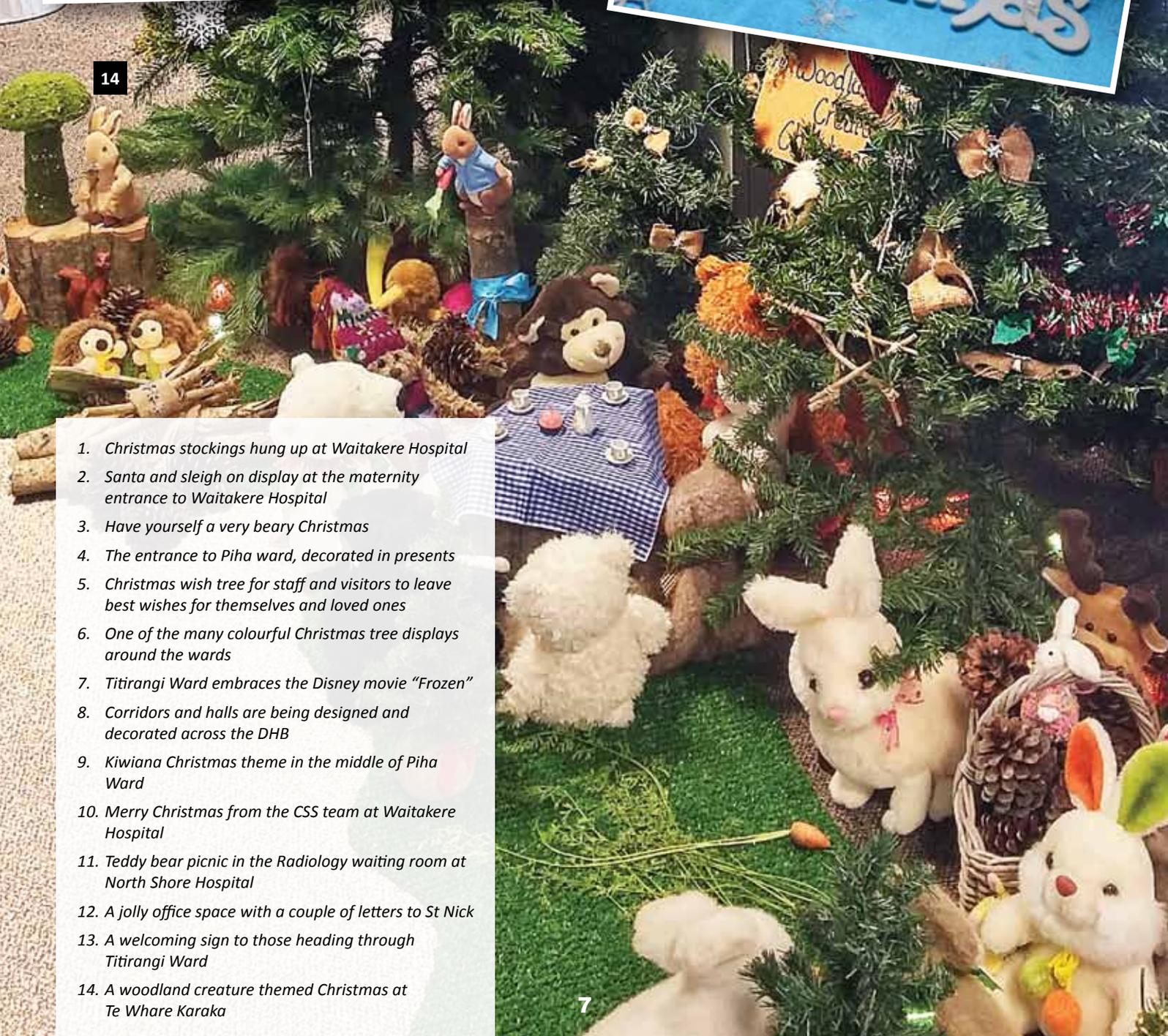


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1. Christmas stockings hung up at Waitakere Hospital
2. Santa and sleigh on display at the maternity entrance to Waitakere Hospital
3. Have yourself a very beary Christmas
4. The entrance to Piha ward, decorated in presents
5. Christmas wish tree for staff and visitors to leave best wishes for themselves and loved ones
6. One of the many colourful Christmas tree displays around the wards
7. Titirangi Ward embraces the Disney movie "Frozen"
8. Corridors and halls are being designed and decorated across the DHB
9. Kiwiana Christmas theme in the middle of Piha Ward
10. Merry Christmas from the CSS team at Waitakere Hospital
11. Teddy bear picnic in the Radiology waiting room at North Shore Hospital
12. A jolly office space with a couple of letters to St Nick
13. A welcoming sign to those heading through Titirangi Ward
14. A woodland creature themed Christmas at Te Whare Karaka

New ward for women's health

Yet another milestone in the *Waitemata 2025* programme has been reached. Hine Ora ward is our first dedicated women's inpatient facility.

Located alongside the maternity ward at North Shore Hospital, the \$6.2 million gynaecological ward has 15 beds and a new 30-member specialist team to provide integrated care.

Previously, there weren't any dedicated beds for gynaecology patients at North Shore Hospital, meaning patients requiring these services were allocated beds throughout the hospital.

Features of the ward include:

- a separate Awhinatia Suite – a private area for women and whānau experiencing stillbirth, for grieving families and for women with palliative care needs
- a four-bay maternity assessment area
- a procedure room allowing the service to provide seamless care without patients needing to be moved around the hospital
- one isolation room, two single rooms, four double rooms and a four-bedded room

The facility was officially opened on 6 November by North Shore MP Hon. Maggie Barry and Hine Ora ward charge nurse manager Jo Garrett. Minister of Health, Hon. Dr Jonathan Coleman, and DHB Chairman Dr Lester Levy unveiled the plaque.

Chief Executive Dr Dale Bramley says the new ward delivers much-needed additional capacity as the Waitemata population continues to grow.

"Having the hospital's gynaecological services together in a dedicated new women's ward will also provide an appropriate environment to deliver the best care where women's dignity and privacy are safeguarded," he says.

Clinical Director of Gynaecology Dr Peter van de Weijer says the concentration of specialists and nurses at Hine Ora will grow the team's skills and expertise and enhance the quality of care while improving patients' experience.



"everyone matters"



1. The nursing staff of Hine Ora in full waiata at the dawn blessing.
2. The Awhinatia Suite will provide privacy for women and families experiencing a stillbirth.
3. He Kamaka Waiora and Kaumatua at the dawn blessing.
4. Charge Nurse Manager Jo Garrett, Chief Medical Officer Dr Andrew Brant and North Shore MP Hon. Maggie Barry during a walk-through of the new facility.
5. The new ward provides 15 additional beds for North Shore Hospital.
6. Dr Peter van de Weijer speaks to the large crowd at the opening of the new gynaecological ward.
7. CEO Dr Dale Bramley, Dr Lester Levy and Health Minister Hon. Dr Jonathan Coleman unveil the plaque.
8. Jo Garrett and Hon. Maggie Barry cut the ribbon to open Hine Ora Ward.



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DHBs unite for new maternity plan

Waitemata and Auckland DHBs have joined to launch a plan to develop maternity services up to the year 2025. It follows on from the Maternity Services Collaboration Project that began in early 2013 with population modelling and analysis.

A workshop was held at Western Springs in late November which saw midwives, doctors, iwi representatives, ethnic community representatives and members of the public discussing their views and ideas on the plan.

The plan provides a chance to improve the two DHBs' maternity services and meet the needs of a growing and diverse population. It will also have an emphasis on ensuring both DHBs have a consistent approach with their guidelines for midwives and obstetricians and better connections between hospital and primary health care providers.

Waitemata DHB's Dr Peter van de Weijer says that by 2025, 700 additional births per year are estimated for Waitakere Hospital, with 300 extra births at both Auckland and North Shore hospitals, making the collaboration a timely opportunity to consider how best to provide maternity care.

"A cornerstone of the Maternity Services Collaboration Project is that our two DHBs will work closely together, and with our

communities, to co-design services that meet the projected increase in birthing demand, focusing on the best care and support for women and their babies."

An online survey seeking views has also been launched.

People wanting to give their input can visit www.healthvoice.org.nz and click on the Auckland DHB and Waitemata DHB Women's Health Collaboration Maternity Services Plan.



Ideas and views were shared at the Western Springs workshop in November.

Around the wards – Waitakere Hospital Emergency Department

The work at Waitakere Hospital's Emergency Department (ED) is refuting the old adage of never work with children.

Jaye Fuller is one of six nurses who work exclusively as Paediatric Nurse Specialists at Waitakere ED. The role was created in 2013 as a response to the growing youth population in West Auckland.

Around a third of patients who go through Waitakere ED are under the age of 15.

It was a change of environment for Jaye, who had spent 13 years prior with Child, Women & Family Services.

"I was a bit nervous about the role because I've always worked in areas where it was solely about the kids," she says.

"Coming into this part of the woods, I was of the impression that a lot of ED staff didn't

feel comfortable working with children but I've come to admire the versatility it takes ED staff to work with an 80-year-old patient at one moment and a two-year-old the next.

"That change requires skills and philosophical ways which are extremely different and yet the staff embrace all of that with a smile and gentleness."

Jaye says with any patient, the ability to form a relationship to get a good history and assessment is required. But with a child, there is always the added dimension of parents, siblings and other family members.

"If a parent has brought the child into ED, they will obviously be in an anxious state of mind, so you need to acknowledge and work with that," says Jaye.

"You need to also form a relationship with the parents and family to help them understand why their child is, or isn't, sick and what you, as the nurse, are thinking while assessing. So you have to communicate well with the child at the age they're at but manage in the context that a child has a family by their side, too."

Despite having a smaller emergency department, Waitakere has been a strong performer in meeting the national targets set by the Ministry of Health.

Waitemata DHB as a whole met the 2014/2015 target of 95% of patients being admitted, discharged or transferred from ED within six hours.

Jaye says there is an embedded culture that the patient gets seen quickly, established what needs to happen for them and is regularly checked up on.

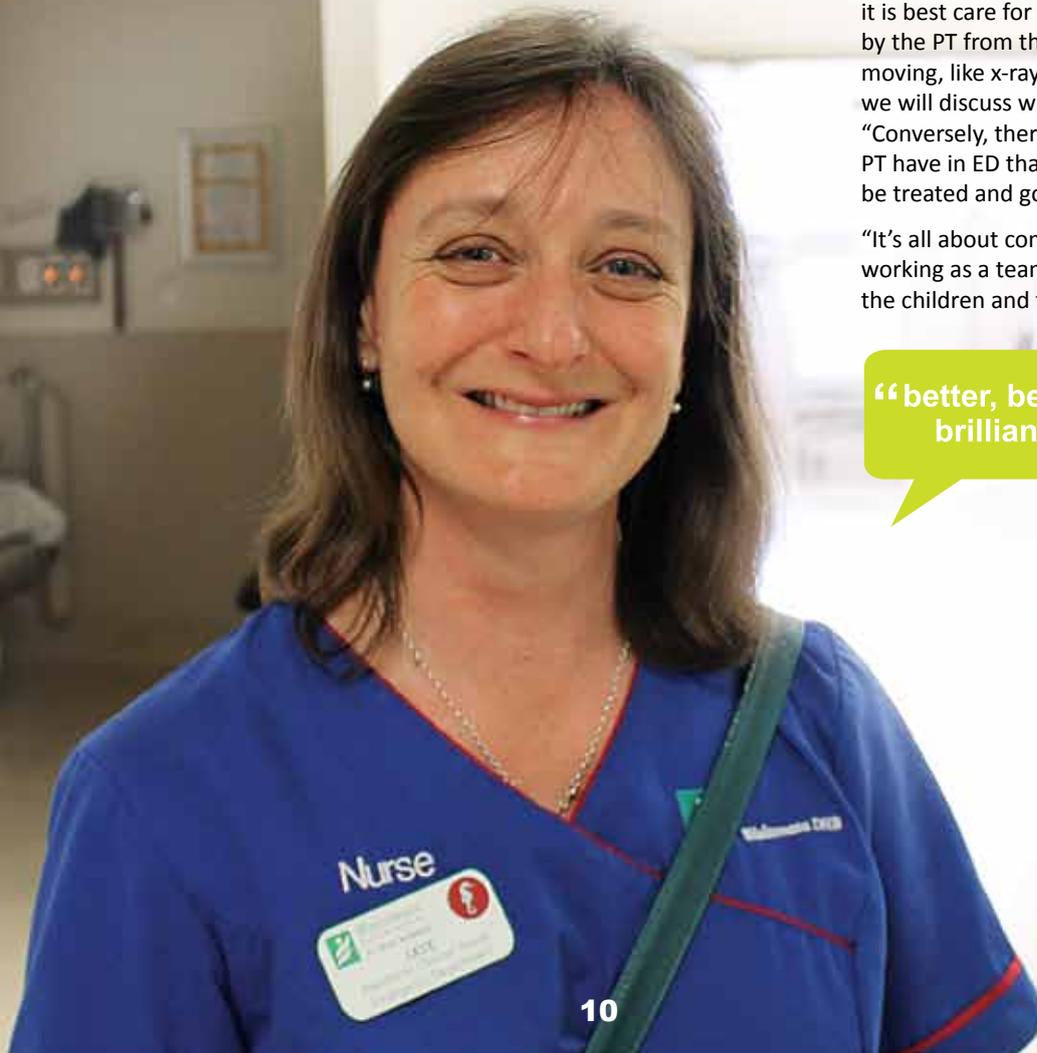
"And with children, a lot of them will fit into our best care bundles, so they will usually receive appropriate treatment initiated by their nurse immediately after that first assessment."

The paediatric nurses in ED work closely with Waitakere's Paediatric Team (PT) to ensure patients are not being double-managed. Jaye says it comes down to not thinking in a linear term of moving a patient through each specific department.

"If a little baby is brought in with a fever, they'll have to be admitted for the night, so it is best care for that child to be managed by the PT from the start. We can get things moving, like x-rays and blood tests but we will discuss with them straight away. "Conversely, there may be children who the PT have in ED that we can manage who can be treated and go home.

"It's all about communicating well and working as a team for the best interests of the children and families we see."

"better, best, brilliant"





Madonna graces Ahurewa

She is just under a metre in height but Bernard Makoare's interpretation of the Madonna stood tall at the opening of the Spiritual Centre, Ahurewa, at North Shore Hospital.

The carving was donated to the Waitemata DHB from Ngati Whatua and was unveiled at the dawn blessing on 1 December. Staff and guests lined-up afterwards to have their picture taken beside "Our Lady".

Chief Executive Dr Dale Bramley says the gift was one of the many highlights from the week of celebrations for the opening of the multi-faith facility.

"From the totara to the whalebone, it is truly one of the most unique and beautiful interpretations of the Madonna. I thank Bernard Makoare and Ngati Whatua for their gift to the Spiritual Centre, Ahurewa, and to the DHB."

Chief Advisor of Tikanga for Waitemata DHB Naida Glavish says Bernard, a master carver and respected artist from Kaihu, was always the person for the job.

"Those who know Bernard will know he is a deeply spiritual man himself, being raised with strong Māori and Catholic beliefs. We knew he would use all of his pukenga (skills) and matauranga (knowledge) to give us this stunning work of Mary with child."

Ngati Whatua also donated two antique tukutuku panels which are located outside the chapel's entrance.

Speaking at the blessing, Bernard talked of the process and mindset needed to create the carving.

"This was a huge honour but also a challenge, as it says the most proud shall stumble and fall. I had to make sure my heart was humble enough to carve this interpretation of Our Lady."

The main body of work was carved from a fallen totara tree estimated to be 1000 years old. It was gifted by Ngati Whare and Bernard deemed it "a privilege to carve this wood".

The halo was created from a kauri tree from the Waipoua forest in Northland. The depiction of baby Jesus was transformed from the jawbone of a sperm whale.

"The reason for using the jawbone of a sperm whale is that such whalebone was traditionally set aside to be made into weaponry," Bernard says.

"So I felt it was a way to meet the challenges of the world. Instead of the whalebone being used to create harm, it is now for peace and healing in the representation of Our Lord."

The carving is on display inside the chapel at the Spiritual Centre, Ahurewa.

A home for spiritual healing

“with compassion”



opens in hospital

It is a place of quietness, reflection, restoration and prayer.

The North Shore Hospital's new Spiritual Centre, Ahurewa, was officially opened on 1 December.

It was marked by a week of guest speakers and celebrations which saw the centre filled to capacity for many of its events, as hundreds of people - both staff and members of the Waitemata community - joined in.

The Spiritual Centre replaces the previous North Shore Hospital chapel, which made way for the development of new clinical facilities two years ago.

It has been designed to cater for people of all belief systems and includes two seminar rooms, a chapel, a prayer room and a quiet room for patients and families who may be absorbing difficult news.

Sponsored by North Shore Hospice, the seminar rooms are available for booking. The quiet room is available to all clinical areas and can also be booked.

The project was made possible by more than \$575,000 in generous donations to the Well Foundation, the DHB's official fundraising body, and to the DHB directly.

One of the key features of the centre is its large stained-glass windows, originally from a church in Pennsylvania in the early 1900s. Funds were raised by local supporters to bring the window to Auckland after the church's closure.

In addition to the funding, local community groups kindly donated significant sacred items and furnishings of significance to their faiths and cultures. This includes two stained glass windows from a church in Christchurch which was badly damaged following the 2011 Canterbury earthquakes.

Chief Executive Dr Dale Bramley says the new space allows the DHB to cater for the spiritual needs of patients, their families, as well as their physical healthcare needs.

"Given that our DHB's primary purpose is the relief of suffering and the promotion of wellbeing, it is important that we cater for more than just the physical needs of our patients.

"For people who may be going through a difficult time personally or in relation to a loved one, it is important that we offer a space for reflection, contemplation and, for those who are so inclined, prayer.

"This is a facility that all people are welcome to make use of, either by attending services or visiting for some quiet time alone. We are incredibly grateful to all those who have supported this project, which the DHB could otherwise not have completed."



1. Pulotu Bruce Levi leads a delegation into the Spiritual Centre with song.
2. CEO Dr Dale Bramley and Rev Hilary Leith cut the ribbon to open the Spiritual Centre, Ahurewa.
3. Aarif Rasheed speaks during the celebration of the prayer room.
4. All Black great Michael Jones gave a special lecture during opening week.
5. North Shore Hospice Chairman Professor Pat Alley talks of the strong relationship between hospice and the DHB.
6. Hundreds turned out for the dedication ceremony on 1 December.
7. Tongan Methodist Northcote choir sing at the dedication.
8. Dr Bramley speaks at the official opening.
9. Chaplain Oliver Cafe blesses the Spiritual Centre upon its unveiling.
10. Pulotu Bruce Levi was the MC for many of the week's events.
11. Bishop Patrick Dunn and Bishop Ross Bay.
12. A full house for the special lecture by Michael Jones.
13. Mataia Keepa leads the dawn blessing.
14. Chaplain Epeli Taungapeau leads a prayer prior to the official opening.



Waitemata DHB doctor recognised for ground-breaking research

“better, best, brilliant”

In November, the Royal Society of New Zealand recognised Professor Valery Feigin with the MacDiarmid Medal for his research into stroke and the development of the Stroke Riskometer app.

Professor Feigin has been a doctor at our stroke clinic for the past seven years. He has focused his career on strokes after his father died of a stroke 35 years ago.

Stroke is the second-most-common cause of death and third-most-common cause of disability worldwide.

“The impact of stroke is devastating and it has been my life’s work to increase knowledge about its frequency and prevention, especially as we see the total number of people suffering from stroke increasing worldwide,” he says.

Professor Feigin developed the Stroke Riskometer app with his team at the Auckland University of Technology where he works part-time as Director of the National Institute for Stroke and Applied Neuroscience.

The app can assess anyone over 20 years of age for risk of stroke and the likelihood of a stroke within the next five to 10 years, allowing users to take preventative measures to reduce risk.

“The beauty of the app is that it is free at App Store and Google Play, so it is accessible to the almost two billion smartphone users worldwide. The app is already available in 70 countries and is currently being translated into 20 commonly spoken languages.”

The Stroke Riskometer is already being used with Waitemata patients and is helping us in our efforts to prevent and manage stroke.



Prof Valery Feigin (left) receives his MacDiarmid Medal for his research into stroke and the development of the Stroke Riskometer app from Prof Juliet Gerrard, Fellow of the Royal Society of New Zealand.

Picture: Royal Society of New Zealand

Pat Alley's farewell

Speeches, gifts, and a rather stunning cake were part of Professor Pat Alley's retirement party on 9 November.

Pat retired after 31 years with North Shore Hospital, bringing to an end a prominent career which saw him as one of the founding members of the Department of General Surgery in 1984. Before his retirement, Pat had been working as Director of Clinical Training at the hospital.

Those in management, colleagues from surgery, former students and groups which Pat had worked closely beside, including the Well Foundation, gave praise to the legacy that Pat had created for himself and the DHB.

That included his work in Māori health advocacy, where he has given guidance to various groups within Māoridom and chairing a group representing the Royal Australasian College of Surgeons which is defining policy for surgical care in Māori.

Pat was given several gifts from the DHB and Ngati Whatua, including a canvas picture showing an aerial shot of North Shore Hospital, and a personalised cake created by executive assistant and master cake decorator Shelley Hughes.

Despite retiring, Pat is still remaining close to North Shore Hospital and Waitemata DHB as the chairperson of North Shore Hospice.



DHB celebrates Safe Sleep Day

An initiative started by the Waitemata DHB Maternity team was celebrated on 4 December as Safe Sleep Day was held across the country.

Safe Sleep Day is a national campaign aimed at raising the awareness of how to reduce sudden unexpected death in infancy (SUDI) by promoting PEPE strategy. The PEPE strategy is:

- Placing baby in its own sleep space
- Eliminating smoking in pregnancy
- Positioning baby on their back, face up, face clear
- Encouraging and supporting breastfeeding

Waitemata DHB organiser Sue Fitzgerald says the aim is to educate new mothers, and re-educate their parents and grandparents, about the importance of positioning a sleeping baby on his/her back.

“Not that long ago, the mindset was to position babies on their tummy and grandparents may still believe that’s the proper way to have your baby sleep.

“So it is important to use campaigns and other ideas to get the correct information out there.”

One of those ideas was the use of a baby grow garment with the “Back to Sleep”



The Safe Sleep Day campaign promotes the correct sleeping position for babies.

message printed on the front. The idea originated from Waitemata DHB community midwife Carolina De Oliveira Duff, who noticed a similar campaign for babies when in Brazil.

The idea has since been tabled by the Northern Regional Alliance with support from Whakawhetu and is now being taken-up by several DHBs around the country.

Sue says this is a visual way to discuss the message and parents are then asked to educate all their whānau and friends.



Molina Sitinjak, left, and Suprabha Pebbeti got involved in the Safe Sleep Day campaign at Waitakere Hospital.

Carpooling programme a champion match-maker

“connected”

Auckland Transport has recently awarded Waitemata DHB with the Match-Maker Award after our staff car-pooling numbers doubled in only 12 months.

The award recognises success in carpooling and was presented to Sustainable Development Manager Michael Field at Auckland Transport’s Commute Awards in December.

Our carpooling programme matches staff members who register for carpooling. Participants are then issued with a carpooling permit and able to use the designated carpooling car parking spaces provided, on the condition the car carries two or more occupants.

It is proving a hit as staff commuting habits continue to change. Around 160 staff members are registered on the programme this year, thanks in part to newsletter notices, sustainable transport expos at our staff cafeterias and each new staff member being

informed about the programme.

The carpooling programme is one of the many Waitemata DHB sustainability achievements in the past year. Others include:

- Enviro-mark Gold certification for both Waitakere and North Shore hospitals. Waitemata DHB is the only DHB to have Enviro-mark certification.
- Winning last year’s NZ Climate and Health Council’s Leadership in Environmental Sustainability by a Health Sector Organisation Award.
- Fully integrated waste minimisation programmes.
- Active membership of the Global Green and Healthy Hospital Network, Sustainable Business Network, NZ Sustainable Health Sector Network and becoming the first DHB in the country to join the Sustainable Business Council.

Interprofessional Health Care Team Challenge 2015

This September saw the third annual Interprofessional Health Care Team Challenge held at Waitemata DHB.

The internationally recognised event brings recent graduates from all areas of health care to work together in supporting a patient through their health care journey.

Three teams were given the scenario of a patient who had recently suffered a stroke and had two weeks to develop a care plan to present at the challenge.

Their ability to collaborate, communicate and work as a team to develop a patient-centred care plan was judged by an interdisciplinary panel of Cheryl Johnson (consultant geriatrician), Kaye Dennison (dietitian and Director of Optimize Health Solutions Ltd) and Judith Lunny (consumer advocate).

A 'twist' was then presented and teams were marked on their ability to work under time pressure to develop a new care plan.

"We were blown away by the enthusiasm and excellent team work demonstrated by the participants this year", Cheryl Johnson says.

Quality Improvement Specialist Avril Lee, one of the event's organisers, says the challenge gives young health professionals the opportunity to develop interprofessional collaborative skills and build confidence in working with other members in healthcare.

"All participants enjoyed the challenge and gained an insight into what each health professional brings to the table."

Keeping true to their name, the judges' winner was Team Won. The audience vote saw The Pain Killers pipping Bring Back Bruce in a close vote.



Bring Back Bruce

From left to right: (Back row) Bex Watkin (Dietitian), Kate Foot (Occupational Therapist), Sarah Wilkinson (Pharmacist), Emily Shine (House Officer); (Front row) Theo Manuel (Physiotherapist), Francis Florencio (Coach)



Team Won

From left to right: Jenny Vitali (Coach), Marie Louise Chiaroni (Pharmacist), Enya Treadwell (Nurse), Anna Hart (Physiotherapist), Vanessa Mygind (Dietitian)



The Pain Killers

From left to right: Areege Hussein (Dietitian), Sherry Yeh (Pharmacist), Wes Lagolago (Physiotherapist), Sophie-Ann Chin (House Officer), Lucy Meehan (Nurse), Sarah Firman (Coach)

We're so fortunate to have the generous support of the City Cake Company and the Spencer on Byron Hotel. Both businesses generously supply us with the sumptuous celebratory cake and the reward which includes either a complimentary dinner for two or a relaxing night at the 4.5-star hotel.



Supported by:

Who:
Mary Dunkley, Health Care Assistant

Where:
SCBU North Shore Hospital

Mary works tirelessly at SCBU from 5:30am until lunchtime. She always has a smile on her face and is a welcome sight for the tired night staff in the morning.

Mary is a pivotal figure of the SCBU team. If anything is needed or cannot be found, Mary is on-hand to let you know exactly where it is. She keeps on top of the ordering and restocking for the unit and will immediately replace any items needed. She washes all the babies' clothes and keeps the unit clean. Even though she has had a hip replacement and arthritis, she is still seen on her hands and knees cleaning along the oxygen and suction points.

Mary is a hard worker and will always run errands, such as taking blood gases to the lab when asked. She is modest and kind towards the babies and their families. She would be the last person to think of herself as a 'Health Hero' but the SCBU team thinks she exemplifies the role.



Health Hero Mary Dunkley (right) with Child, Women and Family GM Linda Harun

Who:
Pita Pou, Kaumatua

Where:
Waitemata DHB

In November, Kaumatua Pita Pou retired from his role with Waitemata and Auckland DHBs.

As a Kaumatua, Pita thoroughly enjoyed this role and was very articulate to ensure it was carried out with the mana it deserved.

Pita was very reliable as a strong advocate of tikanga across all sections of the two DHBs and, in particular, Waitemata. He gave leadership in the areas of blessings, powhiri processes and translations.

He made himself available to support various staff, nurses, executive and clinical teams to ensure a clear understanding for them when addressing sometimes-difficult whānau cultural issues. Pita has been invaluable to many of our services both within and outside of our organisation. He has certainly been fundamental in managing the MoU relationship between the DHBs and Ngati Whatua.



Health Hero Pita Pou speaks at his retirement lunch at Waitakere Hospital's marae Te Wai Takere Oranga

Well over half-way to a new clinic for kids

The Well Foundation is busy raising \$198,000 for a much needed new mobile health clinic for Waitemata DHB. Thanks to support from a range of individuals, trusts, business and community groups, they've passed the half-way mark with just over \$106,000 donated so far.

On board with their efforts is Racheal Perry, a public health nurse who works in one of the DHB's current mobile clinics assessing and treating hundreds of children and families with a range of health concerns.

Racheal and the other nurses in the Child Health team take the mobile clinic to treat the most vulnerable families in West Auckland and Rodney, where there are barriers stopping people from accessing basic health care.

"When we are out in the community, we are ready and available for those who need us," says Racheal. "The usual difficulties that stop many of our patients from getting to the doctor or hospital, they are all gone. All they need to do is knock on our door and they reach us."

One of the current mobile clinics is a modified motorhome and is almost 17 years old. It is small and cramped, has a narrow entrance and is mechanically unreliable.



"There are lots of problems with the mobile clinic but the biggest is not having our own power supply and the need to run an electrical lead to a power point," says Racheal.

"A new clinic with its own power supply will allow us to go places previously inaccessible and reach people we know need our help."

If you can help with a donation towards the clinic, the Foundation would love to

hear from you. Please donate online at wellfoundation.org.nz/donate or call 09 447 0138.

**WELL
FOUNDATION.**

Sold on a good cause - Barfoot & Thompson joins Well



The Well Foundation, our DHB's official fundraising body, is proud to have recently welcomed its inaugural corporate partner, Barfoot & Thompson.

Barfoot & Thompson is New Zealand's largest privately owned real estate company, still run by the Barfoot and Thompson families.

With over 1,400 salespeople in 67 branches, they are experts in the real estate industry in Auckland and Northland and are passionate about giving back to their local communities.

For the first year, the annual contribution from Barfoot & Thompson will support the CARE (Co-ordinated care, Assessment, Rehabilitation and Education) Project pilot that Waitemata DHB is running to coordinate and enhance the care of older people living in their homes in our communities.

Funding from Barfoot & Thompson has been put specifically towards a team of gerontology nurse specialists who will be responsible for training and educating the general practices involved in the pilot.

The Foundation is thrilled to have Barfoot & Thompson on board, says CEO Andrew Young. "It's fantastic to join forces with a successful family-owned company that is committed to core values which are similar to the DHB's," says Andrew. "We look forward to building a great relationship during coming years."

Team profile – TUPU Services

Tupu Services is the addiction arm of Takanga ‘a Fohe Services, which is a Pacific Mental Health, Addiction and Liaison Service. Tupu is a mobile regional team of 16 trained Pacific Island clinicians.

What does the team’s role involve? This is a multi-disciplinary team who offer brief clinical and cultural interventions. Our role involves screening, assessing, diagnosis, individual counselling, face-to-face, family support, case support, groups (both at daytime and after hours) and running clinics to screen and refer.

We use Pacific models and tools to reach out to our Pacific families, including the Fonofale model and the Matalafi Matrix, an assessment tool. Our treatment plans are tailored to suit our Pacific Island people according to their different languages and cultures, gender, traditional to New Zealand-born and age. We support student placements and offer consultations and liaison. We also support people with co-existing disorders. We have a youth team who are very robust in engaging with our young people.

Why would staff choose to work in this field? This kind of work is appealing to those who know and are passionate about understanding their own Pacific people and would like to give more to them by assisting those who are struggling with AOD issues.

It is often a rewarding experience to be a part of a lifestyle change process and to have positive impacts on our Pacific families and communities. It is natural for our Pacific people to serve and so this team is provided with the opportunity for workers to grow and to serve.

What does the team love about this field? There is a strong sense of loyalty and compassion. It was established to promote “Pacific for Pacific” in the addiction field. The service delivery is underpinned by the guiding principles of Tupu philosophy.

It is about acknowledging the learning of the past and how to best-promote healing and ensure growth in the present and future. It is easy to engage and connect with our people. The team focus is to empower and move our people forward in their new environment of New Zealand culture, while maintaining their own culture, integrity and identity.

This team also is driven by the family model where the key values of relationships and respect are a top priority. This family model makes it very easy to nurture and resource the team to deliver a service that is ‘Pacific for Pacific’.

What are the challenging parts of your role? Like all strong teams, we also come across challenges. Since Tupu is a mobile regional team, the team often feel stretched. While home visits are very effective, the travelling is time-consuming and we also need more Samoan-speaking clinicians to cater for the high demand.

The actual recording and documentation of our practice can be a big challenge. It can feel like there is more time spent on administration aspects of the job than the actual engaging with our clients face-to-face.

But all these are growth areas for the team who still strive to serve our Pacific people in the Waitemata district.



“everyone matters”

Nothing but praise for doctor and nurse in the west

My husband, Graham has been seeing Dr Megan Cornere at Waitakere.

We both think she is one of the top 5 of all doctors we have ever dealt with and I personally think she is the best hospital doctor either myself or Graham has ever seen. She listened, she investigated thoroughly, she did not dismiss my concerns, inaccurate they may or may not have been. She followed up, she ensured Graham was not left by himself during procedures and tests (due to his comprehension issues - she understood that perfectly - and has been the only one so far to do so). She checked properly and ensured she had all the information before making decisions. She is brilliant.

Also of mention is nurse Shirley Clover, who gave me her card when we first saw Dr Cornere, and said don't hesitate to ask anything. She answered me every time and was extremely helpful. So, just praise this time. I hope we can be lucky enough to have doctors (and nurses) like them every time.

Helen, Ranui

Top care for our mother

Dear Gerry and staff of Muriwai ward, I just wanted you and the staff to know how much we appreciate the care you are giving our mother, Margaret. It is a very distressing time for us seeing her suffering so much with the dementia/delirium but we are amazed at how kind, understanding and competent your staff are.

Thank you so much

Name withheld

Getting a feel for the organisation

My wife has had extraordinarily good care from your people today. And what's more, the toilets for visitors are immaculate and staff are extremely helpful and friendly. These points tell a lot about your excellent organisation.

Name withheld

Browns Bay

Here's to a speedy recovery

I had surgery on my hand last July at the main hospital surgical unit at North Shore Hospital. I just wanted to pass on how impressed I was with service of care provided, from the initial visit the week before to the ADU unit. Dr Richard Cowley was great and kept me up to date when my surgery would be. The nurses in recovery and PACU unit (Tracey) were awesome. Everyone I dealt with or spoke to was very polite, informative and caring. Here's to a speedy recovery.

Many thanks

Mandy