

Message from the Chief Executive

As we kick off our new financial year, I thought I would take the opportunity to reflect on some of the highlights for 2003/04 and to look forward to what we have ahead of us.

With Counties Manukau having taken a lead role in piloting the Meningococcal Vaccine for the country, the work required to establish the largest mass immunisation campaign ever undertaken in New Zealand has been high on our agenda over the past year. Amongst much media attention, the first baby to be immunised received his vaccination at the Mangere Family Doctors' clinic last month. While this milestone was indeed an achievement, it also signalled the start of a lot more work to come. As this goes to print, the campaign is progressing well with several thousand of our children having received their first immunisation either at school or at a GP practice. This work could not be done without strong community support and of course the fantastic support from primary care and the school based nursing campaign. Thank you to everyone involved who has enabled this massive undertaking to succeed. As I begin to reflect on the highlights, I cannot reiterate enough that we have only been able to achieve these as a community committed to providing the best health care for our population. This community includes our health care providers (including PHOs with whom 95% of our population is now enrolled), our schools, NGOs and the community and intersectoral agencies with whom we work closely. The feedback we received from Quality Health NZ with regard to the DHB wide Accreditation and Certification survey of our organisation, and also the strong endorsement from the Mental Health Commission for the improvements we have made in our mental health services, reflect the ongoing commitment of staff and providers to the delivery of high quality services.

It is always pleasing to receive national recognition for work which has been undertaken in Counties, and in particular, I would like to mention firstly, the Kidslink Programme which was awarded the Bearing

Point State Sector Award and Overall Supreme Award, and secondly, the DHB's achievement of the top score in the NZ Paediatric Society's survey for the implementation of national policies and strategies to improve child and youth health. We were also pleased to have been selected to pilot the PATHS project in conjunction with the Ministry of Social Development and to undertake the task of developing the national PHOs' Service Development Guidelines for mental health in primary care.

I am encouraged that we continue to look for innovative ways to improve and deliver services within the population funding that we receive. I note for example: the surgical bus which been established and has provided plastic surgery, ORL and ophthalmology services; the work being undertaken to establish a teen pregnancy unit at Tangaroa College; the establishment of a mobile dental caravan (supported by Sky City); and a collaborative venture which is underway between the DHB, NGOs and Housing New Zealand to increase the availability of housing for people with mental health problems in our region.

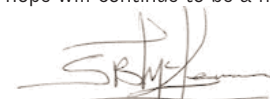
All of this has been achieved in a year when we also reduced our previous year's deficit of \$48m to a break-even position. In anyone's book this is a fantastic achievement.

While there are obviously many more

achievements, there are also still many challenges that lie ahead of us. These include: the establishment of the national burns service; delivering on a key priority to attract, retain and value our staff; enhancing our intersectoral and community partnerships, and our primary and community care services; and although we completed 7.5% more elective surgical procedures in the past year compared to the previous year, we need to continue to improve on our ability to provide certainty of elective surgery for our patients. These are just to name a few.

Finally, I hope that the lead we have taken in implementing a smokefree policy within all DHB offices, grounds, and vehicles will encourage our staff, community and other local businesses and organisations to take up the challenge to become smokefree.

I look forward and optimistically to the new financial year, but perhaps more importantly, what is in our minds at the moment... the onset of Spring, longer days and hopefully warmer weather! I hope you manage to fight off the winter chills and get through what I hope will continue to be a mild season.



Stephen McKernan
Chief Executive, CMDHB



Rayvin Ah Him, 9 months, was the first baby to be vaccinated with the MeNZB vaccine and met Prime Minister Helen Clark and Minister of Health Annette King.

Clinical research at Middlemore gets a boost

Restructuring of the Centre for Clinical Research and Effective Practice (CCRep) has been completed with the arrival in June of Professor Lester Reed, the organisation's new Clinical Director. Dr Stuart Ryan has taken the position of General Manager and Ms Jo Ayling is the new Clinical Research Manager.

Professor Reed's clinical training is as a physician and consultant in endocrinology and diabetes. He has held numerous senior academic and clinical positions in NZ and the US including Professor of Medicine at the Uniformed Services University of Health Science, Washington D.C. and Medical Director of Inpatient Services at Middlemore Hospital. "It is my hope that all types of nursing and physician clinicians will be able to ask me their clinical questions and then move quickly to CCRep-facilitated protocol development, ethics approval and sponsorship of their study", said Professor Reed.

Dr Ryan joins CCRep from industry where he was Clinical Research Manager for Fisher & Paykel Healthcare for 5 years. He holds a PhD from the University of Auckland and before moving into industry research, worked in medical publishing and as a research scientist at Massey University and the Horticulture and Food Research Institute of NZ. He has publications in respiratory medicine, plant and animal biochemistry, and

the physiology of cold adaptation.

Originally qualifying as a registered nurse in New Zealand in 1993, Jo Ayling spent 7 years in London in clinical research co-ordinator roles. She also worked as clinical operations manager for the London-based company International Clinical Trials, responsible for the conduct of Phase I-IV clinical studies.

The three new appointments to management will greatly expand the capability of CCRep in assisting investigators with assessing, undertaking and managing clinical trials conducted at CMDHB. Creating strong relationships with researchers, commercial sponsors, regional ethics committees, CMDHB Clinical Board, and other research organisations are priorities for the new CCRep team.

CCRep is an independent research organisation, governed by a Board of Trustees, that manages all aspects of the clinical trial process from assessment of protocols and managing the financial and contractual arrangements to procuring the staff and services necessary to undertake medical procedures required for data collection. Enquiries to CCRep should be directed in the first instance to:

Dr Stuart Ryan, General Manager
Centre for Clinical Research and Effective Practice. Direct Dial: (09) 2503882 Email: stuart.ryan@middlemore.co.nz



Dr Stuart Ryan (left), Professor Lester Reed (middle) and Jo Ayling (right).

Open Day

The Quality Open Day for Medicine Acute Care and Clinical Support will be held on Wednesday 22nd of September in the foyer of the Academic Lecture theatre. This is an opportunity for other interested groups who wish to display any Quality initiatives from their Teams. Please contact Irene Allan, Quality Coordinator on ext 2643 to book a space.

Living a Healthy Life

In March 2004 the first Living a Healthy Life Course was held at the Pukekohe Hospital Rehabilitation Unit. This is a six week self management course which is designed to provide education to people with chronic physical conditions and their carers or significant others.

The workshops are highly interactive and focus on building skills, sharing experiences and support. The programme has been designed and researched at Stanford University, California. Research has shown that people on the course demonstrated significant improvements in exercise, cognitive symptom management, communication with physicians, self reported general health, less fatigue, disability and social/role activities limitations. The feedback from the participants at Pukekohe was very positive and encouraging.

The next course starts on Wednesday 6th October 2004. It runs for 2 hours once a week over a six week period and costs \$30.00.

Places in the course are limited to 12. For more information contact Holly Mead (Occupational Therapist) at Home Health Care Pukekohe (09) 237 0650 or Pam Antill at Arthritis New Zealand 09 820 3927.

Cancer patients' treatment differs

Lung cancer patients in New Zealand may get different treatments depending on what type of specialist they are referred to, new research shows.

A survey of doctors treating lung cancer found they were not following international guidelines and were recommending different treatments, which could have different results for patients.

A questionnaire setting out six case studies of the most common type of lung cancer was sent to respiratory physicians, medical oncologists and radiation oncologists, who treat lung cancer patients.

The doctors were asked to identify what treatment they would offer in each case. The responses, published in the latest New Zealand Medical Journal, showed that treatment varied significantly between specialists and that there was a need for standardisation of treatment and better use of international guidelines. In an editorial on the paper, our own associate professor Jeff Garrett said that finding showed lung cancer services in New Zealand were "suboptimal".

The range of opinions about appropriate treatment and the fact that many health boards had not implemented treatment guidelines were a concern, he said. Dr Garrett also stated that the results showed an "overwhelming need" to immediately implement a cancer control strategy that would help standardise treatment.

However Cancer Society medical director and oncologist Peter Dady played down the importance of the findings saying individualisation of treatment is good.

Taken from an article reported in The Dominion Post, 19.06.2004

Clear Ear Day 2004

Staff who have been with the organisation a while, particularly those based at Manukau Surgery Centre, may recall the 1999 "Operation Clear Ear" project. The project was run with the generosity of the Mad Butcher Suburban Newspaper Trust, enabling 120 children to receive grommet surgery and the ORL waiting list to be significantly reduced. The project ran over two consecutive weekends and was a tremendous success, so much so that the trust sponsored a follow-up initiative this year. The same cohort of children were recalled for Clear Ear Day 2004, which was held on the 24th of April, and enabled follow-up of the patients who received grommets five years earlier. In addition to covering the operational costs for the day, the Mad Butcher Suburban Newspaper Trust also funded three paediatric endoscopes to aid diagnostic assessment and examination.

During the day each child was seen and assessed by a multidisciplinary team of ORL consultants, audiologists and Ear Nurses. Despite a disappointing "did not attend" rate,

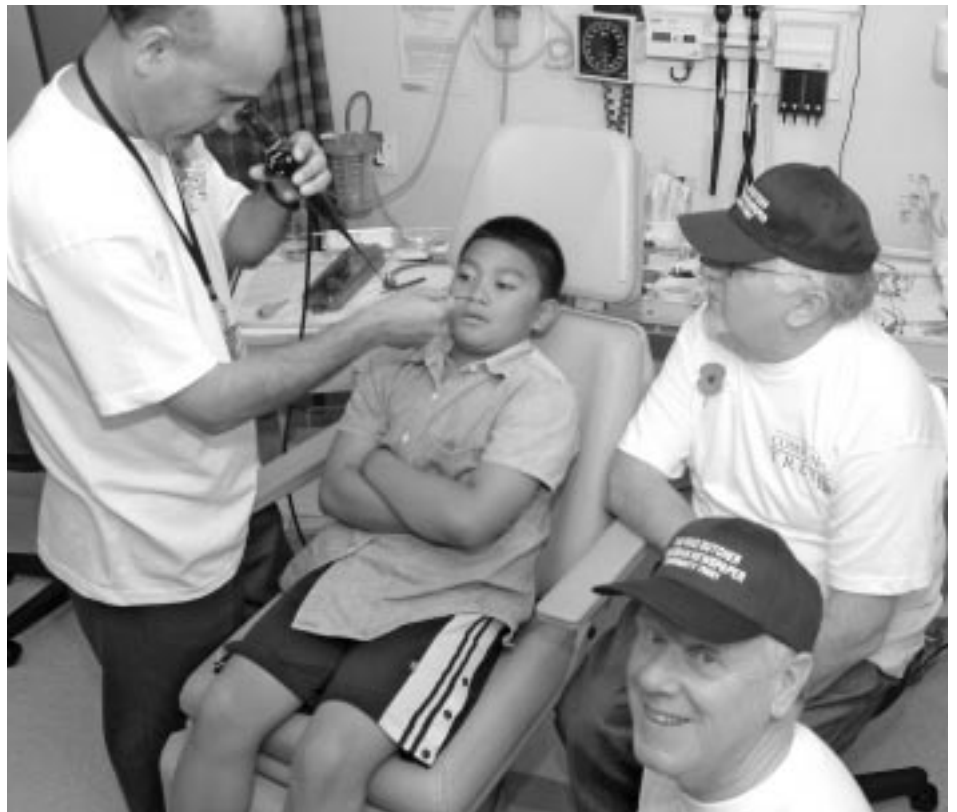
the event was again very successful and highly worthwhile.

The Clear Ear Day showed that the hearing of children that received ventilation tubes 5 years earlier was generally well preserved (82% had essentially normal hearing in at least one ear). Normal hearing in at least one ear allows children to develop normal speech and language.

The Clear Ear Day allowed identification of a considerable number of children with middle ear pathology e.g. tympanic membrane perforations, ongoing otitis media with effusion and tympanic membrane retraction. This indicates that follow up of some children with grommets is needed as they develop ongoing middle ear disease despite the grommets. It is our challenge to identify these children. Data collected on the day may assist in this.

The children needing further care for their ears will be followed-up and treated by the ORL department at Manukau Surgery Centre.

*Vic Middlemiss, ORL Service Manager
Wouter ten Cate, ORL Consultant*



ORL Consultant Dr Zahoor Ahmad examines a child with one of the endoscopes donated as part of the project while Barry Leitch and Peter Leitch from the Mad Butcher and Suburban Newspaper Trust look on.

18th world conference on health promotion and health education, Melbourne 2004

By Sue Grant

Facilitator, Health-Promoting Schools Team, Kidz First Public Health Nursing

It was 12 degrees when I arrived in Melbourne – a bit of a shock after the mild Auckland autumn I had left behind. The change in temperature marked the start of a week that moved me out of my comfort zone many times. The sheer number at the conference was overwhelming – over 3,000 delegates! Such a contrast to the cosy health and education conferences I have attended in New Zealand. Presenting two papers at the conference was also a challenging but interesting experience. Naturally, my main interest in the conference was around schools as settings for health promotion, or Health-Promoting Schools – a stream which spanned the five days of the conference and culminated in a one-day Health-Promoting Schools mini conference on the last day. Whilst it was perhaps predictable, the conference organisers had failed to appreciate the interest in the school stream and the workshops and lectures were packed to capacity, with delegates sitting on the floor and many being turned away from the door. I learnt quickly that that it paid to get in early! The two papers I presented reflected the unique way in which we as a Public Health Nursing Service work to support schools interested in developing as Health-Promoting Schools. Schools are complex social organisations, so to be effective, any health promotion activity needs to take into account the main components of a school i.e. curriculum, school physical and social environments and organisation plus the school's partnerships with groups outside the gate such as parents/whanau and support agencies. It was interesting to learn how researchers

from countries as diverse as Australia, India and China took these into account. For instance, Navjot Chahal from India presented research to show that students who were high on wellbeing scores were much more likely to have a lot more family support than students who scored lower. *'Bullying = being deliberately targeted by someone to cause distress and humiliation.'* Donna Cross, from Australia heartened me no end with her presentation on research into the *Friendly Schools Friendly Families* intervention to reduce bullying. It was no surprise to learn that change is more rapid and more sustainable if a whole school approach is employed, and in particular the school principal is involved and whenever possible both parents of students. Jackie Van Vught a health promoter from Vic Health Australia believes that a state-wide awareness campaign is essential if there is to be any sustainable impact on bullying in the work place and in schools. Their state-wide *'Together we do Better'* campaign targeted all work places with the message that bullying causes mental health disorders. The discussion which followed made the obvious link between the rocketing numbers of young people taking anti-depressants and the number of young people who report instances of bullying. David Satcher from the United States reported on two previous Surgeon Generals Reports. He reminded us of the impact of culture which he argued counts in any illness both to the patient in terms of how people cope with illness and whether they seek treatment; and to the health professionals in terms of how they diagnose illness and the treatments they offer. David's crash course in cultural competence is as follows:

- C – Consider Culture
- R – Respect Culture
- A – Assess/Affirm Culture

S – Sensitivity/Self-awareness of Culture (your own and others')

H – Humility (we never become experts in other people's culture).

David Satcher touched on the international concerns relating to the epidemic proportions of obesity and diabetes. It is a subject dear to the hearts of many health promoters and so it was inspiring to hear of success stories like that of Jillian Adams from the Northern Rivers area in New South Wales. Their Tooty, Fruity, Vegie programme in primary schools used a whole school approach to increase the intake of fruit and vegetables particularly in schools with high numbers of Aboriginal and Torres Strait Island children. Children who brought a piece of fruit for morning tea were rewarded with an extra five minutes out of class to eat it. Activities in the classroom, with local stores, families and volunteers appear to have had a positive impact, although an evaluation by the Cancer Foundation is still being completed.

A similar whole school approach was described by Mary Stewart who worked with children in primary schools in Moonee Valley, Australia. Their campaign to replace high sugar content drinks with water was successful in that they recorded a 50-60% drop in sweet drinks after the study. Students showed an increase in awareness of the benefits of drinking water and parents showed a change in their purchasing patterns.

These were just a few of the highlights from a fascinating conference which both inspired me but also reassured me that what we in Kidz First Public Health Nursing are doing around health promotion and Health-Promoting Schools is right up there with the best of them!



Counties Manukau District Health Board web site

We are busy revamping our website! Keep an eye out for the upcoming changes over the next few months. Access the Counties Manukau District Health Board's internet site at <http://www.cmdhb.org.nz/> to view a wide range of information about the Board, the board committees and features relating to your health.

Find out more about the upcoming Local and DHB Elections to be held on the 9th of October 2004 by clicking on the Vote! logo. Links and information about the Ministry of Health's Meningococcal B Immunisation Programme is also available from the home page to keep you informed.

Counties Manukau District Health Board internet site <http://www.cmdhb.org.nz/>

Food for thought

Some facts and figures.

The real story of poverty and health.

- 1 billion More than a billion of the world's six billion people cannot fulfil their basic needs for food, water, sanitation, health care, housing, and education.
- 1.2 billion The number of people in the developing and transitioning world living on US\$1 or less per day.
- 1.1 billion The number of people worldwide who are malnourished.
- 41% Of the total 180 million unemployed in the world, 41 percent are between the ages of 15 and 25
- 5 times Children living in poverty are 2.5 times more likely to die between the ages of 15 and 59 than those in higher income groups. 1 in 12 lifetime risk of dying during pregnancy in Sub Saharan Africa, compared with one in 4,000 in Europe
- Under 50 Life expectancy at birth in the least developed countries, compared with a 77-year life expectancy in industrialised countries.
- 49% Of the 10.7 million deaths annually among children under five years of age in all developing countries, 49 percent are associated with malnutrition.
- 2 million Approximately 2 million children die every year – 6,000 a day from infections caused by poor sanitation.
- 115 million The number of children who do not attend school; of them, three-fifths are girls.
- 42 million Around the world, 42 million people are living with HIV/AIDS, 39 million in developing countries.
- 10% Only 10 percent of global spending on medical research and development is directed at the diseases of the poorest 90 percent of the world's people.
- 54 Number of countries that were poorer in 2003 than in 1990.

Middlemore Massage Therapy Clinic

Supported and approved by OSH for CMDHB staff only.

Jenny Healey Dip TM (NZQA)

- Neuromuscular Techniques (incl. Trigger Point Therapy)
- Deep Tissue Massage
- Relaxation Massage / Holistic Pulsing / Craniosacral
- Specialising in neck, shoulder & back pain, immobility problems, chronic pain & OOS.

Times: Middlemore: AT&R outpatient clinic rooms (old OSH clinic). Tuesday and Friday 12.00 – 6pm. Superclinic: Module 2 (lab) room 5 or 6 Wednesdays 4 – 6.30pm
Contact: (09) 238 8980 / 021 1518 518 / jennyhealth@hotmail.com

Sally Cattle NZQA National Cert. Massage (Relaxation)

- Relaxation Massage

- Ortho Bionomy (a gentle technique to release pain & tension)
 - Deep Tissue Massage
 - Specialising in stress related problems incl. neck shoulder & back
- Times:** Middlemore AT&R outpatient clinic rooms. Monday and Wednesday 12.00 – 6pm. Fridays by appointment
Superclinic: Module 2. Tue 4.30 – 6.30pm
Contact: 268 2654 / 021 0338 400 / sallynaturalcare@hotmail.com

Charges: 1 hour - \$40, 1/2 hr - \$25, 15 min - \$10 (conditions apply). Vouchers also available on request. Don't forget if you can't come to us we can come to you. Group bookings are still at the old price - 1/2 hour - \$20, 15 min - \$10. We prefer over 5 persons though. If our times don't suit your schedule other times can sometimes be arranged.

Letter from Africa

In the last edition of Connect we featured a letter from Lisa Blaker, an Intensive Care Nurse from CMDHB, who was working in Mallavi in Sri Lanka. Lisa is now working in Limun, Sudan. Read on to share Lisa's experiences of nursing in the developing world.

Thanks to Sue Mann and Jackie McDonald for sharing this letter.

Sunday April 18th 2004

Dear Sue

It's been a month since I arrived here in Limun and I think my head has stopped spinning enough to be able to write a coherent letter.

Right now it's a hot, lazy Sunday afternoon. Each day the thermometer easily climbs to 38-40, it's nudged 44 a few times. But compared to Sri Lanka this heat is easy – it's a dry heat, not humid, and at least there's still a breeze.

The team here is a good one – they talk, laugh, debate, discuss, share cooking and everyone sits round the fire in the evenings to talk. I keep comparing this to Sri Lanka and this is so easy in comparison.

So, where to start?

Limun is MSF's base in the Nuba Mountains. If you walk 20 minutes down the valley to the lookout, you see down the hills to the plains. They call these Nuba Mountains, but they're as big as the Waitakeres in height, with vast savannah as far as the eye can see from the lookout.

The hospital here in Limun, MSF's centre of excellence, is made up of 8 mud huts. I thought hospital meant at least concrete floors and hospital beds. Here it means low roofed mud huts big enough to sleep six patients on mats on the floor. There's a pharmacy, storeroom, kitchen, triage and consultation huts. The doorways are so low that you have to squat down and shuffle into the room. The first few weeks I kept hitting my head on the same bruises over and over again. I've learned my lesson now...

Once you're inside the "wards" as they are grandly called, it's dark and quite cool. If you stand still for 10-15 minutes you become covered in plugs of pale wood dust that the termites push out of the ceiling beams.

I really don't have much to do with the hospital here, because I'm an outreach nurse.

For a week at a time Karla and I are out visiting the health care units, tiny clinics that provide basic health care. Compared to the health care units, the hospital here in Limun is a shining centre of technological excellence.

The clinics are tiny, derelict and constantly short of water and most of the staff just do the best they can. Perhaps I'll describe

Ngorban for you. The clinic we returned from on Friday. The consultation rooms are so dark that someone has knocked a hole in the outside wall to let light in. What it means is that every consultation has an audience, with waiting patients peeping through the hole.

Patients start arriving early, from about 7am, and in Ngorban quite a lot are Arabs coming on donkeys from the GOS side (Government of Sudan). Health care is so expensive on that side that they sneak across to our side, SPLA (Sudonese Peoples Liberation Army). Our health care is free. Mind you, from what I've learned in the past week you couldn't charge for health care as bad as this!

The consultants in Ngorban simply haven't got a clue about what they're doing. MSF has been dropping medical supplies from a plant for three years, so it's only been in the last nine months that there's been MSF training. But from what I've seen the training has been pretty shoddy.

Patients come with complaints of back pain – they're prescribed Amoxycillin. Period pain? Amoxycillin. Headache? Amoxycillin. Malaria I've seen treated with folic acid and Mebendazole. Every second patient comes in complaining of diarrhoea and is given five sachets of rehydration salts and a dozen Paracetamol. Amoxycillin and Paracetamol are the universal cures for everything, it seems. 70% of all patients get prescribed both, irrespective of their signs, symptoms or diagnosis.

We had discussions about the differences between "pain" and "infection" and I saw a lot of blank faces...

But the people here are really wonderful. Welcoming, warm, trusting. After decades of war you'd think they'd have hardened... Every greeting takes 5 minutes as you ask about their health, their strength, whether they slept well, how their family is ... and everyone shakes hands, even tiny children reach out their right hand.

Traditional medicine is very important here. If you have back pain the traditional healer burns round marks on your back and binds you with crushed herbs. Lots of people have a lot of scars.

Two weeks ago we came across a man on a donkey cart down on the plains. He had been working at a mill and got his arm stuck in

some belt – a nasty compound fracture of his ulnar and radius, big gashes on his arm. Lin, one of the nurses with me immediately took control of the situation. Told him he needed IM antibiotics and that we would fly him to Kenya to the Red Cross Hospital (our nearest referral centre, a three hour flight away). She took off the cloth that bound his wounds, poked around, then went to the car to get the drugs.

I stayed with him to introduce myself and ask if he was ok. It turns out he was on his way to a traditional healer and had no interest in antibiotics or going to Kenya. Lin was furious and indignant. "How can he refuse the right treatment?" and she berated him.

I met up with him again, by coincidence, ten days later in Ngorban. He was the cousin of our pharmacist. His wound was infected, the arm swollen, fingers cool, he was febrile and felt awful. Lin gave him the "I told you so" speech and went to radio Kenya...

We spent a long time talking and it turns out he didn't know what antibiotics were and has never left this district in his life. So for him to go to Kenya was inconceivable. We talked about what was wrong with his arm and what Kenya could offer, and after a couple of hours he agreed to go. .

The whole situation was such an interesting exercise in Western medicine meets traditional healing, the "right" solution versus the old way of doing things, the doctor/nurses opinion versus the patient's beliefs etc.

I've seen similar scenarios since, and it's made me really realise the importance of acknowledging the patient's values and beliefs, asking their opinions, not forcing the "right" solution, and also acknowledging their right to choose.

Was that man wrong for saying no the first time?... I don't think so. It was quite a lesson. And so I'll leave it there. There will be more stories I'm sure. The temperature in the water barrel in the shower room will be just right now (6pm) and I've learned that if I can get in there before it's dark then I can shower in peace, otherwise 30 or more frogs and toads converge on the concrete shower floor and try to jump into the basin you stand in to wash. It's quite stressful trying to keep them all out!

But if this is stress, then I can cope... Until next time, take care.

Lisa

New Starters

Ross Phillips

Joined Counties Manukau DHB's Mental Health Development Team in July as a Project Manager - Community Living Services. Ross will be working for Sue Hallwright and Phil Grady facilitating the development of the new Community Living Services purchased earlier this year.

Ross comes to us from Waitemata's Regional Coordination Service where he has been coordinating the Independent Living Pilot Project.

Ross brings to the job invaluable practical experience in working to support consumers to use their own strengths in leading their recovery. Welcome to the team Ross.

Sarah Tibby

Has joined the CCM (Chronic Care Management) team at Lambie Drive in the role of CCM Liaison and Training Co-ordinator. Sarah will be part of the team working to facilitate the roll out, support and ongoing development of the CCM programme focusing on the user level requirements and technical support. Sarah comes to us from healthAlliance IT where she has been involved in IT training and Project Fusion (amongst many others). Sarah brings invaluable experience in the links between IT technical requirements, user training and their combined impact on data quality and usefulness. Welcome to the team Sarah.

Langiono Takeifanga

Has joined Ward 15 as a staff nurse. Welcome to the team.

Teresa (Tess) Macdonald

Has been appointed to the position of Manager of Clinical Training and the RMO Support Unit. Tess has been with CMDHB for the last 15 months in the role of Clinical Training Coordinator. Good luck with your new role.

Annual Spring Dine and Dance

Date: Saturday September 4th

Time: Drinks from 6.30

followed by dinner and dance

Venue: Ellerslie Convention Centre

Band: Mermaids (with Jo Cotton and Amber Claire)

Tickets will be available throughout August

Teens kick the habit

Counties Manukau youth are smoking less than teenagers in most other parts of New Zealand.

A recent survey conducted by Action on Smoking and Health (ASH) in the 21 regions administered by health boards revealed Counties Manukau has the sixth lowest number of year 10 students who smoke every day.

The annual survey found 19.5 per cent of Counties Manukau year 10 students smoked on a daily, weekly or monthly basis. This rate is lower than the national average of 20.65 per cent.

The Auckland District Health Board region had the lowest smoking rate with 16.2 per cent, while the district covering Taupo and Rotorua had the highest rate at 42.5 per cent.

As reported in the Manukau Courier 24.06.2004

Winter lectures at the University of Auckland

From 20 July – 24 August the University of Auckland is holding its annual winter lecture series. All lectures will be held in the Maidment Theatre, 8 Alfred Street from 1-2pm and are open to everyone.

This year the theme is 'Trading in our nation's future: Children and Young People in New Zealand'.

New Zealand's future well-being and growth of its economy will reflect the productivity of people. Realising people's potential is fundamental, and the foundations begin early in childhood. New evidence suggests that the patterns of adult health may even begin before birth and therefore individuals and government policies should protect the well-being of children. In New Zealand, policy neglect of children has been extensive, often to their detriment. This lecture series describes the current situation of New Zealand's children and young people, focusing on health, and suggests ways in which the well-being of children may be improved. Visionary leadership, which prioritises children in every policy, is the way forward.

Our very own Dr Teuila Percival, Paediatrician at KidzFirst, is speaking on August 17 (Lecture 5). The topic of this lecture is 'The health of Pacific children: What does the future hold?'

Pacific children in New Zealand are an increasingly heterogeneous group. They have the highest rates of preventable hospitalisations with conditions such as pneumonia, gastroenteritis and perinatal mortality. More than 70% live in the most deprived neighbourhoods and 30% live in single parent families. Pacific unemployment is more than twice that of Pakeha New Zealanders and Pacific families are more likely than any other group to be dependent on rental housing and to live in overcrowded homes.

This presentation will discuss the issues Pacific communities of New Zealand face in addressing the health and well-being of their children and look at how these communities are responding to this challenge.

Please show your support for Dr Percival by attending the lecture at 1pm on Tuesday 17 August.

Smokefree Update

The Smokefree website is now live on SouthNET. Access it from the Services Directory.
Link: http://southnet/services/Alphabetical/servicesdirectory_s.htm

Whooping cough epidemic predicted

But there's still time to make a difference in Counties Manukau.

New Zealand is due for another whooping cough epidemic which is predicted to arrive soon. In June 2004 there were 182 cases reported nationally with the South Island experiencing the bulk. This concerning picture is similar to the early stages of the last epidemic in 1999-2001. Counties Manukau still has quite low rates of disease, although one child died of whooping cough in June.

Whooping cough, or pertussis, is a serious disease in young children. In the last epidemic nearly 7,000 cases were notified nationally. While that figure seems large, hospital discharge data shows many more cases, which indicates substantial under-reporting of the disease.

Also known as the 100 day cough, whooping cough is a respiratory infection caused by the bacteria *Bordetella Pertussis*. It starts as a sore throat with mild feelings of unwellness. In 2-3 days these symptoms turn to an intermittent dry cough. Over the next 7-10 days this becomes a more productive cough with a sticky phlegm and occasional bouts of choking coughing start to occur. Fever is usually limited to the first week and is only mild.

Major symptoms are recognisable from two weeks on. These include attacks of choking cough (paroxysms) lasting 1-2 minutes, often with vomiting, facial contortions and a feeling of suffocation and sometimes apnoea and cyanosis. Attacks can occur from 2 – 50 times per day. Between attacks the sufferer may not cough at all and may appear quite well. Only around half of sufferers "whoop" and infants are much more likely to vomit than "whoop". Once inside the airways, pertussis bacteria produce toxins that interfere with the respiratory tract's normal ability to eliminate germs. Pertussis bacteria also produce chemicals that cause inflammation, damaging the lining of the breathing passages. Complications include pneumonia, seizures, encephalopathy and death. Once infection occurs treatment is mainly supportive. Antibiotics do not treat pertussis, they are however used to eliminate throat carriage and

prevent further spread.

Whooping cough lasts at least 3 weeks but commonly 3 months. The gold standard for diagnosis is a positive culture or PCR but *Bordetella pertussis* bacteria are not always retrievable from the nasopharynx by the time whooping cough is suspected. Serological diagnosis is not generally available. The crucial point for clinical diagnosis is attacks of severe choking cough, separated by long intervals of no coughing at all. Most cases go undiagnosed as the physician does not hear the attack and listening with a stethoscope indicates normal lungs in whooping cough. Pertussis is highly contagious and spread by droplets. Up to 90% of nonimmune family members will develop pertussis if they live with someone who is infected. For this reason, close contacts should receive antibiotics (usually erythromycin) to prevent spread of the disease.

Adults pass it to vulnerable infants

Although most New Zealanders are immunised against pertussis, immunity wanes from late childhood. In adults infection is usually mild. Infection is most severe in unimmunised children and infants under 1 year old. Up to 75% of infected children less than six months old will require hospitalisation.

The four infants who have died of whooping cough since 2001 were aged 3, 4, 5 & 12 weeks. Three were too young to be immunised at all. Maternal pertussis antibodies do not cross the placenta and breast milk offers no protection so a newborn infant is especially vulnerable. Starship Paediatrician Dr Liz

Wilson recommends that parents of new borns, particularly those born prematurely, should ensure their other children have had their routine immunisations and consider purchasing an adult pertussis vaccine for themselves via the GP. (Now available as the combination adult diphtheria, tetanus and acellular pertussis vaccine, *Boosterix™* GSK \$25).

Delaying immunisation is playing Russian roulette

On-time immunisation is the best protection available. An Auckland study found delayed immunisation to be a major risk factor in pertussis disease. An unimmunised 10-week old infant had a 4 times greater risk of being hospitalised with pertussis than an infant immunised on time. By age 6 months that risk had increased to 6 times (Grant et al *BMJ*, 2003).

Pertussis immunisation is offered at 6 weeks, 3 months, 5 months, 15 months and at 4 years before starting school. The vaccine is approx. 85% effective after 3 doses and completing the series is vital to maximise protection. Immunised infants do sometimes contract pertussis but the disease is milder. Pertussis immunisation is contra indicated for infants with an evolving neurological condition or a temperature over 38°C.

Health care professionals can make a difference and help minimise spread by encouraging adults with chronic coughs to get checked. Immunisation can be offered to children with a mild cold or infection and it is vital to encourage parents not to delay immunisation.



An infant with pertussis cough

Courtesy of the Pennsylvania Chapter of the American Academy of Pediatrics

Departures

Naomi Baker

Naomi Baker left the RMO Support Unit on Friday 16th July after 10 years with CMDHB, the last 5 years being with the RMO SU. All the best Naomi!

Gynaecology

The Gynaecology ward relocated to Ward 8 at the end of June and is now known as Ward 18, Gynaecology Care Unit. This is stage one of the women's health redevelopment.

The unit now has 18 resourced beds and flexibility for up to 22 beds as the need arises. The Gynaecology Care Unit would like to say thank you to all who helped plan the relocation and the actual move.

Special acknowledgement goes to Marlene Stratton and Margaret Garthwaite for their tireless efforts and support.

Geraldine Kirkwood

Charge Nurse Ward 18, GCU and staff.

WANTED: Hypospadias patients

The Plastic Surgery Department is pleased to advise that the hypospadias service has now been re-established since Cary Mellow's recent resignation from Middlemore. After completing his training at Middlemore Hospital, Mr Murray Beagley travelled to the United Kingdom where he gained extensive experience in hand surgery (including congenital hands), and hypospadias surgery. He has now returned as a Plastic Surgery Consultant at Middlemore. He uses a combination of both old and new methods to make good the hypospadias deformity. This includes correction by means of single stage procedures and in more severe forms, 2-stage operations. We are in the process of establishing a support group for the children and families of the hypospadias children. Presently, the service operates on 2-3 children per week at KidzFirst. In addition to new referrals we welcome referrals of older children or adults who may need "touch-up" or revision surgery. We look forward providing service to all children in need.

For further information please contact Dr Murray Beagley on 262 8640.

Healthy Housing Programme

The Healthy Housing Programme is a joint initiative between Counties Manukau District Health Board (CMDHB) and Housing New Zealand Corporation (HNZC).

The Programme commenced in January 2001 and is continuing to improve the health status of families living in HNZC homes.

The original focus of Healthy Housing was to develop and complete interventions to alleviate overcrowding and hence reduce the risk of disease. The programme aimed to address a family's housing circumstances by the addition of bedrooms to the home, a transfer to a more appropriate house, and referral to appropriate health and social services. However, health risks are not limited to overcrowded families. Even families adequately housed can have health problems and this is something the Healthy Housing programme addresses through referrals by Kidz First Public Health Nurses and Tenancy Managers to appropriate health and social services.

To the Team's knowledge no such programme has ever been attempted in New Zealand (or overseas) and we are yet to find a model which incorporates as many social sectors in terms of joint operation, shared goals and commitment.

Healthy Housing targets sites that have exceptionally high hospitalisation rates for communicable diseases, and where there are high proportions of HNZC houses. The programme focuses on providing interventions to address health issues, overcrowding and the 'health' of the house. Interventions include referrals to health, education and social service agencies, building new houses and house extensions, moving families to larger homes and installing insulation and ventilation.

The 18-month Healthy Housing pilot has delivered healthier homes, increased awareness of infectious diseases (including meningococcal disease) and contributed to the improved health of HNZC tenants. When compared against the geographically matched control group, and using information from 12 months before and 12 months after the joint assessment, outpatient visits and use of the emergency department increased but admissions dropped by 33 percent.

The changes in secondary care utilisation suggest the Healthy Housing pilot increased seeking early care with a resulting decrease in hospital admissions.

The reduction in overcrowding and linking of households with other health and social services will almost certainly improve participants' general health status and reduce the incidence of infectious diseases. A Healthy Housing house extension in Mangere won a gold medal at the Auckland Regional Master Builders House of the Year awards held in July. The builder, Haven, won one gold, two silvers and a bronze from a total of four entries.

Jude Woolston



After 30 years service Associate Professor John Collins retired from the Department of General Surgery at the end of June. A dinner was held on Friday 23 July at the Royal New Zealand Yacht Squadron. All the best for your retirement John.

Farewell Good Friend



Rick Taylor, one of our longest serving Red Cross Volunteers, passed away on Friday 30 July. Rick has made a fantastic contribution to our organisation over the past 25 years and was always willing to lend a hand and guide people around the corridors and rooms at Middlemore. He simply loved being a part of the Middlemore team. I know his loss will be felt by all of you, particularly those staff who have worked with Rick over the many years that he has volunteered his support.

My thoughts go out to Rick and to his family and to the very many friends he had in our organisation.

A memorial book for Rick can be found at the Volunteers' desk in the main entrance for staff to sign and write personal messages.

Stephen McKernan, Chief Executive



Foundation

Finn feast at Middlemore café

Staff enjoyed a huge lunch-time treat when renowned New Zealand musician Tim Finn performed a free concert at Middlemore's Aviary café in June. The former Split Enz and Crowded House star, rocked the hospital's cafeteria singing well-known hits including 'Weather with you,' 'Six months in a leaky boat' and 'Persuasion.'

The performance was Tim's way of saying thank you to the staff at Middlemore who supported him and his family when his young son was scalded four years ago.

"This concert was a chance to really pay a tribute to the staff who were so wonderful during our stay there," he says.

It was also his way of supporting the South Auckland Health Foundation's fundraising campaign for the National Burn Centre. This new facility will be built onsite at Middlemore Hospital and provide treatment for the worst burn patients from across the country.

Tim says he has an affinity with the cause having experienced the trauma of his son Harper suffering a scald burn.

It was while in transit in Auckland during a concert tour that the toddler, then 18-months old, pulled a jug of hot water over his body.



Tim Finn, photo courtesy Manukau Courier.

Harper was rushed to Middlemore where he stayed overnight and was treated for burns to his face, neck and shoulders.

"It was a strong emotional experience – one minute I was an entertainer and the next I was a parent with a burnt child, bonding with other parents in the same situation," says Tim.

"We're so grateful to the burn staff and other people who supported us during that time."

Now four years down the track the South Auckland Health Foundation is delighted that the Kiwi icon offered to support the National Burn Centre in such a unique way.

Foundation executive director, Pam Tregonning, says it's not often that staff get this sort of thank you.

"A free concert right here at the hospital – it's really an amazing

gesture and we're incredibly grateful."

The concert was organised by the South Auckland Health Foundation with support from Spotless Services, who held a sausage sizzle and raised \$600 for the cause.

Stride out for burns

There are people jogging during lunch breaks, stretching in between ward rounds and opting for the healthy food option in the café. Marathon fever has hit CMDHB with a vengeance.

From radiology to physio, IT and the Manukau Superclinic staff are in training for this year's adidas Auckland Marathon.

The event, to be held on 31st October, is supporting the National Burn Centre, which is to be built onsite at Middlemore Hospital.

The Centre is the major fundraising project of the South Auckland Health Foundation and some of the funds raised from the marathon will be donated to the organisation.

Foundation community relations officer, Nicki Winn, says it's great that so many staff are showing their support by getting involved.

"Many departments are setting up teams. It's going to be a really fun day with everyone out there running for burns," she says.

The event includes a 10km, half marathon and full marathon so there's plenty of scope for a range of people to participate.

And there's still time to get involved, so let us know if you want to join a DHB team.

Visit the marathon website www.aucklandmarathon.co.nz to find out how to register. Or for more information about joining a team contact Nicki Winn, ext 2074.

Spiritual Centre needs your support

A meeting of community members and religious leaders has mobilised more support for the development of Middlemore Hospital's Spiritual Centre.

More than 60 Counties Manukau residents, including staff of Middlemore Hospital, attended a meeting in July to plan the upcoming fundraising appeal. With a target of \$400,000 to achieve by December this year the group has launched an intensive five-months of fundraising.

Sir Paul Reeves, who chaired the meeting, encourages the community to get behind the Centre's fundraising campaign.

"I feel privileged to be involved in this wonderful community project and commend it to you all as a worthwhile project to support," he says.

The Spiritual Centre, which has long been requested by staff, patients and visitors to Middlemore Hospital, is vital to meet the needs of the diverse population that uses the health care services.

Speaking at the meeting Middlemore vascular surgeon, Peter Vann, expressed the desperate need for the new facility.

"Patients need a quiet place to go as do staff – we need a place to go to think, reflect and pray."

Tim Finn's lunch time concert was a hit with staff.



Peter strongly encourages DHB staff to support the centre financially.

"I'm making a donation and encourage everyone else to do so. It's for the benefit of all staff who work here and the patients that we care for," he says.

Donations are greatly needed. \$29,000 has already been raised and the project's total cost is expected to be at least \$750,000. To make a donation to the Spiritual Centre or for more information please contact the South Auckland Health Foundation, ext 8400 or talk to one of the chaplains.

Corridor treats bring in the bucks

Cakes, crafts, cacti and clothes are all on offer at Middlemore Hospital each Thursday and Friday.

Many of you may have sampled the products but it's likely that some will not realise that the friendly corridor stall holders raise funds for CMDHB.

The hallway dwellers are part of the Hector Trust – a volunteer organisation that donates money to three of Auckland's District Health Boards.

Since setting up operation at Middlemore 14 year's ago, the Hector Trust has generated \$520,000 for our DHB.

The funds go towards equipment that assist with the treatment and comfort of patients. Among last year's goodies were an electric plinth, resuscitation mannequin and televisions and videos for patient comfort and education.

The Hector Trust Hospital Manager, Arthur Lyon, says the group makes a wonderful contribution and is a welcome addition to the hospital environment. "They're a lovely friendly bunch who are part of the furniture now really."

Stallholders are all retired people with the inclination to give something back while making a bit of pocket money.

Longtime stallholder, Linsay Hay, says it's the highlight of her week.

"I love the contact with people. We have a lot of fun and it's for a good cause."

While the volunteers deserve credit for their outstanding commitment and great array of products, the woman who founded the trust, Margaret Gadsdon, is definitely the one to thank.

The Manurewa resident – who has a Queen Service Medal – set up the trust in 1987 after spending extensive time in Greenlane hospital with her husband who had heart problems. What started out as a one-off project to raise funds for a much



The Kidz First Foyer comes alive when some of the All Blacks pop in to say hi.

needed heart-machine, has grown into a longtime service for Greenlane, Auckland, North Shore and Middlemore Hospitals. The hard work of Margaret and the Hector Trust volunteers is all done with a healthy dose of humour and a lot of fun.

As one customer touches some silk flowers the stall holder jokes, "Ten cents a feel – that's the flowers not me!"

To find out more about applying to the Hector Trust for funding contact Arthur Lyon, ext 8058 or the South Auckland Health Foundation, ext 2048.

Awesome support from ATL

ATL Systems Ltd, supplier of IT equipment to CMDHB, has given a generous gift to the South Auckland Health Foundation. The organisation has donated over \$7000 worth of products to the Foundation for its upcoming Scratch 'n' Win competition. Thank you to ATL's supplier Techpacific and of course to ATL for this amazing contribution.

A big splash

When the 'Splash' circus rolled into town last month Kidz First Children's Hospital was given a boost.

A boost of \$2130 that is. Weber Bros Circus and the Auckland Showgrounds donated 150 tickets to the South Auckland Health Foundation to sell with proceeds to Kidz First. Thank you to both organisations for this wonderful contribution.

New faces at the Foundation

Heard some new voices, seen some new faces lately? The South Auckland Health Foundation welcomes Nicki Winn and Angela Hamilton to its four-strong team.

As the new personal assistant Angela is the friendly voice of the office, while Nicki, the community relations officer, is out and about mixing with DHB staff and local groups.

The pair has joined Foundation executive director, Pam Tregonning and public relations officer, Jo Mackie in the Support Building at Middlemore.

Together the group works to support and raise funds for the health services of CMDHB. To find out more just get in touch – ext 8400.



Getting amongst it – Hector Trust volunteers Cynthia Light, Judy Ellis, Linsay Hay, Dot Mai and Dora Van Engelen step inside one of their stalls.

South Auckland
HEALTH 
Foundation

Celebrating over 30 years of service in mental health

On a dark blustery evening in June over 50 people met at the Weymouth Cosmopolitan Club to celebrate the achievements of some very special individuals. Nicknaming themselves 'the dinosaurs' these people represented much more than the longest serving employees in mental health. They represented an era where working in the mental health services was very difficult, due to under-funding and lack of support from the community. To handle this, the employees formed close bonds, which have tied them together as friends and family for the past 40 years. So in recognition of their outstanding work, loyalty and endurance in this area CMDHB decided to throw them a party! The night started off with the wind-blown arrivals of friends, family and 'the dinosaur club'. Add to this a sprinkling of management the party was definitely on its way. After coffee, tea and sandwiches it was time for the formal presentation. Following the Karakia by Whitiara Cooper, Ian McKenzie started the presentation by making a warm welcome to the family and friends of the employees. He welcomed the retired members of mental health including: the Fausetts, Gordon and Timmy.

Ian also took time to remember those who were unable to attend the function including Alan Pendergrast, Garth Thoresen, Sybil Thomson, Mike Kelly and Wayne Russell. Ian offered his heartfelt thanks for the work that all the employees had done and welcomed each employee up to the podium to receive a certificate to commemorate their long service.

As each person came up onto the stage to receive a certificate they had a private moment with Stephen McKernan, who thanked them personally for their contribution. After receiving a certificate each person related a 'minties moment' from their career. Wayne Hussey took the stage and started the laughs off with an infamous and "defaming" speech about Andy Clarke. Not to be outdone Andy tried to get his own back,

resulting in a 'war of words' for the rest of the night! Tony Dunn and Nancy Dally made a few comments about what we will call 'gender politics' and 'meeting their partners in life'. Alma James contributed to the in-joke regime by complaining about the donkey. 'Fire!', seemed to be the predominant and recurrent theme of the 'minties moments' as many employees opted for stories of pyromania and strange cigarette smoking habits! The presentation ended with a special thanks and a gift of appreciation to the longest serving employee Lucy Chambers-Asman (45 years). Instead of relating a 'minties moment' Lucy chose to thank all her friends for the years of support and fun she had had with them. Stephen McKernan then ended the formality of the presentation by taking time to focus on the partners and family of the employees. He thanked them for the support they had given to the employees and for taking them "through the tears, fears and cheers" of the job. Stephen rounded off the speech by congratulating the employees on their loyalty and hard work throughout the years.

The formalities over, everyone took to

mingling and chatting away happily. The night ended with hugs, smiles and kisses for anyone who got in the way!

A further congratulatory mention must go to: Sally Crene, Marion Kennerley, Lesley Smith, Andy Smith, Alan Gundersen, Margaret Millington and Grace Patterson. Thanks a lot guys and we really hope you enjoyed the evening! If you see any of the people mentioned in this article make sure to congratulate them on their achievements! We'd like to extend a 'big thank you' to all our other employees who have contributed to the hospital's growth and capabilities. Without you the success of the hospital in terms of business outlook, patient care and community outreach would have been impossible! We'd also like to extend a special thank you to our sponsor, Rachel Sneller, and her team at Stevens, Manukau who provided us with a lovely gift for the longest serving employee. We'd also like to say thanks to the staff at the Weymouth Cosmopolitan Club who were very helpful and attentive to everyone at the function.

Mehreen Ahmed

