

## International Mental Health leaders visit a success



Some of the IIMHL group: (left to right) David Guth, Nashville USA, Steve Lurie, Toronto Canada, Dr Margaret Aimer, Mental Health Clinical Director CMDHB, Ian McKenzie, GM Mental Health & Intermediary Care CMDHB, Sue Turner, Birmingham UK, Dr Karen Rhea, Nashville USA, Dr Neil Deuchar, Birmingham UK

Early March saw seven international mental health leaders visit CMDHB as part of the International Initiative for Mental Health Leadership (IIMHL) annual exchange. The purpose of the visit was to view and discuss CMDHB services, and exchange ideas about what is working well and what can be improved, both here and abroad.

The visit was hailed a success by Ian McKenzie, CMDHB's General Manager of Mental Health and Intermediary Care. "I was incredibly proud of Counties Manukau DHB and the Mental Health Service when our visitors from the UK, US and Canada spoke of the innovation that Counties Manukau DHB showed in community integration, the development of community mental health services, and in the commitment to approach mental health services that recognise culture." The international guests were involved in two days of site visits and a two-day conference held in Wellington. In the plenary session of the two day programme, the International Mental Health Leaders made some conclusions about CMDHB and our services. Mr McKenzie says the Mental Health leaders

spoke of CMDHB's "comprehensive change management approach, the strength of the clinical partnership influencing both positive change and quality of service to service users, and the strength of the relationships that exist across the sector, that will achieve positive mental health outcomes."

Gail Czukar, executive Vice President of Policy and Planning from the Centre for Addiction and Mental Health in Toronto, praised the CMDHB for supporting the Mental Health Development Team. "We know from our system change work in Toronto that this kind of dedicated resource is an absolutely necessary component to span boundaries between services that are traditionally distinct and operate independently. It also helps to change the culture of all mental health services to become more empowering for clients and families, and to enable communities to organise effectively to support them."

As a result of the visit, CMDHB has agreed with the exchange group to further the international collaborative relationship, by the

*Continued overleaf.*

## Message from the Chief Executive

Welcome to the second edition of Connect for 2005. In this issue I will briefly outline our facility developments, update you on the excellent work our Meningococcal B vaccination teams have done, and tell you about the upcoming Body Odyssey exhibition which we are jointly hosting with the Manukau City Council.

Firstly to our facilities planning, which is progressing rapidly. The second floor at the Manukau Surgery Centre is now open. This general ward will also house gynaecology, ORL and HDU. The demolition of ward 17 at the Galbraith block at Middlemore has also been completed in preparation for the installation of the new Neonatal Intensive Care Unit. The National Burn Centre team have completed a number of mock-ups to finalise the floor layouts for their new facility. The concept designs for the new Cardiac Catheter Laboratory are also well advanced. This new facility is expected to reduce bed stay time due to better access to a catheter lab and will also reduce the need for transportation to and from Auckland Hospital. We are also nearing completion of a significant part of Radiology including the new intervention suite which is timed to open over the next month. We are in a very exciting phase of development right now where some visible changes are at last taking place. As of the end of March 2005 our coverage rates for the Meningococcal B Vaccination Programme continued to climb towards the target of 90% for dose 3. We received licensure for vaccinating the 6 weeks to 6 months of age group in late January 2005.

*Continued overleaf.*

*If you have a story you would like included in Connect please contact the Editor via e-mail: [lauren@laurenyoung.co.nz](mailto:lauren@laurenyoung.co.nz)*

Almost half of the babies in this most at risk age group have now received their first dose and we are working closely with primary care to achieve a high completion of doses 2 and 3 before winter. The 1 to 4 year old age group coverage is very encouraging with 95% for dose 1 and 76% for dose 3 completed. We believe that the coverage rate could be even higher than this with some early data collection issues still to be finalised. The school-aged group of children between 5 -17 years is the closest to reaching the 90% coverage for dose 3. Currently, 93% of children have had dose 1 and 85% have completed dose 3. The catch-up programmes in community clinics during the December/January school holidays as well as the 'mop-up' programme in schools during

Term 1 have resulted in an enormously successful school campaign with over 90% of all children that started their vaccinations in schools last year completing their 3 doses. Our Public Health Nursing teams and all our schools in CMDHB and the Eastern Corridor deserve a big thank you for their relentless efforts in vaccinating almost 88,500 children three times over!!! The Regional Youth Awareness Campaign has coverage rates for the 18-19 years age group climbing steadily as well. Thank you again to all those involved with this campaign.

We are pleased to announce the must see Body Odyssey exhibition from Te Papa coming to the TelstraClear Pacific Events Centre from May the 11th until June 17th this year. Counties Manukau DHB is jointly sponsoring

the exhibition with the Manukau City Council. Our project team is building a Festival of events around the exhibition and we see this event as an exciting opportunity for us and the Council to highlight health directions, activities, issues and progress in our region. We will also be using this platform to promote existing plans, strategies and programmes such as the District Strategic Plan and Health Strategy and Action Plan. The concurrent Festival will be themed around a different age group each week ranging from pregnancy/birth, young children, teens, adults to older persons. Each theme will have activities focusing on health matters for that group including expositions and displays; seminars and other health-related initiatives i.e. housing, education, employment; and health area-related activities such as diabetes, smoking and immunisation. I look forward to seeing you at some of the events.

We are also taking the opportunity with the focus on health in our community during this period to launch the Let's Beat Diabetes plan. The Hon Annette King has agreed to launch the plan on 25 May and her participation is recognition of the importance of the initiatives in Counties Manukau.

I look forward to catching up with many of you throughout the coming months and thank you for your ongoing work in our community and services.



Stephen McKernan



Children enjoying the interactive Body Odyssey exhibition.

*International mental health leaders continued from page 1*

development of:

- shared research
- shared learning regarding electronic clinical information development
- staff secondment/education
- shared policy and service level information (e.g. shared clinical evidence that underpins development of best practice protocols)

Ian McKenzie says CMDHB will reap benefits from the partnership. He says "as both the US and UK have moved from an institutional model of care many years before New Zealand, this collaboration has provided the opportunity for our service to learn from international experience in 'real time'.

"Understanding the successes and failures experienced in developing community based mental health services internationally allows Counties Manukau DHB to 'learn fast' and avoid pitfalls that occurred elsewhere."

## New floor open at the Manukau Surgery Centre

The new 2nd Floor at the Manukau Surgery Centre has been up and running since Monday 18th April 2005.

As soon as you walk onto the 2nd floor you are struck by the wide open spaces.

The soothing colour scheme (cream on the walls and blue-grey for the floor and bedheads) gives the rooms a light and open feel.

One feature is the large Nurses Station, positioned centrally for easy access to patient and clinical areas.

The layout is similar to the Surgery Centre's 1st floor, however you will notice a different colour scheme as you enter the lift lobby. The

lift lobby on the 2nd floor is green as opposed to blue for the 1st floor. This helps to tell the two floors apart.

Lisa Thompson has been appointed Charge Nurse of the 2nd floor and is really happy with its design.

"It's great that each bedroom has its own ensuite," Lisa said. "This is not only good for privacy but also infection control purposes."

"The storage of patient notes also impressed me. The Medical Team will have easy access to patient notes, encouraging them to record events as they occur throughout the day."

Lisa said staff are currently being recruited for the 2nd floor.

## Psych assistant carves up at Coast to Coast

Jill Cummerfield is one of our psychiatric assistants who decided a few years back to get fit. Jill has taken this to amazing levels, recently competing in the Speight's Coast to Coast race. For those who don't know what's involved – competitors are dropped off at Kumara Beach and run 3kms to get on a bike and ride 55kms. Day 2 is a gruelling 36km run over Haast Pass in the Southern Alps. Day 3 includes a 70 km bike ride, and to cool off, a 67km kayak through the Grade 2 Waimakariri River. Without giving away too many secrets Jill's two person team had a combined age of 90!!!

AND THEY CAME IN SECOND!!!

We at Tamaki Oranga want everyone to know how proud we are of Jill. She's shown real commitment to achieve her goals over the past year – with a rigorous training schedule and an intensive study programme to complete the MIT mental health support workers certificate.

Have a relaxing year in 2005 Jill because you're putting the rest of us to shame!!!!

## Radiology Update

As you will undoubtedly be aware, Radiology is well into the refurbishment project and Radiology takes ownership, from Hawkins Construction, of Stage 5 mid-April. This will provide Radiology with 5 new x-ray rooms, a screening room and a high tech Interventional Suite. Stage 6 will begin in May which will provide a reception and waiting room, another screening room and a new Ultrasound department. During the period of Stage 6 the Radiology bed wait area will be severely restricted and we request the assistance of all wards in retrieving patients as quickly as possible. We would like to thank all staff and departments who have helped us thus far, and look for your continued support through the remainder of the project.

# Mental Health on the move Te Puawaitanga mo te ratonga hauora hinehinenaro I Manukau

Over the past 18 months the MH Service has been working towards providing additional locality based services. On February 17th we became one step closer to this final vision, and were honoured to have a representative group of staff attend the blessing of the Lambie Drive building. The blessing was conducted by Whitiara Cooper, Nelson Wahanui and Whaea Tauhi Thompson.

Once completed in late May, this building will house the Manukau Community Team, Early Psychosis Intervention Team, and the Intensive Community Team (over 90 mental health staff). Another additional mental health site will be opening in mid-April in Highland Park.

We will continue to provide community services from the two existing community mental health sites, The Cottage (Station Rd, Otahuhu) and Awhinatia (Great South Rd, Papakura).

Ian McKenzie, General Manager for Mental Health and Intermediary Care Services is very pleased with progress to date: "I appreciate

the dedication of the mental health staff in working together towards the re-configuration of the core community teams and development of additional services."

The move to four community mental health sites is an integral part of wider mental health initiatives supported by the Mental Health Development Team.

*Suzanne Kerruish*



*Staff (from left to right) Whitiara Cooper, Whaea Tauhi Thompson, Nelson Wahanui.*

## Referrals—District Nurses

From the 7th of March 2005, we commenced a Pilot Project to trial a new system to manage the entry of patients into our service. There are no changes to how you make your referral but our response to the referral once it arrives at our central referral office has changed.

We have set up a new admission team – District Nurses who are responsible for triaging each referral to ensure the right clients receive the right service, at the right time and by the right professionals.

We have reviewed our admission criteria to ensure they comply with our contracts with the Ministry of Health, ACC and South Auckland Hospice. We are also more actively utilising the National Service Specifications "Risk Assessment Framework" (2001) to assist the triage process.

On receiving your referral it will be matched against criteria for admission and risk – using

the information from the content of your referral. The admission team may contact you to gain further information about your patient and their needs.

You will receive back confirmation of admission and a time frame for an initial contact by the District Nurse. We will endeavour to fax this but if unable we will forward this to you by mail. Should your referral not be accepted, we will also notify you and discuss the reasons for this.

We have made these changes in response to the CMDHB District Nursing Project 2004 which recommended we redesign the entry / admission processes for the service.

Please contact me if you have any feedback or queries.

Karyn Sangster  
Liaison Nurse Coordinator  
Ph 092760044 ext 2608,  
cell phone 021784542

# The Wellness Plan; Self management strategies that work

The Chronic Care Management (CCM) Programme has been developed by a working party involving CMDHB, Middlemore Hospital Specialists and representatives of South Auckland Primary Care Groups, with the aim of reducing preventable morbidity and mortality in people with chronic disease, through improved clinical management, promoting self management and by providing timely and integrated care.

Self management programmes have been developing internationally and in New Zealand for many years. One of the pioneers began at Stanford University in the USA. Professor Kate Lorig arrived to do research on her PHD, planning on talking to and meeting arthritis experts, but became more interested in the number of people with arthritis who turned up to hear what she had to say. She recognised that the people with arthritis in the audience had developed excellent coping skills that helped them manage their chronic condition. The people Professor Lorig spoke with:

- Understood their medical condition.
- Had developed goals to improve their fitness, nutritional status and other health related lifestyle factors.
- Had strategies in place to take their medications regularly and had developed relationships with their medical team and pharmacy.
- Knew how to communicate effectively- not just with health professionals, but also their family and friends.
- Knew what to do when their medical condition worsened and had an agreed action plan with their health care team.
- Recognised and had developed coping mechanisms to counter the frustration, pain, isolation, depression and anxieties that can disable people with chronic conditions further.

From this concept Professor Lorig developed a self management programme led by trained lay leaders to teach people how to manage aspects of their lives to control the symptoms of their condition. A randomised control trial showed that patients were more active, less depressed and rated their health better than others receiving usual care.

The CCM team have developed a self management tool based on some of Kate Lorig's principles called the wellness plan. This plan is a patient held care plan that prompts patients and providers to consider issues that are often overlooked in a busy consultation. These issues include who are involved in keeping that person well. This often will include the Whanua, the individual and a myriad of health care personnel. When you recognise how many health care teams have input (and set up out patient appointments) with a person with complex needs such as a chronic care patient, then it becomes apparent how difficult it must be to attend all their appointments. Patients are encouraged to discuss with their practice team their concerns about accessing on going health care and where possible appointments are rationalised by changing to a venue nearer the patients home or by having more appointments at the same place on the same afternoon. Stages of change are an important component of patient assessment. This refers to where a patient's readiness lies, to making a change in their life. If a person is determined to keep smoking it is very hard to make them quit, and while not ignoring the need to advise people to quit, efforts can be transferred to an area a patient feels ready to make a change in e.g. getting more physically active. The Wellness Plan encourages patients to pick lifestyle issues that they wish to learn more about and to work on changing them. Goal setting is a very important part of self

management and goes to the core of the philosophy to try and give the locus of control back to the patient and empower the patient to make changes they want to, but didn't believe they could. This involves negotiating goals between the patient/whanau and the practice team around lifestyle issues or about developing knowledge around their health condition. The wellness plan promotes strategies to help people succeed and supports goals that are achievable.

According to the American Heart Association website; in the US two thirds of patients fail to take any or all of their prescription medicine. For many people medication helps keep the condition under control and prevents some of the consequences of the original condition. The wellness plan encourages patients to understand their medications, keep records of what they take, and prompts a discussion between themselves and their practice team around any issues they may have with medications usage.

Finally, education that is tailored to the patient's language, cultural identity and what they actually want to know about is promoted by the wellness plan. A space is available to store this information at the back of the wellness plan and more resources are being added to update and maintain good quality, easily readable and understood resources. Many patients keep their discharge letters and articles from the newspaper they wish to discuss with the practice team in their wellness plan.

Promoting self management is stepping away from a reactive approach to health care and instead offers strategies and knowledge to patients in a partnership with their health care team.

*Andy McLachlan, Chronic Care Management  
Ph 09 276 0044 ext. 2080.*

## Demolition well underway for new Neonatal Intensive Care Unit (NICU)

Demolition of Ward 17 - 3rd floor, Galbraith, is underway in preparation for NICU's new space.

Existing walls and services are being pulled down and the area cleared out to allow for the new fit-out; the first demolition stage of which, will be complete in two to three weeks. "It's exciting to see the progress taking place on a day to day basis," says NICU Support Manager Margaret Garthwaite. "We have been planning and designing the new Neonatal Intensive Care Unit for some time.



March 22nd – Walls Intact

# More nurses seek influenza vaccination

Four charge nurses at major New Zealand hospitals say they'll be at the head of the queue for influenza vaccinations this year. The vaccine is expected in the country later this month.

Auckland City Hospital charge nurse, Maggie Prentice had a serious bout of influenza last year for the first time in her life, and the experience has convinced her to get an influenza vaccination this year.

"I've always been quite sceptical about the vaccination before but now I'm a convert. My partner had the vaccine last year and he didn't get the flu, but I didn't have the vaccine and I was so sick. I'm normally fit and well and I never want to be that sick again," she says.

The National Influenza Strategy Group (NISG) says the rate of vaccination among nurses is still below 30%. But it seems an increasing number of nurses are getting the message that vaccination is the best protection against influenza.

Between 10 and 20% of New Zealanders are likely to get influenza this year.

"Influenza is a serious and highly infectious disease. Anyone can catch it. It doesn't matter if you're normally fit and well. You're never too fit to get hit," says Christchurch virologist and National Influenza Strategy Group member, Dr Lance Jennings.

Christchurch Hospital paediatric oncology charge nurse Jan Millar, says she's a firm advocate of influenza vaccination.

"I've heard all the myths, especially the one about the vaccination giving you the flu. I'm usually one of the first to get my vaccination and I advocate it for our staff and families," comments Millar.

Dr Jennings confirms that the influenza

vaccine cannot cause influenza.

"The vaccine contains fragments of disrupted virus which cannot produce infection, but can induce an immune response which will provide protection against the circulating influenza viruses.

"Many other viruses are around during the year and coincidental respiratory virus infection is possible after immunisation. The vaccine is then unfairly blamed for making the person feel unwell," adds Dr Jennings.

Millar believes she has a responsibility as a nurse not to knowingly put her patients at risk.

"A lot of the hospital population is elderly or young, and they are very vulnerable. That's why it's really, really important that we are vaccinated to protect our patients" she says.

Wellington Hospital staff nurse Bronwyn Cooke works with neonatal babies and says she would feel terrible if she passed on influenza to one of her charges.

"About ten years ago my entire family, including three children, was incredibly sick with influenza. We were all in bed for ten days and I vowed then that I would never get influenza again," she says.

Cooke has been vaccinated each year and has never had influenza since. She says she's normally a very fit, healthy person but she doesn't believe that's any protection against influenza.

"I couldn't take the risk with my patients," she comments.

"Auckland City Hospital charge nurse Garry Pepperell agrees with his colleagues on the importance of vaccination, although he took some convincing.

He says he had the vaccination years ago and became sick shortly afterwards. He thought

the two events were connected and was put off the vaccination. But now he realises that was probably a coincidence.

Last year he had a few colds and decided not to run the risk of getting influenza as well. He had the vaccination and says he was fine.

Pepperell says he's normally very fit and goes to the gym three or four times a week.

"I'm going to get the vaccination this year because I want to stay well and keep going to the gym. Besides, I work in an infectious diseases ward so I should be a good role model," he says.

Pepperell admits he used to have "a thing about jabs" but says the influenza vaccination was "totally painless".

He believes attitudes to the vaccination are changing and he's heard more nurses say they are going to get the vaccination this year.

Most district health boards provide free influenza vaccination to their staff. Other nursing staff are advised to check with their employer about the availability of an influenza vaccination this year.

The influenza vaccination is also free until June 30 for people 65 and over and anyone less than 65 (including children) with certain ongoing medical conditions such as heart disease, asthma or diabetes.

NISG is launching a national influenza immunisation consumer campaign on television at the end of April with the theme "You're never too fit to get hit."

Health professionals who are promoting influenza vaccination will receive a sticker that says "Ask me about immunisation" and carries the inFLUenza logo. Details of the sticker and other resources will be in the influenza kit going out soon.

It's wonderful to see that things are happening."

Construction will be complete in September 2005 after which Neonates will relocate to a full floor in Galbraith, with a complete refurbishment to accommodate the special requirements of a Neonatal Intensive Care environment.

NICU's current area is approximately 380 square metres. The Unit's new space will be more than three times the size at approximately 1280 square metres.



March 31st – Walls come down

## Contributions from Primary Care

We especially welcome contributions for Connect from our partners in Primary Care. For further information, please phone Candice Bowen on 378 8433.

# “Would you like a cup of tea dear?”

Often during the course of the day I am offered a cup of tea.

On this particular visit I pondered the importance of the “cup of tea” and how invaluable the cup of tea is as an assessment tool.

“I would love a cup of tea, milk and no sugar thank you.”

I was also reminded of the often quoted perceptions of mental health nurses from other adult services “Don’t you just drive round all day having cups of tea with old people?” Yes, I guess I do. Isn’t this a wonderful job? But let me tell you about the “cup of tea”.

My visits usually follow an assessment by a psychiatrist, so I do have some clinical information and a brief history of the client. A nurse’s assessment will have a different focus than a doctors’ assessment and a priority for me is to get a ‘feel’ for the person, and reading notes cannot do this.

To be able to assess clients mental wellbeing in their own home is vital and to be able to do this in a relaxed and comfortable atmosphere is paramount for the client. Hence the “cup of tea”. The information you can glean from this simple task is amazing. (Ask any occupational therapist).

- Can they actually make a cup of tea?
- Do they remember that I have milk and sugar?
- Do they appear to be safe in the kitchen?
- Is the kitchen adequately stocked? Do they have milk etc?
- Are the cups clean? Is the milk fresh?
- Are they physically able to complete the task?
- Do they actually remember they offered me a cup of tea?

Assessing “mental health” is a misnomer really because mental health is difficult to maintain without maintaining other dimensions- in other words the assessment needs to be holistic if it is to be of any use. There are several models that characterise a holistic view of health. A frequently used framework is the Whare Tapa Wha model, which is based on four dimensions of health

and well-being.

- Taha Tinana

The physical dimension

- Taha Hinengaro

The mental dimension

- Taha Wairua

The spiritual dimension

- Taha Whanau

The family dimension

(Professor Mason Durie 1982<sup>1</sup>)

Although this is a Maori based framework, it is a framework that encompasses the values of most cultures and is the basis of my practice.

How does the cup of tea fit into this framework? When you have been invited into someone’s home and have been offered a cup of tea, you are allowed “small talk” Another wealth of information can be gathered just by using your assessment tools (eyes, ears and smell).

- Is this your wedding photo? What a beautiful dress....
- You have a lovely view from your lounge, have you been here long?
- These photos must be your grandchildren, How many grandchildren....
- This is a beautiful tablecloth, did you do the embroidery?

These are all good leaders to conversation and you can get really valuable information in a very non-threatening manner. Being an older person myself makes people more at ease, I can share part of myself and my life, a heap of grandchildren, a love of fancywork (embroidery to the younger people) and the ability to “remember when”. This helps develop a trusting relationship and it can be achieved very quickly. Another prerequisite to being a mental health nurse is being “nosey”- you must have the ability to dig for information without giving people the “third degree”.

Nowhere is holistic care more important than in mental health for older people, and the “cup of tea” assessment is a vital part of gathering information to provide the appropriate care. To give quality care you need to have information. This is information that

cannot be gathered from a pro forma list.

Consideration needs to be given about where the person comes from, where he feels he is now, where he wants to be, where the person fits in his family, in his community, his spiritual and cultural beliefs. This is information that is best gathered by listening and prompting, often over a cup of tea.

The cup of tea is used as a teaching session; although often impromptu, what medications did the doctor give you? Do you know what they are for? Did he explain what side effects you might get? Do you know how long it may take for them to work? Have you got other pills that you forgot to tell the doctor about? Sometimes the question “would you like a cup of tea dear?” is a milestone. It is an indication of improvement in mood; the person is able to function even for a little while in a social role. Whilst drinking my cup of tea I am able to assess the physical environment- is it safe? Are there hazards that can be managed? Do they have smoke detectors or personal alarms? I can meet and admire pets, and talk about the local shops. How far are they? Can you walk there? Do you still drive? Have you got home help? Do you see your family regularly?

Some of the stories of courage, determination, adaptation and survival are inconceivable, and often told in such a matter of fact way that is so humbling. We often overlook the achievements of ordinary people who have lived through experiences we cannot imagine. People that have lived through wars, left their homes to come to NZ 60-70 years ago, often as teenagers, to have families, to lose spouses, sometimes to lose children, all without the support of parents or extended families, in a country that often treated them badly, because of their colour or their accent, but they persevered and won. Where else would you get all this and much, much more, over a cup of tea!

This is my job, and I love it.

Reference: 1. Durie M. 1994 Whaiora: Maori Health Development. Auckland: Oxford University Press.

## A 'Starlight' Success

While premature newborns were resting at Kidz First Children's Hospital on Saturday 19 February, up to 200,000 people were enjoying the music at Auckland's SKYCITY Starlight Symphony.

Concert-goers gave generously to help the young babies, raising funds for three new state-of-the-art incubators for the hospital's Neonatal Intensive Care Unit.

Executive director of the South Auckland Health Foundation, Pam Tregonning, says this is a fantastic outcome.

"The concert itself was wonderful but to have three new incubators as a result is just superb. It was a huge privilege to be the recipient charity and we're grateful to SKYCITY for selecting us," she says.

A highlight of the event was the Mercury Energy laser light show, which was started by 14-year-old Kidz First community patient James Abbott.

James, who has Marfan's Syndrome, was nominated for this special role in recognition of his warm personality and determination in spite of the significant health issues that challenge him daily.

Lorraine Taylor, SKYCITY's manager community relations and sponsorship, says SKYCITY was delighted to support our children's hospital with this huge musical event.

"As a long-term sponsor of Kidz First we were delighted to nominate the hospital as the recipient of funds raised," she says.

Thank you

It's the volunteers and sponsors that made it happen!

A special thank you to all the CMDHB staff, family and friends who joined the volunteer team at the SKYCITY Starlight Symphony. Thanks also to Nestle NZ Ltd, Interworld Plastics, Tait Communications and Fine Touch Disposables for their sponsorship support.



## Carz for Kidz

Patients of Kidz First Children's Hospital met the ultimate fleet of cars when the 'Carz for Kidz' convoy visited in February.

The cars, which were all from Giltrap Motor Group, were on a week-long road trip to raise funds for the hospital.

With a Porsche Boxster, Holden Clubsport, Volkswagen Beetle Cabriolet and Mercedes Benz SLK among the ten luxury vehicles, hospital patients and their families were thrilled with the fleet's arrival.

Kidz First General Manager, Nettie Knetsch, says it was a welcome novelty for in-patients and their families.

"It was a fantastic opportunity to have so many quality cars in one place at one time. There was a definite sense of excitement and it was certainly a highlight for many," she says.

The visit marked the launch of 'Carz for Kidz' – a week-long lottery to raise funds in the lead up to SKYCITY Starlight Symphony. Giltrap Motor Group Chairman, Colin Giltrap, says he was delighted to be involved with fundraising for Kidz First.

"As associate sponsor of the SKYCITY Starlight Symphony we wanted to do

something extra to boost the amount raised. We were pleased to be part of such a wonderful event and at the same time benefit the young children of this community," he says.

## Wheelchair gift gets hospitals rolling

Long-stay patients at Franklin and Pukekohe Hospitals are riding in six new wheelchairs thanks to a donation from the Buddhist Compassion Relief Tzu Chi Foundation.

The group delivered the chairs to the two aged-care hospitals in March.

This is part of an overall donation of 9 wheelchairs with an additional three being supplied to Middlemore Hospital's Assessment Treatment and Rehabilitation Unit.

Franklin and Pukekohe Hospital service manager Judy Masters says it's a wonderfully generous donation.

"It's superb to receive equipment like this which will make such a difference to our patients. We have a high demand for wheelchairs, so new, comfortable chairs are a real bonus," she says.

The donation extends the Tzu Chi Foundation's long-term support of the South Auckland Health Foundation. Since 2001 the group has donated over \$40,000 in medical equipment, new blankets and clothes for use in Middlemore, Kidz First and the community. Lina Hsieh of the Tzu Chi Foundation says "we're so grateful that we enjoy a good life in New Zealand and this is an opportunity for us to give back to the community."

The Buddhist Compassion Relief Tzu Chi Foundation is a world-wide NGO dedicated to international relief, serving the community, educating and helping those in need.



General manager of Kidz First, Nettie Knetsch, joins Manessha Sakamuri, 10, to check out the Volkswagen Beetle Cabriolet at the launch of 'Carz for Kidz.'



Franklin hospital staff celebrate the delivery of three new wheelchairs from the Buddhist Compassion Relief Tzu Chi Foundation.

## Radisich gives a push for Kidz First

Racing car driver Paul Radisich jumped behind wheels of a different kind when he presented a pushchair to Kidz First Children's Hospital in March.

The leading New Zealand V8 supercar driver, who has recently joined Team Kiwi Racing, handed over the \$600 pushchair on behalf of the Commodore Car Club.

Paul says he was honoured to be involved helping the children and families that use Kidz First.

"It's wonderful for Holden and Team Kiwi to help this good cause. Hopefully next year we'll be able to upgrade to something a bit sportier," he says.

The pushchair is the fourth the Commodore Car Club has donated to Kidz First as part of its long term support of the hospital. Since 2002 the Club has provided more than \$8000 in equipment, including a blood pressure monitoring machine, video camera and televisions.



Paul Radisich joins Commodore Car Club president, Bruce Miller, to present a pushchair to Kidz First representative – South Auckland Health Foundation pr officer, Jo Mackie.



## Health Scholars launch into study

Careers in health are beckoning for the fifteen recipients of this year's scholarships from the South Auckland Health Foundation.

The charitable trust awarded the health scholarships in February as part of its focus on 'building a healthier community.'

The recipients are all Counties Manukau residents from recent school leavers to those already in the workforce. Their courses of study span the fields of nursing, medicine, dentistry, psychology, pharmacy and health interpreting.

Each student will receive \$5000 to cover course fees and related study costs for one year.

The Health Scholarship Programme is supported by a wide-range of businesses, institutions and individuals including Manukau Institute of Technology, Progressive Enterprises, Hawkins Construction, Carter Holt Harvey, Bob and Kerry McMillan, Noel and Sue Robinson and Maurice Fordham. The Programme, which is in its second year, is one of many community-based projects the South Auckland Health Foundation is involved in.

*The South Auckland Health Foundation's health scholarship recipients share study tips at an event in March.*

## A sweet-smelling gift from the Langham Hotel, Auckland

6,305 soaps, 14,323 shampoos and 7,222 shower caps were among \$20,000 worth of products donated by the Langham Hotel, Auckland in February.

The five-star Symonds Street hotel gifted the luxurious toiletries to the South Auckland Health Foundation for use in a range of departments across CMDHB including the AT&R Unit, Women's Health and Kidz First community services.

"We were delighted to be able to make this donation to the South Auckland Health Foundation," says John Dick, general manager of Langham Hotel, Auckland. "The donation is a reflection of the positive relationship we enjoy with the foundation and our ongoing support of this worthwhile cause."

The toiletries are already benefiting patients. AT&R charge nurse, Helen Manikiam, says they've made up little gift packs for all the new patients.

"Many people come into hospital without things like shampoo and a toothbrush, so it's great to be able to supply them with the necessities. We've had excellent feedback from patients – they've been surprised and really thrilled," she says.

The Langham Hotel, Auckland is the latest addition to the Langham Hotel International group. The hotel is one of world's most luxurious hotel brands and is celebrating its 140th anniversary this year.



# National Burn Centre

## Firefighters take on 'Everest' for burn patients

Ten of New Zealand's finest and fittest firefighters have raised thousands of dollars for burn patients and have only just missed out on a Guinness World Record in the process.

The New Zealand Firefighters 24-Hour Challenge involved volunteers from the New Zealand Fire Service and the Auckland Airport rescue team.

Held at Auckland's Viaduct Harbour on February 19 – 20 they were attempting to break the record for the greatest vertical height climbed on a ladder in 24-hours. In order to break the record each firefighter had to climb a 10-metre tower 1,100 times or the equivalent of 13 Mt Everest's.

The team climbed a total of 92.17 kilometres with seven team members conquering their own Everest.

While the volunteers only just missed out on getting their names in the Guinness Book of World Records they succeeded in raising nearly \$15,000 for the National Burn Centre, to be built at Middlemore Hospital.

The funds raised were collected at the Viaduct Basin during the record attempt and from text messages and calls to an 0900 number.

Organiser and participating firefighter Rob Holah is philosophical about not beating the record of 105kms set in the UK in 2000.

"We got close. But in any case, that's of secondary importance. We're really stoked to have been able to help contribute to the fundraising for the burn centre," Mr Holah says.

And the team is already making plans to do it all again next year!

Thank you to all the organisations that supported the event by donating product or services.



*Sixteen-year-old burn patient Nikki Van Thi Be Ha shows the President of Kiwanis International, Case Van Kleef, the portable vacuum donated by Kiwanis.*



*Firefighter Chris Trudgeon reaches the top once again during 24-hours of ladder climbing to raise funds for the National Burn Centre.*

*Photo courtesy of the Manukau Courier.*

## Kiwanis gives another boost for burn patients

Children with burns will benefit following a visit to Kidz First from the president of Kiwanis International.

Case Van Kleef presented a cheque to the South Auckland Health Foundation for a portable vacuum to be used by burn patients at Kidz First and Middlemore.

The United States-based president, who was in New Zealand for the first time, handed over the \$11,850 donation on behalf of Kiwanis members across the country.

Chairperson of the South Pacific District of Kiwanis International, Gay McNamara, says it was a great honour to have Mr Van Kleef visit.

"It was wonderful for us to demonstrate the efforts of our fundraising work and to show him first-hand how the money is helping," she says.

The portable vacuum is a suction machine which helps with the treatment and healing of skin grafts. It is the second one that Kiwanis has funded as part of its long-term support of Kidz First. Since 2001 the group has raised over \$300,000 for several pieces of equipment for the facility.

With this donation complete Kiwanis members are now focussed on their fundraising efforts for the National Burn Centre. They are currently selling tickets for the Foundation's Scratch 'n' Win competition.

Kiwanis International has 600,000 members in 92 countries around the world. There are 35 clubs in New Zealand with 1000 members.

# Guidelines for smoking cessation

## Effective Brief Intervention

Fully funded training for all Counties Manukau DHB staff is now available either on site at Middlemore Hospital or at your own place of work (dependent upon numbers).

With more services now being available which give intensive ongoing help to a smoker throughout the process of quitting, it is important that 'front line' health professionals feel confident in asking patients about their smoking, in assessing a patient's readiness to change, in giving brief advice, and then referring appropriately for intensive help.

CMDHB specific training in brief intervention is now available at the following times and dates:

Time:	Date:	Location:	Services
8.45-12.00	2 May	3rd flr Conservatory, Support Building	All
12.45-16.00	2 May	3rd flr Conservatory, Support Building	Mental Health
8.45-12.00	3 May	3rd flr Conservatory, Support Building	All
12.45-16.00	3 May	3rd flr Conservatory, Support Building	All

### Effective Brief Intervention (3 hours)

Who should attend?

Health professionals who seek a broad knowledge base in smoking

cessation and those who want to gain the practical skills necessary, to be able, within a limited time frame, to effectively intervene with a smoking patient in such a way that does not elicit resistance.

### What is included?

NZ Guidelines; Tobacco, Nicotine and Dependence; Pharmacotherapy; Prevalence; Research; The Process of Cessation; Facilitating Change; Communication, Differentiation and Motivation; Cessation Resources; Practical Exercises

### Registration of Interest

Please note it is expected that you will have approval from your manager to attend, prior to booking.

Email to: Learning and Development (CMDHB) supplying the following information:

Name  
Department  
Position  
Extension  
Managers Name  
Employee Number



# An invitation

Introducing a new conference series on managing chronic illness.

Living Well is a series of four regional conferences and a national summit exploring the challenge of chronic illness and showcasing NZ talent and innovation.

Living Well conferences are part of a new initiative creating innovative conference events open to everyone in the health sector. The Health Sector Conferences initiative is led by a multidisciplinary reference group of health sector leaders and is supported by all District Health Boards, the Health Workforce Advisory Committee and the Ministry of Health.

### Key themes for the Living Well conference series are:

- Responsiveness and outcomes for consumers
- Models of care
- Sustainable services

### You will be interested in participating in Living Well if you:

- Are involved in working with people who have a chronic illness

- Lead, manage and/or plan services for people with chronic conditions
- Work in primary, secondary or community care settings

### Dates for Your Diary!

Northern Region Conference (Auckland)

Thurs/Fri 21-22 April 05

Venue: North Harbour Stadium, ASB Lounge

Oteha Valley Road, Albany, Auckland

Phone: (09) 4140150 Website: [www.stadium.co.nz](http://www.stadium.co.nz)

For further information please visit conference website: [www.healthsectorconferences.org.nz](http://www.healthsectorconferences.org.nz)

# New starters, appointments, farewells

## Community Nutrition Project

Franica Yovich and Vivian Tompson have joined the DHB as part of the Community Nutrition Project. Franica has recently returned from working overseas and Vivian is gracing our fair shores from Australia. Both are Dietitians, and together have clocked up many years experience in clinical, health promotion, primary care and training. Franica and Vivian will be working on a project within PHOs developing an obesity management programme – based on lifestyle modification and exercise. They are based at Lambie Drive and can be contacted on 262 9500.

## Manukau Surgery Centre

Welcome to new CCP Expert Level Achiever Sheryl French, who works as a senior staff nurse in PACU MSC. This is a first in MSC Theatre.

## Radiology News

Unfortunately, Radiology sees the departure of Simon Cunliffe, Team Leader/Sonographer within the Ultrasound Department. Simon's leaves us to take a position with a private practise closer to home. We have also farewelled over February, MRTs Sue Galler, Liz Gilmore, Ruth Graham. In March we said goodbye to Cassie McIntyre, Shirley Kwasnik and Louisa Platt. Vivienne Prince (clerical) retired at Christmas after 21 years service with CMDHB. We wish all these people the best for their new career pathways.

On a positive note, new appointees to the department are Janine Sims, Kirsty Purves, Sonia Le Comte, Michelle Smiley, Philippa Hartley and Angie McHugh. Helen Ferguson and Tala Nuimata have joined the clerical team and Emma Hurley has returned from maternity leave.

## Ward 19

Ward 19 would like to welcome new grads Sarah Banfield, Daniel Hapeta and Shelly Zhou. Also Louisa Copeland, who starts her 2nd rotation. Farewell to Helmer Zijdel who starts 2nd rotation in Ward 20.

CCP – Congratulations to both Anne Nicholson and Andrew Gilhooly for achieving "Competent CCP".

## Ward 20.

Ward 20 would like to farewell Doreen Leo, who is leaving us after four years. She's going to work closer to home in Waitakere, after recently having her second daughter.

# Profiles of Counties Manukau District Health Board members

## Pat Snedden, Chairman

Patrick Snedden has had 25 years involvement as a senior executive and owner in publishing companies serving the educational, medical and farming sectors. He was a founding director of Mai FM, Auckland's first Maori-owned commercial radio station.

Most recently he's been involved in public sector governance roles as Chairman with the Housing NZ Corporation and as an elected board member of the Auckland District Health Board from 2000-2004. In November 2004 he was appointed as chair of the Counties Manukau DHB. He is also deputy-Chairman of the ASB Trusts and chairs their Investment Committee. He also serves as a director of Watercare Services Ltd, the water and wastewater company for Auckland.

For over 20 years he has been an economic adviser to Ngati Whatua o Orakei Maori Trust Board and is a member of their Treaty negotiation team. He also works as a business adviser to Health Care Aotearoa, a primary health network involving Maori, Pacific and community not-for profit health providers.

Pat has professional degree qualifications from Auckland University in commerce specialising in accounting, economics and anthropology.

## Ross Keenan, (Deputy Chair)

Mr Keenan held various senior management positions with Air New Zealand and Qantas both in New Zealand and overseas before becoming chief executive and managing director of Newmans Group Ltd.

In 1993 he was appointed by Qantas as Regional Director for New Zealand and the Pacific including appointment to the Board of Air Pacific. He moved to London with Qantas in 1996 where he retired in 1999.



Mr Keenan retired recently as chairman of the Counties Manukau District Health Board to take up a new role as deputy chair of the three Auckland health boards, with particular emphasis on regional efficiencies.

Mr Keenan is also chairman of Cabletalk Group Ltd, Southern Travel Group and Allied Work Force Ltd. He is a director of Ngai Tahu Holdings Group, Oceania Attractions Ltd and Touchdown Ltd. He is also chairman of Auckland Regional Transport Network Ltd, and is a director on the board of Watercare Services.

## Jillian Dooley, Board Member

Jillian Dooley is a booking co-ordinator at Manukau Super-Clinic. She has held this position for 4 years, after working for 12 years in Middlemore's Microbiology Laboratory. During that time she qualified as a Senior Technical Assistant. Ms Dooley also studies extramurally though Massey University.

As a result of her 16 years in the public health system in Counties Manukau, and having lived there her entire life, she has become acutely aware of the immense growth in the numbers and diversity of the populations, which has placed massive demands on our health system, unique to New Zealand.

Ms Dooley believes that in order for our area to provide a fair and equitable service, we need a Health Board that's open to fresh ideas while providing the population with the information required to make informed choices regarding their healthcare and lifestyle options.

## Bill Mudgway, Board Member

Mr Mudgway is the immediate past President of the Auckland Radio and Television Broadcaster's Club. He was the original Secretary/Organiser for the Auckland



Blood Transfusion Service, and the Auckland and Canterbury Hospital Boards.

Mr Mudgway spent 13 years as Eye in the sky on Radio I, for the Ministry of Transport and Police; totalling 13,000 hours and over 3 million miles over Auckland.

Mr Mudgway has held numerous radio and television announcing roles, for Western Springs Speedway, the NZ Grand Prix at Ardmore and Pukekohe, wrestling, boxing, yachting and athletics. He has been the announcer for the Round the Bays fun run for the past 14 years- a task involving crowds of up to 100,000 people.

A Justice of the Peace, he is also a marriage celebrant and in 1993 was awarded the Queen's Service Medal for services to the public.

Mr Mudgway is a member of the Public Relations Institute of New Zealand and an Associate member of the NZ Institute of Management.

**Bob Wichman, Board Member**

Bob Wichman has been an existing CMDHB member for 3 years, during which the Board has eliminated a \$48 million deficit and now has an approximate surplus of \$700,000. Mr



Wichman believes the CMDHB provides the best medical health care in New Zealand, and he is proud to be part of that achievement. As a Manukau resident, father and grandfather, Mr Wichman's ambition is to ensure that the residents of Counties Manukau will always have the best health care available in NZ. Being a non health care professional, he believes he is able to add an essential outside perspective, something that is extremely important to the balance of any board of directors.

Mr Wichman has been a Manukau City Councillor for 11 years, in the past being Chairman of Economic Development, and at present Chairman of Corporate Governance MCC.

**Paul Cressey, Board Member**

Paul Cressey was an Elected Member and appointed Deputy Chairman of the Counties Manukau District Health Board from 2001 to 2004. Mr Cressey is proud of the Board's



achievements over this period, and is committed to improving healthcare for the

people of Counties Manukau by applying his energy and experience.

Paul has over 25 years management and governance experience directing and leading initiatives in the commercial, community and health sectors.

As a qualified pharmacist, he has owned his own business's and was involved in co-operative pharmaceutical wholesaling. In the early 80's Mr Cressey became involved with the Child Cancer Foundation as chairman, and helped establish the foundation as a national organisation. He is chairman of Ronald McDonald House and a trustee of the South East Auckland Life Education trust. As managing director of East Health Services he was involved in the implementation of the Primary Care Strategy, and was an initial trustee of the East Health PHO.

Paul is currently chair of the New Zealand Health Information Standards Organisation, a ministerial committee charged with developing and leading the development and implementation of health information standards, and chairman of the NZ Health Network Governance Body.

**David Collings, Board Member**

David Collings experience in governance roles ranges from sitting on a School Board, to being a member of a Community Board for the last six years, and now being in his second term as a Manukau City Councillor.



Mr Collings believes he brings to the board a no-nonsense, call it how he sees it, common sense approach, and he is pleased to be working alongside a very capable and experienced team of colleagues.

Mr Collings believes it is an honour to be involved in the delivery of the high level of health services provided within the Counties Manukau District, and applauds each and every person involved with this challenge. During this term Mr Collings would like to see a more coordinated approach to health care for under-fives, an improvement in the outcomes for Maori and Pacific health, a dent in the current obesity epidemic, and effects of this, such as diabetes. He would also like to see much needed refurbishment work carried out on the hospital.

**Donald Barker, Board Member**

Donald Barker is a sitting member of the Health Board, having first been elected in 2001. He has chosen to stand again because he's proud of what the Board has achieved in this three year term. He firmly believes that we are well placed to do even better in the

next three years.

Mr Barker has a great deal of health related and business experience having been a community pharmacist in Waiuku for 35 years.

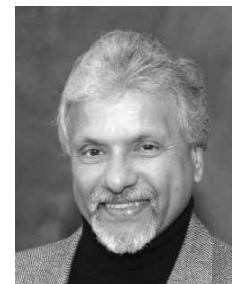


He has served as a director of a large pharmaceutical support company, was Chairman of Amcal Chemists NZ Limited, and a Board member of Sigma NZ Limited. Mr Barker has been and still remains heavily involved in the local community. He is currently President of the Waiuku Gold and Squash Club. He is a past Commodore of the Waiuku Yacht Club, was a Board member of Enterprise Franklin and served as Chairperson of the Waiuku College Board of Governors. He is currently a Board member of Pharmacy Brands Limited.

Mr Barker looks forward to the challenge of building on the CMDHB's achievements and representing the larger Counties Manukau area for a further term.

**Arthur Anae, Board Member**

Arthur Anae is proud to represent New Zealand's most multicultural city-Manukau. His determination as a DHB member is to ensure that Health Services provided for the People of Counties Manukau are second to none and to use his business knowledge and political experience to ensure that health services are provided equally to all people based on their immediate needs.



Mr Anae says we have the most diversely populated city in New Zealand and need representation to reflect that. He says we all need to understand and respect our cultural differences and work together to provide the best services for all our people equally. To do this we need to find ways to keep our most talented people in NZ to provide the services for the People of Counties Manukau.

Mr Anae's focus has been on the young and elderly who he says depend on the political process to be there for them when they need it immediately. He says the working community should be protecting themselves with tax deductible Medical Insurance, leaving Public Hospital beds for the young and elderly in the first instance.

*Profiles currently not to hand for Airini Tukerangi and Miria Andrews.*