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Welcome to the second edition of Te Waka Hauora (the vehicle of health and wellbeing). It’s about sharing stories on what is happening in health in Tairāwhiti. Not just stories from the District Health Board but from all those working together for a healthier Tairāwhiti. Whaia te hauora i roto i kotahitanga.

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COVER STORY

Reducing Falls in Tairāwhiti

For older people or those with limited mobility a fall can have a major impact on their lives.

A new clinic at Gisborne Hospital is working with people who are at risk of falling. The aim is to understand what might cause them to fall and what can be done to avoid this.

Fifty years of lifting and moving people in her role as a nurse in Hawkes Bay hasn’t done Phenella Cust’s hips and knees any favours but nothing compares to the effects of a major fall in March.

“I guess I had some tissue damage. I would be walking along and then suddenly without warning my knee would just give way,” says Phenella. “I have had nine falls in the last 12 months. I live on my own and the falls were becoming quite frightening. Then I had a major fall and ended up in Gisborne hospital for five weeks.”

“It has really had an impact on my lifestyle. I feel so frustrated because I just can’t do all the things that I want to do. That was not the case before the fall. I used to be a wardrobe mistress for Centre Stage Theatre Group. I have only been back in Gisborne less than a year and I wanted to get involved in theatre costuming again. But after the fall I need to use a crutch to walk and I am knackered by the end of the day.”

“I attended the clinic with the hope that something can be done to help me get rid of this crutch and maybe build up my hip muscles.”

Each month the clinic brings together five clinicians who meet with people who have complex medical needs and are at risk of falling, says Physician Dr Inte Malik. “During the clinic people will have an ECG to check for fast, slow or irregular heart rates. They will then have a blood test to check for any underlying disease or abnormalities.”

First they meet with Falls Prevention Clinical Nurse Specialist Laura Pepere. Community-based Laura assesses each person in their own home before they attend the clinic. Next they meet with a pharmacist to look at the medications people are on, what affect they may be having and if any medications could be stopped to prevent falls.

A meeting with members of the physiotherapy team is vital to look at a person’s gait and balance and to see what can be done to make people more stable. The occupational therapist will discuss a person’s lifestyle to understand if there are any risks that can be managed or any equipment that could be used to make a home falls free. Lastly people meet with Physician Dr Malik.

“At each meeting the clinician completes an assessment of the person’s risk of falling,” says Dr Malik. “After the clinic all the clinicians meet to compare notes and make holistic recommendations for each person. We believe this approach will make a real difference to the number of injuries we see from falls. A bad fall can really change the course of a person’s life and take a long time to recover from. There is also the financial cost. Each broken hip costs the health system around $47,000.”

A fall has certainly had an effect on Raymond Biddle’s ability to do much around the home. Raymond uses a wheelchair at home and a walker when he is out and about. While negotiating the doorway at home he left the wings of his wheelchair down and ended up tipping backwards and falling on to the concrete. Painful broken ribs and four weeks in hospital were just some of the consequences of that incident.

“I always put the wings down now,” says Mr Biddle. “I have had another fall out of my chair since then. At least this time it was onto grass. The clinic was good to find out how I am progressing. The best result would be that I don’t fall again.”

There is a limit to how many people we can see in the clinic each month, says Dr Malik. “Referrals from GPs are managed through Laura Pepere who is based at Three Rivers Medical.”
Mahi a Atua approach gaining momentum

Mahi a Atua is an approach pioneered by Dr Diana Kopua and supported by her husband Mark Kopua. Mahi a Atua practices use pūrākau (stories) of our Māori atua (gods), says Mark. “Through the pūrākau we look at all the various characteristics of our atua and how they interacted with each other. It helps us all understand our own interactions and behaviours.”

To learn about and develop the Mahi a Atua ‘way of being,’ wananga have been held since February.

On Wednesday mornings from 8.30am, Te Wananga o Aotearoa in Childers Road is being inundated by people - doctors, artists, administrators, counselors - wanting to be part of the Mahi a Atua wananga.

The wananga are a learning space to strengthen participant’s understanding and responsibility to uphold Māori knowledge, says Diana. “The focus is on prioritising indigenous approaches, remaining active learners and embracing feedback. We are doing this to improve the outcomes of Māori who present with significant problems that impact negatively on health and other social problems.

“The original wananga started with 17 people. These 17 people are now referred to as Mataora, after our tipuna (ancestor) Mataora, who was a ‘change agent’ from our Tā Moko whakapapa (history). Mataora’s behaviours reflected the chaos of the world he lived in. He actively changed himself before instilling changes in his people and bringing about peace. It is the essence of what a modern Mataora should be – willing and wanting to make their own changes before engendering that in anyone else.”

Essentially Mahi a Atua a is a ‘way of being’ and not, as it’s sometimes confused with, a ‘model or framework’ of care, Mark adds. “For example a Māori therapist or nurse, with a very Māori way of being, cannot suddenly stop being Māori just to administer a therapy, or care that they’re trained in. So if you’re Māori in your belief and behaviour then Mahi a Atua reinforces that you stay that way, practice that way.”

GP Dr Jed Hocart-Saunders from Delatour Road Medical Centre is a Mataora who recently had an epiphany. “I realised none of us will ever be able to know everything about our atua Māori. Mahi-a Atua is about how we apply our knowledge to create change.”

“I can tell you that change is needed. We know that Māori suicide rates are two and half times that of non-Māori.

“Mātauranga (knowledge of things Māori) alone is not going to change that. It is about how we apply and disseminate knowledge that is going to make the change that is needed. There are already people who have this knowledge. Credence must be given to those with indigenous knowledge to ignite this journey of change. I can’t tell you how much change we are going to make but I can tell you that we are already making changes.” GP DR JED HOCART-SAUNDERS

Nepia Stewart from Te Whare o Te Rito (Child and Adolescent Mental Health Services) is also seeing change. “Doctors are recommending Mahi a Atua as a good fit for the young people we are working with. I feel that the work that we are all doing is having a huge effect out in the community. People are not only wanting to learn more but their referrals are requesting Mahi a Atua. Mahi a Atua is alive to me now. I am loving our wananga. It is like a reboot that allows us to synchronise as one so that we can continue on our journey to help, using Mahi a Atua.”
Sporty Roz Gathercole from England is a keen windsurfer and sailor, and she’s loving everything Gisborne and New Zealand has to offer.

“This country is beautiful, full of beautiful scenery. I love the mountain biking and the fact that everyone is welcoming and accommodating,” says the 30-year-old.

Roz came to Three Rivers Medical in February. She comes from Poole which is a stunning seaside town with a magnificent harbour offering water sports, ferries to St Malo in France, and a quayside area bustling with restaurants and shops.

Most of her family works in the health sector. Her dad is an Accident and Emergency Consultant, and her mum is a nurse and midwife.

Roz carried out her doctor training at Wessex School of General Practice in Hampshire. Doctors, who have done five years of study and two years of general rotation, can then do three years of general practice study. Students in Wessex have the chance to complete some of their general practice training in New Zealand – deep in the South Island or in sunny Gisborne.

IPE Students

The Tairāwhiti Interprofessional Education (IPE) Programme is an educational initiative where senior health professional students learn about the importance of working with other disciplines. It was set up by the University of Otago and Eastern Institute of Technology (EIT) in 2012.

Interprofessional education is when professionals from two or more health specialities work together to learn with, from and about each other. The IPE Programme provides a fantastic opportunity for students to work with other disciplines whilst improving their clinical experience. The programme also focuses on rural health care, chronic conditions management, and principles of Hauora Māori.

“IPE programmes are a fantastic opportunity for undergraduates to learn the importance of patient-centred, team-based care” commented Programme Leader, Dr Patrick McHugh “an interprofessional approach to healthcare has been shown to improve patient centred approaches and outcomes. By encouraging the students to think ‘interprofessionally’ at this stage in their education, we hope they will continue to work like this throughout their career.”

IPE programme Administrator Rose Schwass commented “Every year we welcome five intakes of students to the
programme. Each intake has around 16 students who will be with us for five weeks. Normally 12 of the students will be based at Hauora Tairāwhiti in Gisborne, and four to five will be based at Wairoa Hospital. The students are all in their final year of study across eight disciplines; dental, dietetics, medical, nursing, occupational therapy, pharmacy, physiotherapy and oral health. During the programme they work in their chosen field as well as working within the other seven areas. Rose continued “Our IPE programme is unique because it gives the students an opportunity to not only learn about their field of study, but also develop an understanding of how other disciplines work.”

In addition to learning about other health disciplines, a key learning outcome of the programme is culturally safe communications using the Hauora Māori principles. Whānau Ora Pakeke, Mark Kopua commented “We give the students a unique opportunity to learn about health care in a predominantly Māori community. Not only does this teach them about Māori tikanga; it also encourages students to appreciate that everyone’s culture is different, and it is important to be sensitive to an individual’s beliefs.”

It’s not all work and no play for the students. During their time in Tairāwhiti they get to see and experience lots of fun activities and excursions that only our district can offer. “We don’t believe in lecture style teaching” Programme Administrator Rose Schwass commented. “The students are here for practical, hands on education, not to sit around a whiteboard making notes. A recent ‘classroom’ lesson included a trip to Morere Hot Pools learning about Rongoā/healing tonics along the walkway tracks. We also involve the students in community activities such as Waka Ama and wheelchair basketball in Gisborne, high ropes in Wairoa. They stayed at Te Rawheoro marae in Tolaga Bay.”

Originally from Gisborne, Kathy Kupenga has previously worked as a paramedic; and is currently participating in the IPE programme as part of her nursing training. “I think this programme should be compulsory. Working in the DHB environment, I have been in many multi-disciplinary meetings where you only hear the surface stuff. Now that I have experienced the IPE programme I have a better understanding of what each department does. For example I now have an understanding of dietetics; I know why the patient is on a high / low calorie diet and can support them to stick to it” Kathy continued “it’s not just about learning what other departments do, but understanding why they do it and how I can support them in my role as a nurse.”
Kicking rheumatic fever for touch

Rheumatic fever is a preventable disease that people in Tairāwhiti should not have to worry about any more.

But for the people who have been hospitalised with rheumatic fever that worry is very real. To avoid damage to their heart they need bicillin injections every month for the next ten years or until they are 21 years old, (whichever is the longest). Currently there are 41 children and young people in the Tairāwhiti district who receive monthly bicillin injections.

Since 2010 Tairāwhiti has been part of a targeted programme to prevent rheumatic fever. “Historically we have had some of the highest rates in the country, says Portfolio Manager Sharon Pihema. It is a disease that affects predominantly vulnerable Māori and Pacific children and young people.”

“It starts with a sore throat that can easily be ignored and it likes cold, damp and overcrowded homes.”

Ngāti Porou Hauora, Tūranga Health and Hauora Tairāwhiti have worked together to target all the risk factors. “We are now seeing really good results. In the last year only two people were hospitalised with rheumatic fever. There is a definite trend downwards.”

While there have been national campaigns telling people that sore throats hurt hearts there has also been a lot of activity at local level. “In 2010 we started out with a school-based free throat swabbing service (including treatment with antibiotics). It was delivered by the public health nurses in all low decile schools and clinics on the Coast. Now all General Practices offer no appointment, free throat swabbing and antibiotics if required. And the messages are getting through. Nearly 500 4–19 year-olds have their throat swabbed and receive antibiotics every month during the peak winter season”.

Margaret Green has six children – five girls and a boy - between the ages of two and ten years old in her household. “Every time one of them gets a sore throat I bring them straight down to Puhi Kaiti to get it checked out. It’s a good thing I have because this is the second time this year Aaliyah has needed antibiotics for strep throat.”

Over the last couple of years staff have been appointed to target our efforts, Sharon adds. “Based at Tūranga Health they are working with General Practices to ensure referral pathways are working, with children and their whānau to ensure antibiotic medication is completed and with communities to raise awareness. More recently a kaiāwhina has been appointed to support whānau in Gisborne and on the Coast to enable them to be healthier. “Getting children who are diagnosed with strep throat to take their antibiotics for the full 10 days has been an ongoing challenge, says Sharon. “This month ‘Super Kid’ sticker charts have been delivered to all General Practices. Every child that gets a prescription for antibiotics will receive the chart. Each day that they take the antibiotic they can put a sticker on the chart.”

The latest initiative focuses on getting Rheumatic Fever prevention messages out to hard-to-reach communities through the Māori Community Innovation Fund. A one off fund ($100,000) from the Ministry of Health will support six community-led projects across the district before the end of the year.
Working in health we know that a new pill or procedure is not going to make the scale of long-term improvements in health that Tairāwhiti people desperately need. Apart from health service interventions, good health is strongly determined by social factors such as education, housing and income.

This is why the launch of Manaaki Tairāwhiti on Thursday 29 September was so vital to all our health organisations. Manaaki Tairāwhiti brings together local iwi and social sector leaders into a single governance group. It is being supported by the Ministry of Social Development with funding of $376,000. The group is jointly chaired by Te Runanga o Turanganui a Kiwa (TROTAK) Chief Executive Ronald Nepe and Te Runanganui o Ngāti Porou (TRoNP) Chief Executive Herewini Te Koha. It is one of only three such groups being trialed in New Zealand with the others in Northland and Counties Manukau.

The aim is better co-ordination of services for at-risk families. The forum means that leaders can look more holistically at family/whānau social vulnerability.

Hauora Tairāwhiti was launched 14 months ago with a new kaupapa for ‘a healthier Tairāwhiti by working together’, says Chief Executive Jim Green. “Together means within Hauora Tairāwhiti, across health organisations and across social sectors.”

“We do all work together now, there is, as Minister Anne Tolley said at the launch a confused patchwork of governance responsibilities for local social services. Manaaki Tairāwhiti means we will grow our understanding of how to best meet the social needs of whānau and how social services work together.”

“It should also mean less hui more do- ee. Local leaders can attend 30 meetings a month often with the same people present. Manaaki Tairāwhiti meetings will now replace many of those.”

Minister Tolley said Wellington doesn’t have all the answers. “Leaders in this community have been saying we are getting it wrong. Let’s create an environment that allows these successful solutions to emerge. I know the value of local collaboration and I have complete confidence Tairāwhiti will make a success of this.”

“We have many children in our communities who are being badly damaged by what is happening or not happening in their household, Te Runanganui o Ngāti Porou Chair Selwyn Parata said. “It is beyond the capacity of some parents to make changes but it is not beyond the ability of the wider whānau to support and assist.”

“Manaaki Tairāwhiti will increase our ability as a region to look more holistically and offer more comprehensive and effective services for whānau. I have high expectations; we all have high expectations of Manaaki Tairāwhiti.”

“Māori children and families need this to succeed more than any other region. We are pleased and confident that while starting with small steps, the steps will get larger and larger.”
Welcome on Board

The recent local elections have added some new faces to the Hauora Tairāwhiti Board. The seven newly elected members will be joined by up to four more board members chosen by the Minister of Health.

The Minister will select further members to ensure our community is fairly represented by people from all walks of life. Once the final line up is confirmed, the Minister will also appoint a Chairperson and Deputy Chairperson.

The new board will begin their service from December 2016.

Rehette Stoltz
Rehette has previously served on the Hauora Tairāwhiti board, as well as local council. Quote from candidates profile – “Improving our community health through representation on the Health Board is a natural extension of my passion and interest in developing a healthier, more prosperous local society.”

Brian Wilson
Brian has worked in the local health sector for many years as a Pharmacist in Tairāwhiti. Quote from candidates profile – “I enthusiastically support the new direction of health delivery in this region of collaboration with non-health providers, treating the patient as central to action and a more holistic view.”

Kathy Sheldrake
Kathy is returning for her third term as an elected member of the Hauora Tairāwhiti board. Quote from candidates profile – “My thinking has not changed in the last 3 years in regards to our goals within the hospital and what we are endeavoring to achieve.”

Meredith Akuhata-Brown
Meredith is a local member of council who is very passionate about the health outcomes of our community. Quote from candidates profile – “I am very passionate about working to achieve better health outcomes for every resident in our community, I have a special interest in working on a youth health strategy that sees some of our challenging statistics around mental and sexual health impacted in a real positive way.”

Joshi Wharehinga
Josh is new to the board, Josh has worked previously within our community in the social work space. Quote from candidates profile – “My priority has and always will be community engagement and involvement. My health board priorities are fiscal responsibility that doesn’t compromise care, promoting a governance atmosphere that encourages innovative health practices and demands quality delivery of our health services and infrastructure.”

Hiki Pihima
Hiki is a current staff member at Gisborne Hospital, with over 9 years experience in governance roles. Quote from candidates profile – “I have worked in health for 40 years. I know the health issues of many of our communities. Poor accessibility to health services is a huge barrier. It makes it especially difficult to achieve good health, therefore worsening existing inequities.”

Prue Younger
Prue has previous experience in local governance, she currently serves on various local boards in Tairāwhiti. Quote from candidates profile – “I understand the importance of ensuring that delivery of health services is the most effective it can be given tight financial constraints. Maximising this opportunity in Tairāwhiti will mean collaborating and integrating with other community service providers to improve prevention, quality of care and accessibility for services.”
Nobody wants to go to hospital if they don’t have to. Primary Options is an initiative where people can get extended care from their GP or general practice team. Primary Options services were introduced in Tairāwhiti in late 2013. All general practices in Tairāwhiti are using it to provide additional services for their enrolled patients in some capacity.

The first programme of Primary Options services commenced in late 2013 and focused on acute or urgent situations where a person would usually have needed to go to the Gisborne Hospital Emergency Department. This includes examples such as a person who has an infection in their skin and needs intravenous antibiotics daily for a short period of time. The antibiotics and monitoring can now be provided within the general practice at no extra cost to the patient. The general practice is funded for the additional service through Primary Options.

Since 2013 the Primary Options programme has expanded to include a suite of services targeted at reconnecting people with mental health problems back with their general practice to ensure their physical health needs are met as well.

Now, in 2016, there is an additional programme of development work underway which is focusing on the potential for extended non-urgent services in general practices. This is ideal for people with complex health needs that currently requires a visit to Gisborne Hospital.

Primary Options has been an effective way to carry out one of Hauora Tairāwhiti’s key priorities – bringing care closer to home, says Primary Care Portfolio Manager Matt Tong. “The key outcome is for people having their additional health needs met in their normal health care setting, and avoiding a visit to hospital.

Well-attended consultation sessions support developing these three developments for Primary Options. However there is still some detail to be worked out. Specific pathways, clinical criteria, comprehensive guidelines and templates are being worked on. Most of these services will be new for General Practices. Hospital-based Clinical Nurse Specialists and Infection Control will support the implementation of these services by spending time in general practice to offer training and support.

The next stage of Primary Options is likely to be rolled out before the end of the year.
50 years of dental care on the Coast

Glenys Higgs spent 50 years caring for generations of young peoples teeth. For the last 44 years she has worked in schools on the East Coast.

Taking on new challenges, being adaptable and a love of the children she cared for kept the sprightly Glenys dedicated. “I have seen many changes but the children are just as lovely, says Glenys. “Kids are special on the Coast. They are not so street wise. What you see is what you get. They give you a hug and a kiss and make a fuss if they see me up the street. That’s what I am missing the most.”

After graduating from Wellington Dental Training School in 1961, Glenys worked at Awapuni and Riverdale Schools and then worked at Tolaga Bay School Dental Clinic, beginning what was to be a long association with Tolaga Bay School and its community. Most schools had their own clinic then, says Glenys. “We also worked at Whangara School (from a caravan) and Tokomaru School.”

After that the adventurous Glenys went on her OE, not a common thing for a young woman in the 1960’s. On her return she married Tolaga Bay farmer Mr Harry Higgs and had three children. When her youngest went to school in 1972 Glenys returned to her profession and has worked on the Coast ever since. And what a lot Glenys has achieved in that time.

Glenys was a founding member on the National Executive of the Māori Dental Association Te Aō Marama. She was also Public Service Association delegate for many years and represented Tairawhiti Dental Therapists as an Executive member of their National Association. She completed six papers in Māori Tikanga and Te Reo with Waikato University. Glenys also completed a Post Graduate Diploma in 1990.

In 1999 Glenys helped set up the mobile dental service on the East Coast. “When I started there were four Dental Therapists working on the Coast, in 1990 there were three. With the mobile clinic I became the sole Dental Therapist on the Coast and I had one assistant; Harriet Rogers. Harriet was my assistant until I retired. The clinic opened up my whole world. We covered Tolaga Bay to Potaka; 18 schools plus preschools and kōhanga. In some cases we had to drive over paddocks to find a connection to the electrical supply. This was a worry when the grass was soft! We became very resilient and good problem solvers.”

At her retirement function earlier this year there was a large turnout including a group from Mangatuna School led by Teaomihia Pewhairangi. There were also thanks from Ngāti Porou Hauora’s Mere Waerehu. “You have treated so many of our children and their parents and their grandparents you are part of the whānau. When we ask ‘Have you seen the dental therapist’, the kids reply ‘oh you mean Nanny Harriet and Nanny Glenys’.”

Others spoke of Gleny’s leadership, resilience and ability to do whatever it is that needs doing. Gleny’s loyalty is without peer, said Dentist David Edgar. “You always put the children first, never yourself. You have an amazing ability to adapt and make the most of all the changes.”

In 1980 Ruth Nepia and I produced a book in te reo about visiting the dental clinic, says Glenys. It was a large format book that was used for many years in Kōhanga Reo. It was illustrated by Tolaga Bay Art Teacher Ami Kindler.

Children from Tolaga Bay School get some experience helping in the dental clinic.
In New Zealand, if you don’t have type 2 diabetes, chances are you know someone that does. Around 260,000 Kiwis have the disease, and every day 50 more are diagnosed. Worryingly, the diagnosis is happening younger and younger.

Dr Brandon Orr-Walker is an Endocrinologist and Diabetes Specialist currently based at Counties Manukau DHB. Recently, Dr Orr-Walker delivered a series of presentations to Tairāwhiti health care providers about diabetes and why we should be treating the disease earlier.

There are lots of lifestyle factors which can lead to a person developing diabetes such as diet and activity levels. “Obesity is a preventable cause of diabetes” commented Dr Orr-Walker.

Dr Orr-Walker’s is on a mission to prevent diabetes by educating people about their lifestyle choices; and encouraging health care providers to help people manage the condition effectively at every stage, not just when complications arise. “These aren’t people who have made a choice to be overweight. They haven’t made a choice to eat bad quality foods; it is what they have been brought up on, it’s what they can afford, it’s the only diet they know. By educating people to recognise their risk of diabetes and treating them sooner clinicians can help people manage their condition more effectively.”

“We have to think what does it mean to be a Māori and have diabetes? What are the challenges to controlling it? Managing diabetes well in the first decade pays long term dividends. We can’t say ‘you’ve got early diabetes young, we’ll intervene when the complications start’, we have to act now to prevent strain on the health system when complications develop in 10 years’ time.”

There isn’t a one size fits all approach to treating type 2 diabetes. People react differently to treatment and their condition will progress at different paces. Dr Orr-Walker said “We have to remember that this disease changes over time, and complications will get progressively worse over time. No one treatment is permanent; if we can manage someone’s diabetes in 2016, chances are the same treatment won’t work in 2018. This isn’t a failure on our part it is the nature of the condition.”

Dr Orr-Walker is quick to point out that everyone has a part to play in the solution. “1 in 5 people in hospital have diabetes. This is not just a primary care issue; we all have to take ownership of it.”

“At every step of the way, with every treatment we use, we must ask ourselves ‘is this slowing the progression of the disease?’ if the answer is ‘no’ then we must learn from our mistakes and find another treatment. If we are truly advocating for the patient, we should not be “religious” about what we think is the right approach. We have to be practical and agnostic and look at what is best.”

For more information about type 2 diabetes, visit www.diabetes.org.nz.
Clinical leadership improves endoscopy service

In 2014 Gisborne Hospital opened a new endoscopy suite which had a huge impact on the hospital-based service. Since then, hospital staff have carried out an increasing number of colonoscopies and gastroscopies in a dedicated stand-alone facility.

Improvements to the endoscopy service are having a big impact on our ability to diagnose and treat bowel cancer in Tairāwhiti and has freed up the use of theatres to accommodate more surgery.

According to Bowel Cancer Aotearoa, bowel cancer is New Zealand’s most common cancer. If diagnosed and treated early, up to 75% of bowel cancer cases can be cured. An endoscopy procedure (colonoscopy) is a vital diagnosis tool when bowel cancer is suspected. Most people who have noticed a change in their bowel habits or blood mixed with the bowel motion will visit their GP and obtain a referral for the procedure. Thanks to some carefully planned improvements to our endoscopy service, Hauora Tairāwhiti is able to carry out more procedures and in a timelier manner and thereby diagnose bowel cancer earlier. The service improvements also benefit patients with a number of other gastrointestinal conditions.

Up until 2014 all endoscopies were carried out in an operating theatre with an anaesthetist present. Relocating procedures to the endoscopy suite was a change led under the clinical leadership of Hauora Tairāwhiti staff.

Clinical Care Manager of Surgical Services, Lynsey Bartlett commented “clinical leadership helps us understand the best experience for our patients. It is important to have clinical input when changing the way we operate in order to improve patient care and safety.”

With the opening of the new endoscopy suite, patients no longer need to go through the “theatre process”. Instead their pathway is much more streamlined and they are now sedated by highly trained nurses under the guidance of the Endoscopist. “Carrying out the procedure away from the operating theatres reduces patient anxiety. Since the improvements, they now recover in the Day of Surgery Unit” commented pre and post-operative Clinical Nurse Coordinator, Sue Egan-Cunningham.

Mr Peter Stiven, General Surgeon, was a key figure in the clinical leadership project that moved endoscopy out of the operating theatre and into the new suite. He commented “the new endoscopy suite is a key facility in the fight against bowel cancer, as well an important tool to identify and treat numerous other health issues. We hope to expand our service to meet an increasing demand which is likely as a result of increased community awareness of this important issue. We hope to significantly increase early bowel cancer diagnosis so we can begin treating people faster and get better outcomes. We are mindful of the up-coming national bowel cancer screening project and aim to be ready to provide this service when our turn comes in 2018. Our goal is to provide a world class service to the people of Tairāwhiti.”

An endoscopy is a procedure where a flexible scope with a specialised camera is used to look at the digestive system.

Prime Minister John Key visited the endoscopy suite at Gisborne Hospital in September and spoke about the need for bowel screening in Tairāwhiti with surgeon Mr Peter Stiven and theatre staff.
Mother of two, grandmother of five Karen Semmens has spent most of her adult life working in health. In late 2015 Karen found herself on the opposite side of the system when she was diagnosed with ovarian cancer. And so began Karen’s journey through health care; nurses, specialists, doctors, surgeons, scans, departments and hospitals.

Like many who receive a cancer diagnosis, Karen’s journey began with her GP, who told Karen there was a mass in her right ovary. Following a MRI and CT scan at Gisborne Hospital, Karen found herself having surgery in Auckland to remove the mass, and identify the type of cancer they were dealing with. Following surgery, Karen came back to her home in Gisborne. “The phone rang at 9am the next morning. It was the district nurses. They were calling to see if they could offer any assistance. To know that I had local support was just so comforting.”

Following surgery, Karen began chemotherapy. Although chemotherapy is administered at Gisborne Hospital, the cocktail of medication is prescribed by a team based in Waikato.

Karen was assigned to Dr Michael Jameson, an Oncologist based in Hamilton. After meeting Michael, Karen knew she was in good hands; “if laughter is the best medicine, Michael was a big piece of my puzzle. He had so much humour; it made talking about even the most sensitive subjects easy.” Son John recalls the first time he met Michael, “He made the scary subject of cancer and treatment light-hearted and easy to discuss.”

In January 2016 Karen began chemotherapy at Gisborne Hospital. “The girls in the Medical Day Unit are outstanding. You can’t fault their professionalism. However, it’s their humour and kindness that made the difference.” During her chemotherapy, Karen would have a blood test and receive treatment once a week. “I spent so much time with the nurses, they became like a second family to me, and we would often be in fits of laughter. I would look forward to my treatment days; it was so friendly and took all the doom and gloom away from the situation.”

Despite a few bumps in the road, which saw Karen visit the ED department a couple of times and receiving a blood transfusion, her journey through health was smooth. “My story is a positive one; I don’t have a bad word to say about the care I received. I want people to understand that although this journey is terrifying and upsetting at times, it’s not all doom and gloom, there will be plenty of laughter and fun with the people you meet along the way.”

Karen’s journey has included three hospitals, 12 hospital departments, two community support services, one primary care provider and countless staff and volunteers; who worked together to make Karen’s experience a positive one. “From the Gisborne Hospital chaplaincy to the surgical team in Auckland, everyone I met was so kind and so friendly. We were never overwhelmed as the care was so well organised. My family and I have nothing but praise and the sincerest gratitude to them all.”

Karen finished chemotherapy mid-May 2016 and was given the all clear on 26 May. Karen currently attends regular follow up appointments with her medical team, as well as receiving ongoing support from her family and her “fantastic” GP Fergus at Three Rivers who has stayed informed and engaged with Karen’s progress throughout.

As for the future? “Onwards and upwards!” Karen says, “After a brief detour, our life journey can continue now.”

Thank you to Karen and her family for sharing their story.
All Tairāwhiti children deserve the best start

Whānau facing social obstacles need all the help they can get to give their children the best start in life. If you are working with these whānau you need to take a ‘whatever it takes’ approach to providing support. An initiative launched 18 months ago - E Tipu e Rea - helps you to do this.

We all know that poverty and social deprivation have a strong link to poor health in babies and children. Now, if you have concerns that a woman and or a child has wider needs beyond that which health services can immediately address, refer the woman and her child to the E Tipu E Rea service through.

Referrals can be made by lead maternity carers, GPs, primary care nurses, Plunket, Tamariki Ora Nurses, hospital clinicians and hospital nurses. Once a referral has been received, it is passed on to the most appropriate service offered by either Ngāti Porou Hauora, Tūranga Health, or Te Aitanga a Hauiti Hauora.

E Tipu e Rea is to be used to overcome obstacles that may be standing in the way of children enjoying a safe and healthy start in life. It has been used for short-term or one-off issues including child care, transport assistance, heating assistance, clothing and car seats.

Here are just some of the people E Tipu e Rea has helped:

Sally and her partner Harry were worried
Sally and Harry (not real names) were a young couple that were worried that once their baby arrived they would not be able to keep it. Sally had already had her last child taken into care by CYFS.

There were issues with family violence, drugs and alcohol. Sally and Harry didn’t have anywhere suitable to live.

Through E Tipu E Rea Sally connected with a midwife and suitable accommodation was found. Assistance with transport was given so antenatal classes and Wahakura workshops could be attended. At the workshops Sally learned to weave a safe sleeping pod for her baby and got parenting advice. Once baby came the Māma and Pēpi service kept a close eye on Harry and Sally. They were both willing to sort out their issues and proved to be loving parents. Sally has since been reunited with her older son; she could not be happier.

Sisters Leana and Faith are young, single mums
Faith is mum to Kerry-Anne who has had numerous hospital admissions because of bronchiolitis. Bronchiolitis is a scary chest condition that causes breathing problems in babies. “It was stressful and I had no sleep,” remembers Faith from those difficult days.

Tūranga Health’s Tamariki Ora service helped Faith through the hard times. Not only were Faith and her daughter transported to hospital and doctor appointments when they needed, they were supported into a more appropriate home with help from Tūranga Health’s Healthy Homes kaiāwhina Memory Taylor.

Older sister Leana has two children Amos and baby Manawa. When she got unwell with toothache and her breast milk declined, help was given to see a dentist and support Leana so breastfeeding could continue. Leana is also getting help to quit smoking.

Both sisters attend Tūranga Health’s class especially for mums. Known as Mums ‘n’ Bubs Tū Pakari, the Wednesday class is a chance for mums to build up a sweat, release some endorphins and do something good for their body. Their babies are cared for in the gym so they can still see their mum.
WE NEED NEW DONORS
WILL YOU LEND AN ARM?

Tuesday 29 November - 7.30am till 2pm
Wednesday 30 November - 7.30am till 2pm
Thursday 1 December – 7.30am till 12 noon

Gisborne Cosmopolitan Club, 190 Derby Street
Telephone 0800 448 325 or visit www.nzblood.co.nz to make an appointment.
Please remember your Donor Card or Photo ID

You may be able to donate blood if you:
- Are a new donor aged 16-65 & up to 71st birthday for regular donors.
- Weigh at least 50kg
- Are in good health and are completely well after having a cough, cold or flu.
- Have waited 6 months after tattooing or body piercing.
- Have waited 24 hours following minor dental treatment or 1 month following major dental work.

You cannot donate blood if you:
- Spent more than a total of 6 months in the United Kingdom, France or the Republic of Ireland between 1980 and 1995 or received a blood transfusion in ANY of these countries since 1980.

SHUTTLE SERVICE AVAILABLE – will pick up 3 or more people at a time and drop off.
Contact Sue Nix 0275 402 933 or 07 8399 632

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