

News, views and information from Waitemata District Health Board

Healthlines

ISSUE 222

August–September 2017

A new way we prescribe oxygen is transforming our care for patients and saving even more lives.

See pg 3



“everyone matters”

Families

Patients

Staff



From chief executive Dr Dale Bramley

New Mason Clinic unit part of our wider commitment to mental healthcare

Our mental health service team does a fantastic job for our community. We run the largest mental health service in the country - not only providing care for the Waitemata population of almost 620,000 people but also alcohol and drug services for Metro Auckland and forensic mental healthcare for the entire Northern Region from the Mason Clinic in Point Chevalier.

The quality and scale of mental health services we offer and the sheer number of people our team helps is one of this DHB's true success stories. The high level of compassion and care that goes into supporting people through vulnerable periods in their lives is something we can all be proud of.

Like all services, demand for access to mental health services continues to grow along with our population. To continue providing the best care, we need to keep developing our services and facilities to meet community needs. This also supports our people to do their best to make a difference and help improve health outcomes for our community.

On August 4, I had the pleasure of opening Te Aka, a new 15-bed medium-secure unit based at Mason Clinic. The cultural considerations that have gone into the unique design and layout of the unit make this a wonderful example of how healthcare will be delivered into the future. You can read all about the new unit on pages 8-9.

Te Aka is part of an ongoing programme of expansion and development within our mental health services. Other recent examples include the opening of the He Puna Waiora inpatient unit (replacing the former Taharoto unit) and the new Child and Adolescent Health Service opening in Orewa late last year. We have a comprehensive plan to redevelop the Mason Clinic site, including looking at how we can secure more land to cater for future needs.

I want to sign-off by recognising our 1000-plus staff whose focus every day is on helping our patients and their whanau manage mental illness. Your work is recognised, valued and very much appreciated.

Take care
Dale



“everyone matters”

New faces

If you've just started working for Waitemata DHB, email hinerangi.vaimoso@waitematadhb.govt.nz

New faces this issue include:

Reverend Uesifili Unasa Chaplain



Uesifili is the newest member of Waitemata DHB's chaplaincy team based at North Shore Hospital. He steps into the shoes of Hilary Leith, who retired earlier this year. Uesifili came from the Methodist Parish of Remuera and was chaplain at the University of Auckland from 2004 until late 2015.

Dr Mimoza Trenceva Psychiatrist



Mimoza has been appointed in the north and west Waitemata regions to provide dedicated specialist mental health and addiction support for GPs via in-reach services. Mimoza took on this extra role in March and is available to GPs from Monday-Friday, 9am-5pm.

O² prescribing saves lives

An innovative collaboration improving oxygen awareness

Doing the simple things well has put Waitemata DHB on the map again as the first DHB in the country to transform the way it prescribes oxygen.

#O2TheFix: Swimming between the flags was the overall winning entry at this year's Health Excellence Awards, presented by Respiratory Clinical Nurse Specialist Nikola Ncube and Pharmacist Team Leader Jessica Nand. This presentation also won the Excellence in Clinical Care award.

"Oxygen has always been a crucial form of treatment for many hospitalised patients with profound physiological effects, both beneficial or harmful like any other medicine," Nikola says. "Up until recently, it has been poorly prescribed or not prescribed at all. Oxygen is a medicine so inappropriate administration of oxygen can be detrimental to patient health outcomes." #O2The Fix encourages staff to consider appropriate saturation levels when administering oxygen.

For most patients, saturation levels of 92-96% are preferred which reflects normal physiological values. For patients at risk of carbon dioxide retention such as those with chronic obstructive pulmonary disease (COPD), levels of 88-92% are safer. They say the catchy phrase to remind people of the concept is If O₂ the fix, aim 92-96. If high CO₂, aim 88-92.

"There are concerning statistics that show when oxygen is prescribed and administered in an 'uncontrolled' manner, this can lead to harm," Nikola says

"Studies show that controlling oxygen in this manner can reduce hospital mortality by 58% in all hospital admissions and by 78% in patients with COPD."

The Waitemata DHB Medication Safety Committee helped form a steering group of multi-disciplinary professionals including respiratory clinical nurse specialists, pharmacists, e-prescribing team members, e-Vitals team members and nursing educators. Respiratory and General Medical Consultant Dr Alex Chapman became the clinical lead for the project.

"For years we have understood that blanket issuing of oxygen is unnecessary and potentially harmful. Basic scientific studies have suggested this and more

recently clinical trials in real patients indicate much improved outcomes when oxygen is given in a controlled manner," Dr Chapman says. "National guidelines have been developed but still, translating this into change of practice is challenging and at times frustrating and so we have tried here to develop novel initiatives for change"

#O2TheFix aims to improve the understanding of oxygen and its delivery devices, says Jessica. "There was no information or guidelines available for doctors and nurses to refer to which has led to confusion in the past. The project focussed on different aspects to improve awareness of oxygen. Updating Waitemata DHB guidelines in line with national and international guidelines was a start."

The project uses electronic prescribing to make the process easier and safer. When doctors type "oxygen" into MedChart they choose from a list of set devices that are clinically most appropriate for their patient. They then choose the most appropriate pre-set target saturation range.

Pharmacists, in consultation with respiratory and the Intensive Care Unit staff, have set up quick-lists in MedChart to ensure all important information is already pre-populated into the programme. Jessica

says this has completely revolutionised the prescribing of oxygen which was previously done on a paper chart which allowed risk.

"Now each prescription of oxygen includes all mandatory information and it is fairly difficult to prescribe oxygen inappropriately. It is easier for our clinicians and also safer for our patients," she says.

A campaign week during October 2016 helped raise awareness with interactive stalls, educational posters on the clinical wards, stickers promoting the catch phrase and social media hashtag #O2TheFix.

Six months after implementing the project at Waitemata DHB, the percentage of patients prescribed oxygen increased from 12 percent at baseline to 49 percent. "We already know that safer prescribing of oxygen titrated to appropriate target saturations can reduce mortality rates. This behaviour just needs to become part of our standard practice," Nikola says.

Since the success of #O2TheFix at Health Excellence Awards in June, Nikola and Dr Chapman have presented at the Thoracic Society of Australia and New Zealand (TSANZ) meeting in Queenstown and the group are due to present at the upcoming New Zealand Hospital Pharmacists' Association (NZHPA) annual conference.



Robin Molloy of Unsworth is treated at North Shore Hospital by Respiratory clinical nurse specialist Nikola Ncube, Pharmacy team leader Jessica Nand and Respiratory and General medical consultant Dr Alex Chapman.



Waitemata DHB has a no-tolerance policy for bullying

Workplace studies in New Zealand have revealed that bullying is relatively common in certain industry sectors, of which healthcare unfortunately is one.

Bullying is completely unacceptable and is a health and safety problem. The Waitemata DHB has placed a high priority on health and safety and improving our culture, which includes identifying and eliminating any bullying.

It is important to have the appropriate policies in place and mechanisms to deal with bullying when it does occur, but in the end we are a health organisation and all individuals working at our DHB should be highly motivated by compassion and kindness. I have written to you about kindness before and make no apology in doing so again. Having a culture of compassion and kindness is the greatest defence our organisation has against bullying and general complacency.

"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 and their whānau with compassion if we do not treat each other with kindness.

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.

Being accountable and receiving constructive criticism is part of the operation of a normal organisation and an important part of people's development. This can and should be done with kindness. You do not have to be nasty to hold somebody accountable.

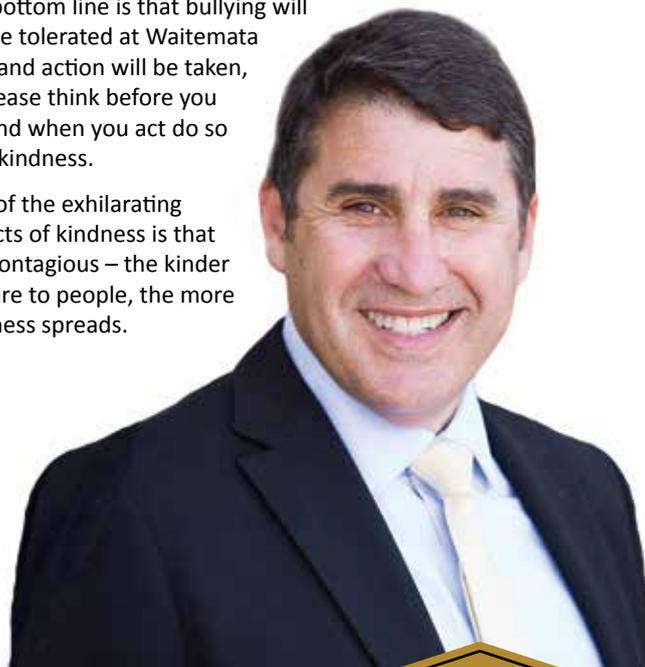
'A dead battery can't charge a dead battery' is one of my favourite quotes from Keith Harrell (Dr Attitude). Fundamentally, you always have a choice between having a negative attitude towards your colleagues and channeling your own resources and vitality to craft a positive attitude towards your work colleagues.

There are literally tens of thousands of interactions occurring every day between staff. Please choose to make all these interactions positive even when the underlying issues are complex and difficult.

That choice is likely to have a big impact on whether or not our patients and their families and whānau are treated with compassion.

The bottom line is that bullying will not be tolerated at Waitemata DHB and action will be taken, so please think before you act and when you act do so with kindness.

One of the exhilarating aspects of kindness is that it is contagious – the kinder you are to people, the more kindness spreads.



Who: Naomi Wright

Registered Nurse, ADU, Waitakere Hospital

Nominated by: Charge Nurse Manager Shelley Vaudrey.

Naomi, the ADU Waitakere H&S rep, is dedicated to this role, completing timely audits and feeding back at every team meeting. Naomi has supported two new H&S reps in the auditing process and highlighted the issue of medication safety with the Charge Nurse Manager and the Pharmacy Team Lead. Medications are now delivered to the unit coordinator/registered nurse and signed in by the deliverer and the receiver. The coordinator or registered nurse then delivers medication to the correct registered nurse and places medication in the drug room.



eVitals – putting patient safety at the forefront of everyday practice

Patient safety is at the very heart of a newly rolled out electronic initiative giving staff at the Waitakere and North Shore hospitals quick, easy and simultaneous access to patients' charts – all via mini iPads or computers.

eVitals captures all nursing observations and charts in an electronic format – eliminating the need for old paper charts that were sometimes difficult to read, hard to find and incomplete.

Waitemata is the first DHB in the country to complete a full rollout of the system that allows real-time monitoring of a patient's vital information. Its efforts are leading the way in Australasia.

Statistics show the DHB's nurses used to spend an average of 31 minutes per shift looking for misplaced charts. But those days are now over – the "lost time" figure is down to 0 and staff have more time to spend on direct patient care.

Electronic observations and charts are more user-friendly than their handwritten predecessors, which were sometimes difficult to read and therefore open to misinterpretation. The risk of error is therefore significantly reduced and patient safety is at the absolute forefront of everyday practice. Clinical lead Peter Groom says eVitals makes patient data immediately accessible to the health professionals who need it.

"If you're a dietitian and you're looking at weights – it's available. Similarly, you might be elsewhere in the hospital but still able to ensure the correct amount of fluid is being administered," he says. "If you're a physio who wants to check someone's blood pressure before standing them up – it's also available."

"Or maybe you're a doctor who's worried about how someone is doing post-operatively. Now you can check their charts between your cases in theatre while the patient is on the wards."

The system ensures nursing observations are completed on time and accurately. It allows clinical staff to identify deteriorating patients early and deliver treatment quickly.

eVitals operates alongside e-prescribing – a similar concept that allows medication to be prescribed by doctors at the stroke of a key and administration to be recorded electronically. The Waitemata DHB is the first in the country to implement a mobility solution that enables both developments.

Relevant information is stored on a server and accessible in a secure environment via 500 mini iPads located across the DHB, as well as Computers on Wheels (or COWS) that clinical staff take on ward rounds when seeing patients.

Peter says the feedback from staff is positive. "Nurses don't miss the paper forms at all and report significant time savings with observation and prescription charges now available in their pockets," he says. "Doctors find it more convenient being able to check up on their patients without leaving their clinic or the operating theatre."

The introduction of the system is the next step in moving the DHB to an all-electronic health record (EHR) designed to improve safety by ensuring patient information is readily available to clinicians and cannot be misread. "I think we will reach a point – perhaps in five years' time – when people will be very surprised if medical staff are still pulling out bits of paper on the job," Peter says.



Excellence at IPANZ awards

Waitemata DHB was recognised at the Institute of Public Administration New Zealand (IPANZ) Excellence Awards this July in Wellington. The Bowel Screening Pilot took out the Award for Excellence in Design of Supporting Poster and was named a finalist in the Public Sector Engagement category.

The Waitemata Abdominal Aortic Aneurysm (AAA) Screening Pilot for Māori was also named a finalist for the Prime Minister's Award for Public Sector Excellence and Crown-Māori Relationships.

These projects are just a sample of the initiatives being led by staff. This is an outstanding example of our drive for clinical excellence and improving health outcomes for our community.



(From L-R) Tangihaere Tutengahe, Esther Sio, Ann Buckley, Gaye Tozer, Jun Li and Jasmin Steele from Waitemata DHB Bowel Screening Services.

It's not every day our maternity staff have the opportunity to birth twins, so when we had five sets arrive at North Shore Hospital's maternity unit, it was worth shouting it from the rooftops.

Ten newborns and their ten proud parents assembled for a group photo before being discharged on Thursday 29 June. All of the same-gender twins were born within a few days of each other and two sets arrived on the same morning Emirates New Zealand raced to America's Cup victory in Bermuda. Twins are a relative rarity, so having five sets on the ward all at one time was something of a novelty. "Just 2 per cent of all live births in New Zealand are twins and there is always a high level of excitement when we have them on the ward," Waitemata DHB obstetrician Adele Barr said. "To have five sets at once was certainly a talking point."

A total of 4114 babies were born at the North Shore Hospital between July 1, 2016 and June 28, 2017. They included 81 sets of twins and one set of triplets. Staff at Waitakere Hospital delivered 2805 babies in the same period – including 14 sets of twins.



(From L-R) Niko and Taymon with parents Hazel and Cliff Oxford, Elsa and Elva with Summer and Yue Zhao, Annabelle and Emily with Matthew and Carla Pearce, Marco and Franco with Anna and Lourens Pretorius and Ezekial and Nehemia with Helen and Apalosi Kaliopasi.



Waitemata DHB signs pledge to boost employment among young Māori

 Dr Lester Levy.

Waitemata DHB took another step toward future proofing its workforce by signing an official pledge on Wednesday promising to create more opportunity for a generation of young staff.

The Youth Employment Pledge, signed by Dr Lester Levy as chairman of the three Auckland Metro DHBs including Waitemata, Auckland and Counties Manukau, was set up by Youth Connections to address the issue of youth unemployment in Auckland City. Youth Connections, as part of Auckland Council, works with local businesses, youth services and schools to create connections between young people and employers.

Dr Levy says Auckland's Metro DHBs are committed to being equal employment opportunity employers through recruitment and selection, development, management and retention of all staff, including their younger workforce. "We have some exceptional health staff who achieve remarkable things on a daily basis. This Youth Employment Pledge is about ensuring that our workforce moves with the tide as our communities become more diversified in age, ethnicity and skill," Dr Levy says.

"Community is healthier overall when it is served by a health workforce that reflects its cultural diversity." Dr Levy spoke of the importance of gaining more Māori and Pacific staff.

Waitemata, Auckland and Counties Manukau DHBs have a combined workforce of about 25,000 and serve an area of about 1.6 million people. Some of the promises made by Dr Levy through the pledge, on behalf of the DHBs, included an assurance that DHBs would work to employ a culturally equitable workforce, create a Māori and Pacific youth employment/recruitment strategy across the organisation, provide work experience and career engagement for young people to learn about careers in health and work to eliminate barriers to a positive employee experience and career outcome.

Dr Levy pledged to review the progress of the DHBs annually. "The DHBs of Auckland are great places to learn, work and develop a career. By making this commitment to the youth of our workforce, we prove that large public sector organisations can adopt an internally driven culture change and offer a working environment that is attractive to all," he says.

New facility sets scene for holistic cultural engagement

A new 15-bed facility is the latest in a series of developments and upgrades designed to address the growing demand for specialist mental health services in Auckland.

Te Aka was officially opened in August by Minister of Health Hon Dr Jonathan Coleman on the Mason Clinic Auckland Regional Forensic Psychiatry Services site at Pt Chevalier.

Waitemata DHB CEO Dr Dale Bramley says construction of the \$14.4 million building is part of an extensive programme of remediation repairs and facility upgrades underway across the whole site. He says its completion adds a much-needed additional five beds to the regional forensic service of the four northern DHBs.

Mason Clinic bed capacity now stands at 108.

The state-of-the-art building includes sensory modulation rooms, capacity to manage vulnerable populations in different areas,

a gym, internal courtyards and large windows allowing for plenty of sunlight.

A whareniui (meeting house) built into the front entrance is where service users of all ethnicities will be welcomed on arrival and is expected to have extra significance for those of Māori ancestry, who make up a significant proportion of the facility's population at any one time.

"A culturally respectful treatment philosophy often enables people to reconnect with themselves and their whānau, and can play a critical part in a person's recovery," Dr Jeremy Skipworth says.

"Having a whareniui at the entrance sets the scene for the type of holistic cultural engagement which local research has shown to be most effective in rehabilitation."

Dr Skipworth says the new building and other upgraded facilities will provide the right environment for better client outcomes.





1. The rooms are colourful and comfortable.
2. CEO Dr Dale Bramley unveils the official plaque.
3. The front entrance of Te Aka leads into the whareniui.
4. The common areas are bright with plenty of windows for natural sunlight.
5. Matua Levao Tiava'asu'e addresses guests during the official Te Aka opening ceremony.
6. Kaumātua welcome manuhiri (visitors) to Te Aka at the official opening.
7. A special carving on the ceiling of the whareniui.
8. Director for Specialist Mental Health and Addictions Service Dr Susanna Galea, Waitemata DHB deputy chair Kylie Clegg, Associate Service Manager Clare McCarten, Clinical Director Jeremy Skipworth and CEO Dr Dale Bramley.



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Just put a 4 in front!

4

Your extension number will be changing from four digits to five

During the first two weeks of November, all Waitemata DHB telephone extensions change from four digits in length to five by prefixing your current number with a 4. For example, extension 5780 will become 45780.

The change is part of a move to meet telecommunication needs as Waitemata DHB grows. It also aligns the telephony system with other Auckland DHBs, eventually making communication between the DHBs easier through the use of one single phone directory.

Chief information officer Stuart Bloomfield says more efficient communication between colleagues and sites is in line with Waitemata DHB's values: being connected. "More than ever before, our staff and services need to be flexible and still accessible. By simply adding a single digit in front of our established extensions, we are making the expansion of our DHB a smoother process," he says.

Planning for the project has been meticulous to ensure minimal impact on patients and staff. Every phone in Waitemata DHB will need to be upgraded, so each department will need to allow for a two-hour-long outage. The upgrades are set to take place during the night and at weekends. Staff will be responsible for updating extension details for their phone and phone lines used by their department.

Items to be updated include:

- Appointment letters to patients
- Business Continuity Documents
- Letterheads – ordered and printed
- Document templates (headers and footers)
- Pamphlets
- Intranet phone directory
- Media publications
- Business cards
- Email signatures
- Finance invoices
- Websites

- White/Yellow Pages
- Contact centre
- Local speed dials
- Printers
- Fax machines with programmed numbers
- Posters and promotional material
- Phone labels
- Lanyards (incl "on call" extn numbers)

Updates about the project, including a link showing the exact date and time your extension will change, will be made available on Waitemata Weekly and StaffNet. Staff are encouraged to inform contacts of direct dial numbers instead of extension numbers.

Note this change will not affect your DDI, 0800 numbers, mobile phone numbers or the emergency 777 number.



New ways of communicating with primary care

A new primary care communications platform has been launched by Waitemata DHB to make it easier for GPs, pharmacists and urgent care centres to receive timely and accurate information.

The Medinz system will give primary care practitioners access to critical and urgent information from our DHB that will assist in the care of their patients.

Developed in collaboration with Healthpoint, Medinz allows GPs and

others to quickly receive accurate, reliable and timely information that is clinically important to the key audience.

One of the main features is the ability for recipients to select how they want to receive critical information – whether via email, fax, text message or their patient management system.

They will also have the ability to rate the DHB's messages and provide feedback that will enable us to ensure we are meeting their needs.

Medinz will be particularly useful in times of emergency when primary care needs rapid, reliable communication from the DHB.

Labtests and Auckland Regional Public Health Service (ARPHS) will also be publishing information on Medinz, with other DHB publishers expected to follow soon.

Streamlined initiative transforms hospital care

“everyone matters”

Patients

A new initiative at North Shore Hospital is designed to get older patients home and better quicker than ever before.

The TransforMED project is sweeping its way through ADU as well as its general medicine wards. It is designed to break an old mind-set that bed rest is always good – steering patients clear of hospitalisation wherever possible and making sure that those who are admitted to the wards don’t stay any longer than necessary.

Waitemata DHB Acute and Emergency Head of Division Dr Gerard de Jong says to lie in bed without engaging in regular activity is detrimental to psychological and physical health. “Put people in bed for a week and they may never get back to the same level of functioning that they had before. This kind of bed rest has, for many decades, been part of general concepts of care with the best of intentions,” he says.

“It can in fact be incredibly hurtful to do that to people and we want to reduce it by getting patients out of hospital earlier with the appropriate aftercare in place whenever possible and feasible.” Dr de Jong says a key part of the TransforMED initiative is the interdisciplinary assessment process that now takes place through ADU.

It focuses on improved end-to-end care of frail, older adults who may be at increased risk of harmful deconditioning with continued hospitalisation and carefully considers if and when home care is a better option.

The system has already seen a 48% increase in the number of patients treated effectively and discharged on the day of admission – without the need to spend a night in a hospital bed.

“There is in principle a potential harm factor in any hospital admission that you should only accept if there is some sort of net gain to be achieved,” Dr de Jong says. “And the only gain that justifies a hospital stay is a level of treatment or monitoring that cannot be provided in a home-care situation. A person shouldn’t be in hospital if these two things at least are not required.”

Waitemata DHB General Manager Acute and Emergency Medicine Alex Boersma says doctors have historically spread their efforts across all six general medicine wards but will now find themselves assigned to one particular ward as part of TransforMED. “Basing doctors in home wards will mean they get to work with the same staff. That means better communication and teamwork and streamlined patient care,” she says.

“It also means more bed-side time between doctors and patients. Doctors under the old system actually spent 12 percent of their time walking around wards looking for various patients. That lost time is far better spent on direct patient care.”

Patients are also actively encouraged to get dressed at the start of each day, to eat their meals sitting up and to walk wherever possible. “We want to give the best care that we possibly can and we think we can do this by streamlining our processes so that patients get seen, treated and sent home quicker – therefore ensuring they stay better for longer.” TransforMED will eventually be rolled out at Waitakere Hospital.

 (L-R) TransforMED team: Indira Wickramasinghe, Sheila Kaur, Tina Chang, Steven Miller (consultant) and registered nurse Kurt Navarro.





Matariki celebrations tackle issues affecting DHBs

The topic of youth suicide through the eyes of youth advocate Mike King packed the 250-seat auditorium at Whenua Pupuke in July.

The comedian and TV personality was one of three guest speakers to participate in an inaugural Matariki seminar series organised by He Kamaka Waiora across both Waitemata and Auckland DHBs.

Mr King got Waitemata's event off to a strong start with a full audience that was keen to ask questions and share its experiences.

Mr King stressed the importance for clinicians truly listening and taking the time to understand clients and patients seeking help.

Professor Meihana Durie spoke on the association of Matariki with new beginnings, new journeys and the renewal of spirit and vitality.

Rounding out the week was Waitemata DHB chief advisor of Tikanga, Whaea Naida Glavish, who spoke to staff about the importance of Te Reo Māori in a health environment.

GM for Māori Health at Waitemata and Auckland DHBs, Riki Nia Nia, was proud of the turnout from Waitemata staff.

"This is a great indication that staff from all cultures across the DHB are understanding the importance of Māori issues in the healthcare system," he says.

"In order to get better outcomes for our patients, we must know who they are and where they are coming from. This has proven that staff want to know these answers and make a real difference in our community."

 Guest speaker, Mike King.



 Henrietta Hiko and her son George.

News from the Well Foundation

Countdown Kids Hospital Appeal Returns For 2017

George Te Mahuenga Matua Kore Hiko was 17-months-old when he was admitted to Waitakere Hospital's Rangatira ward with symptoms of croup in the early hours of the morning last year.

The staff at Rangatira quickly realised how sick George was and as his condition continued to deteriorate rapidly, they thought he wasn't going to make it.

Rangatira ward Charge Nurse Manager Sarah Timmis says, "I've been a children's nurse for nearly 25 years with many of them spent working in intensive care at Manchester Children's Hospital and I honestly thought George would die that day, but his incredible fighting spirit saw him come back to us and make an incredible recovery."

"George's story is one that none of the staff will ever forget. We nearly lost him that day, but his determination helped him make it through."

George's mum Henrietta Hiko, fights back

tears as she recalls that day.

"I took him to hospital and he was transferred to intensive care. He actually died on the table and I can't explain the way I was feeling that day. It still hurts every time I think and talk about it. It's one thing I don't want any other parent to go through. You shouldn't have to see your child like that."

But she is extremely grateful for the incredible staff at Rangatira ward who she says saved her son's life that day.

"They're just amazing – the doctors and nurses and even the volunteers, who would come and give me a coffee when I didn't want to leave George's side. Thank you so much for saving George's life. I love you all very much, I really do, from the bottom of my heart."

Since then, George has been back in hospital a few times with a similar respiratory illness but has improved quickly due to receiving respiratory support from the AIRVO 2 cough assist machine, which was purchased using funds received from the 2015 Countdown Kids Hospital Appeal which raised \$125,000 for the

Well Foundation to be used for paediatric projects for Waitemata District Health Board (DHB).

Last year's appeal raised \$101,299 for a range of equipment for the Well Foundation which was used to fund equipment for the Special Care Baby Units at North Shore and Waitakere hospitals, the Rangatira Children's Ward and items for use by public health nurses in the community.

The 2017 Countdown Kids Hospital Appeal launched at the start of August and runs until 22 October this year. WDHB staff and the public can support the Well Foundation by donating at their local Countdown checkout or buying a \$5 raffle ticket or \$2 wristband from the Well Foundation.

For more information on how you can support this year's appeal visit www.wellfoundation.org.nz

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One ear out when you're out and about



Roimata Hansen's grandson's life may have been saved if he'd kept one headphone out while out on a morning run.

Roimata, an Outpatients' Clinic Coordinator for Waitemata DHB's Whānau Centre, lost her 16-year-old grandson Keenan Matthes in April 2017 when he was tragically struck by a train near his home in Ranui. He was so focused on his run with music blaring in both ears that he failed to stop, look up and listen to warnings of the level crossing.

Keenan's family are advocating the One Ear Out campaign to highlight the risk of wearing headphones while walking down the street, crossing the road or level crossing, driving a vehicle or cycling. "Many of us have seen near-misses involving people wearing headphones, people who haven't taken the time to look up and be aware of their surroundings," says Karamea, Keenan's mother.

The One Ear Out campaign was started in the US by a father whose daughter was hit and killed by a train while wearing noise-cancelling headphones.

"It would be wrong of us not to push the awareness and safety message to schools for our kids and into the wider community," Karamea says. "If it was one of Keenan's school mates, friends or family who had been in an accident like this, Keenan would have been out there championing the cause. He was that kind of boy."

Roimata and the Matthes whānau are working with Auckland Transport and TrackSAFE to formulate better safety measures for pedestrians at level crossings and train stations. They would like to see audible warning alarms, lights and self-closing gates to stop pedestrians accidentally walking onto train tracks.

Waitemata DHB CEO Dr Dale Bramley says it's important for Waitemata DHB to get in behind the campaign with Auckland Transport to raise awareness. "The passing of Keenan Matthes was an absolute tragedy. We hope that raising awareness of this campaign will help people stay safe when they are out doing activities around busy roads and railways."

Go to www.oneearout.org and www.tracksafe.co.nz for more information.



We're so fortunate to have the generous support of the City Cake Company and Bliss Reflexology. These businesses generously supply us with a sumptuous celebratory cake and a relaxing spa treatment.

Supported by:



Who: Jocelyn Peach, Director of Nursing

During my time here I have seen her in action and heard her on the phone and therefore seen the way she interacts with both staff and public.

There are many sides to Jos and I suspect a lot of people don't, as I sometimes have, get the opportunity to see or hear about the little acts of compassion and kindness carried out quietly behind the scenes.

She does these with a sense of humility and with no obvious desire for attention or praise.

I believe she is a champion for the WDHB who truly epitomises its organisational values around best care and with compassion. Everyone does Matter to Jos.



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Staff

CEO Dr Dale Bramley with Health Hero Jocelyn Peach.

Team: ED Associate Clinical Charge Nurse

This is a group of senior nurses who work continually under pressure and maintain a high level of professionalism at all times.

They role model the values of the organisation by ensuring that we provide the best care within a welcoming and respectful environment despite the challenges they face daily with patient volumes and a full hospital.

These nurses work long and often difficult shifts. They are

always there supporting their staff and ensuring that best care is received by all patients and their families within the department.

They often deal with many patients and relativee with a high degree of professionalism, always acknowledging the stress these families are under and showing compassion to their situation. They often go the extra mile to ensure the department is safe.

“everyone matters”

Staff



Health Hero ED Associate Clinical Charge Nurse Team with CEO Dr Dale Bramley.

Compliments



I took my father for a follow up from ear surgery at North Shore Hospital. We were taken through at exactly 11.15am by the ORL registrar Terry. He was welcoming and professional and communicated with my parents and myself with great consideration. When passed on to the nurse to dress my dad's ear wound, we had another great experience. Heather connected immediately with my dad who had been feeling anxious about all his skin issues. She was a fantastic tonic and lifted all of our moods after doing a very nice dressing on his ear. I came away feeling so privileged to live in a country where an 80-year-old man can receive such great care. I would like to commend your staff, especially Terry and Heather, as they have the gift of healing through humour and kind actions.

Thank you.

Nicky

I was in Hine Ora Ward and I just want to thank all the nurses and assistants who looked after me while I was there.

To name a few, they were Roxanne, Milrose, Jo, Sam and Sheryl. There are still many whose names I forget but I won't forget their faces. They are the most caring people I have ever encountered. They are very professional but treated me as if I was one of their family. They didn't just come and take my vitals and give me meds but they actually talked to me and checked if I was comfortable which made me forget that I was in hospital. And for someone who was a first time stayer in hospital, this was very helpful as I actually forgot that I was recovering from a surgery. I know being a nurse is not an easy job but never a day went by without a smile on their faces. And when they'd leave the room, they always said don't forget to press the bell if you need help :-). They are the front face of Waitemata District Health care and they have left a very outstanding impression on me.

Many thanks,

Julie

I spent a consultation appointment at the Respiratory Outpatient Dept in June.

I was seen by Dr Martin Phillips. The reason for this letter is to express my gratitude for his very kind and compassionate manner. I was then admitted to hospital for tests the following Monday and my experience was without complaint. All the nursing staff and others treated me with respect and care. The hospital was clean and the meals were well presented and tasty.

I was moved to Huia Ward which was quieter. I have to make mention of two male nurses, Ace and Yco. Both of these young men made a huge difference to the days they were on duty. They were both cheerful and helpful while seeing to our needs and demonstrating professional care and attention.

I am very thankful. Thank you for all your care and attention toward me.

Sincerely,

Milli

I went from North Shore Hospital A & E to Ward 5 over five days. I had one incredibly happy experience, considering I was sick. Everyone was so fantastic, from the administration, orderlies, and nurses to doctors, radiologists and cleaning staff. I was treated with the utmost respect, my personal feelings were considered and there was a huge amount of humour (which is the best medicine ever). I can say that not only I, but my room-mates, felt as though we were the only patients in the hospital. The medical care I got could not be surpassed, the doctors were so thorough. All the staff in Ward 5 were incredible. They always showed professionalism and courtesy. Their ward manager has an extremely fantastic rapport with her staff. The meals were fantastic, truly. The food was nutritious, very tasty, lots of variety. I told family and friends it was like staying in a holiday resort overlooking a lake.

Jackie