

The magazine of the Taranaki District Health Board

PULSE

November 2020

LOOKING
BACK ON
65 YEARS OF
NURSING



Nursing on the ski fields

**From tragedy
to taonga**

THE SCIENCE OF
GIFT GIVING

TARANAKI
District Health Board



Cover photo: Taranaki Rescue Helicopter at Tūroa with manager Dawn, intensive care paramedic Janine and Alex, 2020
 Photo above: Sunset staff ski night at Tūroa, 2018

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FROM THE CHIEF EXECUTIVE

Welcome to the November issue of The Pulse, and our last one for 2020. It's hard to encapsulate just what this year means to all of us and the way it's changed how we live, work and plan for our futures. However, it has been heartening to see that patient care has remained at the centre of everything we do within our DHB, and I'd like to acknowledge and thank each of you for showing comradery and unwavering resilience over these difficult months to ensure our services have operated as best as possible, thank you.

In this issue we celebrate the International Year of the Nurse and Midwife, giving recognition to the various nursing roles and services we provide to our Taranaki community. The World Health Organization declared it as a global celebration in honour of the 200th anniversary of the birth of Florence Nightingale, and I believe we have plenty of nurses who are very much on par.

We have some wonderful profiles in this Pulse; meet our amazing Psychology team, find out what's happening on our Diabetes programme, we farewell Clinical Governance staff member Mary Bird and learn about the people making sacrifices to move to Taranaki to help build our new hospital wing.

As we edge closer to Christmas please be aware of the changes to the campus car parking at Base Hospital as we get ready for building to commence on Project Maunga Stage Two. Now is the time to start thinking of new and sustainable ways of commuting to work over the warmer summer months.

I hope you will take part in our upcoming staff Christmas competition in December. This year we encourage you to unleash your lockdown baking skills in 'The Great TDHB Christmas Bake Off!' In line with good nourishment, I hope to see all of you at our staff Christmas lunches which will take place at both Base and Hāwera hospital's in early December.

Ngā mihi,
Rosemary Clements, Taranaki DHB Chief Executive



The Pulse is the quarterly magazine of the Taranaki District Health Board.

We welcome your ideas and contributions. Please submit them by email to

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To view the Pulse online visit:

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Nursing on the ski fields

It's been an odd snow season this year, with COVID-19 affecting all aspects of our lives, including the ski fields.

But that hasn't stopped our trauma clinical nurse specialist and Emergency Department flow coordinator Alex Keegan enjoying her third winter season working in the small Urgent Care clinics on Mt Ruapehu.

Alex considers herself and everyone who had a chance to ski this year as lucky.

"The ski season almost wasn't going to happen. I'm so glad

they managed to open at all and I still got to snowboard."

As well as unseasonal, poor snow conditions this year, the Urgent Care Clinic was scaled back as part of the whole ski resort operating with decreased operations. "It's been a really tough year with COVID-19 impacting everything," Alex says.

She originally had a three week mountain biking trip with her partner planned to Canada's Whistler




Photo right: Alex and radiographer Kayla are stoked to be back for the season, 2019

The most common cases the nurses see are skiers and snowboarders with fractured lower limbs, joint dislocations, wrists fractures and knee sprains. There's a fair amount of head injuries (with and without helmets) from people of all abilities and ages hitting their heads on ice and rocks. The 'lifties' (chair lift operators), are also seen occasionally when they've been de-icing a heavily iced chair lift.

in August which didn't go ahead, so she's happy to at least be able to snowboard.

Normally the Urgent Care Clinic would have a doctor, radiographer, one nurse during the week and two nurses in the weekend. The team would see between 25-30 patients during a good weather weekend and 10-18 on a busy week day, including morning clinics for ski field staff who can't access any walk-in clinics within the surrounding area.

In 2018, Alex took leave from Taranaki Base Hospital to work 18 weeks on rostered shifts between Mt Ruapehu's ski resorts, Tūroa and Whakapapa in the Urgent Care clinics. Working full time she stayed in the medical apartments in Ōhakune.

The most common cases the nurses see are skiers and snowboarders with fractured lower limbs, joint dislocations, wrist fractures and knee sprains. There's a fair amount of head injuries (with and without helmets) from people of all abilities and ages hitting their heads on ice and rocks. The 'lifties' (chair lift operators), are also seen occasionally when they've been de-icing a heavily iced chair lift.

This season Alex trained new clinic nurses, preparing them with what to expect and fine-tuning their plaster skills.

"You get really good at packaging up people. You do heaps of knee and shoulder assessments with the doctors. You get the satisfaction of giving patients really good care while also getting them to definitive care.

"There are some old-school aspects being in a small clinic, where you learn to make do with what you've got. There's a lot more paperwork compared to computerised forms in the hospital. You lodge your own ACC forms and charge your patients for every individual treatment."

Patients get the full package, they're seen by a doctor, x-rayed, plastered, discharge medication given and their orthopaedic referral faxed back to their home hospital.

"It takes a bit to get your head around charging for every little thing you do. You don't realise how much stuff costs until you start charging patients, like charging paracetamol per tablet, slings, crutches, IV line and IV medications - it's roughly \$200 for a package deal - all in about 45 minutes."



Palmerston North Rescue Helicopter picking up a patient from Tūroa, with Dawn, Dr Hazel, Alex and crew, 2019



Radiographer Kayla, nurse Alex and manager Dawn on a ski break, 2018



A day off for Alex and radiographer Kayla at Tūroa, 2020



Urgent Care Clinic crew (back) Dr Tom, (middle) nurse Michelle, Alex, radiographer Kayla, Dr Shawn, (front) Dr Roisin, nurse Briar, manager Dawn, nurse Averil, 2018

“It can be chaotic, especially if you’re waiting for helicopters that come from all over the country to both ski fields.”

In Alex’s first year working on the mountain, she was on-shift when there was a serious bus accident on Ōhakune Mountain Rd at Tūroa – about 30 patients were injured and there was one fatality. Three helicopters, two fire trucks and police were on-scene. St John and the army set up a triage centre in Ōhakune from where Alex helped triage and assess which patients went to hospital.

“The whole situation was pretty surreal. My partner’s friend had jumped out of the bus before it crashed.”

Alex will never forget the ruptured aneurism that year too. “When you’re in a hospital anyone with tearing abdominal pain is a red flag. The ski patrol team – whose bread and butter is packaging up broken limbs to transport patients from ski field to clinic – was unsure why she was so pale.” Alex enjoyed teaching ski patrol about medical red flags and describes the 40-minute wait for the helicopter retrieval as very stressful.

The next year ski patrol retrieved a snowboarder by winch with a fractured neck who had fallen down a cliff. That same season Alex was working when a ‘roof-avalanche’, a large slab of snow and ice fell off a toilet block injuring eight people. Three were

critically unwell – an open lower leg fracture and two patients with dislocated hips – it was a lot for four staff to deal with.

This year it’s been quieter with limited numbers of skiers and snowboarders to allow for physical distancing on the mountain. Although this year the Taranaki Rescue Helicopter crew helped the Urgent Care Clinic team relocate a hip before flying the patient to definitive care.

Alex says, “It’s the coolest place to work! It’s different because everyone’s there to have a good time. Everyone’s there because they love to be in the snow and enjoy the mountain.”

Ruapehu Alpine Lifts, which operates the ski fields, encourages staff to give things a go and have your colleagues’ backs. And Alex is proud to work there; Ruapehu sets the standard nationally, offering the widest medical care service across all mountains.

“One extra job bonus is a couple of times during a season management closes the lifts early for staff to ski then the bosses cook burgers and shout beers.”

Alex shares her love of healthcare on the mountain with her workmates back at Taranaki Base Hospital, and thinks she has a few ED candidates lined up to give it a go next year. “It keeps your mind fresh working in cool places like Ruapehu.”





Above: Andy Rae and Lydia Rae. Inset: Kane Davis

When Taranaki DHB staff member Lydia Rae and husband Andy went to watch a game of club rugby recently, they didn't think their outing would involve saving someone's life.

Lydia, Andy and another spectator Samantha Hicks, jumped into action when 45-year-old Kane Davis had a seizure due to cardiac arrest before the game at Clifton Rugby and Sports Club.

The Raes have both been involved with surf lifesaving for years, and Samantha is a healthcare assistant at a rest home so all three had CPR knowledge.

They started CPR and called an ambulance, but luckily the club had recently installed a defibrillator, because it was clear Kane was going downhill fast.

If a defibrillator is used after a cardiac arrest it can increase the chance of survival by up to 40 per cent. The device delivers a short electric shock to the heart, helping it to regain its natural rhythm.

Kane had stopped breathing and with the club's remote location it took the ambulance 20 minutes to get there.

Lydia said, "I don't think he would have survived, I strongly suspect that no matter what we did, or how good we were, it was the defib that made the difference."

Knowing where to find the nearest AED (Automatic External Defibrillator) can mean the difference between life and death for someone experiencing cardiac arrest. You can download the free AED locations app from the Apple and Google Play stores, and if you ever find yourself in the same position as these rugby fans, you'll know where to find the nearest AED when it's needed!



Download the free AED locations app from the Apple and Google Play stores

Photo credit Virginia Woolf - Nelson Mail

ADVANCE CARE PLANNING

Start the
conversation

- If you're unable to make decisions for yourself, what treatment(s) would you want?
- What concerns or fears do you have regarding the end of your life?
- Do you have a preference about where you die?
- Do you have any religious / spiritual values?

Sharing your thoughts and wishes about your future care reduces stress, anxiety and depression for your family and loved ones.

To create your Advance Care Plan or if you have questions, ask your healthcare professional or contact:

Advance Care Planning
Facilitator, Taranaki DHB
acp.admin@tdhb.org.nz
06 7536 139 ext 7083

www.advancecareplanning.org.nz

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MEET THE TARANAKI DHB PSYCHOLOGIST TEAM

What is psychology?

Psychology is the scientific study of the mind and how it dictates and influences our behaviour, from communication and memory to thought and emotion. It's about understanding what makes people tick and how this understanding can help us address many of the problems and issues in society today.

How is psychology applied in health?

Psychologists at Taranaki District Health Board (TDHB) work with people across the lifespan – this could involve carrying out detailed neuropsychological assessment to help diagnose brain impairment – or it could mean offering a series of intensive and specialist psychological therapy sessions. It could also mean working with staff to understand why a patient is behaving in a particular way and how might be best to approach the situation.

Psychologists have a diverse set of skills and approaches which they apply according to the client they're working with. They work in a range of different settings – from seeing people one-to-one in clinics, in their homes, in groups and bedside in hospital inpatient wards.

Recent training

All 15 of the TDHB psychologists came together in July for a workshop on supervision (pictured). Kate Treves, acting professional lead, says "It's rare to get us all together in one room, but offering supervision to trainees, our peers and staff, is one thing we all have in common". We have had lots of enquiries from students wanting to come to Taranaki on placement and this year we have had two interns with us for their final year of training as well as three Year 2 students.

What is supervision and why is it important?

For any psychologist to be able to work effectively, they need to be able to reflect on their practice, including their cognitive, emotional and behavioural responses to different situations.

Supervision offers a space to be able to consider situations and issues arising during their work and to modify their approaches as needed. It is a vital component of psychology training, and it's important that all TDHB psychologists are skilled in this area.



MEET DANNY TESSIER, LEIGHS CONSTRUCTION PROJECT DIRECTOR

Fresh out of managed isolation, in from Melbourne, Danny's moved to New Plymouth to direct Project Maunga Stage Two for Leighs Construction.

Leighs were appointed as preconstruction consultants in August providing Taranaki DHB with 'buildability advice'. The Christchurch based company is the preferred contractor for tendering the various Project Maunga construction projects.

Danny has committed to live in New Plymouth for the length of the project (about three years) starting with the preconstruction processes and following through to leading the Leighs Construction team.

Danny has impressive experience in managing the construction of many large and complicated projects, mostly hospitals and healthcare centres, several throughout Australia. For one of his more recent big jobs he lived in Bahrain for two years to project direct the King Hamad Hospital build.

For the last six years Danny's been Christchurch-based as project director on the redevelopment of both Burwood Hospital and the University of Otago Dental School.

Danny had been flying between Christchurch and his hometown Melbourne when COVID-19 lockdown kicked in so he's been held up in the Australian state of Victoria since March.

Danny enjoys going to new places, meeting new people, and is rapt to be in Taranaki for the first time with the chance to experience the North Island.

Being from Victoria he's an Aussie Rules and a cricket fan but proudly admits he does have a Wallabies rugby jersey tucked away for when it's required.

WHAT CAN WE EXPECT TO SEE?

Leighs Construction's head office is in Christchurch and over the next months some staff will gradually relocate to New Plymouth to manage the project with Danny.

"It's a big project. It's not often there's work of this scale done on one hospital campus, especially in the regions. And it's a good project for Taranaki, with hundreds of workers on-site in the peak stages of construction."

First up is the new Renal building, going where houses are making way on David Street. The team is currently tendering for the construction work which is due to start at the end of November.

The next project to be tendered is the new Energy Centre and Computer Room, site-wide services upgrades and enabling works for the new East Wing Building (NEWB). The site-wide services upgrades involve a lot of excavation work and temporary road closures throughout the hospital campus for new fibre optic cables and electrical mains.

The enabling works package for the NEWB involves earthworks, excavating down about nine metres, putting in about 600 piles and building the structure up to ground level.

The tender for the main structure and fitout of the NEWB is due to start in March 2021 and construction is planned to start before the end of next year.



Health and Wellness Pathway Shadowing Programme piloting students (L-R) Charlotte Bish, Paige Wright, Rebecca Dunn, Quba Robbie and Jenna Newton

HEALTH AND WELLNESS PATHWAY SHADOWING PROGRAMME

A new partnership between Taranaki DHB, WhyOra and Career Force, piloted last term, is giving young people a real insight into what happens in our hospitals.

Year 12 and 13 students in the new Health and Wellness Pathway Shadowing Programme will get the opportunity to shadow staff members for a day each week, working across all health related jobs in the hospital.

Currently WhyOra students shadow staff from all disciplines and now Careerforce students are able to do the same.

WhyOra is an employment pathways programme targeted at Māori students in Taranaki. The programme has been delivering health career exposure and supporting career pathways into health for 10 years but hasn't had access to New Zealand unit standards. Careerforce supports workplace-based training, enabling participants to achieve nationally recognised qualifications.

This partnership collaboration now means WhyOra students will have access to gain qualifications.

Unit standards will include Treaty of Waitangi, infection control and personal hygiene.

This last term, students were keen and excited to work in the hospital setting, getting real experience and a feel for a career they could choose. Four out of five of the current students are applying to nursing for next year, and a fifth student is applying for teaching special needs.

"From the WhyOra perspective, it's about equity for our Māori students. We really want our rangatahi to think about health as a career and raise the profile of the many varied career opportunities in the health care sector," says Tanya Anaha, WhyOra general manager.

Current students have completed the Careerforce health and wellbeing unit standards Level 3 with access to shadowing health professionals in their chosen field. In 2021, interested students will be able to apply to be a part of the Health and Wellness Pathway Shadowing Programme via their school.



Healthcare assistant Rachel Hunger with Health and Wellness Pathway Shadowing Programme student Quba Robbie, Year 13 at Spotswood College. Quba plans to study nursing next year

From our patients...

"I was in and out of Taranaki Base Hospital three times in two weeks, entering through ED, Intensive Care Unit (ICU) and then into Ward 4B. The nurses were great. The food was good. Thanks for looking after me."

"I recently spent three weeks in Ward 4B with a serious illness while the medical team tried to find out what was wrong with me. I would like to extend my huge thanks to the team lead by consultant Sara with Josh and Andy; they were absolutely fantastic and a credit to the hospital."



The main stand out while I was there though has to be Wendy the Welsh cleaner. She was totally amazing and really brightened up what could have been a horrible stay. In the morning you would hear her laughing and joking with other patients and staff down the corridor, really boosting morale. She would complete such a thorough clean on my room along with having a good joke and a laugh it made my stay so much more bearable. The standard of cleanliness and attention to detail was high too, which made me feel so much better while feeling sick all day every day.

She is a complete asset to the hospital and I would love it if she could please get the recognition from this that she truly deserves. Thanks Wendy, you were awesome. I don't usually take the time to write feedback like this so I hope you realise what an impact she had on my stay there. Many thanks."

"I would just like to say how positive my experience was in the Maternity Ward. There were three staff that made a particular impression with me. They were Suzanne (nurse), Jo (nurse) and Deb (lactation consultant). The support all these ladies gave me was just amazing and I would like to thank them for the job they do. Special mention to Jo who was just fantastic with the support she gave me breastfeeding, I am so, so grateful for her advice and guidance. All the staff do a great job there and I would just like to say thank you to them all!"

"I would like to extend my grateful thanks for the way my wife was cared for in Taranaki Base Hospital after major blood clot removal from the left side of her brain by surgeons in Auckland City Hospital. The care and rehabilitation for her was just so wonderful. Could you please pass on to the doctors and nursing staff of Wards 2A and 4B our heartfelt thanks. Glenice is now home and making very good progress. Many thanks."

"We arrived at the Emergency Department (ED) with our son Zayne who was suffering from croup last night and we were absolutely blown away with the amount of care by the triage nurse Jasmine. Her service was impeccable! What an amazing nurse! We walked away so impressed and happy with our experience at ED. Please tell her to keep up the great work! :)"

"Everyone (in the paediatric department) was so super nice. I want to say professional, but they went above and beyond to the extent that professionalism does not even enter into the frame. It is as if these people were hand-picked, to let the patient, as well as the parents feel at ease. Even though I am sure they work with thousands of patients, they still care about each one. Amazing is all I can say. Please look after these guys well!"

Fantastic health care by doctors, Cardiology and all the nurses (in ED, High Dependency Unit, ICU). Together they saved my life!! Meals were excellent during my seven-day stay. Physio was excellent also."

I want to sincerely thank the Maternity Theatre team that was called in to help with the birth of my daughter. Nurse Mike and nurse Charlie, anaesthetists Claire and George and the entire team that helped me out, got me through a fearful time as a needle/surgery-phobe. I was so grateful to have them with me. Mike talked me through every single step as promised, and took control. Thank you so much."

I would like to thank the nurses and doctors for the way I was looked after while I was in Taranaki Base Hospital. From the first nurse I had right through to Ward 3A; it was excellent. When I got to the ward I was cared for so well. 10/10!"



2020

INTERNATIONAL YEAR OF THE NURSE AND THE MIDWIFE

Throughout the year we're sharing profiles of some of our nursing and midwifery teams, as we celebrate International Year of the Nurse and Midwife. We thank you all for being with us when we need you the most.

Alex Keegan

Trauma clinical nurse specialist and Emergency Department flow coordinator

"Alex helps patients who have suffered injury (minimal or life-threatening) as a result of an event such as a car accident, recreational activities, sport or falls. Alex says, "I love my work looking after patients. It's so rewarding seeing their journey from start to finish in the hospital and the team I work with always makes it a great time, no matter how busy we are."



Nicky Lumb

Cardiology and Respiratory Department associate clinical nurse manager

In the 30 years Nicky's been a nurse she's worked in the Coronary Care Unit, recovery (post-surgery), haemodialysis (Renal Unit), Intensive Care Unit, Emergency Department, Maternity, and as both a nurse educator and an undergraduate nursing tutor. She's had many memorable experiences along the way, good and bad, but she says there's always something to learn from all of them – and each time she starts a new job she thinks that's the highlight of her career.

"Being a nurse is part of who I am – it's very rewarding."



Grace Maha

Midwife and Sudden Unexplained Death in Infancy (SUDI) prevention coordinator

"My desire to truly help people and make a difference is what inspires me. Of course this is true for all people but my calling is to help my own people. I want to see and be a part of changing some of the inequities that exist for Māori. The best thing about being a midwife is knowing you're responsible for two lives at a time. Knowing the care that I give can make or break a woman's belief in herself. Pregnancy and birth is such a vulnerable time in a woman's life and I can make a huge difference."



Gabi Klapka

Clinical midwife manager

A newborn to Taranaki DHB but a midwife for more than 20 years, Gabi is passionate about working in partnership with wāhine/ women and their whānau, empowering and educating them so they can make informed and best decisions for themselves. Gabi says, "I so much enjoy meeting people, learning from them and sharing my knowledge. Every family is unique and I always feel privileged being part of this very special time."





2020
INTERNATIONAL YEAR
OF THE NURSE AND
THE MIDWIFE

LOOKING BACK ON 65 YEARS OF NURSING

WE LOOK BACK ON 65 YEARS OF NURSING WITH RETIRED NURSE PAM KING (NÉE MACLEAN), REFLECTING ON SOME OF WHAT'S CHANGED BETWEEN THE CURRENT COVID-19 PANDEMIC AND THE LAST POLIO OUTBREAK IN 1955.



Pamela King (née Maclean) graduation photo Feb 1959

More than 1500 New Zealanders were affected by polio over those two years, with 79 deaths, until vaccines stopped the disease in its tracks. Pam King started her preliminary nursing training in June 1955 at the Barrett Street Hospital in a cohort of 10 young women.

Now in her early 80s, Pam can still recite all their names and give a detailed account of what their lives have entailed over the years – the majority are still alive and well.

The concept of work-life balance was unheard of in the 1950s. Pam describes it as a family who you lived, worked and played with. All nurses 'lived in' with the exception of some ward sisters who were married. Strong bonds were formed working six days a week. The roster done by the matron had very little flexibility like we get today. Every month there was a complete ward change, and if you wanted to take a trip out of the region, you needed written permission. If you thought of pulling a sickie the home sister took your temperature and if you didn't have a fever, you were at work.

After three month's preliminary training the young nurses were thrust into action in the wards to

care for patients. There was no reporting on length of stay and bed days back then – these patients were sick and nursed in bed for days on end. Linen was only changed when visibly soiled and most patients lay on a rubber mat covered by a cotton draw sheet.

Pam and the junior nurses were responsible for cleaning on the ward, except high dusting, windows



Prelim nursing group June 1955

Back row (L-R): Beverly Scott (nee Campbell), Joy Blee (nee Saunders), Margaret O' Meagher (nee Kirk), Merle Wilson (nee Hay)

Middle row (L-R): Lorraine Snowsill (nee Taylor), Betty Tosland (nee Glassey), Joan Petrovich (nee Alp), Jeanie Mitchinson (nee Duncan)

Front row (L-R): Ena Morrissey (nee Grant), Pamela King (née Maclean)

and floors. Everything was reusable, sterilised, boiled, and placed in hot air ovens. Syringes were boiled in small sterilisers and needles were sharpened in theatre ready for the next patient. Pans and wash bowls were stainless steel, water jugs and thermometers glass, and IV lines rubber with glass connections.

Junior nurses would run out the meals while the senior sister dished up food on the ward. Patients were allowed a sugary cordial in their fluid jugs back then.

Patients were washed and ready for breakfast at 8am. There was no dashing the patient under a quick shower, there was only one bath on the ward, so most patients were washed in bed.

When our discussion turns to the worldwide personal protective equipment (PPE) problems, Pam fetches her finest night dress to demonstrate how the cotton gowns were hung and donned and doffed – and reused over and over. After all these years she's still a pro, our infection prevention girls would be proud!

We talked about tuberculous and how the gown would be hung in the room on a stand, folded dirty side outward. For burns where barrier isolation was implemented, gowns were hung outside the room, clean side tucked in. The gown was used for the length of the stay by all staff. There weren't expensive N95 masks back then either, they were plain cotton masks with two ties, washed in the laundry.

Visors? No plastic back then. Gloves? Rubber gloves were only for special occasions like in theatre and then heat-treated for reuse.

Pam vividly recollects an accident she had as a young nurse while on duty as the Surgical night runner. Working in semi-darkness on night duty, Pam raced into the dirty sluice, tripped on a linen bag and flew head first into a locker. She broke two front teeth and lacerated her chin (the scar still evident today 65 years on). Thankfully Mr Hodge the Surgical Registrar at the time was called in for an emergency surgery. Pam was taken to theatre where Mr Hodge placed 14 stitches into her chin. "He was a good tidy surgeon."

There were no Emergency Department in the '50s – acute illnesses were managed by general practitioners or an outpatient service during business hours. There wasn't any Datix, ACC or Occupational Health and Safety either, so Pam was back at work the next shift with or without her two front teeth.

Now 65 years later, what advice does Pam have for today's nurses?

"Remember to wash your hands" and, "Don't expect others to clean up your mess".



Barrett Street Hospital Nurses' Home.
Photo courtesy Caleb Wyatt, Puke Ariki Collection

Pam is a member of the Taranaki Nurse Graduates Association (TNGA). The TNGA is always looking for new members (old or new graduates). The TNGA has annual scholarships available for first and third year nursing students that are advertised at the start of each year's first semester.

From tragedy to taonga

A FAMILY'S JOURNEY TO SUPPORTING SUDI PREVENTION

The death of a mokopuna (grandchild) to sudden unexpected death in infancy (SUDI) has prompted Taranaki weavers and their whānau to lend their expertise and support to Taranaki Tau te moe, Taranaki DHB's newly named Safe Sleep programme.

Taranaki Tau te moe provides support and education for whānau of pēpi who are at risk of SUDI through factors such as pre-term birth or low birth-weight, maternal smoking and other social circumstances.

Philip and Puhi Nuku say, "The grief of losing a pēpi to SUDI was immense for our entire whānau, especially for our children. This meant we felt it was really important to tautoko the Taranaki Tau te moe kaupapa; creating wahakura was the perfect way for our whānau to offer support.

"Wahakura (bassinets woven from harakeke/flax) are a whakapapa connection to pēpi and whānau. Each wahakura is created through traditional weaving practices passed down

through generations. Knowing that wahakura are going to pēpi is something that brings my whānau a lot of joy."

Grace Maha, Taranaki DHB midwife and SUDI prevention coordinator says, "Incidences of SUDI in Māori babies are 5-6 times higher than non-Māori, so it's important that we provide a programme that is delivered with a kaupapa Māori feel. That starts with the new name, Taranaki Tau te moe."

Along with safe sleep education, whānau referred to Taranaki Tau te moe are gifted a wahakura. These taonga will sustain Taranaki whānau with new pēpi needing an in-bed option that supports safe sleep practices.

"We are incredibly grateful for the mahi (work) that Philip, Puhi and their whānau continue to do in providing these wahakura; we know there is a lot of aroha going into them.



Pictured from left: Faye Joe, Gemma Wirihana, Bry Kopu-Scott (Taranaki Health Foundation general manager), Anna Kete, Kapuakore Harlow, Tasha Kupe (Taranaki Health Foundation administrator) and Lillian Hall, sewing baby sheets for use in Pepi Pods (pictured in foreground).



Pictured from left: Dr Ruakere Hond, Rachael Peek (Taranaki DHB associate director of Midwifery), Grace Maha (Taranaki DHB midwife and SUDI prevention coordinator), Puhi and Philip Nuku (wahakura weavers).

“In time the programme aims to provide opportunities for māmā/whānau to be supported to weave their own wahakura. This process empowers whānau through the use of a traditional Māori practice that sits at the heart of Māori wellbeing,” Grace said.

Taranaki Tau te moe has also received further support from a group of skilled kaumatua from Mahia Mai A Whai Tara. These wāhine are upcycling donated blankets and sheets into warm, breathable bedding for Taranaki Tau te moe wahakura.

Lead maternity carers (midwives, GPs, obstetricians) can refer whānau to Taranaki Tau te moe using the referral form available on the Safe Sleep/Taranaki Tau te moe page (on the Taranaki DHB website).



Name: Taranaki Tau te moe

The decision for the Safe Sleep programme’s new name was made in consultation with local reo Māori expert Dr Ruakere Hond. Simply translated, Tau te moe means ‘sleep well’.

Tag line: Tau te tamaiti, tau te āhuru, tau te moe

- **Tau** has many meanings but in this context it means settled, calm and peaceful.
- **Tamaiti** means child
- **Āhuru** is linked to ‘āhuru mōwai’ the protective environment of the womb. To be protected, safe and comfortable.

From <https://collections.tepapa.govt.nz/topic/3623>

There are many tikanga/protocols that are applied to the harvesting of harakeke. For Māori, the fan-shaped harakeke plant represents a whānau/family. This symbolism reflects the importance of the plant in Māori life.

- The rito, or inner shoot, is likened to a child and is never removed. A family must protect its offspring if it is to survive.
- The awahi rito, or protectors of the rito, stand on each side. They are seen as mātua (parents). Like the rito, they are never harvested.
- Only the outer leaves, likened to extended family members, are harvested.

If anyone would like to help by sewing/knitting/crocheting bedding for wahakura, or donating blankets and sheets, please call Taranaki Health Foundation general manager Bry Kopu-Scott on 06 753 8688 or 021 024 23808

REFLECTING ON 45 YEARS IN HEALTHCARE

I first set foot in this hospital in 1975 as a new graduate occupational therapist (OT) having been transferred from my first job in neurology at Wellington Hospital. The health system we have now is a world away from my first experience in Taranaki. Picture day one on the job when my new boss commented, “I don’t know what we’re going to do with you”. I was additional to the staff establishment so a job had been created as I was a grateful recipient of a health bursary which guaranteed me a job. Luckily over the last 45 years (yikes!) I have found plenty to keep me busy.

The Occupational Therapy Department was housed in a very ancient building at Barrett Street Hospital. The floor sloped so much that we had to use the brakes on the wheelchair to avoid losing your patient to the other side of the room. Ward rounds included delicious morning teas and hierarchies ruled in nursing and medical professions. Patient-centred practice was decades away, yet was always recognised by Allied Health. The geriatric wards were places of dread and hearing patients cry out while seated on the loo and waiting for a nurse was archaic practice.

A WELCOME MOVE TO THE ‘NEW’ HOSPITAL

We soon moved up to the new “Specials” block, which opened in 1976 handily placed above the cafe. There was no longer a need to gently saunter between Barrett Street and Base to see your patients as clinical services were at the new site. We had flash new premises with a state-of-the-art rehab kitchen, bathroom, and bedroom set up. Rumour had it that the elderly speech-language therapist slept in the bedroom! Back then we had about four OTs and work pace was very relaxed; mainly because the patients’ length of stay was weeks, if not months.

Moving from my inpatient role to become the first community-based hospital OT was a great opportunity to get off campus to work with patients in their homes. It was an eye-opener to see how people lived and also realise how limited some people’s worlds were. Taranaki was a very rural, white, middle class place in the 70s and I welcomed the changes to demographics that occurred due to the ‘think-big’ projects of the 1980s.



PUTTING ON THE MANAGEMENT HAT

Our family moved away in the 1980s however I returned to Taranaki Base Hospital in the 90s. In 1997 I was appointed as the Occupational Therapy advisor/coordinator and began my journey into the murky world of management. I loved it and found the challenges of making a small number of staff spread across a large number of services both interesting and worthwhile. I had the good fortune to work with many wonderful people in Occupational Therapy and particularly enjoyed the vibrancy of the new graduates we had regularly coming and going from the department. It seemed to be a constant whirl of recruitment.

After eleven years I was looking for a change (preferably a promotion) and jobs above my level at Taranaki DHB were non-existent in Allied Health, so I was delighted when I was appointed to the new Allied Health manager role in 2007. It was fun, trying to meld the different therapies into one team when everyone had worked separately for so long. It had its difficulties however we made good progress towards being a united group with one voice.

At that time I had the good fortune of implementing the Newborn Hearing Screening Programme, setting it up from scratch in 2009, coordinating the service and being on the national advisory group for the programme.

STEPPING INTO PROJECT WORK

A restructure saw the Allied Health manager role go in 2013, and a service director role was established for the Allied Health, Scientific and Technical professions. This was a step forward for Allied Health, positioning the professions at a higher level within the organisational structure. I was asked to move to the Programme Office to work with Liz Disney (former service improvement advisor) on projects. It was the best move of my career, and although I moved from Allied Health I used my OT skills in project management every day; after all, it's about relationships, being organised and planning improvements. We had a blast in our wee team and we were joined by Jacqui Herrett and Greg Sheffield, both from Allied Health. Talk about a take-over!



Mary Bird and Liz Disney from the Programme Office (2013)



Mary Bird talks to patients during Patient Safety Week (2014)

When the Programme Office was disestablished in 2015 I moved to the Quality & Risk Unit (Q&R, now known as the Clinical Governance Support Unit) as a service improvement advisor and was able to continue project work within that team. When I arrived I had very little understanding of the role of the Q&R unit however I have always been driven by quality and wanting to change services to make them better and more patient-centred, so I was in my element.

More changes were ahead however and, just when I was thinking about retirement, the job of operational manager of Q&R landed in my lap. Again this was a new role which seems to have been the story of my life. I think I have been in five or six new roles over my career so if someone says that working in one organisation for 40 years is boring, believe me, it is not!

And so in August I came to the end of my time at Taranaki DHB. My latest job setting up the new Clinical Governance Support Unit has been a real pleasure and a privilege and my skills honed in Allied Health are with me every day. I wish everyone in Allied Health all the very best in your careers and as much enjoyment and satisfaction as I have had.

- Mary Bird, Clinical Governance Support Unit



Mary Bird (center) in the newly decorated Parent's room (2018)



This year's World Diabetes Day, on 14 November, is themed "Nurses make the difference".

Remember to book in with your Primary Care practice nurse for your Diabetic Annual Review to ensure your diabetes management is on track.

THE DIABETES PROJECT

What is diabetes?

Diabetes is a chronic disease which affects about 7000 people in Taranaki. It happens when the pancreas is no longer able to make insulin, or when the body can't make good use of the insulin it produces. These both lead to raised sugar or glucose levels in the blood (known as hyperglycaemia).

Over time, high sugar levels wreak havoc with the blood vessels all over the body and cause severe damage to eyes, kidneys, nerves and other body parts and double the risk of heart attack and stroke.

This is why it's very important for people with diabetes to keep both blood sugar levels and blood pressure within a healthy range to prevent against developing complications of diabetes – blindness, kidney disease, sexual problems, foot ulceration and potential limb amputation.

The two types and treating diabetes

Type 1 diabetes is an auto-immune condition and is quite different to Type 2. Type 1 is managed with insulin replacement through lifelong injections or a pump. It requires monitoring of blood glucose levels up to six times every day and following an eating plan. People with Type 1 diabetes are dependent on insulin to survive because they either have very little or no insulin of their own.

If you have Type 2 diabetes then the daily activities that make up your 'diabetes management' will largely depend on your own individual circumstances. In early stages it's possible to control type 2 with lifestyle changes like improved diet and exercise. How you fit these into your daily life will have a large bearing on the overall success of your diabetes treatment. If Type 2 is poorly managed, people with diabetes will also need to have insulin injections.

A global challenge and top priority for Taranaki DHB

Diabetes has been identified as one of the top four priorities for Taranaki DHB, and our staff are working hard on service improvements.

As diabetes touches every part of one's life, a team from different specialties with expertise at various levels is needed to help people with diabetes manage complications and take control of the condition. These include GPs and primary care practice nurses, diabetes clinical nurse specialists, hospital specialists and a range of Allied Health and community support roles.

We're working on it

The Taranaki Diabetes Service Level Alliance Team (SLAT), is one of the first to form in New Zealand. Collaborating with working groups, SLAT includes clinical and non-clinical staff from



Podiatrist Rebecca Holbrook does a toe press test to check the amount of circulation reaching the big toe

across the health sector, and has been meeting since June 2019.

SLAT has commissioned a Foot Protection Service to provide podiatry care to patients with foot risk, and a podiatrist, Rebecca Holbrook, has been recruited into a clinical leadership role to further bolster podiatry capacity.

Foot care

Good foot care is particularly important for patients with diabetes to reduce the potential for lower limb amputations. High



A diabetes test for sensation

blood sugar levels can damage blood vessels and nerves within the feet. In turn, this can cause poor blood flow and loss of feeling (neuropathy) in patients' feet, so they may not know when they've hurt their foot. This can then lead to wounds that are hard to heal and may lead to amputation. The good news is many of these foot problems can be avoided by daily self/whānau managed foot care and regular foot screening.

Foot Screening typically happens during a Diabetic Annual Review (DAR) in General Practice and now also within a diabetes clinic with a clinical nurse specialist. We're aiming for a simple quick foot assessment to become part of the normal screening and assessment processes during all hospital clinics for patients with diabetes.

By assessing the feet of patients with diabetes, an appropriate referral can be made to the Foot Protection Service. Patients are triaged according to their needs and this determines how many appointments they can receive. Patients can now

HANG ME ON YOUR TOWEL RAIL

Diabetes

Take the right steps to keep your feet healthy



DO

- ✓ Every day check your feet for cuts, blisters, bruises, colour changes, swelling, in-grown toenails and sores. Wear glasses if needed. Use a good light. Use a mirror to see the soles of your feet. Ask for help if you cannot see clearly.
 - ✓ Always protect your feet. **Wear suitable footwear inside and outside.**
 - ✓ Check inside your shoes for stones, sharp objects and rough places before putting them on.
 - ✓ Buy new shoes late in the day, as your feet are more swollen then.
 - ✓ Wear socks with your shoes to help prevent injury.
 - ✓ Wash between your toes. Dry your feet carefully, especially between the toes. Use foot cream or lotion to keep your skin soft.
 - ✓ Cut toenails straight across and file any sharp edges.
 - ✓ Have your feet checked regularly by a healthcare professional.
 - ✓ Keep wounds covered with clean dressings and check them daily.
- Remember that even if foot problems are painless, they can still be serious.

This information is not intended to replace the advice of your healthcare team.



diabetes
new zealand

www.diabetes.org.nz

receive all the podiatry care they need across Taranaki, with three locations in north, central and south, and a fourth location is hoped for.

This big change in how the service works will help to reduce amputation rates and support patients and their whānau to make informed and supported decisions.

Diabetes Distress

A screening process to identify diabetes distress has been rolled out in North Taranaki with our diabetes clinical nurse specialist at each clinic visit, and we're looking to expand into South Taranaki clinics. The screening tool is useful to identify any disease related stress brought on by managing such

a complex condition, with the aim to offer practical solutions and/or referrals for further support. Speaking on diabetes distress, Matire Ropiha, Diabetes New Zealand's Community Coordinator in Taranaki, emphasised how important it is for people with diabetes to engage with their GPs to ensure

any other conditions can be captured early.

Repeated screening is helpful to understand and support self-progress. We're planning to roll out this screening process to General Practice and when patients have their diabetic annual review.

Taranaki diabetes services include:

- Screening and monitoring which includes a diabetic annual review (DAR) with your GP
- Long Term Condition nurses with Tui Ora and Ngati Ruanui
- Diabetes clinical nurse specialists and endocrinologists providing comprehensive support for Type 1 adults and complex Type 2 patients (and any other specialty involved in the care of people with diabetes – eg dieticians, obstetricians, physicians, surgeons and eye specialists)

HIGH TECH EQUIPMENT TO HELP SICK TARANAKI CHILDREN



**Taranaki
Health
Foundation**

Taranaki children have received high-tech medical equipment they may not have otherwise had access to thanks to a generous donation from the Dairy Goat Co-operative Trust.

The donation has allowed for the purchase of a handheld Accuvein monitor (pictured right), which uses infrared light to easily find tiny veins in little human hands, child-friendly nebulisers to administer medication straight to the lungs, and forehead thermometers for the Taranaki District Health Board's Child and Adolescent Community Centre (CACC).

Community child health manager Mary Lawn said the Accuvein and nebulisers were the "gold standard" of clinical equipment and she was thrilled that the Trust's donation to the Taranaki





Left to right: Taranaki Health Foundation trustee Deb Riley, Hāwera Hospital clinical manager Cathy Thomson, Jessica Beattie, clinical nurse manager for Ward 2B, Dairy Goat Co-operative Trust trustee Andy Erb, Taranaki Health Foundation general manager Bry Kopu-Scott and community child health manager Mary Lawn with the new Accuvein machine.

Health Foundation had enabled the purchase of the high-tech machines.

“This important equipment, which will make healthcare so much more comfortable for children and less stressful for them and their families, will be available for use throughout Taranaki,” Mary said.

“Our model is for more outward-facing care to the community. For instance, if the Accuvein was needed for palliative care for a child at the Hospice, we would take it there. It’s about wrapping around the child and their family.”

Jessica Beattie, clinical nurse manager for the acute paediatric ward, said the Accuvein monitor helped put children at ease during the uncomfortable procedure of inserting a needle to draw blood or give medication.

“While it’s not just for use in children, it’s very well designed for children. It takes the stress out of finding a vein. In fact, the kids love it because of the

lights. It’s a stunning piece of equipment which shows the Child and Adolescent Community Centre is up there with the big hospitals for equipment. I think Taranaki children are worth it,” Jessica said.

The child-friendly nebulisers were also game changers for children’s health around the region, she said.

“Normal nebulisers are very noisy and can be scary for the child and take about 20 minutes. These new ones are almost silent, there is no loss of medication and it’s done in about two minutes. It’s so quick, and eliminates the trauma for the child, the parents – everyone really”.

Dairy Goat Co-operative trustee, Andy Erb, who also farms dairy goats just south of New Plymouth, said the Taranaki Health Foundation was a good fit for the Dairy Goat Co-operative Trust, which was established in 2017 to strengthen the communities in which

shareholders and staff live and work.

“Our Trust’s mission is to nourish and care for future generations and their families and we are pleased to support the health and wellbeing of Taranaki’s children through the donation of these specialised pieces of medical equipment,” he said.

The Taranaki Health Foundation is the primary fundraiser for the Taranaki DHB and was thrilled to receive the Trust’s donation, Foundation general manager Bry Kopu-Scott said.

“The Trust was so kind in offering this generous donation to support kids’ health in Taranaki, by enabling us to buy key equipment across our child and adolescent services. We fundraise year-round and have a range of projects that focus on patient comfort, well-being and support, as well as game-changing equipment such as what has been purchased with this donation,” she said.

WHAT'S HAPPENING WITH GO ZERO CARBON?



In the last issue of The Pulse we were gearing up for the official launch week for Go Zero Carbon, Taranaki DHB's sustainability programme. Unfortunately August's COVID-19 alert levels meant the week's activities were scaled back to accommodate social distancing.

The good news is there's plenty happening in the next few months to help people get on board with the positive changes in our organisation.

RECYCLING

Taranaki DHB is now recycling these items to reduce our landfill waste:

- Batteries – alkaline, lead, lithium and nickel metal hydride
- Cans and tins
- Cardboards
- Glass (clear, brown and green)
- Grade 1 and 2 plastic items
- Grade 2 plastic lids
- Paper, books, envelopes, newspaper, magazines, etc.
- Compostable and biodegradable items (food scraps, tea bags and coffee grinds, biodegradable paper towels, cups and cutlery) for disposal to a commercial worm farm in Uruti.



What is Go Zero Carbon?

Go Zero Carbon is the work we do as an organisation to implement the environmental sustainability/Pūmoutanga framework, to achieve our 'zero carbon by 2050 and zero waste by 2040' goals.

This work encompasses two climate change responses:

- how we affect climate change by reducing our carbon footprint (mitigation)
- how climate change affects us and how we respond (adaptation)

NEW BINS ON THE BLOCK

We're distributing labelled bins for landfill waste and the recyclable items listed above in both clinical and non-clinical areas.



Landfill and recycling bins

Red = landfill waste

Yellow = recycling

Green = organic/compostable waste

You may have seen these bins already in the cafeteria where they've been piloted for the last month. Thank you to all staff and visitors who are making an effort to sort their rubbish as they leave the cafeteria.



Battery recycling bin

Batteries contain elements that can be very harmful to the environment if not disposed of correctly; some can even cause fires when disposed of in landfill. In addition to recycling batteries, we encourage all staff to choose rechargeable batteries rather than single-use disposable batteries where possible.



Bin for plastic grade 1 and 2 lids

Look for the little triangle with the number in it on your plastic bottle lids. If it's a 1 or a 2 it can be recycled by putting it in this bin.

Glass bins

Separate bins will be provided for clear, brown and green glass in each area so we can meet Waste Management's glass recycling sorting requirements.



A4 RECYCLE TRAY - GREEN



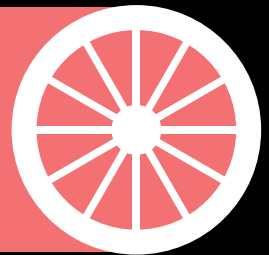
RECYCLE CUBE - GREEN

A4 desk tray - paper Desk cube - landfill waste

These bins will be distributed to all desk areas, eventually replacing all current rubbish bins.

In the coming months we'll also introduce the collection of paper towels, water cooler cups, soft plastics and syringes (and their packaging). Further information on this will be provided to staff once all necessary arrangements have been made.

ACTIVE AND SHARED TRANSPORTATION



To promote health and well-being, sustainable low carbon emission transportation and reduce parking pressures, a number of active, shared and public transportation strategies are in the pipeline.



It's cool to carpool

Over the coming weeks, we're launching the Taranaki DHB Staff Carpool Scheme which includes CarpoolWorld, a free app that staff can use to connect with work colleagues to carpool and/or to find a running, cycling or walking buddy. Registered staff will have access to use six priority carpool car parks at Taranaki Base Hospital and one at Hāwera Hospital.

Shared shuttle & fleet

We're investigating possible provisions for an express staff shuttle, fleet car sharing opportunities and to increase the frequency of public transportation and reduce its travel time. Watch this space!

Go flexi!

For staff who are looking for flexible working arrangements (eg working from home, part-time, flexi-time and reduced hours), check out the Taranaki DHB Flexible Working Guidelines Policy in the intranet's Policies & Procedures library.

To find out more about Go Zero Carbon and how this fits into the work we're doing as a DHB to achieve our 'zero-carbon by 2050' and 'zero waste by 2040' goals, visit the Taranaki DHB Sustainability page (www.tdhub.org.nz > About Us > Sustainability)

The science of gift giving

By Shekinah Manning-Jones, Anneke Thornton, Caryl Huzziff & Lindsay Smaill
Taranaki DHB Child & Adolescent Mental Health Service (CAMHS) psychologists

We've all felt it; that warm fuzzy feeling you get watching someone open a carefully planned gift we've given. It makes us feel good, the glow of knowing we've brought someone joy and happiness. In fact, we often feel better giving gifts than we do receiving them! So, why does giving feel so good?

HORMONES


Science has shown us that altruistic behaviour, such as helping others and giving gifts has a profound impact on the brain. The act of giving triggers the brain's release of oxytocin (the chemical often called the 'love hormone' due to its role in social bonding and connection). Also released are dopamine and serotonin, neurotransmitters associated with pleasure and joy in the brain.

The brain's impacts are twofold - we feel happier and they counteract cortisol (the stress hormone) so we feel doubly good. Basically, our brains are hard-wired to feel good when we help others, including through gift giving - 'the helper's high' so to speak.

MIRROR NEURONS

A prime example of mirror neurons is during play with a baby - we smile, baby smiles back; we poke our tongue out, baby copies us. Mirror neurons help us learn through imitation and later help us develop an understanding of what others are thinking and feeling. Our brain essentially responds as if we are also experiencing others' emotions (the motor and the emotional areas of the brain light up). Thus, by witnessing others' pleasure when they receive a gift, our own brain pleasure centres are activated.

"...our brains are hard-wired to feel good when we help others, including through gift giving - 'the helper's high' so to speak"



Giving a gift gives us the opportunity to reflect on how lucky we are to have that person in our life, to have social connections around us, and to have the ability to give a gift to others

CONNECTION

Giving gifts to others highlights our special relationship with that person. As we plan and choose their special gift we might remember special memories together or recall all the things we know about them. As a result, we feel closer to that person. The pleasure and gratitude expressed by the other person reinforces our bond and strengthens our relationship. As social beings, this is incredibly rewarding.

A GRATITUDE CUE

Gifts can be both an expression of gratitude and create opportunities for gratitude in the receiver. Studies have shown gratitude to have a significant impact on mental wellbeing. The more gratitude we express the happier and more satisfied with life we tend to be! Giving a gift gives us the opportunity to reflect on how lucky we are to have that person in our life, to have social connections around us, and to have the ability to give a gift to others.

While research supports the idea that you will be happier for spending your money on someone else this Christmas, remember that gifts don't need to be material. In fact, research suggests that gifts that bring the most joy are the gifts of experiences and opportunities to build relationships. The principal of 'hedonistic adaption' suggests that we quickly accommodate to having new material items and they quickly no longer feel novel or exciting, and our desires move on to something else. This is the reason lotto winners don't retain the increase in happiness levels beyond one-year post win.

Experiences create long lasting positive memories that contribute to ongoing joy. In a year from now your child may not want that toy from this year's Christmas list, but they will fondly remember the special day you spent together or the art class you gave them. There's also the added bonus of not having to fight shopping crowds, reducing waste and clutter, living more sustainably and (depending on which experience you decide on) saving money!

So, enjoy your Christmas gift giving, whether it be time, special activities, physical items, or acts of kindness, and all the benefits it brings!



YOUNG TARANAKI NURSE RECEIVES PINNACLE NURSING SCHOLARSHIP

BY PINNACLE



When practice nurse Huia Brady heard about the Pinnacle nursing scholarship aimed at improving equity and access in primary care, she saw an opportunity to make positive change for patients.

It was a vision that paid off. The 23-year old was recently announced as the recipient of the \$10,000 scholarship for Project Whero, a proposal for a nurse-led community clinic in Waitara, Taranaki.

Huia is part of the team at Tui Ora Family Health, a large Māori health provider in New Plymouth, where she has worked since March 2020. The young practice nurse started her career in paediatric oncology at Starship Hospital in Auckland, before making the decision to bring her learning and skills home to Taranaki. Currently in her second year of nursing, she's also about to start working towards a nurse practitioner role specialising in children's health.

"I think it's a privileged position to work with whānau in primary care," says Huia. "Being able to have a korero with someone when they're in a vulnerable state, when you might have only just met them."

The Tui Ora team had identified the need for a satellite clinic in Waitara, a district where people experience high levels of

deprivation and associated health inequities and challenges. Twenty per cent of Tui Ora's patients live in Waitara and many find it extremely difficult to access the practice in New Plymouth – a trip that requires three bus rides and a walk.

Huia saw the opportunity to realise the idea with funding from the scholarship and took the initiative to develop Project Whero (Project Red) in her application. The name represents the health inequities of those living in high deprivation, something Huia is passionate about addressing.

"I have a big drive to decrease inequalities in health care that are out there for people," says Huia. "I was super excited when I heard about receiving the scholarship, it means we can make the clinic happen."

Project Whero aims to make health services more accessible and affordable, reducing deprivation barriers and increasing health and wellbeing for Waitara patients.

Robyn Taylor, clinical nurse manager at Tui Ora, says the team is very proud of Huia getting the scholarship. "She's very bright and comes up with innovative ideas. Huia strives to be the best she can be, she has a vision for herself and for Māori health and she's proactive about it.

"We have been trying to get the satellite clinic up and running and

Huia's scholarship, along with the support of the nursing team around her, means we can go to people in their community."

The Pinnacle nurse \$10,000 scholarship was opened on 12 May 2020 to celebrate international nurses day. It's part of Pinnacle's commitment to supporting professional development and service improvement within the network. The scholarship asked for new ideas to improve equity or access issues in primary care from any nurse employed in a Pinnacle practice or Pinnacle Midlands Health Network. It also supports the Nightingale/Pinnacle Challenge, which highlights the work nurses do every day in primary care and supports them to be leaders of the future.

Five applications were received and each application was reviewed and interviewed by Pinnacle CEO Helen Parker, medical director Dr Jo Scott-Jones and nursing director Jan Adams. Jan says choosing the recipient was a difficult decision.

"All the applications were very good and had done impressive background work. What really struck us was the passion the nurses all brought to their projects, the desire to make a difference. They have a real love for their communities.

"Huia's stood out because of the work she wants to do and her clear thoughts around what support she needs to make the project happen. She's a young nurse with a vision who shows qualities of leadership for the future."

The passion of the other four candidates and the quality of their projects has also been recognised with the offer of assistance from Jan to get their projects going. Connections have been made with people who can help them, and Jan will keep in touch as they progress to provide support as needed.

Huia and the team at Tui Ora Family Health are planning to have Project Whero up and running in November this year. As part of her award, Huia has also committed to sharing the knowledge gained from the project and supporting others in their learning.



Sue Philipson, a former Taranaki DHB Alcohol and Drug Service family/whānau advisor, is among 11 New Plymouth residents to be recognised for their community service at the 2020 New Plymouth District Council Citizens' Awards held earlier this month.

Below is the citation that was read at the awards ceremony:

Families dealing with alcohol or drug addiction or eating disorders now have a lifeline and helping hand thanks to the dedication and commitment of Sue Philipson.

Sue has worked for many years as a family/whānau advisor at Taranaki DHB, helping families who have contacted their local hospital drug and alcohol service. She has also been a driving force behind the Eating Disorder Support Group run at Supporting Families Taranaki and is the facilitator for Families Overcoming Addiction, a community support service for families with loved ones experiencing problems with addiction.

Because of her long working relationship with Alcohol and Drug Service, Sue has been a vital link with clinicians at Taranaki District Health Board, receiving referrals from the service for families requiring additional support.

The Families Overcoming Addiction support group was set up in 2017 and last year was

contacted by nearly 700 people. The Eating Disorder Support Group, run from Supporting Families Taranaki is a vital service for whānau who have a loved one enduring conditions like anorexia nervosa.

Her work with these group has been hailed as life-saving by parents. Sue often spends hours listening to distressed parents and puts others and their families before herself and her own family. She has had an incredible impact, changing lives for the good.

Mayor Neil Holdom said all of the recipients were "role models to our people, young and old".

"You have demonstrated just what can be achieved when individuals decide to work for the benefit of others."

Following receipt of funding from the Ministry of Health for the provision of addiction peer support services earlier this year, Taranaki DHB was able to commit to providing ongoing funding for the Families Overcoming Addiction service.

This funding will enable Sue to train people who have benefitted from the service to become family peer support workers and expand the service to meet growing need.

We congratulate Sue and thank her for all of the hard work and dedication she has put into supporting Taranaki families.

To find out more about either of the two groups mentioned here, contact Sue via email (familyaddictionhelpnz@gmail.com)

You can also visit <https://familiesovercomingaddiction.co.nz>

In brief

OMATA SCHOOL STUDENT VOLUNTEER ARMY DONATE FUN GIFTS TO WARD 2B

Omata School students Sophie Churchill, Isabelle McFarlane and Amber Baxter, who are part of the student volunteer army, kindly donated these fantastic shoe-box gifts for the children of Ward 2B. The students wanted to help sick children in hospital so collected shoe-boxes, decorated them all individually, and shopped for the perfect gifts for children aged 10 and over. Clinical nurse manager, Jessica Beattie, accepted the shoe-boxes and said they will be massively appreciated by families whose children need care. Thank you so much Omata School!



HEALTH RESEARCH COUNCIL GIRDLER'S NEW ZEALAND FELLOWSHIP

Cervantée Wild has been awarded the Health Research Council (HRC) Girdler's New Zealand Fellowship to study in Oxford next year.

We've been honoured to have Cervantée undertake her PhD with us here in Taranaki, with the Liggins Institute, University of Auckland. The fellowship supports her return to Taranaki on completion of her time at Oxford. Ka rawe!

The HRC's annual career development awards help foster and sustain New Zealand's health research workforce. Recently more than \$13.38 million was announced for researchers across three categories – General, Māori Health, and Pacific Health.



NEW WOOLLEN BLANKETS FOR NEONATAL THANKS TO TSB'S ACT OF COMMUNITY GOOD

The TSB Business Enablement Team is stoked their bake sale went so well, raising \$1200 to buy 22 woollen Swannndri blankets for our Base Hospital's Neonatal Unit to give to new parents. The team at TSB's head office in New Plymouth does two Acts of Community Good a year, and this cause had everyone in the building generously buying expensive cakes. The natural fibre blankets are ideal for babies, allowing their skin to breathe and they can be folded underneath the crib mattress and then around baby to keep warm.



(L-R) Tayla, Abi, Brook, Joy Natlie, Erin at Taranaki Base Hospital's Neonatal Unit

ALLIED HEALTH DAY

We recently celebrated our Allied Health staff by wearing green as part of the International Allied Health Professionals' Day on 14 October. This diverse workforce provides invaluable care and support to our patients and community across the entire health system.

Our Allied Health, Scientific and Technical workforce at Taranaki DHB is more than 370 strong and includes an audiologist, anaesthetic technicians, cardiac physiologists, cardiac sonographers, counsellors, dental assistants, dental therapist/oral health therapist, dietitians, hand therapists, hearing screeners, laboratory technicians, laboratory scientists, occupational therapists, orthotist, orthotics technicians, physiotherapists, play specialist, pharmacy technicians, pharmacists, podiatrist, psychologists, radiographers, respiratory physiologists, social workers, sonographers, speech and language therapists, sterile services supply technicians and therapy assistants.



TARANAKI DHB'S CAREERS EXPO

We recently welcomed more than 100 Taranaki secondary school students to talk and with our staff and get a taste for what it's like working in the Medicine, Nursing and Allied Health professions. Because the Careers Expo usually held at the TSB Stadium was cancelled because of COVID-19 we invited students to our Education Centre at Taranaki Base Hospital and to Hāwera Hospital. There were some great activities on the day to get the students excited about pursuing a career in health – drilling 'decay' off plastic teeth, intubating a mannequin and taking blood pressure. We thank all our wonderful staff involved for the time and effort they put into making this day a success.



Anaesthetic Tech



Dental



Sterile Services



Physiotherapy pressup challenge

STAFF COMPETITION

The great



TARANAKI DHB



Christmas BAKE OFF

Get creative
and put your
baking and
decorating
skills to the
test!



See the
intranet
for more
details