

March 2018

PULSE

the magazine of the Taranaki District Health Board

WHĀNAU PAKARI Reaping the benefits of home-grown food

Hospital Hero

**Dr Catherine Page & the ice
cream tour of New Zealand**

**KIND DONATION HELPS
CHILDREN WITH DISABILITIES**

**MEET THE
MUSCULOSKELETAL
OUTPATIENTS TEAM**


TARANAKI
District Health Board



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The Pulse is the quarterly magazine of the Taranaki District Health Board. We welcome your ideas and contributions.

Please submit them by email to:

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From the Chief Executive

The recent Summer months have been like no other and we have seen a large increase in very sick patients coming through our hospital doors every day, which has exceeded our expectations in terms of what we had already planned for. As I write this, I am pleased to say the high levels of acute demand we have experienced have eased over the last couple of weeks. While this is welcomed we also know how important it is to proactively plan for high occupancy for the winter ahead, and I can assure you Taranaki DHB's Hospital Services Management Team are well down the path of doing this.

Taranaki DHB in conjunction with the University of Auckland attended a Whakatau (welcome ceremony) at the beginning of the year to welcome 18 year-five medical students and the launch of the regional-rural medical programme at Hawera Hospital in South Taranaki. It was a major achievement for our DHB and we are delighted to be part of it. Rural Taranaki plays a vital role in our local and national economy and ensuring

people living in rural Taranaki have access to safe, effective, quality health services is a priority for our DHB. Our hope is once these doctors have graduated, they return to work in our rural communities.

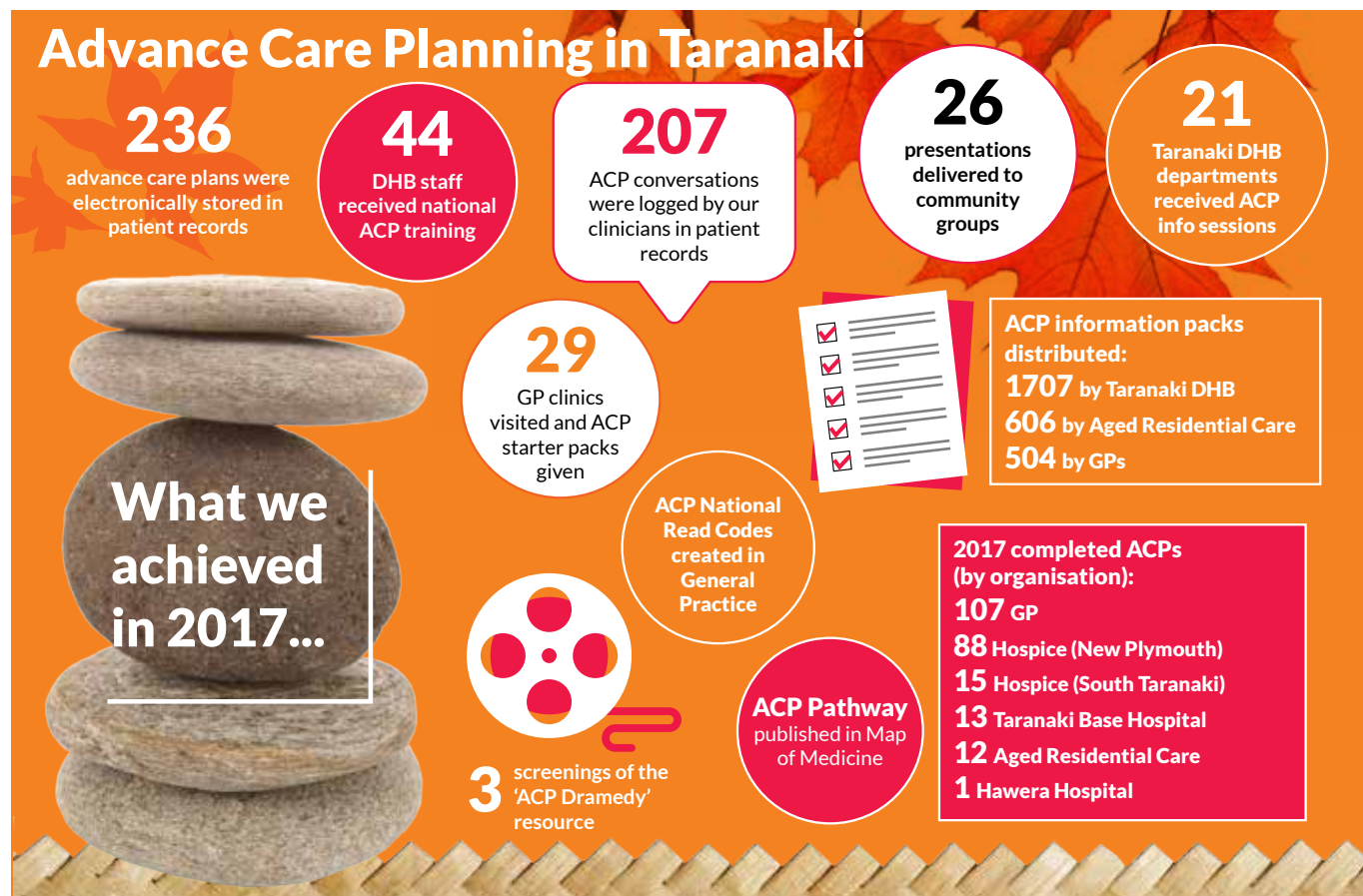
In late February our emergency response plans and processes were tested with the water crisis following Cyclone Gita (see page 6). The hospital services and Public Health teams responded well, working with Civil Defence and the New Plymouth District Council to ensure the Taranaki Base Hospital and the wider community understood how to protect themselves during the water shortage and boil water period.

I held two community engagement forums in South and North Taranaki in March. They were well attended and feedback overall is that providing a forum for people to talk to us about a range of health topics and conversations was very useful. I plan to facilitate another round of forums in a few months time to engage further with the Taranaki community.



The Executive Management Team (EMT) and I are very aware of the pressures many of our employees are feeling in their day-to-day work and want to acknowledge how essential they all are to providing health services safely for our community. A warm thanks to everyone for their hard work and support.

Rosemary Clements
Taranaki DHB Chief Executive





Over the last six months, the following committees have presented their annual reports to the Clinical Board:

- Morbidity & Mortality Review Committee
- Trauma Committee
- Credentialing Committee
- Maternity Quality Committee
- Restraint Minimisation Committee
- Clinical Ethics Advisory Group
- Infection Prevention & Control Committee

The following departments also presented their annual reports to the Clinical Board:

- Department of Medicine
- Ophthalmology Department
- Older Peoples' Health & Rehabilitation Service
- Urology Department
- Obstetrics & Gynaecology Department
- Public Health Unit

Morbidity & Mortality Review Committee

The Morbidity & Mortality Review Committee has been overseeing a review of the Kidney Biopsy Protocol. The reviewed protocol was endorsed by the Clinical Board at the December 2017 meeting and is available on Wilson.

Trauma Committee

At the September 2017 meeting, Mr Glenn Farrant, general surgeon and chair of the Trauma Committee presented their inaugural annual report. The Trauma Committee formed out of the Midland Region Trauma System based in Waikato. One of its major functions is to facilitate teaching, however the Trauma Committee also reviews cases where improvements to the care process have been identified. Three cases were reviewed in the previous year and on each occasion small things were found where improvements could be made.

Ophthalmology Department

Dr Albie Covello commenced at Taranaki DHB in early 2018. Dr Covello is undertaking further specialist training and will be expected to be Dr Kevin Taylor's successor when he retires.

Urology Department

Mr James (Jimmy) Johnston commenced a full time role at Taranaki DHB in August 2017, bring continuity of care for patients receiving Urology services. While some patients may at time see a visiting urologist, Mr Johnston's recruitment has enabled us to provide a much better service for our patients as they do not have to travel out of the region.

Restraint Minimisation Committee

Ronel Marais, associate director of Nursing and chair of the Restraint Minimisation Committee presented their annual report in December 2017. One of the key points was a noted increase in aggression and physical violence from patients. Also noted was the introduction of two new eLearning modules for staff – one for restraint minimisation and another for de-escalation. A number of Mental Health staff have completed the national Safe Practice and Effective Communication (SPEC) training, with four Taranaki DHB staff being trained as trainers.

Obstetrics & Gynaecology Department

A 'home grown' senior medical officer (SMO) has commenced – the first one in approximately 40 years. Dr Valentina Shaw has been welcomed to a new post and the department now has six SMOs.

Influenza – don't get it, don't give it

As Taranaki DHB gets set to roll out the 2018 Staff Influenza Vaccination campaign, staff are warned to prepare for a similar flu season to that seen during the Northern Hemisphere winter of 2017/18.

WHAT HAPPENED IN THE NORTHERN HEMISPHERE?

Influenza A(H3N2), a new strain of the flu virus resulted in a significant increase in hospitalisations and ICU admissions from influenza (the flu) and its complications. This strain has been associated with higher rates of serious illness and even death, particularly for those aged over 65 years.

Due to the nature of their work, healthcare workers are twice as likely to get the flu. Healthcare workers have a professional responsibility to protect vulnerable patients from contracting influenza.

Therefore the Ministry of Health recommends healthcare workers are immunised every year for influenza and calls for all healthcare workers, Allied Health and other health sector workers to protect themselves, their colleagues, their patients and the community from influenza by being vaccinated this year.

HOW CAN STAFF GET VACCINATED?

With a vaccination goal of 80 percent this year, Taranaki DHB provides all staff free influenza immunisation through the Flu HQ (at the cafeteria) and peer vaccinators who can administer to staff on the job. A roving vaccinator is also available to go to designated areas on request from staff.

Influenza can affect anyone, no matter how fit or healthy you are.

The best way to decrease your risk of influenza is to be immunised before the winter season starts.

DID YOU KNOW?

- **One in four** New Zealanders are infected with influenza each year.
- **Around 80 percent** of those infected don't have any visible/physical symptoms (asymptomatic).
- Asymptomatic carriers can **unknowingly expose** their family, co-workers and patients to the influenza virus without realising.

**NEW FLU SEASON
NEW VACCINE!**

**FLU
CAN BE
ANYWHERE**

**Protect
YOURSELF
Protect your
COLLEAGUES
Protect your
FAMILY / WHANAU**

Cyclone Gita hits Taranaki

In mid-February Taranaki experienced the fierce power of Mother Nature, with the arrival of Cyclone Gita to our shores. The tropical storm caused extensive damage to a main water supply, resulting in declaration of a state of emergency for New Plymouth and surrounding towns.

A boil water notice was introduced for the district, with some eastern areas losing access to running water completely. This was the tipping point for Taranaki Base Hospital and other health providers such as rest homes, GPs, community dental services, etc.

The broken main water supply pipe near Hydro Rd, north of New Plymouth.

The response

This event was a challenge for the organisation, testing a number of our emergency plans and processes. While it is difficult to achieve a perfect response to any emergency the overall view at this point is that the health sector response to the water crisis was good.

Lead by a hospital Incident Management Team, staff from the Public Health Unit, Hospital & Specialist Services and Planning & Funding were quick to coordinate a response to the issues at hand in order to continue business as usual across our services and in the community. Additional external water supplies were brought in and distributed throughout the hospital.



Karl Barron, Orderly Services (right), receives delivery of a pallet of water bottles kindly donated to Taranaki Base Hospital by Methanex.



The water distribution team refilling department water supplies.



Public health information was provided via local media, the Taranaki DHB website and social media pages to help ensure the health of the community was not impacted by the lack of access to clean drinking water.

FREQUENTLY ASKED QUESTIONS ABOUT BOIL WATER NOTICES

I have already drank the water. Will I get sick?

Most people who happen to drink this water will not get sick. Babies, young children, the elderly and people who have compromised immune systems are more at risk of illness. If you get diarrhoea, vomiting and/or a fever, contact Healthline (0800 611 116) or your doctor.

How do I use water when a boil water advisory has been issued?

The water (hot and cold) must NOT be used for drinking, making up baby formula and juices, cooking, making ice, washing fruits and vegetables, or brushing teeth. For these purposes use either boiled water or bottled water. Hot water from your tap is not safe to use during a boil water advisory as the temperature of your hot water cylinder is not high enough to kill germs.

How do I boil the water?

Boiling will kill all disease-causing organisms. Place the water in a clean metal pan and bring to a rolling boil for one minute. Electric jugs with a cut-off switch can be used as long as they are full - allow the water to come to the boil and switch off. Do not hold the switch down to increase the boiling time. Boiled water should be covered and allowed to cool in the same container. The taste will improve if allowed to stand for a few hours before use.

Can I use the water for handwashing?

Thorough handwashing using tap water and soap followed by thorough drying is sufficient. Other options include using an alcohol-based hand sanitiser containing at least 60% alcohol.

Wet wipes used for cleaning babies are not effective for disinfecting hands but are useful for cleaning dirty areas first.

Can I take a bath or shower?

Adults, teens and older children may shower or bathe with untreated water as long as no water is swallowed (avoid the face). Young children should be sponge-bathed instead of bathing in a tub because they are likely to swallow the bath water. If you have recent surgical wounds or a chronic illness, you may want to use bottled or boiled water for bathing until the advisory is lifted.

What about teeth brushing and shaving?

Only use boiled or bottled water for brushing your teeth. You can shave as usual using tap water.

How do I prepare food and drinks?

Fruits and vegetables should be washed using cooled, boiled water. Use boiled water if adding to foods that will not be cooked. Tap water can only be used in foods that subsequently receive thorough cooking. Do not use ice, food or drinks that may have been made from contaminated tap water.



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TARANAKI DISTRICT HEALTH BOARD

What should I do about feeding my baby?

If breastfeeding, continue as usual. If you are using baby formula, prepare using bottled or cooled, boiled water. Wash and sterilise bottles and teats by boiling or microwaving.

I have a water filtration unit installed. Does this make the water safe?

No. Filtered water should also be boiled for one minute before using it for drinking, food preparation or teeth brushing.

Can I use my coffee machine, soda machine or ice maker?

Coffee machines, ice makers and soda dispensers that are connected to the water supply should not be used. Use bottled water or water that has been boiled or disinfected for making coffee, ice or soda drinks.

I wash dishes by hand. How do I disinfect them?

Dishes can be washed using boiled water. If you use tap water, dishes washed with water and detergent should be rinsed in a bleach solution afterwards (1/2 teaspoon unscented household bleach per 10 litres of water). Allow dishes to completely air dry.

I have a dishwasher. Is it safe to use?

If your dishwasher has a hot setting, it can be used to wash dishes. If your dishwasher does not have a hot setting, after finishing cycle, rinse the dishes in sterilised water afterwards (1/2 teaspoon unscented household bleach per 10 litres of water). Allow dishes to completely air dry.

Should I change the way I am doing my laundry?

No, continue doing your laundry the way you usually do.

What about my pets or livestock?

Pets and livestock can usually drink untreated water.

What should I do after the boil water advisory is lifted?

Run all your cold taps for a few minutes before using the water. Flush any appliances, e.g. coffee machines, that are connected to the water supply. Hot water cylinders and header tanks may need to be drained and refilled. You may notice a strong chlorine smell in the water as it runs through. The council will increase chlorine levels for some time to disinfect the pipework.

Is it ok to leave my toilet unflushed?

- It's okay to leave your toilet unflushed for 24 hours.
- If it's getting full, find undrinkable water to pour into the bowl to flush it out - used dishwater, rainwater, paddling pool water, etc.
- If you have access to a camp toilet, take advantage of it.
- If you are traveling to an area not affected by the water shortage, use the toilet there.
- It is important to keep flies away so keep the lid down when not in use and use fly spray if necessary.

Keep listening to your radio or go to the New Plymouth District Council or Taranaki District Health Board website for instructions, information and advice:

www.newplymouthnz.com
www.tdhib.org.nz

www.newplymouthnz.com
www.tdhib.org.nz

TARANAKI DISTRICT HEALTH BOARD

Staff throughout the hospital pulled together, working hard to implement the measures required in their areas to minimise the impacts on patients and work environments. Well done and thank you to all staff and to the following organisations for their support:

- Methanex (bottled water donation)
- Mellond (supply of large water containers)
- Medirest/cafeteria staff (ongoing support and assistance with water supply and conservation efforts)
- Taranaki Civil Defence Emergency Management (supply of the water tanker)

Review

We are working through the process of debriefing with the various groups involved with the response. This will help us capture and better understand the learnings from the emergency - things that worked and went well, things that didn't go so well and how we could do things better next time. The DHB will also contribute to a wider multi-agency regional response debrief (run by the Civil Defence Emergency Management).

The DHB Health Emergency Management Group (HEMG) will oversee a work plan resulting from this review our response to improve our emergency plans, processes and resources.



Kind donation helps children with physical disabilities

A kind donation from local engineering company WorleyParsons will give Taranaki children with disabilities access to tools and activities to help improve their daily function.

WorleyParsons donated a variety of therapy toys to the Taranaki DHB Child and Adolescent Community Centre's (CACC) Physical Therapy team, to support the important work they do with children aged up to 16 years who have disabilities.

Jenny McCombie, CACC Physical Therapy team leader says they are extremely grateful for the donation. "Our service aims to support families to optimise children and young people's potential through the provision of effective, quality therapy. We thank WorleyParsons for their generosity in

providing the toys; they offer a greater variety of resources to assist the therapy team to achieve client and whānau goals."

The Physical Therapy team is a multidisciplinary team made up of occupational therapists, a physiotherapist, a seating therapist, visiting neurodevelopmental therapists, speech language therapists and a therapy assistant.

"We provide many sensory activities to increase children's awareness of their body parts, like fingers and hands. We also use some of these items to demonstrate and teach parents the benefits the toys have for children with disabilities," adds Sonya Bates, occupational therapist.

CACC Physical Therapy team members with WorleyParsons staff. From left: Sonya Bates, Jenny McCombie, Val Young, Courtney Carr, Shannon Taylor, Donna Stewart, Paul Morris with daughter Jaime, Jane Noakes, Sheila Coldrey and Kirsty Stokes.

Paul Morris and Donna Stewart from WorleyParsons presented the new toys at an morning tea held at the centre. Among the items donated include an ocean drum, massager, wind chime, play bubbles, a Chase-me-Casey toy and a fun vibrating pen.

Donna explained, "WorleyParsons thought this was a wonderful opportunity to support the incredible work the multidisciplinary team does with children throughout Taranaki."



WorleyParsons Global Corporate Responsibility manager Paul Morris plays with daughter Jaime and the new Chase-me-Casey toy.



CACC Physical Therapy team leader Jenny McCombie shows Paul Morris and his daughter Jaime the new wind chime.



WorleyParsons executive assistant and head of Corporate Responsibility Committee, Donna Stewart, tries out the fun vibrating pen.

Hospital Heroes

Dr Catherine Page & the ice cream tour of New Zealand



TOP: Catherine with just some of the people who supported her on the tour – her friends Andrew and Anne, and her husband Sharat.

MIDDLE: "This is what you look like if you do the Waikato river trail followed by the Timber Trail. I'm destroyed!"

BOTTOM: "Everywhere I look here is beautiful. It takes me hours to get anywhere as I keep stopping to take pictures."

You may have come across Dr Catherine Page (Hospice Taranaki medical officer) at Taranaki Base Hospital during her regular visits to inpatients receiving palliative care. Catherine has just finished riding the length of NZ - **3000km over a 30-day period** - carrying everything she needed for the journey on her 'trusty bike'.

While it was unofficially dubbed the 'Ice Cream Tour of New Zealand', this mission had a more serious aspiration, as Catherine did this extreme bike ride as a fundraiser for Hospice Taranaki.

While 50 percent of Hospice's costs are covered by Taranaki DHB, this organisation depends very much on the generosity of the Taranaki community, through HospiceShop sales, grants from trusts, donations and fundraising events.

"Struggling with a terminal illness can be a very frightening and lonely experience for patients and their families. On a daily basis I witness the amazing difference that Hospice support makes for these people, who are facing the most difficult time of their lives," says Catherine.

"I work with amazing people to provide support 24 hours a day, seven days a week and I really believe our team can make all the difference in the world. That's why I really wanted to do what I could to help our wonderful Hospice carry on providing the best possible care," she adds.

Catherine faced some challenging terrain and saw some fantastic sights on her cycle tour.

We congratulate Catherine on her fantastic achievement, and in the process raising nearly \$8,000 (and counting - the Give-a-little page is open until the end of April!)

And in case you were wondering, Catherine's favourite ice cream she tried on the 'tour' was chocolate choc chip!

Check out more of her journey (including some great photos!) on the 'Cath's Ice cream Tour of NZ' page on Facebook.



ABOVE: "Found a big white bird in Eketahuna."

Taranaki DHB is full of heroes that do amazing things every day, both at work and in the community. If you know someone who deserves recognition for something they've done, or even just someone who has done something out of the ordinary that we might be interested in, let us know by emailing communications@tdhb.org.nz





The Midland Clinical Portal, an initiative from eSPACE, is a clinician-led programme that provides a single point of access for patient information across the Midland region – the overall aim is one patient, one record.

The Midland Clinical Portal was launched across the five Midland DHBs in July 2017. It has been in development since 2016. At this point the Midland Clinical Portal provides a read only view of selected documents, as well as limited information about patient encounters within the region since October 2016.

To date more than 1.5 million patients' records are registered on the Midland Clinical Portal since October 2017.

Health professionals now have a consistent view of patient records in one place, in the future dispensing and prescription information will also be available.

The Midland Clinical Portal lays the foundation for what is to come. More functionality will be added, that will, together, deliver a single point of access for clinical information across the Midland Region.

It is pleasing to see that some of the key benefits of the Midland Clinical Portal – less clinician time spent searching for information; reduced duplication, and improved clinical outcomes are being realised. The anecdotal benefits from clinicians below suggest good integration and visibility of patient information throughout the region, if only at the currently limited read-only level.

"An oncology patient presented this weekend – you know how hard it is getting notes at the best of times. It was very pleasing to be able to see all the notes in the Midland Clinical Portal."

"Just some positive early feedback ... I already find the Midland Clinical Portal extremely useful. I was just able to view a discharge summary for a renal transplant patient that I transferred to Waikato for consideration of a renal biopsy. This meant I was able to follow up on their progress without the hassle of ringing around. This will save time for both myself and the Waikato Renal Physicians."

"Just wanted to say how great this is!!

Have had a question from a mum about the cleft palate surgery her daughter received in Waikato. I was able to look up the notes and explain things to her!

Also was able to look up discharge information around a visit to Mothercraft in Waikato and what the recommendations and changes were.

Both letters had been sent to the GP, but I found the information really useful for my own practice."

Taranaki DHB Speech Therapist, December 2017

"It is so good having access to Bay of Plenty discharge summaries. It is a revelation to us."

Waikato DHB ED Physician, November 2017



Less sugary drinks available to students before school



PHOTO: Westown retailers who support the Tap into Water Project (L-R) Subway employees Kate Spencer and Jess Prater, Little Fed manager Jeremy Webling and Westown Bakery manager Steve Lorth.

Taranaki DHB's Public Health Unit is praising the efforts of another six local retail stores who have chosen not to sell sugar sweetened beverages (SSBs) to children on their way to school.

Westown shop retailers Little Fed, Subway, Westown Hot Bread Shop, Tukapa and Westown Dairies, and Park Dairy on Clawton St have joined in the bid to prevent children having access to sugary drinks before 9am on school days.

Jill Nicholls, Taranaki DHB health promoting schools facilitator, says "Thanks to these retailers for their fantastic support in working with us to create an environment that supports better choices. Children shouldn't start their school day with the amount of high sugar that SSBs contain as it can interfere with concentration, learning and problem behaviour."

Research shows that on average a 600ml bottle of fizzy has more than 16 teaspoons of sugar. The Ministry of Health recommends that a child has less than 3-5 teaspoons of sugar per day and an adult less than six teaspoons per day.

Ms Nicholls adds, "Research has found poor diet and nutrition are associated with lower academic achievement. SSBs have no nutritional value and if the calories from regular excessive sugar consumption are not burned off, it can lead to long term health complications like obesity, heart disease, diabetes, raised blood pressure and tooth decay."

Taranaki's Public Health Unit initiated the 'Tap into Water' project in 2016 to help combat child obesity, tooth decay and other health issues. The project also aims to get decile 1-4 schools in Taranaki to adopt a water only policy.

"Seventeen decile 1-4 schools are now water and plain milk only schools. We need our local retailers to not sell sugary drinks to children before school to help us reach our project goals," explains Ms Nicholls.

The Westown retailers have followed in the footsteps of Bell Block retailers and three South Taranaki dairies, who all made the move to support the project last year.

"Retailers committed to the project have a certificate of recognition on display in their stores which reinforces the message of no sugary drinks before school to children and families," adds Ms Nicholls.

Other retailers interested in supporting the 'Tap into Water' project should email jill.nicholls@tdhb.org.nz.





TARANAKI HEALTH
FOUNDATION

TARANAKI HEALTH FOUNDATION UPDATE

Unstoppable generosity for Taranaki babies

By Virginia Winder

The generosity of Taranaki people is unstoppable, a health charity has discovered.

Taranaki Health Foundation general manager Bry Kopu says anonymous people keep dropping off clothing and knitting for babies and toddlers.

"We have another six boxes full, and the donations keep on coming," she says.

These hand-made gifts will all go towards the **From Hardship to Hope** campaign, which supports families facing tough times during hospital stays. "These clothes will go to the different wards and to families in need."

Part of the campaign is aimed at keeping babies safe at home through the use of Pēpi Pods, which enable new-borns to sleep safely in their own space.



With a display of generous knitted donations are, from left, Viv Lewis, Beki Madden and Bry Kopu.

"We want to acknowledge the generosity of people and the fantastic job Beki Madden has done as safe sleep coordinator," Bry said.

She says the knitting donations are wonderful and will be well used. However, the foundation also needs sheet sets for the Pēpi Pods.

There are patterns for these, so people wanting to help can contact the foundation on 06 753 8688 or email bry.kopu@tdhb.org.nz for details.

Pageant entrants still supporting foundation projects

Miss Taranaki entrants are continuing fundraising efforts to improve the health and wellbeing of young people in the region, says Taranaki Health Foundation general manager Bry Kopu.

As part of this year's Miss Taranaki pageant, entrants raised \$6552 for two of the foundation's main projects. "It's been amazing to have young people with positive energy behind our projects," she says.

These initiatives are **From Hardship to Hope**, which supports families in need during hospital stays, and **The Open Minds Project**, which is helping to enhance the environment, especially for youth, at Te Puna Waiora, the acute mental health ward at Taranaki Base Hospital.

"The 12-year-old Miss Junior Taranaki winner, Rani Adamson, pipped other contestants to take out the Best Fundraiser Title after collecting \$1050 during the pageant activities," says Bry.

"She was thrilled to help other children and looks forward to making a difference over the next year as a volunteer and ambassador."

Meanwhile, the fundraising continues.

continued over page...



Fundraising star Rani Adamson with Bry Kopu and a large cheque for \$6552, the amount raised by Miss Taranaki entrants this year.

Miss Taranaki contestant Monica Cassidy-Hylton was so thrilled to fundraise for the health of children and young people she organised a quiz night fundraiser, held at The Mayfair.

"I'm so glad to help, it's a fantastic cause to support," she says.

In the planning is also a fundraiser organised by runner-up to Miss Teen Taranaki, Emma Kingi, who is passionate about supporting the foundation.

The 16 year old Sacred Heart Girls' College student is working towards a 'youth-led' fashion event to raise awareness and money for the foundation.

"A date is yet to be chosen in July 2018, but the foundation will post details so everyone can mark it in their diaries," says Bry. "This will be a fun event for all ages, showcasing Taranaki talent and led by young people in our region."

Also, Miss Taranaki Julia Crighton, Miss Teen Isabella Borostyan and Rani Adamson as Miss Junior are ambassadors for the Foundation during their title-holding tenure.

"Their creativity and initiative to raise funds on behalf of the Taranaki Health Foundation and Taranaki District Health Board is something our region should be very proud of," Bry adds.



Evelyn Kelly, a registered neonatal nurse at Taranaki DHB, demonstrates the features of the baby pods to Taranaki Patriotic Trust and Taranaki Air Ambulance Trust (TAAT) trustees.

Safe transport for Taranaki's youngest patients

In the last 12 months Taranaki Patriotic Trust has donated \$30 000, which has paid for not one, but two specially-designed, high-tech baby pods to transport ill babies by air to hospitals around the country for treatment.

One pod is based in New Plymouth and the other in Hawera, where it will safely transport babies from South Taranaki to New Plymouth's Taranaki Base Hospital by road, as well as being used by Taranaki Air Ambulance for transport.

New ambulances are arriving in the region in the next few months but it is understood that existing (older) incubators cannot fit in these vehicles. Having done more than 220 flights in the last seven years as a neonatal flight nurse, Evelyn Kelly said the demand for the new pods was certainly there.

"This generous donation makes transporting infants by air ambulance so much easier. The new pods can be securely strapped on top of a stretcher and don't rely on power to keep babies warm and in a stable condition during transport," she added.

Taranaki Health Foundation general manager Bry Kopu, told the trusts it was "a true Taranaki community collaboration".

"We acknowledge these wonderful trusts for their commitment to improving patient safety in Taranaki. This new equipment will make it so much easier for staff to care for patients in transit.

In 2015 the Patriotic Trust also donated \$200,000 to St John for a new ambulance in Taranaki, and in 2017 donated \$100,000 towards the new angiography machine at Taranaki Base Hospital, \$25,000 to Taranaki Hospice and the Taranaki Rescue Helicopter Trust.



CROP SWAP

Sharing the health benefits of home-grown produce

The first ever Taranaki DHB staff crop swap

was held at the beginning of March and the place was buzzing with enthusiastic gardeners and growers. Everything from grapes, heritage apples, potatoes, greens, chillies, preserves, eggs, herbs, spices and unusual plants made their way onto the crop swap table.

A range of staff from across the organisation came along, and their produce was eclectic as those who attended! Lots of korero about the kai took place and more experienced growers shared their tips and advice with those who had just started their gardening adventures.

Community crop swaps run around the region and the DHB is the first employer in the region to bring this event into the workplace. The great success of this first event means it will now have a regular spot in the Workplace Wellness calendar and be held on the first Thursday of every month, 12:30 – 1:00pm, in the Barrett Lounge (back of the cafeteria) at Taranaki Base Hospital.

If you have any produce to share/swap or just want to come along and benefit from the wisdom and experience of some amazing vegetable growers and preservers, you know where to find us!

*If you have any questions, suggestions or ideas for Workplace Wellness at Taranaki DHB, email Anna.MacDonald@tdhb.org.nz
For more information, check out the Workplace Wellness information under Staff Stuff on the intranet.*



Some of the crop swap attendees with just some of the home-grown goods that were up for grabs.



*BACK: Paloma Aston, Natalia Hunt, Grace Major, Mechaela Major. Middle - Rawiri Erikson (service improvement advisor - Māori Health), Cath Byrne (director of Nursing), Holly Rawiri (duty nurse manager), Leah Chilcott, Stacey Shearer, Natasha Hutchieson, Beth West, Rosemary Clements, (chief executive) and Dr Greg Simmons (chief medical advisor).
FRONT: Katie Linn, Dr Moerangi Tamati, Te Wai Tamati, Grace Harris, Huia Brady, Tami Cave.*

Earlier this year the annual Taranaki DHB scholarship presentation was held to recognise the recipients of the 2017 Taranaki DHB Scholarships. The event was attended by recipients and their families, as well as Rosemary Clements (CE), Greg Simmons (chief medical advisor), service managers, Māori Health team members and managers that received students on placement.

Scholarship recipient, Dr Moerangi Tamati, gave an account of her time on the programme and now being a first year house officer here at Taranaki DHB.

*"Ki te taha o tōku māmā,
Ko Taranaki te mouna
Ko Matanehunehu,
ko Waitotoroa ngā awa
Ko Taranaki, ko Ngāti Ruanui ngā iwi
Ko Ngā Mahanga a Tairi,
ko Ngāti Moeahu ngā hapū
Ko Moungaroa te tūpuna
Ko Kurahaupō te waka*

*Ki te taha o tōku pāpā,
Ko Taranaki te mouna
Ko Waitara, ko Urenui ngā awa
Ko Te Atiawa, ko Ngāti Mutunga,
ko Ngāi Tahu ngā iwi
Ko Puketapu, ko Kaitangata ngā hapū
Ko Muru Raupatu, ko Urenui,
Ko Otakou ngā marae
Ko Tama Āriki te tūpuna
Ko Tokomaru te waka*

Ngā mihi nui kia tātou katoa."



"My name is Moerangi Tamati and I am a new graduate doctor at Taranaki Base Hospital, having started in November 2017. I am a local, being of Te Atiawa, Taranaki and Ngāti Mutunga iwi and grew up in New Plymouth. I attended local schools for primary and intermediate until I attended boarding school at St Joseph's Māori Girls' College in Napier for my secondary schooling (as part of a long family tradition of attendance).

I have always had a strong interest in health, particularly for Māori, the statistics for whom are consistently lagging behind all other ethnicities in most areas of health in our country. This has led

me to pursue a career in health. I started medical school in 2012 after working for one year in the Maternity Department as a new graduate nurse.

I was lucky enough to complete my final year of medical training in 2017 here at Taranaki Base Hospital as a trainee intern through the scholarship programme. This was undoubtedly an invaluable experience in preparation for my 'real' work life! Being familiar with the system and staff prior to commencing my job made for a much smoother and enjoyable transition into the workforce.

Throughout the last decade of studying and working in health, I cannot thank Taranaki DHB enough for the unwavering support, both financially and professionally. I don't think I would be the healthcare professional that I am today without it. My future aspirations are to continue to contribute improvement of the negative health statistics amongst Māori, hopefully in women's health."

Want to know more about Taranaki DHB Scholarships? Visit the Careers section of www.tdhub.org.nz



Back left - right: Baxter Mahutonga (AUT Physiotherapy student) and Kate Shelver (Physiotherapy Outpatients clinical lead). Front left - right: Anna Hinton, Amber McIntosh-Donà, Kate Clement and Tara-Lee Robinson (musculoskeletal physiotherapists).

Deep within the therapies department at Taranaki Base Hospital lies the Musculoskeletal Outpatients Department. The team consists of four full-time physiotherapists who treat a wide range of musculoskeletal conditions from post-operative knees and shoulders to chronic pain.

As a publicly funded system, patients are referred in to the department either via their GP, specialist or directly from ward physiotherapists. To ensure this service remains accessible and able to provide the best clinical outcomes,

they've had to get creative with managing the vast number of patients from throughout the region requiring these services.

One of the most effective ways of doing this has been the creation of four different groups for exercise-based rehabilitation. This includes the osteoarthritis (OA) group, the general exercise group, two total knee joint replacement groups and a hydrotherapy group. Groups are generally six to eight weeks in length; however patients are only discharged

from the service when objective and subjective improvements have been made.

Evidence suggests that supervised exercise and class settings have better outcomes than exercising alone, therefore allowing for the best outcomes for our patients. Patient feedback indicates that the classes provide a safe and supportive environment for people with varying conditions and allows them to create a good network in which to participate in physiotherapy.

Knee group

Our most successful groups are the total knee joint replacement groups – in fact they are so successful that we've had to expand the classes from two per week to four per week.

They are run by a physiotherapist and are specifically designed for patients who have undergone total knee joint replacements to gain optimal improvements and outcomes for their new knee.

Participants go through a circuit of nine different stations which are aimed at increasing strength, range of motion and overall function.

Osteoarthritis (OA) group

The OA group provides a safe setting for patients in the early to mild stages of a joint being affected by OA.

These patients attend an initial assessment with a physio who carries out an assessment of their abilities and designs a programme (based on strength, balance and function) which caters specifically to their needs.

The OA group has had great success in achieving patients' goals and helping them regain function they may have lost to OA and the associated symptoms.

Hydrotherapy group

Hydrotherapy is a smaller group, limited to four patients per class due to the nature of rehabilitation and the size of our pool. Hydrotherapy is an excellent exercise-based rehabilitation option for patients who require a more gentle approach to strengthening, increasing range of motion and restoring movement. The hydrotherapy group runs three times per week.

General exercise group

The exercise group is designed for patients who benefit most from a structured, time-based strength programme.

These are people who may have a general musculoskeletal condition or may be post-surgery. The class runs three times a week and each programme is designed by a physiotherapist specifically to suit individual patient's goals and health outcomes.

PANDEMIC RESPONSE EXERCISE BRINGS AGENCIES TOGETHER

Although a health pandemic is not highly likely for Taranaki, the reality is it could happen one day.

To ensure our region is ready for a potential life threatening human illness, a simulated pandemic border health exercise was rolled out in March by Taranaki DHB's Public Health Unit (PHU) in conjunction with Port Taranaki.

Facilitator Matt Parkinson from the PHU says, "The goal of the exercise was to determine each border health agency's capacity and ability to undertake actions which would aid in the prevention and protection of the health of New Zealanders from the risks associated with ill-travellers."

Port Taranaki was at the centre of the pandemic exercise, which was based on a maritime vessel arriving from China with a number of ill crew members on board experiencing severe influenza like symptoms.

The exercise required a multi-agency response which included assistance from Taranaki DHB (Public Health and general hospital services), Port Taranaki, Ministry for Primary Industries, Customs New Zealand, St John Ambulance, Police and shipping agent Phoenix.

"In a real event like this we would be relying on the expertise of several different response agencies, both at a local and national level," says Matt.

St John delivered the exercise in



real time through a desktop training simulation system, used for education and training in emergency and disaster management. More than 50 people participated in the three-hour exercise sharing their expertise, resources and knowledge.

"A simulated emergency can test and evaluate your incident command system, disaster preparedness, the effect on the medical management system and resilience within an organisation. In this particular exercise we looked to see how effective our current border health plans were for Taranaki to respond to such an event, and what role each agency would play," Matt explains.

So what was the outcome of the pandemic exercise? A berthed vessel at Port Taranaki under quarantine, two ill crew members transferred to Taranaki Base Hospital, one crew member escaping overboard who was

eventually detained by local Police, and a quarantine area for all other people thought to be infected by the illness.

Matt reveals, "All the drama unfolded fairly quickly, which is potentially what we could expect in a real event. One of the most valuable things we learnt from the exercise was around how communication is so important across multiple agencies."

"In a real event the priority would be for the PHU to work with other agencies to identify the illness. If it were of any threat to the health of our community we would be acting very quickly to inform the public and contain the situation.

At the very least this exercise has highlighted the need for each agency to be as well prepared as possible for a real life pandemic threat in Taranaki."



Fond Farewells

BILL GILKISON

Mr William (Bill) Gilkison retired from his role as general surgeon at Taranaki DHB in early February. He was first employed by Taranaki DHB on 21 April 1986 and has been a constant and stable presence in the Surgical Department, surgical wards and in operating theatres for over 31 years.

While his scheduled clinical duties will finish with his retirement, he is likely to be seen around the endoscopy suite scoping patients for a while yet. Famous for his approachable attitude, always knowing everybody's names, his whistling around the wards and bringing food in for colleagues when he was on call, it's clear that staff from throughout the DHB's services will miss his presence.



JANE BOCOCK

After nearly 50 years in nursing, Taranaki DHB Clinical Nurse Manager (NNU/ Ward 2B) Jane Bocock says it was hard to walk away from the work that has given her "great joy". Jane has worked at Taranaki Base Hospital's neonatal unit for 24 of her 50 years' nursing. "I've really enjoyed the privilege of being able to care for all these babies, getting to know the parents and helping them build the confidence to take their babies home. I just love it."

Throughout this time Jane has also been heavily involved with the Neonatal Nurses College of Aotearoa (NNCA). She was a member of the group that developed and published the knowledge and skills framework. She became treasurer and also helped with a successful bid for the NNCA to host the 2019 College of International Neonatal Nurses conference. She served on the committee for five years and was a made a life member of the NNCA last year.

Content from Kai Tiaki magazine

UMA RHODES

Uma Rhodes worked in the Maternity Department at Taranaki Base Hospital as a registered nurse for a total of 17 years. When staff were asked to give three words that best described Uma, there was a common theme – kind, generous, gentle, efficient, hardworking, and strong – all of which pay tribute to the fantastic care that she provided not only to patients, but to her colleagues as well.

While she is retiring from full-time work, we'll still get to see her lovely face as she remains as a casual employee.



Uma (pictured front, centre), with Taranaki Base Hospital Maternity staff members and community midwives who gathered to celebrate her 17 years spent working as a Maternity nurse with a special afternoon tea.

On behalf of all the staff who have worked alongside Bill, Jane and Uma in their time at Taranaki DHB, we thank them for their contribution and we wish them all a very happy retirement.

Whānau Hāpai uplifts families

by Bianca Ruakere

Iwi are working together to turn around the lives of Taranaki whānau with young children.

A new service called Whānau Hāpai sees Tui Ora, Ngāti Ruanui and Ngā Ruāhine collaborating so collectively they can make a difference.

The service started in 2017 and focuses on whānau in Taranaki with children aged between 0-5 years, particularly those with high and complex needs. It aims to build healthy, engaged whānau so pepi and tamariki have the best start in life.

To do that, three new staff called kai hāpai, support the whānau who often face barriers in accessing health and social services.

Project manager, Hinenui Wano-Bryant says, "The whānau have to be ready to opt in and make long-term changes. They are supported on their journey by the comprehensive pathway, which is a plan that sets out targets and milestones."

The kai hāpai, pictured, are Carmen O'Carroll (Tui Ora) Peter Hokopaura (Ngāti Ruanui) and Julie-Anne Barney-Katene (Ngā Ruāhine). And while they operate from separate sites in Taranaki,

the three come together regularly as a multi-disciplinary team.

There is a lot of learning involved because the roles are new, as are the forms, procedures and databases. But it is a joint regional service so collaboration and co-ordination are key. Long-term, all three organisations want to embed a whānau-centric, holistic way of working across their organisations. This means other staff will have a better understanding of how they can play a part in supporting and enabling whānau.

There is also work involved in helping external agencies and organisations understand what Whānau Hāpai is all about, and how they can make services more whānau-centric.

The Whānau Hāpai service is still in its early stages so what is important is the willingness of agencies to get onboard and be receptive to opening doors. It is phase one of a larger project.

Hinenui says, "It's about building relationships with external agencies such as Work and Income NZ (WINZ) and them understanding how they can make the system best work for whānau. Mobile services, office sharing, prioritising whānau appointments – it all plays a part in whānau moving forward and transforming their lives.



"For many people, services have been set up for the benefit of the services or providers rather than the people they were designed to help," she says.

Whānau Hāpai will not duplicate existing programmes already operating in the community such as those focused on parenting or budgeting – instead it will ensure it can better connect whānau to them.

For Carmen, Peter and Julie-Anne the service fits comfortably with previous jobs and roles. All have worked with families in different capacities – be it as a youth worker (Peter), kaiawhina or navigator (Carmen) or playgroup coordinator (Julie-Anne). All three are strongly connected to their communities, and talk about their passion for helping people, and for ensuring whānau have a healthy, successful future.

Walking the talk at work



Anna MacDonald (HR coordinator and Workplace Wellness Group coordinator) presents Dave with his 'Walking the talk at work' award.

Taranaki DHB's Workplace Wellness Group is always on the look-out for staff that incorporate activities and initiatives into their work day to help maintain health and wellbeing.

This month we spotted Dave Savage from Engineering/Maintenance a few times out running in the middle of the day. Upon further investigation we found out that he (at near retirement age) runs every day in his lunch break!

To keep things interesting he has a number of different circuits that he runs, and he says other staff are more than welcome to join him if they want to add in a bit of exercise to their day.

As a result Dave is the latest recipient of the Workplace Wellness Group's 'Walking the talk at work' award!

LET US KNOW ABOUT YOUR HEALTHY WORKPLACE ACTIVITIES

If you or someone you know is 'walking the talk' at work, we want to hear about it! Contact Anna MacDonald in HR to submit your nomination.

Previous recipients include the Health Promotion Team for their weekly shared winter soup, and Indu Sodhi and Wendy Walsh (A&R Rehab) for their lunch time walks and healthy snack initiatives in their office.



Let the vegetable growing begin!

WHANAU PAKARI

Reaping the benefits of home-grown food

Taranaki families are getting first-hand experience growing their own vegetables - and the health benefits that come with it - through the new and improved vegetable gardens at Sport Taranaki/Taranaki DHB's Whānau Pakari programme.

Growing fresh vegetables that the children can take home is just one of the many educational tools used in the programme to promote sustainable healthy living.

But the garden beds at Sport Taranaki weren't always in the best condition...

Due to some terrible weather and a number of other changes over the last half of 2017, the vegetable gardens were in a bad way. But thanks to support from local organic waste company **Return 2 Earth**, and some hard work from Sport Taranaki, Taranaki DHB and Whānau Pakari families, the garden beds were resurrected to their former glory with the best soil possible.

With the guidance from Whānau Pakari dietitian Niamh O'Sullivan, the kids on the programme got to plant a range of vegetables, some of which they had never tried, and the gardens are now a hive of growth, education and activity!

"The gardens are an important tool and a great opportunity for the families on the programme to learn how to plant their own vegetables, take care of them and eventually harvest and cook with them," says Niamh.

"The reaction from the families, especially the kids has been overwhelmingly positive. The kids are all fighting over who will get to dig up weeds, overturn the soil and have even made up a weed-pulling hula dance! They have been begging to get out to snack on the broccoli they've just grown which is such a huge turn-around. They've learnt and retained information on what vegetables need to thrive and will be taking cooking classes very soon to learn the skills needed to turn their garden fun into healthy kai," Niamh adds.

Thank you to Russell Howe from Return 2 Earth for supplying the gardens with some of his fantastic compost. You can give your own garden a boost with Return to Earth compost - check out the Return to Earth website and Facebook page for more information.

www.return2earth.co.nz



Sport Taranaki staff and Whānau Pakari participants get stuck in preparing the garden beds.



Excitement prevailed as the kids were able to harvest fresh vegetables from their gardens.



What is Whānau Pakari

The Whānau Pakari programme is a collaborative service run through Sport Taranaki and Taranaki DHB that supports children and their whānau wanting to overcome weight issues and make healthy lifestyle choices. Throughout the programme, whānau are educated and empowered to take control of their own lives, making healthy lifestyle changes that are sustainable once they have moved on from the service.

What kind of support does the programme offer?

- One-on-one family support and group sessions
- Physical fitness assessments and fun weekly activity sessions
- Cooking sessions and virtual supermarket tours
- Input from the programme dietitian, physical activity advisor, psychologist and healthy lifestyles coordinator
- Specialised adolescent-based workshops and activity sessions.

How to get into Whānau Pakari

Children/whānau can self-refer to the programme. Referrals are also accepted from general practitioners (GPs), practice nurses, paediatricians, public health nurses, kaiāwhina, Māori health workers, Whānau Ora navigators, other Māori health providers, B4 school check coordinators, dietitians, Well Child services and youth workers.

For more information about the programme or to sign up, visit www.sporttaranaki.org.nz (under the Active Health section).



New leadership for Kidsafe Taranaki Trust

A genuine passion for reducing unintentional injuries to children in Taranaki has led paediatrician, Dr Stephen Butler, to become the new chairperson of the Kidsafe Taranaki Trust.

The Trust was formed in 1994, with the goal of preventing unintentional injury to Taranaki children. The Trust designs, implements and evaluates projects and programmes centred around priority injury issues.

Dr Butler says his focus is on ensuring that Taranaki's hospitals don't become the 'ambulance at the bottom of the cliff' when it comes to children being admitted for accidental injuries.

"There is always a strong focus on treating children in hospital, but Kidsafe aims to prevent children needing to come into hospital in the first place, especially children under the age of five."

With six years experience as a trustee for Kidsafe, Dr Butler has done extensive research into the causes of injury and hospitalisation of children in Taranaki. "Falls make up for nearly half of all child admissions, but these are mostly predictable and preventable injuries."

Although there has been a significant decrease in child injury admission rates over the last 20 years across all age groups, Dr Butler highlights the importance of maintaining awareness and vigilance at all times. "Children grow so fast and their capabilities change, making them unpredictable in what they do. Child injuries are most common at home, in the playground, from falls, or transport."



Alisha Stone, Safe Community Programme Manager of New Plymouth Injury Safe.

New leadership is not the only change for Kidsafe. The trust will also have a new coordinator from New Plymouth Injury Safe (NPIS), Alisha Stone, who is excited to be supporting the work Kidsafe do.

Alisha says, "The trust fits with NPIS' priorities and is a great example of a local proactive group of people working to keep the community safe and healthy."

Taranaki DHB's Public Health Unit has always played a fundamental role in the trust and will still be involved at a strategic level, as well as providing Public Health nurses to work alongside NPDC's Let's Go programme, ACC, Plunket and Tui Ora.

Kidsafe will continue to implement injury prevention strategies for families with young children, including child falls prevention, the safety gate loan scheme and a new pilot car seat project coming soon.

Main factors involved in unintentional child injuries requiring hospitalisation:

0 - 4 year olds

Falls, mainly occurring in the home, especially falls from furniture.

5 - 9 year olds

Falls either at home or school, involving falls from playground equipment, especially jungle gyms and trampolines.

10 - 14 year olds

Falls are mainly related to skate boards, scooters and roller skates, which occur at home, at school or in sports and athletics settings.

Transport/road injuries become common in the 5-9 and 10-14 year old age groups and involve bicycles and motor bikes



Warm fuzzies

"My husband was recently admitted to Taranaki Base Hospital where he underwent major surgery. We would like to thank all of those that were involved in his care (and mine) during his stay at the hospital - the staff could not have been better and we are very grateful for the kindness and care we both received during a very difficult time. This includes not only the nurses and medical/surgical teams, but also the social worker, receptionists, admin staff, cleaners - all of whom couldn't have been more helpful. Thank you so, so much and Happy Christmas to you all."

- Claire & George Bryden

"Hats off to the staff of the Emergency Department and Ward 4B for caring for my 85 year old husband Mr Angelo over the weekend. I am in Dunedin and it was reassuring to know he was in good hands. He's flying home tonight (thanks to you)."

- Liz Rox

"I would like to take this opportunity to thank the staff at Taranaki Base Hospital, especially the ED, for caring for me when I had a cardiac arrest on Saturday 9/12 ... To all the people concerned, please accept this message as a personal thank you for your professionalism and dedication."

- John Ingle

"...it is difficult to find enough words of praise for all the staff, their kindness, compassion and caring at all times in the hospital wards and clinical procedures..."

- name withheld

"Your dietitians are awesome! They helped us a lot with our daughter - happy dietitian's day!"

- Abby Croad

"Can't speak highly enough of the treatment I received today in the day surgery department. The empathy and professionalism of the reception staff, the nurses, The anaesthetists and the surgeons was second to none. You guys are a credit!"

- John McFadgen

"Yesterday i had my gall bladder removed and from the time I walked into the hospital from the moment I left, I met the most awesome devoted team of nurses, surgeons and anaesthetists. I was welcomed and they were such nice people. After my surgery the nurses in PACU2 were the best nurses ever. Thank you to the lovely team I had; you guys are the best."

- Zena Marie

"The service at Taranaki Base Hospital is excellent having been in there for a few procedures. Staff and doctors were great again thank you for everything."

- Jackie Pomeroy

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