

To celebrate the service of the South Auckland Hospice Charitable Trust.

This is dedicated to everyone who helped make the dream a reality.



The South Auckland Hospice Charitable Trust

The original logo was in spring colours, green and yellow synonymous with new life. It was designed by a friend of Father Francis Fennell's and was of two people standing together on a journey. One was supporting the other in a circle representing eternity.



Father Francis Fennell

THE PRAYER OF ST. FRANCIS

Lord, make me an instrument
of your peace:
where there is hatred,
let me sow love;
where there is injury, pardon;
where there is doubt, faith;
where there is despair, hope;
where there is darkness, light;
and where there is sadness; joy.

Grant that I may not so much seek
to be consoled as to console;
to be understood,
as to understand,
to be loved as to love;
for it is in giving
that we receive,
it is in pardoning
that we are pardoned,
and it is in dying
that we are born to eternal life.

From Humble Beginnings.

The South Auckland Hospice is the result of the inspiration of the Rev. Francis Fennell and a small group of people who shared his dream to provide Hospice care in the Auckland area. From the outset the goal was clear. To provide optimum care for those people who were terminally ill and support those closest to them.



Ann Goddard manning the Hospice phone line at Friendship House in Manukau City

gooders” – people who meant well, but who didn’t have a chance of succeeding.

They were received politely, listened to, and then silently dismissed by a number of professional people.

The early years were spent trying to convince others that this goal was attainable. It was frequently said, albeit subtly, that it was not. Initially those involved were viewed by some as a group of well-intentioned “do-



Sausage Sizzle in Manurewa to raise funds

The people who heard were everyday folk, many of whom had experienced the trauma of coping with a loved one dying with inadequate support, in environments not of their choice. In 1981 support groups were established in Papakura, Manurewa and Papatoetoe. Howick support group was formed at a later date. The purpose of the support

groups was to promote the concept of Hospice and raise sufficient funds to establish a service. Father Fennell had already set up a Trust Fund that held the grand sum of



Champagne Breakfast at Nathan Homestead to raise funds

\$20,000.00. People with large lounges drew the short straw as meetings were then held in their homes.

The plan was to support an existing group, with which Fr. Francis was involved, The Hospice Foundation – a committee that was comprised of eminent professionals based in central Auckland. However, the unbelievable lack of progress of this committee caused immense frustration to the rapidly expanding numbers of enthusiastic supporters in South Auckland.



Beatrice & Father Francis Fennell

Fr. Francis and Beatrice [his wife] worked tirelessly to nurture their many contacts and associates to gain help in making the Hospice dream come to fruition. It gradually became clear that if Hospice was to become a reality, the South Auckland group would have to make it happen.



Four of the founding members - Lynne Mollet, Marion Meekan, Neil Kirton & Margaret Karl

The members set out with some trepidation, but never doubting they would succeed. Knowledge of what Hospice care really entailed was minimal, the situation had to be rectified and quickly! Support, encouragement and advice were generously received from people such as Dr. Richard Turnbull, Te Omanga, Dr. Graham Campbell, St. Joseph's and Dr Alan Cowan, The Medical Officer of Health for Manukau. There were many others who gave support – Friendship House, Margaret Mourant, Penny Smith who was at that time with the Cancer Society, and the wonderful Service and Church groups, also the local newspaper – The Manukau Courier.



Tui Isdale cleaning a bed

The early Home Care Team members were – Dianne Duder, Diane Mason, Ngaire Peterson, Annette Montgomerie, Tui Isdale, Carol Dean and Jan Jaggard. Many of the future paid Hospice Staff came on board as volunteers.

Then, as now, finance was a problem. If the Trust has headaches trying to balance the books today, how would they have viewed holding I.O.U.'s for postage and stationery! Periodically a cake stall would be held to clear the debts. Tui Isdale's group once raised \$1,000.00 through a cake stall, which was an exceptional feat for the 1980's.



**The original trust members-
Back Row Ann Goddard, Tadek Mazur,
Margaret Karl
Front row Barbara Johnson, Julia Bissett,
Father Fennell, Noelene Farley.**

In 1982 the Trust Deed was signed – the Trustees being drawn essentially from the support groups. Tadek Mazur was the first chairman. People could now claim tax refunds on their donations.

The hope was to have a purpose built Hospice; however, it was clear that this would be unattainable for some time. Those involved were unable to sit back and do nothing. If the patients could not come to Hospice, why not take the service to them? It was the best “compromise” ever made. Hence a limited version of the Home Care Service was born. The service was co-ordinated from the home of Maggie Karl. Registered Nurse Jan Jaggard and Maggie had a double act. Maggie would receive requests for help, phone Jan, who would then hop in her car and visit the family concerned and find out

what practical assistance could be offered. Initially it was basically a “sitting service” to provide company for the patient and a break for the caregiver.

There were three nurses on the Trust, Maggie Karl, Ann Goddard and Barbara Johnson. They were given the special responsibility of developing the care side of the service. Other founding Trustee Members were Tadek Mazur, Noelene Farley, Julia Bissett, and of course Father Francis Fennell, ever supported by his wife Beatrice.

Maggie became the first Volunteer Co-ordinator and was with Hospice for twenty five years; she recruited and

arranged education for some eight hundred volunteers. In 1990 Maggie was awarded The NZ Commemorative Medal in recognition of her work for Hospice. Maggie was also a founding member



Maggie & Elizabeth developed a happy & efficient working relationship

of the Volunteer Co-ordinators group for Hospices of Auckland; she was actively involved in many aspects of the developing Hospice service, nationwide.

Maggie’s clerical skills were somewhat limited, so in September 1990 Elizabeth Brennan was employed to help with this aspect of the volunteer services. Elizabeth had taken time out to have a family and had recently re-entered the workforce. In preparation for this had attended a course to update her use of the computer. Imagine

her reaction when she discovered the tools of her trade comprised a rather ancient typewriter! As the number of volunteers increased so did Elizabeth's role, and over a very short space of time she became Assistant Volunteer Manager. She and Maggie developed a happy and efficient working relationship and a friendship evolved between their two families.



Possession of "No 18" [Kelvyn Grove, Manurewa] as it was fondly called was taken in 1983. It had been the Marita Rest Home. If things were meant to happen around Hospice, they

often did in the most miraculous way, the acquisition of Fennell House being a great example. One volunteer, Jill Jamieson, who had a talent for writing, submitted a report to the Courier following a fundraising event. Almost tongue in cheek, she concluded the article by saying that South Auckland Hospice were looking for a building and if anyone had a villa they would care to donate, the Trustees would like to hear from them. A few days later a call was received to say

"I haven't a villa, but a rest home and sadly I am unable to give it to you, but I would sell it to you at the lowest price I can afford." Following an



The Blessing of Fennell House

exciting visit to the Marita Rest Home,

the bank was approached about a mortgage. The Trust had the vast sum of \$3,000.00 as a deposit, [with the promise of Fr. Francis' trust fund when it could be released].

It would be a challenge for anyone to buy a house with \$3,000.00! It was just amazing. Was it because the bank manager had faith in the service, or because he

was a neighbour of Maggie's! Mrs. Venn, the vendor, was most generous and left furnishings and other equipment. She was clearly impressed by Tadek and for some time afterwards continued to send hand knitted garments, ostensibly for the Hospice.



Appointed as Nursing Director in 1984, Judy Macready was the

The Opening by the Governor General, Sir David Beattie in 1984

first paid team member. To her credit, despite being told at interview Hospice required a 24hour/7day a week service for a part time position, with no guarantee of a regular pay cheque,

Judy accepted.

Judy Macready - Nursing Director

Tadek frequently forgot to pay her as it was something he had not previously had to consider. Judy remained with Hospice until 1990 when she left to join the Child Cancer Foundation. Judy's appointment probably saved Maggie from divorce proceedings as with the huge number of 10 families on the books, life in the Karl household was a little fraught at times! Maggie's son once said, when asked to do something, "I'm too busy now, I have to go to the Hospice," he was three years old at the time. Maggie's daughters' potty training was assisted by all and sundry, meetings held around her naps and meal times.



Ann Goddard, Jan Jaggard & Judy Macready

Having a base and a Nursing Director, made an incredible difference. The Hospice went from seedling to sapling almost overnight. Tribute must be made to the amazing progress for which Judy was essentially responsible.



Preparing Day-stay Christmas Party

Having a “home” enabled another aspect of the hospice service to develop – Day-stay. Certain patients, often those with limited company, were then able to have a social outing in a “safe” and comfortable environment whilst giving their caregivers some well deserved time out.

The volunteer teams involved with the programme were (and are) amazing and for many guests the visit to Day-stay became the highlight of their week.

The delicious morning teas and lunches provided by the volunteers tempted those with poor appetites. Laughter and hugs and telling of yarns abounded.

A special rapport within each group developed quickly thanks to the leadership of the successive coordinators which included Ngaire Peterson, Lorraine Thorby, Lorraine Renouf, Barbara Fromont, Ann Linton and Jan Wilson.



A Day-stay lunch

Hairdressing, massage and TLC by the bucket-load were on offer. Mondays and Wednesdays were especially happy occasions.

Volunteer drivers provided a much appreciated taxi service ensuring that lack of transport wasn't an obstacle for attendance.

There is often a fear associated with the term Hospice, which may create a number of barriers to accessing care. Day-stay was a wonderful introduction as it quickly allayed any fears or preconceived ideas which a patient may have had.

In 2005, nurse Janine Fletcher was employed in order that the Day-stay service could expand to include some clinical treatments.

Day-stay continues to go from strength to strength.



An early Homecare Team

The team, which by this time had some paid nurses, became incredibly innovative as resources were virtually non-existent. Information was sought and studied in order to offer options. These suggestions were discussed with the family, their views genuinely noted and supported. Family conferences were common, ensuring it was the family's decision and not one coloured by the nurses opinion.

Symptom control became the first priority before any 'quality of life' could be achieved. Understandably, caregivers were reluctant to be relieved if it meant leaving their loved one in pain. Long acting morphine was not available at this stage.



A morning meeting

Members of the Homecare Team became aware they had to be alert to families



The first car, donated by The Lion foundation for use by the nursing team

making choices to please the nurse for fear of losing her support. The family was seen as the unit of care, and desire to empower them was a major influence in the decision not to wear a uniform.

Allowing a relative to provide hands on care was essential – helping to meet their needs. Hospice was not there to take over. Judy always said Hospice nurses should have large pockets. [As a rule nurses find it most difficult not to ‘be busy’ – all that training!] Support offered by the nurses, gave families the option of caring for their loved one at home.

Approaching GP’s was sometimes – quote “like crawling over glass.” Printed information was always shown to back up a suggestion by the Hospice Nurse. Little

by little progress was made with some local doctors becoming great allies. A real milestone was reached when the very first phone call was received from a GP, seeking advice on symptom management.

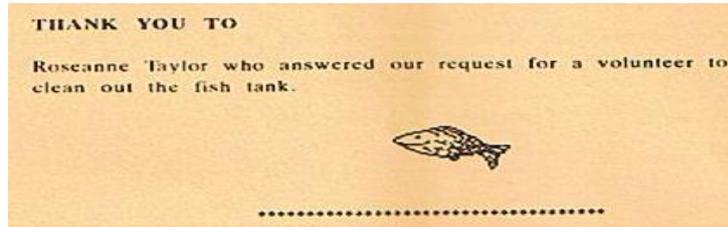
As financial resources were minimal, maximum use was made of existing appropriate agencies and equipment so not to duplicate a service.

Limited knowledge was part of the challenge for the team, so answers to problems encountered were sought from many sources. Mistakes were made and learned from. The learning curve was precipitous by those in the front line. Members of the team met to brainstorm, share ideas, become aware of each another's strengths and weaknesses and tried to use them to the best advantage. Discussions often provided a solution to a problem that had been encountered. The pioneer nature of the service saw a close bond between members who were ever ready to support one another. Hugs, tissues and tea were readily available. Despite this limited knowledge, the nurse was always ready to respond to the patient or family need, no matter what time of day or night. "Being there" was of prime importance.

Jan recalled how one patient that she had been caring for, died a death that would not be described as "good." He had frequent seizures right to the very end; these were most disturbing to witness. Fortunately, knowledge and experience now available would make these symptoms more manageable. Jan spent the night at the bedside, "being with" the patient and his wife until he died. Years later the same woman was still saying how wonderful the Hospice was, and how well her husband was cared for.

The thing that had remained in her mind was not the distressing symptoms, but the Hospice nurse being there with them, every step of the way.

One of the most valued things offered was time, making each family feel that they and their concerns



Volunteers did virtually anything!

were the most important issues of the moment. They were the only ones that mattered. Patient loads were deliberately kept at a level to ensure this aspect of the service would not be jeopardised. Care of the patient was a Team effort.



Volunteer Pat Rear doing the washing

Virtually every role that exists in the organisation known as the South Auckland Hospice, was established by a volunteer. Someone whose generosity built the strong foundation the service rests on. Someone who was prepared to devote time and expertise to develop a role until it grew to the point where it was unrealistic to continue as a voluntary venture, remembering that many of those volunteers had a background in nursing.

South Auckland Hospice developed one of the most comprehensive volunteer programmes in New Zealand.



Volunteers making beds

It takes effort to ensure the Hospice works as a team, with some members paid, some not. All those involved with Hospice must work together to provide the optimum

care to ensure the philosophy of Hospice is actually practised in deed and not just word.

There is a story from Te Omanga Hospice that tells how one day, the Nurse Manager, Marion Cooper, and some volunteers were gardening. They said they needed a young doctor to walk down the path and offer his services. Lo and behold, along that path came Dr. Richard Turnbull, a man whose name was to become almost synonymous with the Hospice Movement in New Zealand.



Dr Rob Dunlop

One afternoon at No 18, Judy is reported to have said “What we need is a Richard Turnbull to walk up our garden path.” A few days later, someone rang the doorbell and said “I’m Rob Dunlop. I’m a doctor and I am very interested in Hospice. I wonder if I can be of some help!” His specialist knowledge was a valued asset. His expertise ensured South Auckland Hospice was firmly on the map. He became a paid

member of the Team in 1988, but his association

with South Auckland Hospice started before that time – like many others, as a volunteer. Rob went on to become Medical Director of St. Christopher’s Hospice in London

Hospice purports care of the family – but the family is defined by the patient, be it relative, friend or pet. One illustration of this care was when Community Nurse Jean Quinn, returned from a visit to an elderly man living at home alone. He had confided



Ailsa Clague

(Nicky eventually retired to the home of the housekeeper Ailsa Clague.)

that his greatest concern was having no one to care for his cat; he was distressed at the thought of his pet having to be “put down”. Jean solved the dilemma by arriving back at base with her bag in one arm and the cat in the other.

Nicky, as the cat was called, settled into his new home, happily visiting his owner each week when he attended

Day-stay. The relief to this gentleman was priceless.

Bereavement support was always considered to be part of the Hospice programme.

The embryonic service started in 1984 developing rapidly to the vital role it has today.

The neighbouring vacant section, unbeknown to Hospice, had just been listed on the market. The secretary at a local estate agents’ office was typing up the details and it caught her attention. She told her boss that if he gave South Auckland Hospice the

first option, she would pay \$100.00 as a

deposit. This purchase enabled Fennell

House to be upgraded to an In-patient

Unit, and the administrative services and

Day-stay were then relocated across the

driveway to the new base. The Stevenson

family kindly donated the driveway and the

building known as Stevenson House.



Upgrading Fennell House

The close neighbours at Kelvyn Grove were friendly and welcoming, often dropping off morning tea or rolling up their sleeves to assist with housework and gardening.



Stevenson House - Before



.....and after



SOUTH AUCKLAND HOSPICE

Inspired by the vision of the Reverend Francis Fennell to establish a community based Hospice, a group of individuals campaigned to make the dream a reality.

In October 1982 a Charitable Trust was established.

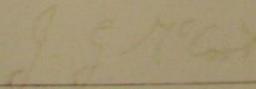
We acknowledge with profound gratitude the generous public support which enabled this property to be purchased in May 1983. In the same month Home Care Support commenced while Family Bereavement and Day Care Services were later provided.

Through the continuing support of individuals, organisations, businesses, local bodies and Government it has been possible to restructure the building to provide an In-Patient Unit which when fully operational will permit total Hospice care for the terminally ill.

The devotion and sensitive understanding of Hospice staff together with volunteers in meeting the needs of patients and their families has made an outstanding contribution to the success and high reputation of Hospice care in South Auckland.

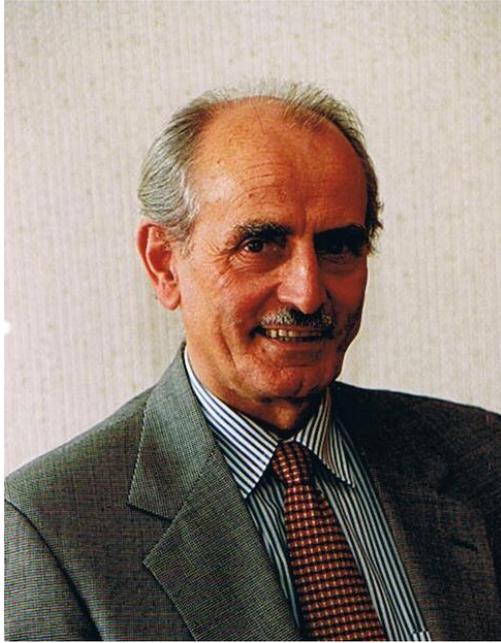
His Excellency The Governor General The Most Reverend Sir Paul Reeves, GCMG, GCVO unveiled this commemorative address on the 19th day of April 1989.

For and on behalf of;
Board of Trustees
South Auckland Hospice Charitable Trust


CHAIRMAN

The plaque commemorating the visit of The Most Reverend Sir Paul Reeves.

In 1989, Alex Green, who came from an engineering and marketing background, joined the Hospice, initially to assist in the raising of much needed extra funds. He



Alex Green

was appointed Trustee in 1989 and Chairman in 1990. He held a part-time role of Executive Chairman from 1990 until the appointment of the General Manager in 1992. He stood down as chairman in 1995 and resigned from the Trust Board in June 1996. During his term, Alex did much to raise the profile of the organisation, particularly to government and key businesses and Trusts in the wider Auckland community. He also

took on a regional role as Foundation Chairman of the Hospices of Auckland Association and continued his interest and involvement of Hospice at this level for several years.

At Easter 1990 the seven-bedded In-patient facility was opened, having been upgraded from rest home status. Jean Quinn transferred from the Community Team to be the first Charge Nurse of Fennell House. Ironically, Fr. Francis was the first patient to be admitted. Fr. Francis died later that year, at home, cared for by his wife Beatrice and supported by the Homecare Team.

South Auckland Hospice was caring for a nine year old girl at home when her cat had kittens. She decided that the new In-patient Unit should have one of these feline offspring and chose the one she thought most appropriate, even named the cat Floss.

Floss became quite a celebrity with her story in the local newspaper and a year's supply of cat food was generously supplied by a pet food company. There may have been a Charge Nurse and General Manager, but no one visiting Fennell House was left in any doubt who was the boss – Floss.



Floss

Floss remained with Hospice, through the ups and downs until her sad demise at the age of seventeen. Floss is now buried in the Hospice grounds with her toys and cuddly blanket.

In 1992 Hospice was experiencing some fragmentation issues associated with the significant, rapid growth of the service. A full staff meeting concurred that a General Manager was required to bring cohesion to the organisation. Mr. Lloyd Davies was appointed to this role which later evolved into the post of Chief Executive Officer.



Lloyd Davies

Resources continued to be extremely scarce and frugal measures frequently adopted. Some incredibly generous staff were known to donate their penal rates back to Hospice.



Some of the "Wish Lists from the early days!"

In Fennell House, home like facilities and atmosphere were the aim, so when one family, caring for their mother at home, needed to attend a wedding in another part of the country, Mum plus her constant companion, her pet dog, were both admitted for respite care for the duration of the family's absence. In fact, over the years, patient's pets became regular visitors.

Following the departure of Dr. Rob Dunlop in 1992, medical cover at South Auckland Hospice was limited, as at this time few doctors had Hospice experience. There was no funding from the District Health Board, and it was virtually impossible to meet a doctor's salary from the Hospice purse. We were however fortunate enough to have the support of GP, David Virtue, who combined his general practice with twice daily visits to the Hospice, as well as providing 24 hour medical cover. He was later joined by a number of part-time doctors who shared patient care both in the unit and in the community.



Frequent changes in management of the Community Team were unsettling and highlighted the need for stability in the leadership role. In November 1993, Carol Pollock was appointed to manage the Community Team. At this time there were thirty staff, approximately three hundred volunteers and eighty patients on the books.

Carol Pollock

In 1997 staff problems manifested themselves in the In-patient Unit, eventually necessitating a short closure of this part of the service. Patients were accommodated by In-patient Unit nurses caring for them, in the patient's own homes, alongside the Community Nursing Team.

Staff and Trustees met and worked together to seek a solution to the serious issues. Mr. Alby Thorby,

who had just been appointed to Chairman of the Trust, guided the organisation through these challenges. He must be commended for his valuable contribution as Chairman of the Trust over 8 years.



Alby Thorby



Elaine Dow

It was deemed that a new management structure was required. A CEO with extensive nursing and management background was sought; Elaine Dow was appointed this role in April 1997 and Carol Pollock became Charge Nurse Manager of all Nursing Services. In May 2001 Carol became Director of Nursing, until her retirement in Sept 2006.

The growth of Hospice, both local and nationwide, has impacted on the role of the CEO. Elaine has dealt with all this admirably.



Dr. Graeme Kidd

The In-patient Unit remained closed until Dr. Graeme Kidd [a local GP] contacted the Hospice in May 1997, offering his services because of his interest in Palliative Care. He was like a breath of fresh air, with his calm demeanour, sensitivity and understanding approach. Graeme was very much a Team player, supporting all aspects of the service.

With his wicked sense of humour, he was an enthusiastic participant in staff skits and social events. One of his favourite quotes was “We are here for a good time, not a long time.” Graeme’s appointment allowed Fennell House to re-open. Several new nurses joined the Team.

One of the aims of the in-patient unit was to create a pleasant atmosphere – to make it as warm, welcoming and homelike as possible, and each staff member and volunteer played a part in ensuring this was achieved.

A large portion of the credit for this achievement must be attributed to the household staff namely Ailsa Clague, Connie Humphries who were cooks and “housemothers”, and to Linda Williams, who almost single-handedly, kept our hospice clean. Their interaction with patients and family members was outstanding.



Connie Humphries



Dr. Willem Landman

In June 1997, South Auckland Hospice was fortunate to secure the services of Dr. Willem Landman, a Palliative Care Specialist from South Africa, who was working as a GP. Initially, the medical cover was shared by the two doctors until the growth of the service required extra medical officers to be appointed. Dr. Landman left his GP

practice in 2005 and became Medical Director of South Auckland Hospice and Palliative Care Consultant at Middlemore Hospital, allowing both organisations to benefit from his vast knowledge of Palliative Care.

This had been acquired over many years, including those as Medical Director of St. Lukes Hospice in Capetown.

Later Willie and Graeme were joined by Dr. Eileen Brosnan with her dog Salty and Dr. Gina Kaye. Together they constitute a balanced and widely experienced specialist medical team.



Dr. Eileen Brosnan and S: Dr. Gina Kaye y) *From Seedling to the Mighty Totara*

For many years it was recognised that South Auckland Hospice required a purpose built facility to become the Hospice home.

Following years of seeking a suitable location, land was bought [for a favourable price] at the present site of South Auckland Hospice in Charles Prevost Drive, Manurewa.

Award winning architect, Felicity Wallace, designed and supervised the construction of the new building, known as Totara Lodge.

Hospice is truly indebted to all the benefactors, large and small, who gave generously to make this dream possible.

Even with such generosity, funding was insufficient and the upper floor of the building was left as a shell to be completed at a later date.

Relocation was a logistical nightmare – staff and volunteers spent many weeks packing and labelling mountains of boxes.

On 19th April 1999, despite the absence of the compliance certificate which had been delayed, everything was moved in – except the patients!



The removal van

The nursing and medical teams assisted the families in caring for patients at home.

Workmen and their tools were still very much in evidence. Some offices were not completed; carpet only partially laid and a collection of interesting looking wires were hanging from the ceilings. Things were further complicated by the council issuing the street address as 130 when in fact it was 140! At the last minute, Hospice was informed that their present telephone number could not be transferred, and there was no reception for mobile phones.



South Auckland Hospice staff just prior to moving

Even though supreme efforts had been made to advise everyone of the new location, hearses, ambulances, visitors and medical students continued to arrive unannounced at No 18. The “piece de resistance” was when a volunteer turned up to cook the evening meal, much to the surprise and delight of the new owners. Their tolerance and generosity were hugely appreciated.

The new home was almost rural – the road ended at the top of the drive. New houses were being built at a vast rate, dispossessing many small rodents of their abodes!

They promptly took up residence in Totara Lodge, much to the horror of staff, much to the pleasure of Floss.

Two nurses had to be in the building overnight to answer any calls that might come in from the community patients. A scary ordeal in the middle of nowhere with things going “bump in the night”



A New Beginning

One afternoon South Auckland Hospice was being presented with a lazyboy chair. It was donated by several retired women who were enjoying having their photographs taken with the Nursing director alongside the new chair.

Not to be outdone, Floss joined the group, bringing her own gift – a little brown, wriggling field mouse, which she promptly tossed across the feet of the nearest visitor. Much to their credit, the ladies remained very cool, not so Carol, who tried valiantly to catch both the mouse and Floss.



Alby Thorby with Judith Bassett at the opening

The official opening on 3rd October 1999 provided the opportunity to show off the wonderful new home to dignitaries, the community and magnanimous supporters.

Judith Bassett, Chairperson of ASB Trust

opened Totara Lodge.

A larger home meant more maintenance, repairs and numerous “odd jobs”. Tasks in earlier years tackled by staff members or volunteers required special attention. Enter Gary Bowdler, Maintenance Coordinator.

Tribute must be paid to the local fire service for their good humour in response to numerous false alarms that occurred day and night, due to oversensitive smoke detectors. The main culprit was the toaster in the room used by staff.

An unsuspecting staff member would be sitting down to munch on a recently cooked slice of toast, to be joined by several hunky fire fighters wearing full breathing apparatus. WHOOPS!

Patient numbers steadily rose from eighty to three hundred and fifty, necessitating additional staff and volunteers. This impacted on the whole service, including counselling and bereavement support, which grew extensively.

Individual or group counselling is offered to all patients and families.



**Isobel Robins – First
Bereavement Counsellor**



Lynne Condon and Hyeun Kim - Bereavement and Family Support Counsellors

Families are automatically referred to the Bereavement service for follow up.

A Remembrance Service was held annually in December, for those bereaved in the preceding year, recognising the first Christmas without a loved one, is a very significant time. Due to increased numbers, commemorative services are now held every six months.

Regular support groups are facilitated. The Bereavement Support Team also includes a number of volunteers.

Staff were dragged into the twenty first century [or age of technology] and became computer literate.



Helene Morris



Rodney Carter

This eventually led to the full time appointment of an Information Technologist, Rodney Carter. This was indeed a challenging position as staff needed frequent rescuing. Helene Morris, the administrator, was relieved to return to her own desk and job, as previous to this appointment, she had become, by default the “computer SOS person”.

In 1988 the first shop was opened in Papakura as a trial, by team of volunteers under the leadership of Tui Isdale.

The success was such that three more shops were opened relatively quickly.



The Manurewa Shop

The number of Hospice shops continued to increase as the income they generated was substantial. Eventually a shop “Liaison Manager” was needed to co-ordinate them, a position currently held by Gillian Bradshaw. A warehouse was also required to hold stock for the shops as at Totara Lodge the very large basement garage was rapidly

becoming like a second hand furniture shop, so that more and more staff cars were having to park outside.

The success of the shops can be attributed to the innumerable hours given by volunteers from the inception of the first shop in 1988 to the present day. There are now seven retail outlets, plus two warehouses.



The van donated by Green and McCahill

A van was required for collection and delivery. A suitable vehicle was donated by Green & McCahill in 1998. Initially this was driven by a team of volunteers, but demand grew, necessitating a full time paid driver. A second van was acquired in 2001.

Fundraising continues to be a vital component of the service. South Auckland Hospice is indebted to the people who over the years have worked tirelessly to raise both funds and community awareness.



Stephanie Maitland

The Service Clubs and Community Groups have been supporters of our The need for

financial support necessitated the Fund Raiser from the early days.

Stephanie Maitland and Jennifer Kent

successively. Fundraising remains an essential function, despite some funding from the District Health Board, which began in a limited way in 1994. Gratitude needs to



Lesley Dawson

and are stalwart Hospice service. continued extensive appointment of a Lesley Dawson, held this position



Jennifer Kent

be expressed for the efforts made by those volunteers who were members of the South Auckland Hospice Support Groups through the years.



Book Sales were run by the Manurewa support group

Their work and dedication have been outstanding. Book Sales, Cakes Stalls, Catering, Concerts, Theatre Nights, Street Collections, Sausage Sizzles – all to promote and sustain the work of South Auckland Hospice. Circumstances have changed over the years and the Support Groups are no longer active. It would be good to think they are just in recession.

Management, for some time, had been anxious about the safety of the Community Nurses providing the twenty four hour on call service. Risks were frequently discussed, but nurses were reluctant to relinquish the after hours support for their patients. Fatigue, stress to staff and their families, together with the increasing violence in the community, were of concern. The vulnerability of a nurse on her own in the car at night, gave rise to the on call service being revised.

Considerable thought was given to the welfare of patients and their families.

An evening service evolved: - a nurse worked from 1400hours until 2200hours.

Also student nurses from Manukau Institute of Technology [MIT] were employed for four hours from 1800 – 2200 hours to accompany the Community Nurse on evening visits. This provided the nurse with a safeguard and an extra pair of hands whilst giving the student valuable practical experience.

A Community Nurse was rostered to attend patients, if required from 0600hours, with advice readily available overnight to patients from the In-patient Unit staff and Hospice on call doctor.

A six month trial was undertaken with some apprehension. However, long before that time the project proved to be highly successful.

Alongside all these changes a comprehensive education programme was gradually developed to support and up-skill staff. Nurses were and still are encouraged to take advantage of the post-graduate university programme that is offered. South Auckland Hospice encourages its' staff and assists them financially with the course fees and study leave.



Yvonne Bray at a fundraising event

To comply with the ever growing government regulations, administrator, Lorraine Johnson changed roles and became Quality Manager for the hospice.

In February 2003 professional standards dictated that South Auckland Hospice should work towards accreditation. This process started in July 2003 and accreditation was successfully achieved after vast amounts of hard work by staff on 23 November 2004.



The accreditation team – Beryl Howard, Carol Pollock, Jessie Mravicich, Lorraine Johnson

This process was co-ordinated by the incumbent Nurse Educator, Beryl Howard, assisted by Quality Manager, Lorraine Johnson, Director of Nursing, Carol Pollock, Charge Nurse, Jessie Mravicich and Heads of Department. Panadol was regularly distributed!

Staff recognised the importance of the volunteers' contribution and showed their appreciation in various ways, participating in volunteer education, social functions and emphasising the value of the volunteer's place in the team. However, the highlight of several years had to be the "skits" performed by some of the staff at the annual Volunteer Recognition Function. They displayed acting talents and pantomime so well hidden, that even the owners were unaware of their latent abilities.



Snow White and the Seven Dwarfs at a Volunteer Recognition Function



Training Volunteers



Fluffy

In October 2004, a cat with an abundance of black fur [Fluffy] arrived uninvited wearing a flea collar that was too tight for him.

Concerned staff [i.e.: Carol] contacted the owners, but Fluffy showed no desire to return to them, showing a distinct preference for Totara Lodge.

Shortly after the initial visit, the cat became unwell; an abscess was diagnosed as the cause and was duly treated. Fluff's owners were going away for Christmas and asked South Auckland Hospice to care for him during his convalescence. Fluffy revelled in the attention lavished on him by patients, staff and visitors and never returned to his original home.

One of his favourite spots for a nap is the "in tray" on the Nursing Directors' desk – quite a snug fit as Fluffy increased in size. Fluffy routinely visited the Conference Room to inspect those who attended meetings or education sessions, much to the amusement of the participants.



The garden of Totara Lodge, under the guidance of Diane Owens and her team of volunteers, has changed from a weed ridden, mice infested building site, to something to rival the Regional Botanic Gardens. The

Diane Owens gardens are truly beautiful, a credit to all concerned, providing a place of tranquillity and a source of pleasure to all who use them.





Some of the gardens surrounding Totara Lodge

Hospice staff numbers have increased steadily and significantly. South Auckland Hospice has changed from a small multidisciplinary team, “a small business”, to a multimillion dollar organisation with paid staff of 96 and 475 volunteers.

Due to the complexities of modern day employment, a Human Resource Person, Mary Wentworth, was appointed on 18th July 2005.

With a common goal in mind, to provide optimum care to patients, South Auckland Hospice acknowledges and works alongside other service providers and health professionals. Frequent, regular and personal communication is the key to achieving this.

The year of the Volunteer - 2001



Pets as Therapy volunteers



Drivers taking patients to Day-stay



Biography Volunteers



Day-stay Volunteers

New initiatives which have evolved include the Biography Service, Pets as Therapy and Therapeutic Massage. Medical Procedures are also carried out routinely in the In-patient Unit, e.g.:- blood transfusions, paracentesis, pamidronate infusions.

In early 2007 the administration offices of Totara Lodge were extended. Currently the enlargement of the Day-stay wing is in progress. This will allow improved out-patient facilities, whanau room and counselling suite.

Over the years the awareness and acceptance of Hospice care by both lay and professional people has required the service to expand.

Totara Lodge, which initially seemed huge, has had to be extended to meet the ever growing demand.

This in itself has presented some challenges, but it does show that in some ways, the early “dream” has become a reality. That families are able to access appropriate and compassionate care for their loved ones who are dying.

From humble beginnings of a “cottage industry” South Auckland Hospice has developed into a highly professional organisation with a Specialised Palliative Care Team.

However, sight must not be lost of the caring focus and all the aspects of truly Holistic care.

The Authors



Margaret Karl, Carole Harvey and Carol Pollock



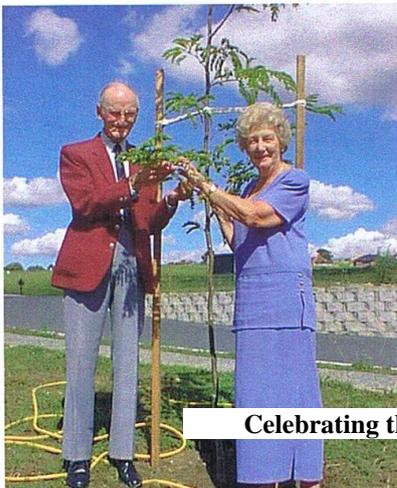
Chairmen - Tadek Mazur, John Savory & Alby Thorby



Fundraising at Symphony under the stars



Cheque being presented from a fundraising hoedown



Celebrating the opening of Totara Lodge

**Neil Kirton & Marion Meekan
planting a tree to represent
volunteers**



If only today's accounts were this simple!

Payment of Accounts

The following accounts were approved for payment.

Moved/N Farley Sec/N Stevenson NB: Exception:- Murphy Wine & Spirit Co.

(Manurewa Support Group to pay) CARRIED

Wages	\$57.80
Wages	\$110.52
Wages	\$137.20
Wages	\$358.08
Grants TV Repair	\$38.60
Medical Books (NZ) Ltd	\$17.15
Stevens Stationers	\$95.10
Jean Speedy (photocopying)	\$4.00
J Bisset (Plan Prints)	\$9.00
A.E.P.B.	\$31.86
Miss E. Keates – seminar fund	\$12.00
Petty Cash	\$88.92
N.Z.P.O> (Registered Publications)	\$15.00

Hospice Care Report to A.G.M 1989.

It is with pleasure we report on the Hospice Care Programme for the year ending June 30, 1989.

Despite the increasing demand for Hospice services, and the subsequent pressures on our human and financial resources the Team has continued to meet the needs of the dying and their families with a consistently high level of care.

HEMOCARE

The 229 families referred to the programme during the year under review, represents a 24% increase on the previous year.

The source of these referrals remains similar to the previous year.

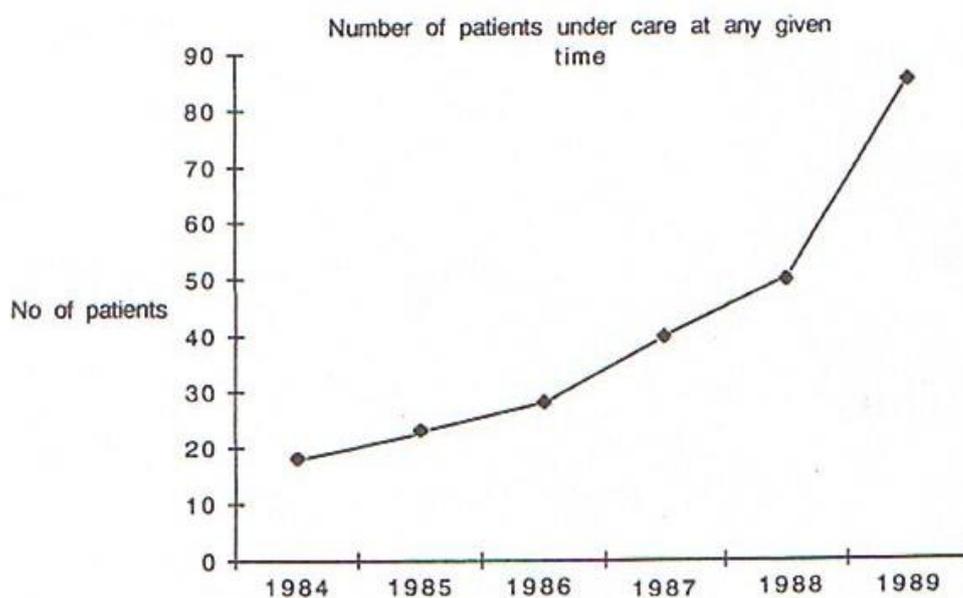
25 % originating from families.

18 % from General Practitioners.

3 % from Auckland Division of the Cancer Society.

and 54% from Area Health Board Hospitals and Departments.

The case load at any given time escalated from 40 early in the year to 60 + at year end. At the time of writing the total caseload had further increased to 80 plus.



This continuing upward trend, created a need for increased nursing, volunteer and administration hours.

Items from Early Newsletters

Two little "stories" from the Home Care Team.
(both involving alcohol)

Whilst not our usual thing to encourage the intake of alcohol, a delightful lady patient had told us she was had enjoyed an odd Gin and Tonic before bed at night. As she was in her last days, and was only able to take small amounts of fluid the Nurse suggested that maybe she would enjoy a dash of gin in the iceblocks she was having. Husband and family loved the idea and grabbing the gin bottle lavishly poured some into the icetray and topped it up with lemonade. The look of delight on our lady's face when they told her what was in store, was a joy to behold.

♡XOX♡XOX♡XOX

The other story involves Suzanne, the trainee-intern spending time with the team, who asked by another patient's partially sighted husband, what was in this particular bottle. It turned out to be Macadamia Liqueur. Last seen was Suzanne spooning mouthfuls of the liqueur into the eager lady patient's mouth, who kept demanding more. We left her resting peacefully!



Disclaimer: Any errors and omissions in this story are unintentional and may probably be attributed to the inaccurate recall of the authors. They apologise unreservedly.

Published and Edited by Margaret Karl and Meredith Cupitt

Totara Lodge

