

From the Chairperson

Sally Webb Chair Bay of Plenty District Health Board



We are in the final process of agreeing our 2012/2013-year Annual Plan with the Ministry of Health for presentation to the Minister of Health for his approval.

Many of you will have heard comments already that the budget is going to be tight this year and that there will be a drive for greater efficiency in the health sector. While this is definitely true, we will as always be striving to allocate our resources more effectively.

I would like to take a minute to reflect on where New Zealand sits in relation to the

many other countries around the world. Internationally with the Global Economic Crises many health services are under extreme pressure with job losses, salary cuts and major reform programmes.

Over the past year the majority of staff groups have received some salary increase and the DHB's focus continues to be on improving the patient journey and how we can provide a better health service for those who need it the most.

Here in the Bay of Plenty we are fortunate to have many initiatives such as the Productive Ward series in Whakatane and Tauranga hospitals. This initiative is aimed at ensuring wards, operating theatres and other depart-

ments are run as efficiently as possible so staff can give more time to patient care.

The progress Health Providers have made in the Health Targets is significant with Bay of Plenty now either in the middle or near the top for most of the targets. This means more children immunised against a range of preventable diseases, more elective surgery completed at both hospitals, shorter waits for cancer treatment, more people assisted to stop smoking and shorter waiting times at the Emergency Department.

Of course none of this would be possible without the dedication and hard work of the staff. We recently had the pleasure of celebrating with those who have worked with us more

than 10 years. It is a humbling occasion to individually thank well over a hundred staff that have been providing service to the public of the Bay for 10, 20, 30 and some of them for 40 years or more. It is a part of my role as Chair that I really cherish, to be able to take the time to say thank you for the dedication and commitment they give continually.

I know there are staff in other health providers across the Bay who have also spent many years providing support and care. I would like to take this opportunity thank all of them for their commitment to improving the health of all of us who are fortunate to live in the Bay of Plenty.

Arohanui

From the CEO

It is often the case that we measure our health services by the physical facilities we can see in our community; be it the hospital, the community health centres, the GPs practices or the laboratory collection rooms.

In reality, this is just the tip of the iceberg. The real power of the health service is its people; how they work together, how they display their professionalism, how they use their skills and knowledge in performing their duties, and how they maintain high levels of quality care through continuing learning.

Over the last two weeks, I have been privileged to be able to recognise those members of staff who have achieved 10 years or more service in our DHB, and to do so in the presence of their families and whanau.

These celebrations reminded me that the real centre of power of the health system is our people, and we will continue to invest in both them and the places they work.



Phil Cammish CEO Bay of Plenty District Health Board

We also want to be sure that as our staff go about their duties, they have a clear understanding of what the core values of our organisation are. Over the next few weeks, we will be introducing four values - four values which are significant and describe how we will behave. These values are Compassion, Attitude, Responsiveness and Excellence - CARE.

I think these are exciting values to have, and I am sure will lead the staff of the Bay of Plenty DHB in delivering even better care for our communities.

Calming approach to mental health

Clients in Mental Health Units in the Bay of Plenty are being introduced to a new concept called Sensory Modulation.

Staff Nurse Jan Freemantle says Sensory Modulation creates an environment where clients can calm themselves and reduce anxiety and stress.

"The client becomes empowered by a nurturing person-centered environment

where they can to choose which sensory tools suit their needs; whether it's using touch, sound, smell, taste or movement," says Jan.

"There is an MP3 player with guided relaxation, a massage chair, projector for slide shows, a foot spa, aromatherapy oils and a stereo," says Jan.

The Sensory Modulation tools give clients a safe environment to self sooth and strategies they can transfer to their home environment.

The Tauranga Mental Health Unit Sensory Modulation room is up and running. The Whakatane Mental Health Unit will open a Sensory Modulation room by the end of June.



BoPDHB Annual Plan

Every year the Bay of Plenty District Health Board prepares an Annual Plan which sets out the health outcomes we hope to achieve for the people of the Bay of Plenty and how we are going to do it.

For the 2012/13 year we will be preparing a condensed version of the plan. After the draft of the plan has been reviewed and approved by the Minister/Ministry of Health, it will be tabled in Parliament.

We expect a copy to be available early July on our website: www.bopdhb.govt.nz/News&Publications/Plans&Reports.

Specialist nursing care benefits patients



For heart patient Mr Jack-Kino, having Cardiac Nurse Practitioner Wendy Bryson by his side to monitor his condition and prescribe treatment is proving invaluable.

"We need more people like Wendy," he says. "Since Wendy's been helping me I feel more in control and can do things I couldn't do before like getting out in the garden again."

A Nurse Practitioner, like Wendy, is a Registered Nurse with a minimum of five years experience at an advanced level within a specific

Robert Jack-Kino has a check up with his 'specialist' Cardiac Nurse Practitioner Wendy Bryson. It's been 10 years since the first Nurse Practitioner was appointed in New Zealand and there are now just over 100 across the country.

area, such as heart disease.

Wendy explains that Mr Jack-Kino suffers from heart failure which means his heart muscle is unable to pump effectively resulting in fluid accumulating in his lungs.

"This is often a chronic condition requiring long term medications, monitoring and healthy lifestyle choices," she says. "He also has a pacemaker and defibrillator implanted to assist his heart muscle to pump more effectively."

"Wendy is my specialist," says Mr Jack-Kino. "When people ask where I'm going, I say I'm going to see my specialist."

Wendy says being a Nurse Practitioner provides the opportunity to look beyond the patient's

diagnosis and deal with the implications, associated barriers/opportunities and challenges they face in coping with cardiac-related issues.

"Working closely with the patient we can address the issues they are concerned about, and then set goals to improve their symptoms and quality of life," she says. "I am able to help Mr Jack-Kino to stay well and out of hospital by monitoring his symptoms including shortness of breath, dizzy episodes, exercise limitations and any increase in weight. This enables Mr Jack-Kino to remain at home enjoying time in his garden and with whanau."

Wendy says the role is as challenging as it is rewarding and every day brings a unique opportunity to make a difference.

Penny's story – one woman's battle against the bottle

I didn't even think that I had a problem at first. When you have an addiction you're paranoid all the time, trying to fool people you have everything under control.

I started out drinking a bottle of wine each night while I was cooking dinner, and from there it just went up and up.

My work life revolved around perfume sprays and mints, making sure I was on-to-it when my supervisor was around and masking the smell of alcohol from the night before. I wasn't being the mother that I wanted to be. I spent each night in a cycle of coming home from work, feeding and bathing my daughter and then rushing her off to bed so that I could start drinking.

Each day was the same – work, drink, drama. My husband left me when I was arrested on the street for being drunk and disorderly. I had no self esteem, and couldn't make rational decisions about anything. Life got ugly, and I got ugly.

Finally, a friend of mine who had battled a drug addiction suggested that I call the Bay of Plenty District Health Board's Addiction Service. When I first called them I was really nervous. I got an appointment within two

weeks, which was faster than any of the other places I tried to get help from. At that stage I was drinking two bottles of wine every night and I wanted help desperately.

My first appointment was nerve-wracking. I felt so vulnerable. I'd made that huge step of walking through the door in the first place, and I knew these people were going to help me. But I still had questions running through my mind. What are they going to do? What are they going to say?

The first meeting was very matter-of-fact and clinical. I talked with a counsellor about what was happening in my life. They checked my blood pressure, heart rate and weight and spoke to me honestly about my drinking and what it was doing to me.

I learned that a woman should not exceed two standard drinks per drinking occasion and should always have at least two alcohol free days per week. A binge session was considered to be four standard drinks in a session and I was drinking roughly 142 glasses a week. My body was so sick that if I stopped drinking, going cold turkey, I could have a heart attack. I was booked into a detox programme.

By the time I came out of it I had the skills to manage my addiction, but I was in an

extremely vulnerable state. I didn't want to see anybody at all. It took me a long time to even be able to visit the supermarket. I hated seeing all the bottles of wine there.

About six months after my first detox programme, I had a slip up and had to do it all over again. I made the mistake of thinking that I could 'drink differently this time'. It started with having just the one drink, but quickly spiralled into having a whole bottle.

I called the DHB Addiction Service again. This time they put me through a detox programme

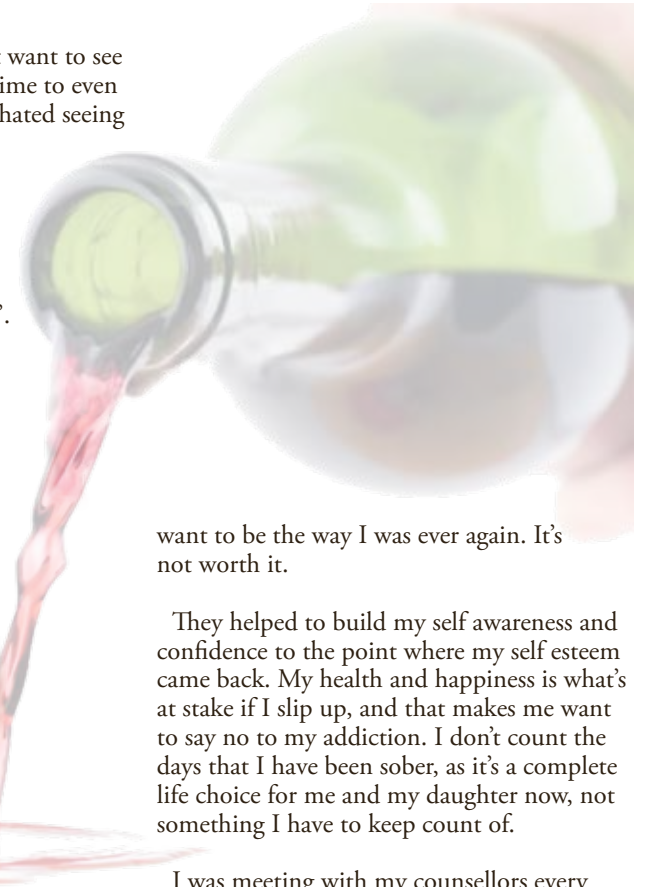
Each day was
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in my own home. I had the support of a nurse and a counsellor who visited me twice daily. It worked really well for me. I have been sober ever since. I don't ever

want to be the way I was ever again. It's not worth it.

They helped to build my self awareness and confidence to the point where my self esteem came back. My health and happiness is what's at stake if I slip up, and that makes me want to say no to my addiction. I don't count the days that I have been sober, as it's a complete life choice for me and my daughter now, not something I have to keep count of.

I was meeting with my counsellors every two weeks, but not now, as I'm doing so well. They've given me the skills to better my own life, but they're just a phone call away, if I need them.



The Bay of Plenty Addiction Service

Different name – same quality service

The organisation formerly known as Community Alcohol and Drug Service (CADS) has officially changed its name to the Bay of Plenty Addiction Service.

“Our new name reflects the fact that we are a specialist (secondary) service working with people who have moderate to severe alcohol and other drug problems,” says Clinical Team Leader of The Addiction Service Anne Gosling. “We are a regional service working across the whole Bay of Plenty, from Waihi Beach to Te Kaha and as far inland as Ruatahuna.”

The Bay of Plenty District Health Board's Addiction Service is a team of health professionals who offer a specialist alcohol and drug service to adults 18 years and older. Their aim is to reduce harm caused by alcohol and drug use to individuals and the wider community.

They offer a range of free services, including advice and assessment, counselling, detox services and group work.

“People come to us for a number of reasons,” says Anne. “They may have been referred to us to undertake alcohol or other drug counselling, to consider detoxification treatment or to receive Opioid Substitution (Methadone) Treatment.”

Anyone that needs help or knows of somebody that needs help is welcome to contact the service to get assistance. You can either contact them directly yourself, or be referred by your GP, hospital or wider community.



Addiction Service Clinician Sally Whitelaw meets with a client.

“We offer high quality care and treatment in a respectful and confidential environment. We involve our patients directly in decisions about their treatment and care.”

Bay of Plenty Addiction Service is open during normal business hours - Monday to Friday 8.30am to 4.30pm. For more information phone 07 579 8391.

Diamond smiles in Katikati

Pukeko Corner Early Childhood Centre in Katikati has a lot to smile about. Staff have just completed an Oral Health Workshop run by The Community Dental Service.

Bay of Plenty District Health Board Oral Health Promoter Norma van Arendonk says some of the staff had noticed the need for improved oral health in community and requested the training.

“The aim of the training is to help the staff give clearer messages about oral hygiene, directly with the children at the centre as well as with the families/whanau,” says Norma.

So far 26 centres across the Bay of Plenty have completed the training.

“The workshop provides health information, aligned to The Curriculum, to support dental enrolment, hygiene and nutrition for children and their families in the community,” says Norma.



Supervisor Gina Wright (centre) reminds children: “Your teeth are like diamonds - you must look after them.” From left: kindergarten teacher Corina Godkin, teacher Diane Poole, supervisor Gina Wright, Jody Stringer and her daughter Ariana Manukau.

Keep your bladder under control

Bladder control problems can be an embarrassing and uncomfortable problem for people of all ages, in particular primary school aged children, according to Continence Specialty Nurse Mary-Anne Harris.

This year's World Continence Awareness Week (June 24-30) is set to promote good bowel and bladder habits for everyone, with an additional focus on primary school aged children with incontinence issues such as wetting and soiling during the day and night.

"The issue of continence in children has received little attention in the past and

parents and teachers are often confused at what age the child should be when they seek help," says CEO of the New Zealand Continence Association, Jan Zander.

Mary-Anne says the approach of awareness week is to promote good bladder and bowel habits and make people aware of free continence services.

"The NZ Continence Association will introduce a 'Toilet Tactics' kit into schools to raise awareness of healthy bladder and bowel habits and help to improve the standard of school toilets across NZ," she says. "The kit provides useful information that teachers can incorporate into classroom activities for health education."



Child continence nurse, Jacqueline Brown has been working with the NZ Continence Association to launch two books during Continence Awareness Week titled 'A Wee Secret' and 'Poo Hoo'. These cartoon-style storybooks will provide an opportunity for children to discuss these sensitive issues along with a section of parent information.

Warning signs of bladder control problems

- Wet yourself when you cough, laugh or sneeze (even tiny amounts)
- An urgent need to pass urine, being unable to hold or get to the toilet on time

- Go to the toilet more than 5-8 times in 24 hours
- Get up more than once at night
- Go to the toilet 'just in case'
- Wet the bed after the age of seven years
- Straining to start urine flow
- A feeling that the bladder is not empty once urine is passed
- A burning discomfort while passing urine
- Pushing or straining to pass a bowel motion or any change in your regular pattern that causes concern
- Unable to control wind
- Incontinence of the bowel

For more information call free on 0800 730 009 or visit www.continence.org.nz.

Cigarettes out of sight

Changes to the Smokefree Environments Act are about to come into force.

Last year's amendments to the Smoke-free Environments Act come in to force on 23 July 2012. The most significant changes will be the removal of tobacco displays and any reference to the sale of tobacco products.

From Monday July 23 tobacco retailers will not be able to:

- Advertise the fact that they sell tobacco

- Use any reference to tobacco in their retail or trade name
- Have tobacco products visible.

It is important that the public, particularly children, people trying to quit, and ex-smokers, are not exposed to tobacco displays. If you are selling tobacco products you will need to ensure that these products are not visible except to the extent necessary to complete the sale.

If retailers choose to continue selling tobacco after 23 July 2012 they will need to think care-

fully about how they receive and store tobacco products and how they will get tobacco products to the purchaser without displaying them.

Retailers who choose to continue selling tobacco products will have a responsibility to ensure they meet the requirements of the Act. Those who do not may face prosecution and a fine of up to \$10,000.

Tobacco sales via the internet in New Zealand are also bound by the Act and must not display

tobacco products or tobacco information.

Smokefree Enforcement Officers will be contacting retailers to advise of the changes and to conduct compliance checks.

For further information contact a Smokefree Enforcement Officer at Toi Te Ora – Public Health Service on 0800 221 555.



Smoking is not our future

The mental health inpatient units at Whakatane (Te Toki Maumere) and Tauranga (Te Whare Maiangi) have recently become smokefree.

"The good news for our clients is when they stop smoking their mental health starts improving," says Smokefree Hospital Coordinator Sue Freeman.

Sue says smoking is a life-threatening behaviour and mental health clients are over represented in the number of people who smoke.

"These patients are more likely to die from a smoking related disease than any other cause," she says. "Many clients are on low-incomes, yet they tell us they spend more than 30 per cent of their money on smoking – not because they want to but because they are addicted to nicotine."

Clients can choose to quit smoking or to prolong the periods of not smoking through occupational therapy activities, cessation groups and nicotine replacement therapy products which are used to reduce symptoms of withdrawal.

"Like the general population 70 per cent of our in-patients want to quit," says Sue. "Recovery needs planning and includes monitoring the effect quitting has on drug dosage (which is generally lowered). Our aim is to keep people comfortable and reduce their need to leave the hospital to



smoke. On discharge clients can be referred to stop smoking services or receive ongoing support through their case manager and family doctor."

For more information please contact Bay of Plenty District Health Board Smokefree Hospital Coordinator Sue Freeman on 07 579 8476.

This poster is used in the mental health in-patient units to promote the benefits of quitting (designed by 'Jireh').

Flu shot benefits mum and baby



Pregnant women are being encouraged to get the influenza vaccination to help protect themselves and their babies.

“The influenza vaccination is free for pregnant women,” says Medical Officer of Health, Dr Phil Shoemack. “Pregnant women are offered free immunisation as studies have shown they are particularly susceptible to more severe outcomes from flu. Vaccination of pregnant women has also been shown to decrease the incidence of influenza in their new-born babies.”

Research conducted in New Zealand and Australia found that pregnant women are seven times more likely to be admitted to intensive care with severe influenza than women who are not pregnant.

The study also found that women more than 20 weeks pregnant were at an even higher risk as they were 13 times more likely to be admitted to intensive care than a woman who is not pregnant.

Health experts believe pregnant women are more affected than others by flu because of the changes that occur in a woman's body when she is pregnant.

“The developing fetus places stress on a pregnant woman's respiratory system as well as her other organs as the unborn baby grows, making a woman more vulnerable to developing severe complications from what would normally be a more mild case of the flu,” says Dr Shoemack.

“The influenza vaccine has been shown to be safe and effective in pregnant women,” says Dr Shoemack. “No study to date has shown an adverse consequence of inactivated influenza vaccine in pregnant women or their offspring.”

Dr Shoemack says women should also think about immunisation against influenza for their children.

“Immunisation is recommended, but not free, for healthy



children and can be arranged through your GP,” he says.

Flu immunisation is free until July 31 for New Zealanders at high risk of more severe disease and complications, pregnant women, people aged 65 and over, and anyone with ongoing health conditions such as heart disease, strokes, diabetes, respiratory disease (including asthma), kidney disease and most cancers.

The 2012 seasonal influenza vaccine includes protection against three types of flu, including the Pandemic H1N1 Influenza 09 (swine flu), which is expected to be still in circulation in New Zealand this season.

“People need to be immunised as soon as possible as it can take up to two weeks to develop immunity after vaccination,” says Dr Shoemack.

“Although flu is mild-to-moderate for most people, it can lead to serious complications and even, in rare cases, death for others.”

For free health advice, call Healthline on 0800 611 116. For advice about influenza immunisation visit www.fightflu.co.nz or www.health.govt.nz or text FLU to 515.

Never ever shake a baby – you have the power to protect

Never ever shake a baby - a single moment when you lose control may damage your baby forever, and remember:

- It's normal for babies to cry
- It's ok to walk away
- Never leave baby alone with anyone who may lose control
- Never ever shake a baby
- Share this information with everyone
- If you think baby is hurt seek medical help at once.

Shaking a baby can leave them with long term, irreversible damage.

Bay of Plenty District Health Board Violence Intervention Coordinator Raewyn Butler says one in five babies admitted to hospital who have been shaken will die.

“Others will suffer moderate to severe injuries such as a permanent brain injury resulting in an inability to feed, paralysis

of parts of the body, blindness, hearing loss, epilepsy and varying degrees of developmental delay,” she says. “They may also have other injuries such as skull fractures, rib fractures or long bone fractures.”

A BoPDHB programme is set to provide parents with ways of coping with frustration when their baby is crying. The programme includes a 10 minute DVD and working through a five minute safety plan with parents.

Raewyn says children are most vulnerable when they are under two years old as they are dependent on adults for their care and protection, and for meeting all their needs.

“Our DHB is the second in New Zealand to roll out the Power To Protect – Never Ever Shake a Baby Programme,” says Raewyn. “It will be introduced to parents through Plunket, Parents as First Teachers, Iwi Services, social workers and midwives.”



Family Violence and Child Protection Coordinators Heather Beattie (left) and Raewyn Butler are talking to parents across the Bay about coping techniques.

Sore throats matter – get them checked

Bay of Plenty residents are encouraged to take children to their local health centre if they have a sore throat.

Toi Te Ora - Public Health Service Communicable Disease Nurse Lindsay Lowe says a sore throat can lead to acute rheumatic fever.

“A child who has been diagnosed with acute rheumatic fever will require a monthly injection of penicillin which will continue until they are at least 21 years old,” she says. “This is to prevent another attack of rheumatic fever which could lead to further heart damage.”

Fortunately, rheumatic fever is preventable, provided sore throats are treated correctly.

“If your child gets a sore throat take them to your local health centre to be checked. If a ‘strep throat’ is diagnosed, the doctor will usually prescribe a ten day course of antibiotics. By taking sore throats seriously, we can help prevent life long illness and suffering for our tamariki. Sore throats matter – get them checked,” says Lindsay.

Acute rheumatic fever often starts with a sore throat (a streptococcal infection). A few weeks later the child may develop sore or swollen joints, skin rash, fever, stomach pain and jerky movements. Although these



A simple throat swab can determine if your child has a strep throat.

symptoms may disappear, the heart valves may be damaged and this damage can be permanent. This is called Rheumatic Heart Disease (RHD).

New Zealand children have one of the highest rates of acute rheumatic fever in the developing world, particularly Maori and Pacific children between the ages of 5 and 14 years.

Free ‘Preventing Rheumatic Fever’ pamphlets and posters are available from Toi Te Ora - Public Health Service. For more information, visit the Toi Te Ora - Public Health Service website at : www.toiteorapublichealth.govt.nz/rheumaticfever or phone Communicable Disease Nurse Lindsay Lowe on 07 577 3790.



PLEASE RETURN

any loaned hospital equipment to Tauranga Hospital's main reception.



Thank you.