

# CE UPDATE

30 June 2022 | 30 Pipiri 2022



West Coast  
– District Health Board –  
*Te Poari Hauora a Rohe o Tai Poutini*



## It's the end of an era, and an exciting new beginning as we transition to be part of Health New Zealand this week

**After 21 years from 2001 – 2022, West Coast DHB will become part of Health New Zealand this Friday, 1 July. We'll have a new name and a new Chief Executive. Margie Apa will be the Chief Executive of Health New Zealand, and leader of more than 80,000 people working in health in New Zealand. Our new name will also be announced this Friday.**

There have been a number of chief executives and chairs leading West Coast DHB over the past 21 years. The chief executives include Paula Daye, Susan Belsham, John Luhrs, Glenys Baldick, Kevin Hague, Joel George, David Meates and me in the chief executive role, along with seven board chairs. The chairs over the years were Marian van der Goes, Rick Bettle, Gregor Coster, Rex Williams, Dr Paul McCormack, Jenny Black and Hon Rick Barker and I want to acknowledge and thank them for their stewardship of the organisation.

Our objectives, outlined when the DHBs were formed in 2001, included:

- › improving, promoting and protecting the health of people and communities
- › promoting the integration of health services, especially primary and secondary care services
- › seeking the optimum arrangement for the most effective and efficient delivery of health services in order to meet local, regional, and national needs
- › promoting effective care or support of those in need of personal health services or disability support.

I think we can all be very proud of what has been achieved during the past 21 years. The West Coast has been through a lot since District Health Boards were established.

We've had more than our fair share of challenges, but we have also been incredibly progressive and many of our milestones are positive, including significant facilities redevelopment, new technology, and an international reputation as a high-performing integrated health system.

## Only one more sleep until we join Health New Zealand!

It's finally the week that I can say - this is the week! Tomorrow we will all join our DHB and wider health system partners and colleagues to become Health New Zealand. I wanted to take the opportunity to remind everyone why we're making this momentous move, reiterate what to expect on day 1 and look ahead to what's next in developments after 1 July.

New Zealand has a sound, publicly funded health system and a highly-skilled, dedicated and professional health workforce. But we know there are opportunities to make improvements, we need to recruit more staff and we need to build a health system that will perform better for all of us.

We're on a journey to transform our health system for a few reasons, but the ultimate one is to improve the health and wellbeing of all New Zealanders.

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As part of Health New Zealand, the plan is for our new health system to be:

- › People-centred: a system that brings together the voice of all communities
- › Equitable: a system that focuses on working in partnership with Māori and honouring Te Tiriti o Waitangi
- › Accessible: a system that offers more equitable, convenient and integrated access to services for all New Zealanders
- › Cohesive: a national health system that delivers locally, supported by co-ordinated planning and oversight.

## What to expect on day 1

As we've mentioned before, unless you've been told otherwise, not a lot will change for you and your role on day 1 of Health New Zealand. You will continue to report to the same person you always have, with the same duties and responsibilities.

- › Some of you might want to get together on Friday to share morning tea or a cup of coffee or shared lunch to mark the end of an era and the beginning of a new one. If you do get together please take a photo and send it through to [global@wcdhb.health.nz](mailto:global@wcdhb.health.nz) so we can share them next week.
- › Information will be sent to every new Health New Zealand team member on Friday so keep an eye on your emails and on the Prism page where information will also be posted. I'm looking forward to being able to share our new name and new-look logo. Once again, there's no need to get everything changed on day 1, nor do we have to get rid of anything that has a West Coast DHB logo on it, we'll update when items need replacing. There will be some relatively easy things you can update on Friday and this includes your email signature and phone voice message.

I am very pleased to be staying on in two different roles: first as Interim District Director for West Coast and Canterbury DHBs, assuming many of the responsibilities of my current CEO role. In addition, I will also be the Interim Regional Director for Te Waipounamu | The South Island, and in this role will work closely with the District Directors for Southern, South Canterbury, and Nelson Marlborough DHBs.

It's important to remember why we are changing: to create a simpler, more equitable and accessible health service. While it sounds simple, it's going to take a lot of work over the coming weeks, months and years to achieve the goals of Health New Zealand, and this Friday we take the first small steps to a new national health system and become a team of teams.

In the meantime, there is a lot of information available on Prism so please make the time to read this if you have any questions and want to understand the big picture. You can also talk to your manager if you would like more information or have any concerns. Importantly, very few changes on day 1, and we still have a very busy health system to run and need everyone to keep playing their part.

## What happens after day 1?

Day 1 is the beginning of our transformation journey. The real development work will begin for us all, and there will be opportunities to provide input and shape our future after 1 July.

As recruitment into the permanent national leadership roles continues, work will begin once those leaders and teams are in place to develop our new operating models, identify new functions, capabilities and processes across our system. We'll also start identifying opportunities for streamlining mahi where it makes sense.

We'll keep you updated on how you can provide input and support these developments and there will be more details on what to expect next after 1 July.

## Farewell to the CE Update

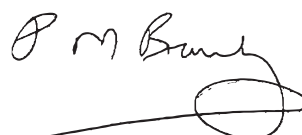
This is my last CE Update in its current format. Look out for exciting changes and a fresh new look in future editions.

I do hope those who could take time off over the long weekend enjoyed a well-deserved break and marked Matariki with some reflection, goal-setting and shared kai with whānau. To those who worked through, thank you for keeping up with the busy workload at the moment. I know it's not easy at present, but please know that your work is valued and appreciated, regardless of whether you provide hands-on patient care or support those who do. We are a 24/7 organisation and so many of you really are going above and beyond at the moment.

If you are feeling stretched, or overwhelmed, please make the time to take a coffee break with a friend or colleague – it can be just the circuit-breaker you need.

And please remember there's a wide range of free support services available to all staff and contractors. [Check here for details.](#)

Ngā mihi nui



**Peter Bramley, CE**  
**West Coast District Health Board**

## Vaccination eligibility extended and a second booster recommended for those at higher risk of severe illness from COVID-19

### Free flu vaccinations extended to 3-12 year olds

- › Children aged 3-12 years and people with serious mental health or addiction needs are now eligible for free flu dose – **these will be available from 1 July.**
- › Free flu shots are already available for everyone over the age of 65, Māori and Pacific people 55 and over, and those at risk of becoming seriously ill or who have underlying conditions.

### Second booster for those at risk of severe illness from COVID-19

- › A second booster is recommended for those at increased risk of severe illness from COVID-19 – a minimum of 6 months after a first booster.
- › For those who are not considered at risk of severe illness from COVID-19, a two-dose primary course and a booster dose provides very good protection against severe illness from COVID-19.

The following people are recommended to receive a second booster as a priority:

- › people aged 65 years and over
- › Māori and Pacific peoples aged 50 years and over

- › residents of aged care and disability care facilities
- › severely immunocompromised people who received a three-dose primary course and a fourth dose as a first booster (noting this would be a fifth dose for these people)
- › people aged 16 years and over who have a medical condition that increases the risk of severe breakthrough COVID-19 illness and
- › people aged 16 years and over who live with disability with significant or complex health needs or multiple comorbidities.

In addition, a second booster is available for:

- › all people aged over 50 years
- › health, aged care and disability workers aged 30 years and older.

These groups can now book an appointment for a booster dose through **Book My Vaccine** or by calling the COVID Vaccination Healthline on 0800 28 29 26 (8am to 8pm, 7 days a week).

# STAY WELL THIS WINTER

Join the fight against winter colds, flu and viruses and wear a mask. Wearing a mask plays an important part in reducing the spread of winter illness and protecting those most susceptible to getting sick like older people, those with low immunity, or those with some health conditions or disabilities.

Across the motu, we are seeing an increase in respiratory illnesses like colds and flu, in addition to COVID-19, put pressure on hospitals and local healthcare providers.

Wearing a mask is an effective way to protect ourselves, and others as they help to stop infection spreading between people, particularly when we're close together, or indoors without good ventilation. Whenever you're out and about protect yourselves and others by wearing a mask.



[Watch here](#) as Director General of Health, Dr Ashley Bloomfield shows us how to put one on correctly, to help keep us all safe



## Bouquets

### Te Nīkau Hospital's General Ward

I will not ever say Greymouth Hospital is not the same again. The nurses, cooks, doctors and all the other staff I've had contact with during my stay there have been so wonderful and caring. I was treated with respect, in fact I have no complaints at all – just praise. Thank you everyone!

### COVID Care in the Community Hub

I just want to say a massive thank you to all the COVID Care in the Community Hub nurses. You were amazing – ringing daily to check in on us. It was much appreciated – thank you for doing what you do!

### Te Nīkau Hospital's Maternity Unit

While at Te Nīkau, the nurses were very friendly and helpful which helped me feel relaxed and free to ask questions about my baby. I really loved having my baby at home with midwives who recognised and respected my beliefs.

### Te Nīkau Urgent Care and Radiology

Fantastic hospital. Great staff who were all very helpful and professional. I broke a bone and had to travel to Greymouth for x-rays. I was super impressed and grateful for the help I received. Thank you!

### Te Nīkau Hospital's Maternity Unit

The friendliness and helpfulness of the staff was the best bit – I felt everyone I dealt with had chosen the right career path.

### Te Nīkau Hospital's General Ward

Thank you for all your kindness and patience while looking after me when I was in hospital. The compassion and care that all the staff have for patients shines through. I felt so safe and comfortable and I can't thank you all enough for that.

### Te Nīkau Hospital's General Ward

I am so grateful for all the care, smiles and chats you have given and shared with me during my stay at Te Nīkau Hospital. Thank you all for going above and beyond – your kindness will be with me always.

### Te Nīkau Hospital – Nutrition Services Outpatient Clinic

It was a very good visit and I felt my needs were met and I left very happy and empowered. Big thanks Debbie Noonan.

### Te Nīkau Hospital – Physiotherapy Outpatient Clinic

Positive feedback was received from a patient who had attended an outpatient clinic following rotator cuff repair and nerve injury. The treatment received resulted in the return of full overhead movement and strength. Thank you!



## Kaiāwhina enjoys connecting with people

Helping whānau who live on the West Coast who have COVID-19, has been a learning curve and humbling, according to Kim Sims.

Three months ago Kim started working as a Kaiāwhina for the West Coast Integrated Covid Community Centre known as The HUB. She was chosen to work in a team focused on equity – that includes our Māori, Pasifika, minority ethnicities, disabled, aged and disadvantaged populations.

The HUB contacts people who have registered COVID-19 positive to make sure they have what they need to isolate at home. The Kaiāwhina team works closely with the clinical team to ensure everyone they contact has the right supports and resources to get through. This may include working with our community partners to provide food or alternative isolation accommodation.

"People are grateful for the contact, and often say they haven't ever had this type of wrap-around care we offer throughout their illness," Kim says.

Each Kaiāwhina rings to establish contact with the person who has COVID-19, find out what they might need, and for some people, it's the first contact they've had with health professionals.

"It's quite humbling, being able to support some difficult situations where people can't get out, or are new to the Coast, or where English is a second language, and communication is through a child or young person in the household."

The Kaiāwhina keep lines of communication open throughout each person's isolation, adapting support to the needs of each individual by seeking advice from the Clinical or Equity lead when needed.

"I organised a birthday cake for a child the other day who was in isolation with their family. The families are so grateful. And when supporting others, having empathy and being non-judgmental when listening to people's situations builds rapport with them.

"This contributes to establishing a relationship of trust with them, listening to them, finding out what their needs are. It's building a bridge. They've sometimes been let down or failed before by different systems. Engaging with the HUB, it's a supportive and caring practical approach, respecting how they feel by putting ourselves in their shoes and showing understanding of their individual situation."



Kaiāwhina Kim Sims at work in The HUB

In this role, Kim has talked to hundreds of people all over the Coast. She was told she was chosen for the role because of her life experience, "and I guess because I see the silver lining in every situation," she adds.

"I've had a lot of people helping me in my time, and now this is a chance for me to give back."

She is full of praise for those she works with, who have helped her out. Being part of a diverse team that supports everyone, acknowledging every single person in the HUB is important and everyone contributes to making a difference.

"Our goal is for everyone to be better off after COVID-19 than they were before."

Her message to anyone needing help or support is to put their hands up and not to be scared of the health system.

"These people are here to help you, and across all the professions, they are the coolest, most down-to-earth and kindest people."

Hub Kaiwhakahaere Lee Tuki says it is such a pleasure seeing how connected our Kaiāwhina and Clinical Team are and how they work so closely together to ensure all of those on the West Coast who register with positive COVID-19 are taken care of.

"Together they offer support and advice linking in with our DHB, public health, PHO, Iwi, providers, social and well-being organisations to all ensure our whanau have what they need to safely isolate while they have COVID-19".

Portfolio Administrator Hauora Māori Marion Smith interviewed Kim for the position.

"I knew her life experiences, her passion and her genuine desire to help people would make her the right person for the role, and we were right. I am very proud of Kim, she is learning all the time in the mahi she does, the high standards she sets for herself and her personal growth is enabling her to make a positive contribution to the overall success of the HUB."

## Eulogy for Gary Francis Coghlan – GM Māori - By Kylie Parkin

*Kua iri ngā kapua pōuri i ngā maunga a Te Waipounamu,  
ka heke ngā roimata e heke ana i roto i te awa tapu o  
Makaawhio.*

*Hoki wairua mai te uri o Makaawhio ki te taumata o  
Tūtoko, te maunga tupuna o Ngāti Māhaki, rere tonu rā ki  
Aoraki Matatū te maunga ariki.*

*Kua hinga atu te totara haemata o te wao nui a Tāne.  
Kua moe te mokopuna nei o Te Tai Poutini.*

*E te kairingi i te kaupapa pae ora, i whakaoho i te  
hinengaro o te iwi.*

*E te rangatira o Tumu Whakarae, kua oti tō mahi i te wā nei.  
Haere atu rā, haere atu rā.*

Gary was born in 1959, son of Laurie and Nina Coghlan, his mum was Italian/Māori and his dad was an Irish coal miner. Gary's life was profoundly changed in 1967 when his father was killed in the Strongman Mine disaster. Following in his father's footsteps, after high school Gary started as a rope boy in 1976 and worked underground for the next three years, until deciding to leave the mine to head to London. He stayed there for 18 months and there are many stories about his time in London.

When he returned to the Coast, he headed down a pathway that eventually led him to Hanmer and a bridge programme in Christchurch. He met his oldest boys' mum and his sons Sean and Rory were born. Gary would eventually return to the Coast as a solo dad, supported by his mum Nina. He was committed to bringing his boys up well with the help of his wider whānau.

In the late 80s Gary began his journey into Te Ao Māori, studying under Ranui Ngarimu as a student of the Tē Atarangi programme. This would begin a lifelong journey of discovery and love of Te reo Māori that would open up



Gary Francis Coghlan

a whole new world for him. He honed his Te Reo over the years being called on constantly to whaikorero, a job he felt privileged to do and never shied away from, even though on many occasions when facing staunch Māori on the paepae he would often be physically sick prior to speaking.

In the 90's Gary was offered a position as manager of a newly formed Māori Social Service Provider, Te Korowai Aroha o Mawhera. The board carefully mentored and supported him as he worked tirelessly, advocating for and supporting many Māori whānau during his five years in that role. During that time he met Moana, mum to his two youngest boys Tamati and Nopera and began his lifelong commitment to ongoing education.

His rock-solid morals and ethics meant he would agonise over his reporting, recording every contact that he made and accounting for every dollar spent. He was determined to build a better life for his whānau and it was because of his work ethic, honesty and drive to improve the lives of people across his beloved Te Tai o Poutini that his contract continued to be rolled for the next three years.

In 2001 Gary was made the GM Hauora Māori for the West Coast District Health Board. He often joked that his first office was a broom cupboard, but over the next 20 years Gary would become expert in everything health, navigating systems, building relationships, influencing people and creating a team. He made it his life's work to battle for the underdog against the injustices that feed inequity. He was relentless and he never backed down from the hard conversations, battling the system with every fibre of his being and building up enormous respect locally, regionally and nationally within Hauora Māori.

He was a well-known character and could always be relied on to disrupt the status quo. Gary had many talents that he would often share in the workplace – his impersonations and accents, his knowledge of history and world politics, quoting famous speeches word for word, and there was a time for a while when nobody was safe from a jujitsu move as they walked down the corridor of the corporate offices.

Over the past few months I have listened to many recollections from colleagues, friends and family and the impact that Gary has had on many of them. The recurring theme is that he listened he connected, he shared and he uplifted – understanding people was his thing and time went out the window if he wanted to talk. He had a profound impact on so many people, whether it be the window washer, or the CEO, he knew their story, what made them tick, where they were born, who their whānau were and he remembered it all with an amazing recall of detail.

In recent years Gary met Heather, they shared a love of music, walking, DIY, history and philosophy.

During his most recent illness, Gary's four boys; Sean, Rory, Tamati and Nopera along with Heather, cared for Gary with such gentleness and compassion, never far from his side.

A message from Te Tumu Whakarae – National GMs Māori:

*Gary Coghlan was a long-standing member as GM Māori of the West Coast District Health Board. A staunch advocate for our people in health, wellbeing and equity for Māori. Gary's contribution to Tumu Whakarae, the health sector, and the wider Māori community has been enormous.*

*Gary was a son of Te Tai Poutini. His whakapapa is Ngāti Māhaki from Makaawhio in South Westland. He came also from Irish stock and a mining whānau, and the West Coast of Te Waipounamu flowed strongly through his veins and his wairua. We are immensely grateful to have shared in Gary's life and been able to support his leadership and we will miss his presence greatly. Tumu Whakarae are poorer for his loss but we are indeed richer for having known and worked with Gary.*

#### **Waiata – Hūtia te rito o te Harakeke**

Hūtia te rito O te harakeke Kei hea te kōmako, e ko?

Ki mai Ki ahau He aha te mea nui?

He mea nui o tēnei ao?

Maku e ki atu Kia koe He Tāngata He Tāngata! He Tāngata!

#### **Translation**

#### **Song – Pluck out the shoot of the flax**

If you pluck out the centre shoot of the flax. Where will the bellbird sing? What is the most important thing in the world? I will reply to you people, people, people!

He Whakataukī Tawhito o Te Aupōuri (This proverb originates from the Far North of NZ)

For a copy of the full eulogy, contact [kylie.parkin@wcdhnb.health.nz](mailto:kylie.parkin@wcdhnb.health.nz). If you want to contribute to a memories book which will be gifted to Gary's sons, please contact Kylie Parkin.



# TNT (Te Nīkau Team) Acute Care Simulations – Explosive Education for a Dynamite Department

*By West Coast DHB Rural Generalist Dr Sally Peet*

Simulation benefits all those involved in health care – doctors, nurses, allied professionals and admin staff and of course the patients. Simulating medical emergencies enables all those involved to put their clinical knowledge and skills into action but also allows us to enhance communication skills, strengthen team relationships, and test our systems, all within a safe educational environment.

So, with that in mind, a quorum of educationally-driven acute care professionals have come together to form the Te Nīkau Team, or “TNT” and with all puns intended, will be providing explosive education to create a dynamite department!

We piloted the simulation program in February and ran a COVID-positive cardiac arrest case. The COVID-19 In-Hospital Advanced Life Support algorithm was simulated in the Emergency Department (ED) isolation room and met with PPE-clad (personal protective equipment) enthusiasm by all candidates! TNT were very impressed by everyone's clinical knowledge and skills. We were able to test all the practicalities of running an arrest in this space and left with a short and succinct list of improvements, all of which have been acted upon.

In March, the ED Resus room had a busy morning with no fewer than five collapsed adult patients! Their diagnoses included anaphylaxis, status epilepticus and DKA (diabetic ketoacidosis - high blood sugar coma), and the team had to navigate not just clinical emergencies, but also anti-social behaviour. Among other things, rushing through so many cases tested the staffs' knowledge of where things are kept and how to organise tests and perform procedures in a time-pressured environment and has helped improve our nursing orientation package.

In April, we simulated stroke patients who present in different ways – by ambulance with clear stroke presentations, and as a walk-in through triage with vague symptoms. These simulations were great practice for the candidates, but again, for our department it was incredibly beneficial. We currently use a Canterbury DHB clinical pathway but having simulated it and found local variations on aspects such as timings, staffing and resources, a new West Coast pathway is being created. Good news has travelled fast along the Coast, and it was fantastic to see nurses from Buller Health amongst the candidates.



(Left to right) Diyva Avarachan – Registered Nurse (Te Nīkau Acute/Paediatrics), Mairead O'Byrne – Registered Medical Officer (Te Nīkau), Ben Devine – Registered Nurse (Buller Health) and Manjula Edathil-Veedu – Registered Nurse (Te Nīkau Acute/Paediatrics) undertaking a simulation exercise

The candidates who attended these initial simulations gave the TNT amazing feedback and it was clear simulation-based education is appreciated, enjoyed, and in demand. As a result, we have the pleasure of announcing that regular TNT simulation is here to stay!

TNT will provide a monthly simulation that moves around the hospital – you'll see us in ED, in the Critical Care Unit, in theatres and more. Simulations will be run by keen Senior Medical Officers from the Rural Generalist group, Emergency/Acute Care Nurses, and our amazing Resuscitation Service Leader. Topics will include medical catastrophes, terrible traumas, obstetric emergencies and perilous paediatric presentations.

**TNT simulations are held on the first Wednesday of the**



# Delivering rapid antigen tests to rural residents

Around 2,000 RATs (rapid antigen tests) family kits (20 RATs each) have been delivered to people's letterboxes if they live at least 20 minutes away from a RAT collection site. This is to ensure that West Coast residents living in rural areas have easy access to tests if they develop COVID-19 symptoms.

The long list of townships visited include Lake Moeraki, Paringa, Bruce Bay, Jacobs River, Karangarua, Whataroa, Hari Hari, Ross, Punakaiki, Inangahua, Springs Junction, Totara Flat, Ahaura, Blackball, Ngahere, Nelson Creek, Moana, Taramakau Settlement and Otira.

Information about how to get a COVID-19 test is available on the Unite against COVID-19 website - [here](https://uniteagainstcovid19.org.nz/).

Details for West Coast RAT collection sites including opening hours are available online - <https://healthpoint.co.nz/community-health-services/community-health/west-coast-dhb-rats-community-collection/>.

Before going to a collection site, place an order via [www.requestrats.covid19.health.nz](http://www.requestrats.covid19.health.nz) OR free call **0800 222 478**.



## New Buller Health facility update

The name Te Rau Kawakawa has been gifted to the new Buller facility by mana whenua Ngati Waewae, and the West Coast DHB formally endorsed the name at today's final board meeting.

DHB Board Chair Rick Barker, thanked Ngati Waewae for gifting the name. At the meeting DHB board member and Ngāti Waewae Chair Francois Tumahai explained the new name, saying it was consistent with the name of the Greymouth hospital facility Te Nīkau (also a plant).

A report prepared by the Hauora Māori team outlined that the kawakawa is a traditional Māori therapeutic/healing plant used for centuries either as a drink, inhaled, or as a balm for rashes, allergies or other ailments. It is considered to be one of the most potent medicinal herbs in rongoā (traditional Māori healing).

Kawakawa is also a type of Pounamu known for healing purposes and found in the Arahura awa (river), sacred to the Ngati Waewae.



Image of the facility being built, taken two weeks ago

Progress on the new facility has been steady. Roofing is complete, brickwork cladding is continuing, gip has been procured and installation is underway. The facility is due for completion mid-2023 and is progressing faster than expected.

# Myth busting the flu

We live in a world of information overload, and nowhere is this more apparent than in the health space. COVID-19, vaccines, boosters and masks are probably the most talked about, hotly debated and incorrectly represented topics of the past two years.

With winter here and the prospect of the first genuine flu season since 2019, similar misinformation and disinformation, along with apathy and fatigue, are influencing our response.

It's important to address some of the myths around influenza that might prevent people from adequately protecting themselves.

## **MYTH: A bad cold or stomach bug is basically the flu.**

Although some symptoms are shared, a cold or stomach bug that lasts a few days is not the flu. The flu (influenza) is a highly infectious virus that attacks the throat, nose and lungs. Symptoms generally include fever, chills, muscle aches, cough, congestion, runny nose, headaches and fatigue and can last for weeks.

The flu is debilitating and potentially fatal. The very young, elderly, pregnant, immune-compromised or those with chronic disease are at most risk of serious illness.

## **MYTH: We haven't had flu for two years in New Zealand, we're all good**

While it is true that a combination of closing our borders in 2020 and 2021, lockdowns and basic COVID-19 health initiatives such as masking, distancing and good hand hygiene have kept the flu at bay for two years, this is not the case in 2022.

Our borders are open now to more than 60 visa waiver countries and from 31 July, we open to the world. Influenza is already in New Zealand and it is spreading quickly.

"After two years of closed borders and the absence of any flu our natural immunity is likely to be low. It is likely that we will experience a severe influenza season this winter and will see significant sickness and substantial hospitalisation.

Flu vaccination has been shown to protect ourselves, and also the more vulnerable people around us such as elderly whānau and patients. My advice is to get vaccinated." Infectious Diseases Specialist Alan Pithie



## **MYTH: I'm vaccinated and boosted against COVID-19. I also wear a mask and take precautions, so I am protected from the flu.**

No, you're not! Wearing a mask and following the basic public health recommendations do help to prevent the spread of influenza, but the COVID-19 vaccination and booster will not protect you from the flu. These viruses are different, and you need the flu vaccination to be immunised against the variants of influenza circulating in 2022.

## **MYTH: The flu has less of an impact on the health system than COVID-19.**

Not true. In the colder months, with an influx of overseas visitors, flu has the potential to seriously impact our staff and result in widespread absences. This means under-resourced departments, staff shortages, disruptions to non-urgent and elective surgeries, not to mention the increase in people attending ED.

Combine this with endemic COVID-19 and we risk widespread 'flurona' – people being infected with both flu and COVID-19.

## **MYTH: I can't be vaccinated against the flu because I recently got my COVID-19 booster or had COVID-19.**

You can safely get your flu vaccine at the same time as your COVID-19 vaccine/booster. There is no need to wait between shots.

If you have contracted COVID-19, you can get your flu vaccination once you have recovered, or as advised by your health provider.

# Long serving DHB employee Dorothy O'Connor retires after nearly 50 years

Story republished with permission of the Greymouth Star

After nearly 50 years of nursing, Dorothy O'Connor this week bid farewell to hospital life as she stepped into retirement.

The time is right," she said, "I'm okay with this."

She has had a lifetime of caring for others, firstly at Grey Base Hospital, and later Australia and Christchurch, before returning to Greymouth and specialising in paediatrics.

Raised in Ahaura, and now living across the river at Moonlight, she reflects: "I was drawn to nursing because, growing up on a farm and eldest of nine children, I was used to raising animals and looking after the younger children. It was also a great thing to do."

She commenced training at Grey Base Hospital in March 1973, completing three years of general and surgical medicine through hospital-based training with ward placement.

"On the ward, the sisters were in charge. They were really strict but really kind. If you hadn't completed your work by shift end, everyone got together and helped you finish -- nothing was left for the next shift. It was a very supportive environment.

"We all lived in the Nurses' Hostel, about 20 of us. They were good days. We got paid, we did not come out with debt and the hostel was fabulous.

"After we had finished shift, we would make a cup of tea and a piece of toast and sit in the big lounge to discuss what happened during shift -- nowadays they call it a debrief.

"After I qualified, I did some time in the critical care unit of Grey Base and a few years in the children's ward before leaving the West Coast in 1981 to work in Australia. I originally intended to go to Perth's Princess Margaret Hospital, but was offered six months doing basic paediatrics at the Royal Children's Hospital in Melbourne."

Melbourne was to set the course of her future career.

"In June 1982 I left Australia and joined the neonatal unit in Christchurch as staff nurse before taking the role of clinical nurse from 1985 right through to 1992, and then joined the Christchurch paediatric ward for two years."

The call of home beckoned, and Dorothy returned to Grey Base in March 1994 working both adult and children's wards, a short stint in maternity and then back to paediatrics as clinical nurse manager and specialist at Parfitt Ward.

"It has been an absolute privilege to work with sick children and their families, I've been supported by amazing doctors, nurses, and Allied Health. The support was fantastic from Christchurch paediatricians and nursing staff, who were always just a phone call away, the neonatal unit and the CHOC unit, and all of it enhanced by tele-health."

She acknowledged the work of the Parfitt Kids Charity Trust, which gives a gift bag to each child admitted to hospital, plus the support of Greymouth Countdown, which contributed to the national fund of \$600,000 distributed to maternity and paediatrics.



Dorothy O'Connor has retired after nearly 50 years working with sick children and families, mostly on the West Coast (Image: Meg Fulford)

The Kowhai Trust also helped supply the ward play equipment, décor and garden.

"I've had the most wonderful career. It is just so rewarding, and I couldn't speak more highly of the opportunities I've had, and the people I've met along the way."

With work now behind her, she plans to get into her garden.

"I have a hillside to plant in maples, and I'd like a lavender farm -- but I might have to settle for just the lavender garden," she laughs.



# Be aware of burnout – learn how it develops and how to prevent it

New interactive learning content specifically about burnout is now available for all DHB staff to access. Once you've completed the module, you'll understand burnout and know what to look out for in yourself or others you work with, and how to cope.

It is part of the HELM Wellbeing category; [you can find it here](#). This module features real experiences of burnout and a video interview with Suzi McAlpine, author of Beyond Burnout which is based on research in Aotearoa New Zealand.

Everyone can benefit from understanding how burnout develops and how to prevent it. We encourage all our kaimahi (staff) to complete this learning. Managers and clinical leads will benefit from learning more about burnout, so they can support their team members.

You can also access our wellbeing support list on [here on max](#).



## MyIndici patient portal available online now

Patients registered with West Coast DHB general practices can now better manage their own health care online using MyIndici. This is a secure, online service available through your General Practice which gives you access to your health information at your fingertips.

Sign up to the MyIndici patient portal to:

- › Book and cancel appointments
- › Update your contact information
- › Request repeat prescriptions
- › View lab reports
- › Receive secure messages from your health team
- › Check your account balance
- › View resources your health team has picked out for you

**indici**  <sup>TM</sup>  
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Ask your friendly practice staff for details on how to register or visit our website for more information - [www.wcdhb.health.nz/myindici](http://www.wcdhb.health.nz/myindici)

# Free bowel screening now available nationwide

The roll out of the National Bowel Screening Programme is complete, meaning about 835,000 eligible New Zealanders now have access to free two-yearly bowel screening.

Bowel screening is available to people, aged 60 to 74 year old, and is designed to detect bowel cancer at an earlier stage, when it can usually be effectively treated.

The programme roll out began in July 2017 with Hutt Valley and Wairarapa the first DHBs to join, and ended with the final DHB, Bay of Plenty, launching on June 10.

Over the past five years the programme has posted out over a million test kits and detected cancer in about 1400 New Zealanders. It has also removed potentially cancerous polyps (bowel growths) in hundreds more.

Those eligible get a test kit in the mail, which they complete at home and send back in a pre-paid envelope. The kit, about the size of a USB stick, is designed to detect tiny traces of blood in a stool sample, which indicates there could be a problem.

The current eligible age range is 60 to 74. However the Government has announced that later this year Māori and Pacific participants in two regions will start bowel screening at 50, followed by a rollout nationwide from July 2023.

Screening is for people who don't have symptoms of bowel cancer. Anyone with symptoms, such as a change to normal bowel habit that continues for several weeks or blood in their bowel motion, should see their doctor without delay.



A national multimedia campaign to raise awareness about bowel screening and encourage participation is expected to launch in July.

More about the National Bowel Screening Programme [can be found here](#).

# FLU 2022

## Protect yourself and your whānau this winter

# Study identifies exact amounts of extra vitamin C for optimal health

If you are carrying a few extra kilos in weight, an extra apple or two per day might make a difference in boosting your immune system and helping ward off COVID-19 and winter illnesses.

New University of Otago, Christchurch research has identified, for the first time, exactly how much extra vitamin C humans need to ingest, relative to their body weight, to maximise their immune health.

The study, co-authored by Associate Professor Anitra Carr from the university's Department of Pathology and Biomedical Science, has found that for every 10 kilograms of excess weight a person carries, their body needs an extra 10 milligrams of vitamin C daily, which will help to optimise their immune health.

"Previous studies have already linked higher body weight with lower vitamin C levels," says lead author Associate Professor Carr.

"But this is the first study to estimate how much extra daily vitamin C is actually needed for people, relative to their body weight, to help maximise their health."

Published in the international journal *Nutrients* and co-authored with two researchers from the USA and Denmark, the study combined results from two earlier major international studies.

Its findings have important implications for public health internationally – particularly in light of the current COVID-19 pandemic – as vitamin C is an important immune-support nutrient and vital in helping the body protect itself from severe viral illnesses, Anitra says.

The findings could potentially help heavier people better protect themselves from such illnesses.

"We know obesity is a risk factor for getting COVID-19 and that obese patients are more likely to struggle to fight it off once infected. We also know that vitamin C is essential for good immune function and works by helping white blood cells fight infection. The results from this study therefore suggest that increasing your vitamin C intake if overweight might be a sensible response.

"Pneumonia is a major complication of COVID-19 and patients with pneumonia are known to be low in vitamin C. International research shows that vitamin C decreases the likelihood of people getting pneumonia and decreases the severity of it, so finding the right levels of vitamin C to take if you are overweight may help to better support your immune system," she says.



The study determined how much vitamin C is required for people of higher body weight compared to a starting base weight of a 60-kilogram person consuming the average New Zealand dietary vitamin C intake of 110 milligrams per day, which most people achieve from a balanced diet.

Someone weighing 90 kilograms would need to take an extra 30 milligrams of vitamin C to achieve the optimal goal of 140mg/day; while someone weighing 120 kilograms would need at least an extra 40 milligrams of vitamin C daily to achieve the optimal 150mg/day.

The easiest way to increase daily vitamin C intake is by upping the consumption of vitamin C-rich foods such as fruits and vegetables or by taking a vitamin C supplement.

An average-sized apple contains 10 milligrams of vitamin C, so if you weigh 70 to 80 kilograms, achieving the optimal amount of vitamin C your body needs could be as easy as eating an extra apple or two to give your body the extra 10 to 20 milligrams of daily vitamin C it needs.

If you weigh more than this, then perhaps an orange, which contains 70 milligrams of vitamin C, or a kiwifruit with 100 milligrams, may be the easiest solution, she says.



# One minute with... Carlene Packham, Outpatient Nurse Coordinator Hokitika Health Centre

## What does your job involve?

Helping to coordinate and manage the Outpatient Clinics, blood tests, ECGs, spirometry, diabetes, medical and paediatrics, smears, that sort of thing, for Hokitika

## Why did you choose to work in this field?

I have always been a people person and like the thought of helping people and making difficult times easier.

## What do you like about it?

I have met many lovely patients of all ages over the years and have had the privilege of working with many incredible caring and professional workmates.

## What are the challenging bits?

It's always hard when the outcome for a patient is not what we wish for.

## Who inspires you?

Wendy Stuart on reception in Hokitika. She's been here about as long as I have and she's great. You should really do this with her.

## What was the last book you read and/or movie you saw?

I'm reading the Seven Sisters books. We have a book exchange going in Hokitika, and we have two sets based at the clinic. Plus, I'm a big Coronation Street fan.

## Something you won't find on my LinkedIn profile?

We have run a Hokitika Health Centre Lotto syndicate since 2004 and finally we won \$19,000 between us last year!

## If I could be anywhere in the world right now it would be...

Scotland, I'd love to see it.

## What do you do on a typical Sunday?

Gardening – we've got an easy-care section thanks to Alan, my retired husband. The garden has roses, irises, peonies. The front lawn is a work in progress. Or with the family, I have two daughters and six grandchildren so love to spend as much time as possible with them.



Carlene's smile lights up the room in Hokitika

## My favourite meal is...

Chinese, but not too spicy and I always enjoy the Sunday roast that Alan cooks for me!

## My favourite music is...

I enjoy lots of different types of music but love to do housework with the Pogues, Meatloaf and Michael Jackson up loud.

If you would like to take part in the column or would like to nominate someone please contact [wcdhbcmmms@wcdhbc.health.nz](mailto:wcdhbcmmms@wcdhbc.health.nz).

# Photo board

## Minister Little visits Te Nīkau Hospital & Health Centre

Minister Little paid a visit to Te Nīkau Hospital & Health Centre recently which provided a fantastic opportunity for staff to speak to him about all things health care related.



Maternity staff and the Minister



Allied Health staff and the Minister



Theatre staff and the Minister

## Team initiative leads to an updated uniform

Administration staff from Mental Health Service (Central) and Kahurangi Dementia Unit worked together to come up with new uniform tops. As a team they chose the colours and styles and are the first team to wear the new uniform. The three colours (blue, green and navy) were selected to reflect the DHB logo.



Left to right (front) Deb Eatwell, Leeanne Hine, (back) MaryAnn Crisp, Suzanne Neilson and Annie Hetherington wearing their new DHB uniform

## Rural Health in action



Rural Nurse Specialists Kirsty Murrell-McMillan and Rose Fraser putting personal protective equipment into action in South Westland

## Pink Shirt Day celebrated in style

Celebrated annually around the globe, Pink Shirt Day began in Canada in 2007 when two students took a stand against homophobic bullying, after a peer was bullied for wearing a pink shirt. In Aotearoa, Pink Shirt Day works to create schools, workplaces, communities and whānau where everyone feels safe, valued and respected.

Our Finance and COVID-19 Vaccination teams got behind the day by coming to work dressed in pink. Thank you for helping to promote the message of the day: Kōrero Mai, Kōrero Atu, Mauri Tū, Mauri Ora – Speak Up, Stand Together, Stop Bullying!

More information  
– [www.pinkshirtday.org.nz](http://www.pinkshirtday.org.nz)



West Coast Finance team



West Coast COVID-19 Vaccination team

## Health Quality & Safety Commission E-digest Issue #7 June 2022



In the latest issue of the Health Quality & Safety Commission E-digest you can read about Seventh family violence deaths report highlights agencies' duty of care; final learning session for the trauma rehabilitation collaborative and much more. You can read it online [here](#).

## eCALD newsletter

This 75th edition promotes the upcoming CAHRE National Symposium 2022, Changes to Refugee Settlement Service Providers and Service Provision and other news items. [here](#).



## Something For You

Something For You is the West Coast DHB's employee benefits programme. The deals offered are from the West Coast business community to say thank you for all that you do.

We also have lots of other great deals from businesses located further field, check them out [here](#)!





# WORLD HAND HYGIENE DAY 2022



**WCDHB celebrated World Hand Hygiene Day on 5 May 2022. The IP&C and Quality teams promoted Hand Hygiene Day throughout the departments and patients received a hand hygiene activity sheet on their meal trays.**

