

Connect

COUNTIES MANUKAU DISTRICT
HEALTH BOARD
A Community Partnership

The newsletter of Counties Manukau
District Health Board. February 2005

Above and beyond the call of duty

For three CMDHB nurses, their weekly social soccer game was replaced by a battle of life and death when they came to the rescue of a fellow footballer in cardiac arrest.

Shirley Lawrence (Kidz First Emergency Care Charge Nurse), Susan Takerei (Charge Nurse Emergency Care) and Allyssa Morris (Senior Nurse Kidz First Emergency Care) administered CPR to the man, who had stopped breathing, and worked with ambulance staff to revive him.

"At the time, we were on the sideline of the soccer fields at McLennan Park in Papakura, waiting for our game to start, when someone called for help on another field," said Shirley.

"The three of us went over and found Peter lying in the recovery position but breathing. While I was checking his airway he stopped breathing and we lost his pulse. So, we rolled him over and commenced CPR. Allyssa did the chest compression, myself the mouth-to-mouth and Sue checked for a pulse. Later we changed. Someone in the crowd rang an ambulance while we continued CPR. It took about 8-10 minutes for the ambulance to arrive and because we knew the officers we continued working with them. We shocked him twice, inserted an IV and lucky for us he reverted into a normal rhythm," she describes.

Around 150 people at the soccer fields witnessed the resuscitation.

"Everyone was totally quiet while we were working on him," says Shirley. "It was a very surreal feeling. Afterwards the three of us were shaking all over."

Later that night the three were relieved to hear the patient was sitting up in his Middlemore bed talking to nurses.

Shirley tells of her visit to the patient the next day as a very humbling experience.

"His gratitude was so great and we were both crying as we told each other what had happened," she says.

"And more tears were shed when his wife and children came into the department and left us a hamper. But, what was especially nice were the cards his children made us to thank us for saving their daddy."

"To be part of saving someone's life is part of our job - especially in the emergency department - but in the community it felt totally different as we had to 100 percent rely on our own skill," sums up Shirley.

"I have to say it helped tremendously that we were all colleagues as we worked well as a team and communicated even better."

"I am just so glad the outcome was good and that we were able to make a difference."

As told to Kimberley Bartlett by Shirley Lawrence.

Message from the Chief Executive

Welcome to the first edition of Connect for the New Year which has kicked off extremely fast – it's hard to believe that we're in February already! It's good to see the warm weather finally arriving, albeit a bit too late for most of us who took leave over the Christmas period. 2005 in Counties Manukau promises to be as busy and rewarding as last year.

Our new Board has just signed off two important plans for the people of Counties Manukau. The first, the Let's Beat Diabetes Plan, is a five year plan commissioned by CMDHB for our district. The plan supports a community partnership approach, which links with the Tomorrow's Manukau district planning process, and sets long term directions for societal action to prevent diabetes. Ten action areas have been identified and you will no doubt soon notice the many initiatives the team will be working on in conjunction with our community, food industry and other representatives. It is exciting to see the Board's commitment to fund the plan into the future. I am very excited for what this will mean for diabetics in Counties Manukau and I am

Continued overleaf.



Susan Takerei (left) and Shirley Lawrence: two of the nurses involved in the resuscitation.

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

proud of the efforts we are making to curb the disturbing increasing trend.

The Oral Health Plan is also a significant development for our community. With worse oral health for our children than elsewhere in metropolitan Auckland, the plan proposes a number of recommendations including supporting fluoridation and healthy nutrition through to improved access to funded adult services. Health nutrition education is vital as we work towards educating parents and families to appreciate and support good oral health practices.

You may have noticed some recent publicity around Mental Health Blueprint expenditure. I thought I would take some time in this edition to discuss Counties Manukau's position on this. Over the past two years we have received an extra 13.4 percent in funding, but overall have managed to increase our level of service by 37.5 percent. This means that people who did not previously have access to mental health services are now getting treatment. The services in which investment has been greatest are Maori clinical services, and child and youth residential services. Other populations (adult, Pacific and older people) also received increased levels of service.

No doubt many of you would have heard the very sad news of the recent passing of Dr Alan Simpson, one of our community paediatricians in Kidz First. Alan was a most talented clinician, academic, all round team player and a wonderful person. His memorial service was very moving and the high staff turnout was an indication of the high esteem in which he was held by his colleagues. Our thoughts go to his family and friends, and the team in Kidz First who I know are missing him a great deal.

Kind regards



Stephen McKernan

Theatre staff raise dollars for tsunami appeal

Staff in theatre/recovery at MMH raised \$690 to donate to New Zealand Red Cross as part of the tsunami appeal. To raise the money, a very successful cake stall was held in the theatre tea room. The stall was 'staffed' by two members of the Northern Red Cross Board - Jackie Lacey and Jenny Hunt. Doctor Annie Fullarton was the brains behind the idea.

Australian course fully equips

Congratulations to Security/Emergency Response Manager, Mick Hubbard. Mick was one of two New Zealanders recently selected by the Ministry of Health to attend a week long course on Disaster Management run by the Australian Government. The following is his account of the course:

The course was held in Emergency Management Australia's purpose built, residential training facility at Mt Macedon near Melbourne. The other 35 people on the course were from Australia and came from the senior ranks of the armed forces, government and state healthcare system. The week long course dealt in detail with planning and handling of all emergency response events. This included terrorism and natural based disasters. We were instructed by staff drawn from emergency services and government departments throughout Australia.

The subjects covered included: mass casualty events, triage, transport and logistics, hospital responses, public health, displaced

communities, contact tracing, the media, Chemical, Biological and Radiological Incidents (CBR), management of the deceased, psychological aspects of disasters and disaster recovery.

Throughout the whole week the group was split up into four teams to work on selected case projects. Projects covered were the flood event in Katherine (Australia 1998), the Lockerbie plane crash in 1988, the Zaire Ebola outbreak in 1995 and the Newcastle (Australia) Earthquake in 1989. Mt Macedon had an amazing library and database for researching every aspect of these events. Each team ended the week with a presentation dealing with their selected event and its consequences.

Both the course itself and the networking which it encouraged were of huge benefit. It is good to know that New Zealand does not lag behind the world in Emergency Response awareness and preparation.

Mick Hubbard, Security Manager/Emergency Response Manager

Staff satisfaction survey

We want to know whether our staff are happy at work, what areas our organisation is doing well in and what areas we can improve on. For this reason, a Steering Committee and Project Team was set up in 2004 to develop a Staff Satisfaction Survey as part of the plan to meet the organisational objective of attracting, retaining and valuing our staff. The survey will target key themes including vision / direction, engagement, development (personal & career), work environment, performance development, recognition / appreciation, intra-team communication and leadership.

Completing the survey is one way for all staff to be involved in building a great place to work. Results will be used to make a positive impact through action planning at ward, service and organisation level. Resource toolkits - linked to the key themes of the survey - are being developed to

complement the survey, and will be available for managers and their teams to use when developing objectives to both improve and to maintain their strengths in key areas. The resource toolkits will be a prompt, not a definitive list of ideas.

The survey will take approximately ten minutes to complete. Information taken will be collated by an external third party and the overall results will be shared with all employees.

The Steering Committee hope to conduct a pilot by the end of February, with roll-out to the entire organisation in April.

The survey is not compulsory but we strongly encourage everyone to take part and have their say.

Sam Bartrum, GM Human Resources and the Project Steering Committee and Project Team

Teams wanted for Round the Bays Fun Run

CMDHB is now seeking interest for team participation in the annual HSBC Round the Bays Fun Run. The run is 8.4 km long over a flat course that follows the contours of Auckland's Waitemata harbour. It starts in Quay Street and finishes on the waterfront in St Heliers on Sunday 20 March, starting at 9.30am.

Entry fee is \$12.00 for adults and \$7.00 for children (16 and under). CMDHB will provide you with a t-shirt or singlet and, of course, refreshments at the end. For non-CMDHB employees, a t-shirt can be purchased for \$10 each. The t-shirts range from small to 5XL and singlets from small to 2XL. For those of you who wish to register friends or family, please advise by writing "non-CMDHB employee" next to their name.

Please advise either Stephanie Pettifor or Erika Siziba (contact details below) if you are interested in joining our team, along with the following important details, by Friday 4 March 2005.

- Name
- Male/Female
- Adult/Child
- Singlet or t-shirt
- Size

Information regarding our site location and buses will follow as it gets closer to the date.

Contact: Erika Siziba, Staff Centre Reception. Internal ext: 8053
External DDI: 276 0053
esiziba@middlemore.co.nz
or Stephanie Pettifor, Executive Management Suite. Internal ext: 8021
External DDI: 276 0021
spettifor@middlemore.co.nz

Proactive approach to trades skills shortage

Counties Manukau DHB Facilities have taken a proactive approach to addressing the shortage of skilled trades by offering a carpentry apprenticeship.

The apprenticeship is the result of a partnership with Otahuhu College Gateway Programme and will be administered by the Building Construction Industry Training Organisation (BCITO).

The Gateway Program – Te Tomokanga, is a new initiative which enables senior students to learn in the workplace. Gateway is designed to make learning relevant and to broaden students' options. It also enables schools to help their students by strengthening the range of career pathways available. A feature of the initiative is that students' learning is integrated with their schools general education provision and is not simply work experience.

Saolotoga Tone (Sao) was, until recently, a year 12 student at Otahuhu College and took part in last year's Gateway programme. As part of the programme, Sao spent one day a week for a term building houses with Habitat for Humanity. This cemented his desire to undertake a Carpentry Apprenticeship. Against stiff competition Sao has been



From left: Sao and Leading Hand Carpenter, Tui, hard at work.

awarded an indentured apprenticeship with CMDHB. The apprenticeship will take approximately three years to complete and will culminate in Sao being awarded the Certificate in Carpentry.

This apprenticeship is the first for Counties Manukau DHB. We are proud to work closely with Gary Reid, Gateway Coordinator for Otahuhu College and look forward to a productive ongoing relationship.

Robert Galvin

Manager, Engineering & Facilities

Human Resources and Occupational Health and Safety department policy updates

Over the past few months Human Resources and Occupational Health and Safety have been reviewing their policies.

We would like to extend a big thank you to all those who contributed their time to reviewing the drafts along the way. Your input has made a huge difference to the development process. Although "complete" for the present, these documents are under constant review and will change as CMDHB grows and changes, and better approaches are identified. To make suggestions or request amendments to the policies please contact your Human Resources Manager who will arrange for the document to be reviewed. Unless critical to current operations, updates are usually only issued when the stated review period is reached, but

we can receive feedback at any time.

Please take the opportunity to visit the relevant sites on SouthNet and checkout the revised policies:

- Human Resources on :
<http://southnet/netit/policies/humanresources/>
- Occupational Health & Safety on :
<http://southnet/netit/policies/Occupational-Health/default.htm>

If you have any questions about how the changes will impact on you, your staff, or work area - please don't hesitate to contact:

- your Service Human Resources Manager
- the Occupational Health & Safety Service (OccupationalH&S@Middlemore.co.nz)

Tsana Coffin HR Projects Consultant

In memoriam Dr. Alan Simpson (16 January 1967 – 11 January 2005)

Many of you will have learned of the sudden death of Dr Alan Simpson, Paediatrician at Kidz First, who collapsed and died whilst out jogging.

Alan was well known to the paediatric community in Auckland. He completed his paediatric training in Auckland and Waikato before spending time in the UK focusing on his special interests in Community Paediatrics/Population Health and Developmental Paediatrics.

On his return from the UK, Alan started with Kidz First in January 2000 and played a major part in the development of the role of Community Paediatrics and Population Health in the Counties Manukau area. Another part of Alan's role was re-establishing the Senior Lecturer General Paediatrics position at Kidz First. His interest in teaching resulted in a new programme for fifth year medical students extending the focus into the community as well. His commitment and dedication to teaching were recognised through receiving the University of Auckland's 'Dennis Pickup Clinical Teacher Award' in 2002.

Alan went on to become the Clinical Leader for Kidz First Community Health in July 2002. His superb clinical skills, support of children and their families in the challenging area of medically fragile and severe disability as well as

leadership, support and advice for the multidisciplinary Kidz First Community Health teams made him a much respected and integral member of our services and teams.

His increasing interest and passion in Population Health soon saw him involved in a range of projects and initiatives such as the Oral Health Plan, Injury Prevention and Needs Analysis of the Health Status of Children across CMDHB and the wider Auckland region. He developed a research and training fellow position in Community Paediatrics/Population Health in 2003 which has resulted in three more Paediatric trainees gaining experience in this very important field. His contribution over the last five years has had a significant impact on the health status of children in Counties Manukau and beyond.

Alan was a keen gardener and also enjoyed spending many hours restoring his Daimler Classic car. His love for his family was evident in the countless anecdotes about the happenings in his young family he would share with his colleagues at many lunchtime gatherings. CMDHB will miss Alan's passion and dedication to Child Health as well as his leadership, collegial support and friendship across the many areas he was involved with. Our thoughts are with his wife, Sally and two young sons, Sebastian and Oscar.

New starters appointments farewells

Orthopaedics:

Rodney Gordon has been appointed to the position of Clinical Head of Orthopaedics. This appointment is effective from Monday 6th December 2004 and is for a two year term.

Tom Geddes has also been appointed for the same period as Deputy Clinical Head of Orthopaedics. Tom takes over the position from **Gary French** who has stepped down to allow time to focus on other significant areas of development, in particular the further development of the Orthopaedic Oncology service.

General Surgery:

The Department of General Surgery welcomes **Mr Lincoln Israel** to CMDHB. Lincoln has been a registrar here in the past and returns to a full-time position as a Colorectal and General Surgeon following post-Fellowship training in Melbourne. He is teamed with **Mr Matt Clark**.

Plastics and Hands:

We would like to extend a warm welcome to **Paul Crossman**, who will be a fellow for 12 months with the Hands unit, Burns surgeon **Amber Moazzam** and Plastic surgeon locum, **Elamuruan Arumugam**. Paul and Elamuruan are on 12 month contracts.

As of March 2005, **Karen Smith** of Plastics and Hands is taking a year's absence to work in the UK. Karen's absence will certainly be noticed and we will eagerly await her return in 2006.

Surgical and Ambulatory Services:

April Robinson has been appointed Acting Theatre Charge Nurse for General Surgery and Urology at Manukau Super Centre. Good luck and congratulations April!

Terri England has been seconded from Team Leader at Manukau Super Centre to a six month project coordinating strategic priority initiatives. In her place, **Margaret Bradbury** has taken over the job of Acting Module Leader of Modules 2, 6 and 8.

Charlotte Waiariki has been appointed Decontamination and Sterilising Services Educator. Charlotte joins the Sterile Supply

Theatre staff celebrate academic achievements



Pictured are theatre staff (nurses and Health Care Assistants) who have recently completed courses, degrees or post graduated papers during 2004. To celebrate with them are Robyn Hughes (theatre coordinator), Bev McClelland (Perioperative Clinical Nurse Educator) and Helen Hanna (PACU Charge Nurse).

Unit team from the ranks of the Anaesthetic Technicians.

Maori Health Team:

Tuhakia Keepa has joined the Maori Health Team as Project Manager - Maori Mental Health and will also be working in conjunction with the Maori Mental Health Development Team. He is on a 12 month fixed term contract. Welcome!

Manukau Community Team:

Two new staff have recently joined the Manukau Community Team, Mental Health Services. Welcome to crisis nurse, **Rosalind Preston** and clinical psychologist, **Amy Cockcroft**.

Tamaki Oranga team:

Welcome to Team Administrator, **Cara Dickens** and Occupational Therapist, **Mary Gordon-Slater**. Both are very welcome additions to the team.

Senior nursing team:

Mick Sanders, RN, BSc (Hons) Nursing Studies has been appointed to the position of Clinical Career Pathway Co-ordinator. On behalf of the senior nursing team, I extend a warm welcome to Mick. In the next few months, Mick will be familiarising himself with the CCP programme and meeting as many of you as possible. During this orientation period, I hope you take the opportunity to also extend a warm Counties Manukau welcome to Mick.

(Dale O'Leary, Director of Nursing)

Lambie Drive team:

Hadley Slade-Jones has joined the Planning & Funding team as Project Analyst -Diabetes and Oral Health. Hadley will be working with **Amanda Dunlop** and **Paul Stephenson** on the 'Let's Beat Diabetes' project, and **Sue Dashfield** on implementing aspects of the Oral Health Plan. Hadley's appointment is to July 2005 - when the developmental work for the implementation phase of the 'Let's Beat Diabetes' Plan will be completed and the Oral Health Plan underway. He has just completed a Masters in Public Health (Hons) majoring in health management and policy, at the University of Auckland. Hadley is seated beside **Sarah Tibby**.

Amanda Dunlop has accepted permanent employment with the DHB from 1 January 2005 as 'Let's Beat Diabetes' Project Manager.

Consultant **Paul Stephenson's** contract has also been extended for six months to oversee the developmental work for the implementation phase.

\$1000 prize for essay competition

Kathryn McKinney, a 4th year MBChB student, is the winner of the 2004 Mira Szászy Memorial Essay Award. Professor Colin Mantell and Dr Stuart Ryan (General Manager of the Centre for Clinical Research and Effective Practice) presented the \$1000 prize to a member of Kathryn's family who received it on her behalf. (Kathryn was sitting an exam that day and couldn't be there to accept the award in person.) The presentation was made on the occasion of the MAPAS (Maori and Pacific Admissions Scheme) interviews held on December 16, 2004 at the Waipapa Marae at the University of Auckland. All Maori clinical students in their 4th, 5th or 6th year of the University of Auckland medical programme were eligible to enter the competition. Essays submitted had to be based on a clinical case dealt with during the student's clinical attachment at Middlemore Hospital and explore aspects of Maori health or aspects of a disease condition that is prevalent amongst Maori. This annual award, made possible by a



Winner of the 2004 Mira Szászy Essay Competition, Kathryn McKinney, with her twin boys Takerei and Pukeroa.

donation from the Deane family to the Centre for Clinical Research and Effective Practice, is a fitting tribute to the late Mira Szasz, who was amongst the first Maori women to graduate from the University of Auckland. Her commitment to the betterment of Maori women and their children through her public service and volunteer work was recognised in 1990 when she was awarded a DBE and the title Dame Mira Szasz.

Care of the dying A pathway to excellence

It is well recognised within our society and the health care system that the word "hospice" is synonymous with quality care of the dying. Within that society a large number of deaths still occur in the acute care setting, therefore, it begs the question: "Why has the model of best practice not been transferred from the hospice to hospital setting and indeed to community, rest home and private hospital settings?" Too often there is unnecessary suffering at the end of life due to lack of appropriate care, widely publicised cases of poor end of life care (e.g. Lesley Martin) and also traumatic experiences of bereaved relatives expressed in the form of complaints.

The Hospital Specialist Palliative Care Team have been given an opportunity to address what we see as less than optimum care of dying patients and their families/whanau in the

acute setting. A six month project will pilot the Liverpool Care Pathway for the dying patient in two wards at Middlemore Hospital. This is an internationally recognised tool which can demonstrate measurable improvement in documented end of life care and quality of end of life care. The care pathway philosophy reflects the endeavours of clinicians to bring together research, evidence, professional judgement and common sense to provide the very best care for their patients.

The project commences in February 2005 and it is anticipated that the pilot will begin in late March/early April and finish 1 August 2005.

"The way we care for the dying reflects to some degree, the kind of society that we have created and live in." John Ellershaw

*Jenny Thurston & Colleen Ranford
Palliative Care Nurse Specialists*

Kidz First public health nursing meets the school-based meningococcal B immunisation

The Meningococcal B School-Based Immunisation Programme was a Ministry of Health (MOH) initiative designed to combat the meningococcal B disease through the development of a strain-specific vaccine. The disease has run at epidemic levels in New Zealand for 14 years. Following clinical trials, Kidz First Public Health Nursing was the first provider to be contracted to vaccinate the school age students with the MeNZB™ vaccine, due to the high incidence of the disease in Counties Manukau. The task was to deliver the three immunisations required to all school children aged 5-18 years in Counties Manukau and the Eastern Corridor in 2004. However, due to delays in licensure of the vaccine, the programme eventually ran in a considerably reduced time frame through the third and fourth school terms (July to December 2004). Across Counties Manukau and the Eastern Corridor there are 226 primary, intermediate and secondary schools with a total of more than 90,000 students. The number of key stakeholders was also daunting, with school staff, parents/whanau, students, CMDHB medical/nursing staff, public health nurses (PHNs), support staff, GPs and practice nurses, media, MOH and CMDHB. An effective



A community support worker explains the after-care instructions following immunisation

communication strategy was therefore essential, if the programme was to be successful. Consequently a comprehensive strategy with numerous resources was developed in partnership with CMDHB, MOH, school staff and Kidz First PHNs and included: a consent form, Meningococcal B information packs, professional standards for public health nurses, media coverage, a professional Teaching Resource Kit for Teachers, a response to the anti-immunisation lobby and regular newsletters and updates for schools, primary health care providers and the public health nursing teams.

The recruitment of staff for a programme for these proportions was mind-boggling given that normally there are some 37 Kidz First Public Health Nurses and a small group of administrative staff. An initial advertising campaign for more staff brought an overwhelming response from registered nurses (RNs) and other people keen to support the programme with whatever skills they had. But, as the programme gathered momentum it became apparent that still more staff were needed to compensate for staff absences due to winter illnesses and the tight scheduling deadlines. The secondary schools in particular provided an additional challenge, as their final date for completion of the third immunisation was the beginning of November – the end of the school year for senior students who then took study and exam leave. Employing and up-skilling sufficient staff was an enormous task, but the success of the programme depended on it.

By the end of the programme a total of 280 Kidz First PHNs and Meningococcal B PHNs had involvement in the programme and 70 administration and support staff. Amassing such vast numbers of people required some very creative thinking and a large dose of generosity from other employers. For example, Kidz First Hearing Vision Testers, CMDHB Clinical Nurse Educators and midwives offered



A student receiving a MeNZB™ immunisation from the PHN

to help. They were welcomed with open arms and quickly included in the weekly staffing rosters.

Indeed, with still more help required an urgent call went out to other public health nurse providers throughout the country and up to 8 'Flying PHNs' arrived each week from: Canterbury, Northland, Nelson, Waikato, Taranaki, Wellington, Hawkes Bay, Bay of Plenty and West Coast DHBs. Additional help came from closer to home with our neighbours, Auckland and Waitemata District Health Boards making available some of their PHNs. In addition registered nurses and support staff came from temping agencies to be up-skilled. They were then rostered as an integral part of the 13 public health nursing teams of PHNs and support staff who vaccinated from Monday to Friday for fifteen weeks.

A complex system of keeping track of consent forms from the seven public health nursing hubs was developed as the forms were collected and returned to the Middlemore hub. At the Middlemore hub each immunisation was recorded by a dedicated team of data enterers who worked over 24 hours 7 days a week to enter immunisations on the School Based Immunisation Register, for final transfer to the National Immunisation Register.

Notice to those staff intending to volunteer

Many of you will have seen the bulletin from the Ministry of Health asking for registrations of interest from Health Workers with relevant expertise who wish to volunteer for service in Indonesia. The knowledge, expertise and technical skills required are outlined in the document. I have been contacted by several staff who wish to volunteer and have suggested that they should register their interest with the ministry as outlined in the bulletin. There will clearly be some practical and logistical issues related to the release of staff but we will deal with these on an individual basis when we know who may be required. It would be helpful if those who have registered their interest could let me know so that we have some idea of numbers. *Ian Brown, Chief Medical Officer.*

ets the challenge: n programme

However, it was all very well having plenty of staff to help, but without appropriate professional development and up-skilling we could not guarantee student safety and vaccine efficacy - our prime objectives for the programme. Supporting our vast team with professional development was therefore a high priority in 2004 to ensure the delivery of a safe and effective MeNZB™ programme. All the members of our team participated in the MeNZB™ Vaccinator Training Course, with standards set by the Ministry of Health, to gain an understanding of the implications of the disease and its vaccine. Registered Nurses/Public Health Nurses then completed a theory test and practical assessment to demonstrate their competency. In order to meet the legal requirements, Registered Nurses/Public Health Nurses then applied for and received Authorisation as Independent Vaccinators.

Other workshops offered to staff included:

- Foundations of Public Health Nursing – to enhance their understanding of a community-based service which focuses on the wellness of the population
- The Whole School Approach – a systems approach to meeting identified needs in a school
- How to Approach Schools – a process which recognises the importance of schools within our community and our relationships with them
- Child Protection – ensuring staff are able to recognise when a student's safety is at risk, and follow appropriate referral processes
- Basic Life Support, otherwise known as CPR
- Adverse Events Following Immunisation – a session which covered the procedures for managing student care in case of mild to severe reactions post vaccination.

The success of the MeNZB™ School Based Immunisation Programme was built on the long-standing, positive relationships our Kidz First PHNs already have with school principals, staff and students. We were always mindful that as health professionals we were invading schools' space, their time and their agenda and that collaboration was essential! To assist this we promoted the idea that to be successful the programme required a 'Whole School Approach'. This meant that students, parents and school staff from the principal to the caretaker needed to be kept informed and

when appropriate, involved through meetings, newsletters and teaching sessions. It wasn't therefore just our luck and good fortune that schools went out of their way to be overwhelmingly supportive (for example, some schools provided morning tea for the team and others offered class and teacher incentives to encourage the return of the immunisation consent forms). A 'Whole School Approach' is indeed an excellent strategy for any health-related initiatives in schools.

Some of the supplies we used:

- 6 Rollex fridges of pharmaceutical standard were bought to store the vaccine.
- 40 chilly bins with data loggers to maintain the vaccine at a temperature of 2-8 degrees Celsius during a school programme.
- 282,000 x 3 ml syringes
- 520,000 needles of various sizes
- 800 sharps bins
- 40 oxygen cylinders
- 96x 44 litre containers for carrying the gear out to schools
- 150 cardboard screens
- 2000 brown paper rubbish bags
- 14 vans
- 30 cars

Some Quotes from staff:

Highlights for staff:

- "... the fantastic team effort and overwhelming positive response from schools."
- "... team spirit working with committed people and co-operation from schools."
- "I'm glad and proud to have been proud to be part of this exciting project."
- "... great team work with good staff morale."
- "... great sense of security with defined roles."



A PHN supervising students in the school library for 20 minutes post-immunisation



A PHN discusses the immunisation process with a student

- "... meeting and working with many different people of an amazing calibre."
- "... seeing so many children receive three injections and be brave about it!"
- "... being called a 'Flo-Ata' by a child (my team role that day was as a 'Floater' nurse!)"

The Equipment:

- "Superb!"
 - "... loved the equipment..."
- Number of school students immunised as of 28 Jan:
- Dose 1: 89,195
 - Dose 2: 86,437
 - Dose 3: 76,726

The Catch-Up Programme:

In 2005, Counties Manukau DHB is committed to a comprehensive Catch-Up Programme in order to finish what we started. There has already been a fantastic response to the public awareness campaign of three immunisations being essential for protection against meningococcal B disease. To date some 4,000 children and young people have received the second and third doses they missed during the school programme at summer community clinics throughout Counties Manukau and the Eastern Corridor over the holidays. Kidz First Public Health Nurses are renown for their persistence and as the Catch-Up Programme will continue throughout term one it is likely that most children and young people who started their immunisations in the school-based programme will complete the course. Let's hope that meningococcal B disease will be consigned to the 'rarely seen in children' file of local hospitals!

Finally, the last word – a prayer from Cassandra

Dear Jesus

Thank you for the injection so that we don't get meningococcal and thank you that it is over. Thank you for making me strong and brave.

Cassandra (student at St Johns the Evangelist, Otara).

Go! A teenager's guide for success

Can you remember what it was like to be a teenager – coping with puberty, school, social and family pressures?

Now there's a great little book to help today's teens find their way in the world.

'Go! A teenager's guide for success' is a superb motivational book written by John Wall, a man with a passion for the personal development of today's youth.

31-year-old John remembers only too well the difficult days of his teenage years.

"When I was 16 years of age, I was overweight, unpopular, had no confidence, no money, no job, was an average student and was driving my mum's car – a 1976 Ford Escort! This continued until I started to learn how successful people thought, acted and made decisions," he says.

Today, John is a successful businessman, in peak physical health and enjoys every moment of every day.

'Go! A teenagers guide for success' draws on John's personal experiences to help motivate teenagers and encourage them to 'dream big.' The short, easy-to-read guide speaks to youth in their language. Through a combination of personal anecdotes, examples and practical exercises the reader is encouraged to set goals in all aspects of their life including friends, family, health, social, personal development and career.

At just \$20 'Go!' could well be the most cost-effective purchase for any teenager.

By buying a copy you will also be helping the National Burn Centre, with \$5 from every book sold between 1 March and 30 April being donated to the planned facility.

John Wall was burnt as a child and is a keen supporter of the South Auckland Health Foundation's fundraising campaign for the new Centre.

To check out this brilliant motivational book please contact Suzanne MacMillan at LJ Hooker, Ph 337 0061, smacmillan.bsolutionsnz@ljh.co.nz.

South Auckland
HEALTH 

Foundation

Our charity
The South Auckland Health Foundation
is a registered charitable trust that
supports and raises funds for the health
services of Counties Manukau District
Health Board.

Perfect present from Planet Fun



Ludovic Marthe, 9, Trevant Jaxxon, 5, and Matiu Rakena, 12, were among many Kidz First patients to enjoy a toy delivery from Beatrice Faumuina.

Christmas came early for Kidz First patients thanks to the generosity of toy distributor Planet Fun.

For the second year running the company visited in early December to donate brand new toys to the hospital.

Olympic disc thrower, Beatrice Faumuina, was met by smiles and laughter when she handed out the toys.

Planet Fun will also donate more than \$85,000 towards a much-needed playroom in the hospital's new Neonatal Intensive Care Unit.

General Manager, Jeremy Kirk-Smith, says the company can't think of a more worthy cause to be involved with.

"The playroom will be set-up to make life easier for the families of premature babies and will be equipped with toys, games and LeapFrog learning toys from Planet Fun's range."

"The current NICU has no facilities for siblings, so it's difficult for them to be with their parents or meet their new baby brother or sister. This can place a lot of stress on parents, who are often far away from home and the rest of their family," he says.

Neonatal Clinical Leader Lindsay Mildenhall is delighted with the support.

"Planet Fun's ongoing assistance makes a huge difference. Providing children with toys and a place to play and learn, while being near their parents and sibling is really important for both their morale and development. The new playroom will also make mothers more relaxed breastfeeding as their other children will be catered for."

In 2003 Planet Fun donated \$20,000 worth of toys and games to the hospital. This was the beginning of a long-term partnership between Planet Fun and Kidz First Children's Hospital.

A SKYCITY Christmas

Famous faces added to the festive cheer at this year's Kidz First Children's Hospital Christmas party, which was held on Saturday 4 December at SKYCITY Auckland Convention Centre.

Television personalities Suzy Cato, Stacey Daniels and Shortland Street stars, were just a few of the celebrities who joined in the celebrations with over 250 Kidz First community patients and their families.

The party was a fantastic few hours of fun, beginning with a bus journey to the central city from the Manukau SuperClinic. A few lucky children travelled in style in an HSV high-performance Commodore, while some rode in a classic Fire Engine.

Waiting to greet the children was a showcase of entertainers including clowns, face-painters, Amazing Chicane the magician, Nesquik Bunny, LJ Hooker bear and Scholastic Lucky the Cat.

Eight-year-old Reece Pemberton came to the party with his mum, brother and two sisters. The Papakura resident, who had his face painted like Spiderman, says he loved meeting the celebrities and seeing Santa.

"It was really cool - it was the best Christmas party I've ever been too. I collected seven autographs and on the way I got to sit in the front of the Fire Engine and it sounded like a V8," he says.

No party would be complete without the arrival of Santa who came armed with a sack full of gifts donated by SKYCITY and Planet Fun. Smiles spread across the children's faces as the stars of Shortland Street and Studio 2 helped Mr Claus hand out the presents.

As a long-term supporter of the Middlemore-

based children's hospital, SKYCITY was delighted to host this year's Christmas party. SKYCITY has supported the hospital since 2000, donating in excess of \$300,000 to its Burns and Plastic's Unit. Last year SKYCITY, together with its Auckland community trust, launched a dental health awareness campaign and funded a mobile dental caravan.

Thank you to the following organisations for their support of the Kidz First Christmas party – Nestle NZ, Scholastic, Commodore Car Club, LJ Hooker, Care Clownz, Parakai Travel, Pavlovich Coachlines, First Scene, Planet Fun, Healtheries and Cerebos Greggs.

Healthy year for health scholars

Seven Counties Manukau residents are one step closer to launching their career as a health professional.

The group of local students have successfully completed their first year of undergraduate study, thanks to a scholarship from the South Auckland Health Foundation.

Outstanding performer, 21-year-old Ninos Khania, received straight A pluses in all of his biomedical science subjects at The University of Auckland.

The Manurewa resident, who hopes to become a doctor or optometrist, says the secret to his success is three to four hours study a day.

"I aimed for A plus with everything but was surprised and happy to get the marks. The scholarship was one of my motivating factors – I wanted to work really hard as a way of saying thank you," he says.

Ninos' outstanding success has earned him another year's sponsorship from law firm



Manurewa sisters, Phoenix, 4, and Onyx Tautahi, 5, were delighted to meet television personality Stacey Daniels at the Kidz First Christmas party.

Meredith Connell.

Several other organisations and individuals also sponsor the Foundation's health scholarships. These include Manukau Institute of Technology, Progressive Enterprises, SKYCITY, Hawkins Construction, Auckland University of Technology, Carter Holt Harvey, Bob and Kerry McMillan, Noel and Sue Robinson and Maurice Fordham. There are also four Pacific Island scholarships.

The Health Scholarship Programme was launched by the South Auckland Health Foundation and the DHB last year. Scholarships are for undergraduate study in a health related course.

DHB chief executive, Stephen McKernan, says the scholarships are a positive step towards developing a workforce that better reflects the diversity of the Counties Manukau community.

"There are a lot of talented people in our community, but it's often not realised because of the difficulties people have getting financial support to study," he says. "The scholarships help these people realise their potential and to work in health. A year on, it's wonderful to see the passion of the students and the positive results."

The Foundation looks forward to awarding 17 health scholarships for this year.

Ninos Khania's year of hard work and outstanding results has paid off, with another year's sponsorship support from the South Auckland Health Foundation.

Photo courtesy of The Aucklander.

Caught-short patients given bags of help

Care packs put together by community-minded children are helping to ease the stress of unplanned stays in hospital.

Pupils of St Kentigern School packed nearly 200 overnight bags and donated them to Middlemore Hospital in December.

The aim of the project was to supply the essentials for patients who stay unexpectedly overnight.

Pupils donated gear to give to patients including toothbrushes, shampoo, flannels and toilet bags.

Three students and their teacher visited Middlemore to make the presentation and were thanked by staff for "going the extra mile."

Middlemore social worker, Kerry Waalkens, says she gets a few cases each week where people are caught out by not having their toothbrushes or shampoo with them.

She told the boys "A lot of elderly people come through the emergency department and don't have anything. It's hard for them to get the things they need straight away. As a social worker we really appreciate this donation. Thank you so much."

South Auckland
HEALTH 
Foundation

Foundation

Target in sight

There's a light at the end of the tunnel and it's the National Burn Centre.

Thanks to the continued support of the New Zealand public the Foundation has now reached over \$1million in its fundraising campaign for this new facility.

The Centre will be built onsite at Middlemore Hospital and cater for the most severe burn patients from across the country, both adults and children.

Floor-plans are almost finalised and building is expected to start in the first half of this year.

Thank you to all DHB staff who have supported the campaign – we greatly appreciate your contribution.

But with \$500,000 still to be raised there's no time to relax.

Please join us on the last-leg of this mammoth fundraising effort. It's New Zealand's future burn patients who will benefit.

To donate please...

- Phone 0900 4 BURN (0900 4 2876) to make an automatic \$20 donation.
- Donate online at www.burn.org.nz.
- Post a cheque to the South Auckland Health Foundation. PO Box 93320, Otahuhu, Auckland. (Cheques payable to South Auckland Health Foundation.)

Or you can find us on level 2, Support Building 30, Middlemore Hospital. For more information contact the Foundation office on xt 8400, or 270 8808.

100% of your donation will support the National Burn Centre.

National Burn Centre

Scratch 'n' Win for the National Burn Centre

Dig out the gold coins – now's your chance to win this \$37,500* Hyundai Santa Fe 2.7 V6 GL automatic. (*Includes on road costs)

For just \$2 you have the chance to win this ultimate vehicle along with many other great prizes. And every ticket purchased will help the National Burn Centre.

The South Auckland Health Foundation will run the Scratch 'n' Win competition from March 21 – May 1 to raise funds for the new facility.

With the support of Spotless Services tickets will be sold at Middlemore Hospital's Aviary Café. Tickets will also be sold nationwide by outlets of Bunnings Warehouse and Benchmark Building Supplies and by the Kiwanis Service group, who are long-term supporters of the Foundation.

Check out the prizes...

- Hyundai Santa Fe 2.7 V6 GL automatic worth \$37,500 (Includes on road costs)
- Return trip for two people to Brisbane worth \$1400 (conditions apply)
- Return trip for two people to Sydney worth \$1400 (conditions apply)
- Selection of books to the value of \$1000 from Dymocks Booksellers (conditions apply)
- Phillips 29" flat screen TV – one of 2 worth \$999
- Samsung Video and TV – one of 2 worth \$799
- DVD home theatre 25WX5 50X1 Sub Slimline – one of 2 worth \$399
- Digitrex gk-1020 DVD player – one of 4 worth \$199
- HP 7150 printer – worth \$459
- Bunnings Warehouse or Benchmark Building Supplies voucher – one of 10 worth \$100
- adidas All Black rugby jersey – one of 2 worth \$179.95
- adidas All Black cap – one of 2 worth \$39.95

Thank you to the following organisations for supporting the Scratch 'n' Win – Bunnings Warehouse, Benchmark Building Supplies, Kiwanis NZ South Pacific District, Winger Hyundai, Executive Travel / Counties United, ATL Systems Ltd, Dymocks Booksellers, adidas New Zealand

BUY YOUR TICKET FOR THE SCRATCH 'N' WIN AT MIDDLEMORE'S AVIARY CAFÉ



Research conference set to inform

Planning is well underway for the New Zealand Clinical Research Conference, to be held on Friday 27th and Saturday 28th May, 2005.

"This is a fantastic opportunity for CMDHB employees interested in clinical research to attend and share knowledge and expertise," says CCRP Clinical Research Manager Ms Jo Ayling, also a member of the conference organising committee. "The Centre for Clinical Research and effective practice (CCRep) working alongside other key members of the research industry in New Zealand in such a way fosters a great sense of unity," she says.

Planning for this event commenced in April 2004. "I thought initially I was going along to one meeting to give input on what topics would be of interest to DHB employees," says Jo. "Instead, I am now fully involved in the planning for this important event!"

She adds she is delighted the conference fees have been substantially lowered for those attending from the District Health Boards.

Highlights will include the Friday evening keynote opening, as well as an opportunity to catch up with peers and wander amongst New Zealand research on display - with prizes for best work and a mystery holiday draw for those present. Saturday will feature key speakers presenting current research topics, and will conclude with an entertaining take on clinical research from comedian Raybon Kan.

Key themes include:

- > Patient Recruitment - How hard can it be?
- > From 'Go to Dough' - a drug development story
- > Ethical Dilemmas - submit your questions to the panel

Speakers for the conference include:

- > Minister of Research Science & Technology
- > Dr Stewart Jessamine (Senior Advisor, Ministry of Health)
- > Prof Jane Harding (Professor of Neonatology, Auckland University)
- > Prof Richard Robson (Clinical Director, Christchurch Hospital)

The conference will be held at the Waipuna Hotel and Conference Centre in Auckland. For more detailed information log onto www.nzacres.org.nz

For further information please contact Jo Ayling, CCRP Clinical Research Manager on (09) 276 0044 extn 2946 or jo.ayling@middlemore.co.nz

Getting Active: ProCare Network Manukau PHO's Physical Activity Programme

One of the main projects for the ProCare Network Manukau Health Promotion Team recently has been the development and implementation of Whaia Te Oranga - physical activity programmes for adults. These programmes currently operate in Manurewa, Clendon, Papakura and Pukekohe. It is hoped that during 2005 the programme will be expanded to also include Mangere.

The development process included the identification of the 'highest need' communities in Counties-Manukau and the stakeholders already infiltrating these communities. Members of Manurewa, Clendon, Papakura and Pukekohe communities were then engaged. In addition to the individuals living in these areas this included organisations working within these communities, for example Clendon Community Network, Manukau City Council, Counties-Manukau Sport, ARPHS Maori Nutrition Team, Raukura Hauora o Tainui, and Ta Pasifika, Papakura Marae, CLM Facilities, Tuakau Homebuilders and the Whanau Resource Centre. Those who expressed an interest in physical activity formed the Working Group. Sport and Recreation (SPARC) New Zealand's research showed that the Green Prescription model (a health professional's written advice to a patient to be physically active as part of the patient's health management) was well recognised and understood by General Practitioners, however, it also suggested that the model failed to achieve sustainable behavior change because of a lack of face-to-face contact and group support.

Research, the results of the scoping activity, existing models (eg Te Awhi Tangata in Glen Innes) & continuity for the practices contributed to the Working Group's decision to utilise the Green Prescription model. The strategy was to add value to this model. Hence, patients that wanted/needed to increase their activity levels were still referred to Counties-Manukau Sport on a

Green Prescription but were given the choice of receiving the traditional three month period of phone support from the Regional Sports Trust or attending an ongoing programme at their local recreation centre facilitated by the Health Promotion Advisor.

The recreation centre programme is an hour and half in length and patients can come between one and four times a week. The option is also there to involve friends and whanau. The programme is free and includes a half hour presentation by a guest speaker on relevant health topics (for example, diabetes, nutrition, healthy housing, budgeting), short/long term goal setting and assessment and a choice of two activities (for example, gym workouts, line dancing, Pacifica aerobics, badminton, aqua aerobics, pilates or walking groups).

The goal of the programme is to increase the ability of 'high needs' adults to engage in regular mainstream activity. This programme is seen as a stepping stone in the prioritization of physical activity. Potential steps for the future include becoming a leisure centre member or perhaps joining a sports team or club. The aim is that over time the involved participants skills and self-esteem are increased to the level that it is possible for them to take over much of the day-to-day running of the programme. The Health Promotion Advisor is then able to expand the programme into other communities.

To date participation in these programmes has been good and for some individuals it has been life changing, the first step in adopting a healthier lifestyle.

For more information on these programmes please feel free to contact :
Manurewa & Clendon, Zanta Hamilton, 09 375 7820/021 599 856
Papakura & Pukekohe, Ada Wonoa Armstrong, 09 375 7834/ 021 682 758

*Tania Wealleans, Executive Officer,
ProCare Network, Manukau.*

We would love to see more primary care content in *Connect*. Please email your contributions to lauren@laurenyoung.co.nz with "contribution to Connect" in the subject line.

A day in the life of a psychiatric nurse

One man's story

Continued from December issue.

Lunch arrives. The patients congregate in the dining room to attend to this physical need. It is a time for 'all hands on deck', as this is potentially a high risk time. And so gathers a collection of personalities - all with serious mental illness. Paranoia and suspicion - emotions common in the acute setting, are at heightened levels. Supervising the meal and clean up after the event may take around half an hour. Then it is time for the staff to relieve each other for their 30-minute break.

Entering the staff room at lunch break is a sight to behold. Small groups of people involved in conversation occupy areas of the room. Others prefer to read a book, some catch up with world events by scanning the daily paper and a few appear to be catching up on a bit of shuteye. For me a short walk to the cafe is tradition. This sojourn away from the acute unit consumes a precious ten minutes of my scheduled thirty, but I believe it worth while. It allows me to fraternise with others who work in all areas other than mental health. The coffee gulped elsewhere gives me the time-out I need. Just enough to give me the boost I require to take on the post-lunch session with renewed vigour.

Time to re-group I tell myself. A quick check-in with my colleagues to ensure nothing untoward has happened during my short absence.

A family meeting is due to take place. The family arrives; I page the doctor, collect the notes, and inform my peers of my pending absence from the ward.

It is not uncommon for these most important of meetings to not go to plan. On occasions the nurse is caught short, ill prepared for a discharge, as pressure from family to be reunited with loved ones dictates the immediate outcome. If this is indeed the case then the scenario unfolds where the nurse or other MDT member is required to ensure a clear and concise plan which includes plans to manage risk and any eventuality that may arise so as to ensure a safe and successful departure. This may include completing a vast amount of documentation that can consume up to an hour and even longer if the patient has no community support in place.

Conversely, if the family or the in-patient team think a return home is potentially detrimental to the individual, the meeting can and does at times turn sour. A patient can feel "put upon" or not included in the decision-making, particularly if they have limited insight into the

illness or their presentation and issues of safety for them and for others. Such issues need to be addressed and input from all parties is essential to ensure a plan that is agreeable is put in place. The relationship that the psychiatric nurse has with the patient will assist with the diffusion or de-escalation that such times may give rise to. The time the nurse will have spent with the patient building this therapeutic relationship will have been time well spent.

We all agree that Occupational Therapy has an essential role to play in the make up of an acute psychiatric unit and that the majority of the activities offered have a significant influence on patient outcomes. But when assistance is sought and a nurse is required off the ward for a programme, it can be taxing at times, especially when the allocated programme nurse is needed due to the unpredictable nature of the events of the day. Without warning the piercing shrill of the alarms resound around the unit. All eyes focus on the digital display, indicating the general location of the emergency. Adrenaline starts to pump as all available staff run to the locality of the incident. As a bloke there is an unwritten rule that I should attend, but at forty-five years of age it is not unheard of to be overtaken by a petite new female graduate. The crew arrives to support their peers to be greeted at the door by an arm-waving nurse indicating a false alarm. The audible panting of the hall-blocking mass disassembles and endeavours to return to prior commitments, grateful that no injury has occurred.

It is not unheard of for all the telephones to be ringing at once, nor is it uncommon for two or three incoming calls to be for the same nurse. A juggling act to say the least, but all requiring attention. A query from a family member, a request from the community team, clarification from pharmacy as the fax ordering the medication was unclear. With the rush over, consideration is given to the documentation in the clinical notes for the day. It would not be uncommon for the nurse to spend time canvassing collateral information from their peers in order to establish a comprehensive overview of a patient, for the day. Regardless of experience we all acknowledge that it is invaluable to compare observations and conclusions with others so as to have a view of the whole picture as well as to broaden ones own knowledge base.

Ten minutes per individual should be put aside

to write the notes for four to five patients, so an early start is optimal. All too often I see the registered nurse penning their account of their patient's day, well after the scheduled end of shift. Is it about time management or is there simply too much to do in the given amount of time?

Due consideration is made to finalising the days workload, a mental round up to ensure all tasks have been completed or at least passed over to the following shift. The afternoon shift begin to filter through the door, the chatter begins as colleagues catch up with one another. A senior nurse collects the handover sheet and the team assemble. Coffee and tea is poured when the call is made that the handover is to begin. One by one each patient is discussed, some with a simple 'no change in presentation' to a comprehensive account and plan for others. The day staff appears re-energised at the thought of their departure and by three thirty the changing of the guard is complete. A different shift with its own unique and different issues to address.

The account of the day in the life of a psychiatric nurse may appear chaotic and disorganised. To be honest it generally is. Personally that's what attracts me to the profession. I enjoy the challenge of multi-tasking and trying to bring some semblance of order to the day. I get great satisfaction in helping others, assisting those in my care to make choices and decisions in relation to their care. I see our role as varied and challenging. We are supporters and educators, defusers and debriefers, enablers and carers. Like many, I consider it a privilege to have such a position. Five years into my tenure as a registered nurse (RN) at an acute psychiatric hospital unit has yet to lose its appeal. I remain buoyed by the daily challenges. The peer support is exceptional. When a relationship between a patient and staff member is at risk of becoming sub therapeutic there is always someone ready and willing to take over, ensuring a safe work environment. The humour on the ward is also unique, seldom has a day passed where laughter cannot be heard. When a colleague appears down or low - for whatever reason - there always seems to be a hand ready to touch the shoulder in support. I can think of no other place I would want to work. My only regret is that it took me until the age of 40 to find the perfect job for me.

Russell Murphy RN, Tiaho Mai