



Te Hiku Hauora Mobile Nursing Team

Left to right, front row: Eleanor, Cherie, Robyn Left to right, middle row: Jo, Jen, Chaye, Ange, Fiona, Marlene Left to right, back row: Kiriwai, Donna, Shaye, Mike

Te Hiku Hauora Mobile Nursing Team has been providing free nursing interventions to the far north community for approximately 20 years. Throughout this time services have been actively visible within our community providing accessible healthcare to rurally isolated communities.

Initiatives are supported and implemented to meet our Māori population needs including Marae-based clinics, opportunistic/workplace health screenings, home visits and working collaboratively with other providers within our community.

As a member of this team for three years I have witnessed the positive impact Mobile Nursing has made with whānau, hapu and iwi. I acknowledge my colleagues, nurses and kaimahi hauora, who all have a passion for working towards Whānau Ora. More so manaaki shown by our manager Ange Keung-Hobson and colleagues in my role as Te Rūnanga, NZNO Tai Tokerau proxy member.

The mobile nursing team provide valuable services from North of Mangamuka to Cape Reinga. The services offered include Tamariki Ora Well Child checks, breastfeeding support and two adolescent health clinics based in Kaitaia and Taipa.

Te Hiku Hauora mobile nurses provide health screening checks to businesses and the community. Patients are able to access chronic care nurses via Te Hiku Practices. They also provide Manaaki Manawa - Cardiac education, Mental Health & Wellness Checks and a social worker to link whānau to social supports within the community. The team works within Te Hiku Hauora organisation that provides GP clinics, dental, health promotion and home support all focused towards accessibility for our community.







The Medical Outreach Team

Left to right, back row: Sue Cooper, Felicity Rankin, Jesse Ginn and Gayle Crawshaw Left to right, front row: Alma Quirey, Stephanie Fox and Dianne McLeod

In response to high readmission rates of heart failure and chronic obstructive pulmonary disease the Medical Outreach Team was established in 1997.

We wanted to reduce exacerbations of heart failure and chronic obstructive pulmonary disease, reduce hospital admissions and readmissions or length of stay, and to enhance the quality of life for the women and men living with these conditions. A key driver for this initiative was to reduce the rising and significant cost burden of these readmission rates in our hospital.

The Medical Outreach Team has evolved and developed over time. Our team now lead the Community Venous Thrombo Embolism service and the Northland DHB Oxygen Service. We are six Clinical Nurse Specialists and 1 Associate Clinical Nurse Manager.

The Medical Outreach Team is a mobile community nurse-led service which provides specialist clinical assessment, monitoring and management of adult and elderly patients with complex cardio-respiratory conditions. These patients often have multi-organ failure on multiple medications. In addition, patients/families have a low income, poor housing, no transport and/or poor relationships with health professionals which impact on their ability to manage these debilitating conditions.

In order to break down these barriers to achieving optimal health our team work in close liaison with general, respiratory, renal and cardiac physicians and the wider multidisciplinary team. We continually navigate, liaise, collaborate and advocate on behalf of and in partnership with our patients/families between our Secondary and Primary Health services to meet the overall aims of the service.







Te Hau Awhiowhio Otangarei Health Care Centre

From left to right: Kath Mooney, Miriama Reihana, Minnie Cotton, Mary Cox, Linda Mahika, Margaret Hand and in front, Dr John Martin

The team at Te Hau Awhiowhio Otangarei Health Care Centre serve their community using the Te Whare Tapa Whā, the Māori model of health care: taha tinana (physical health), taha wairua (spiritual health), taha whānau (family health) and taha hinengaro (mental health).

The service they provide is directed by the needs of whānau in their community. Otangarei has a 98 percent Māori population. The relationship between Te Hau Awhiowhoi Otangarei Health Care Centre and the community is strong, and the community has a voice. The centre is a significant agency in the health of the community of Otangarei.

The health care centre prides itself on free nurse consultations; nurse-only clinics and nurse-driven projects. The clinic is supported by the Manaia PHO and Northland DHB to provide services to improve access to care.

The 2016 International Nurses Day theme "Nurses a force for change: Influencing the health of our Communities, Impact and Visibility" is enormously relevant in our daily work lives. It is our objective to be that force for change in our patient's lives and work together to influence the health of the community we are caring for.

Margaret Hand has been an NZNO member for 30 years. She has worked at Te Hau Awhiowhio for 8 years as a community and clinic nurse and is the Te Rūnanga o Aotearoa, NZNO representative for Te Tai Tokerau and a workplace delegate. Linda Mahika joined the team recently as the new clinic nurse and has been with NZNO for 5 years. Mary Cox has been with NZNO for 15 years, she recently joined the team as clinic nurse. Miriama Reihana is our community health care worker and an NZNO member for over a year now. Minnie Cotton is our Community Nurse and an NZNO member for 4 years. Kathleen Mooney is our receptionist and has been an NZNO member for 6 years. Dr John Martin hails from Cornwall in England and has worked at the clinic for 9 months.







Cushla Baker

Cushla has been an NZNO member since 1996 when she returned to New Zealand to work as the diabetes nurse in Kaitaia. She had previously been working in Perth as a paediatric nurse.

She has been an Accredited Diabetes Nurse Specialist and a member of the Aotearoa College of Diabetes Nurses since 2000.

She is an inspiration to the CNS Diabetes nurse team in Northland. She is a proactive diabetes educator with her local community, both with her health professional colleagues and her clients. Her genuine caring manner transfers to her relationships with clients and colleagues.

She has done extensive educational training on diabetes with the GPs and iwi providers in the Kaitaia region. Cushla has made a difference in the lives and management of the diabetes clients in the area.

She truly understands the integration of the many aspects of health care both from a collegial and patient and service delivery perspectives.

She has set up a enjoyable and effective teaching session to the nursing staff of the Kaitaia hospital to enable them to be more effective with people admitted into the hospital that have diabetes.

Nursing staff in Kaitaia have reported that she has taken the mystery out of diabetes and the various insulin regimes. She presented this teaching program at the national diabetes nurses symposium 2015 and at our regional Auckland and Northland diabetes nurses day which Whangarei hosted last year.

