

Nganampa Health Council

2018 Annual Report



Governance

Jamie Nyangu *Chair*
John Singer *Executive Director*
Paul Torzillo *Medical Director*
Kim Gates *Health Services Manager*

"Nganampa Health Council is an Anangu controlled community health organisation delivering comprehensive Primary Health Care to all Anangu resident or visiting the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands in South Australia. It aims to improve the health status of Anangu through the provision of high quality clinical and preventative health care services delivered in culturally appropriate ways."

Nganampa Health Council
Strategic Plan

Clinical Services

Our clinical services were stretched in 2018 with some serious outbreaks of infectious disease. Central Australia experienced a meningococcal W outbreak that was declared a Communicable Disease Incident of National Significance. There were five cases on the APY Lands. The severity of this disease meant all febrile children were treated presumptively with antibiotics and were evacuated to Alice Springs, a very labour intensive exercise for our clinical staff. We commenced a highly successful meningococcal immunisation program that saw over 3,200 individuals immunised. In addition, Central Australia experienced a shigella outbreak with a significant number of those identified with shigella on the APY Lands being evacuated for further treatment.

These outbreaks contributed to an unusually high workload for our clinical staff, with additional immunisations, many brief interventions to deliver and reinforce public health messaging, a spike in evacuations and necessary follow-up work.

Despite these unanticipated events, the Health Council continued to deliver high quality comprehensive primary health care with impressive outputs and outcomes. For example, relatively low levels of STI infections were again achieved despite a syphilis outbreak affecting other regional and remote communities. Further improvements in eye health care were achieved with the continued use of the retinal camera. Evidence suggests that the



Tackling Indigenous Smoking program is impacting positively on the smoking behaviours of antenates.

During the past year, specialist visits in obstetrics and gynaecology, nephrology and hepatology have commenced. This makes it easier to manage chronic conditions and reduces the need for clients to travel for health care.

In 2018 the Health Council was reaccredited against the Royal Australian College of General Practitioners standards.

Risk Management Our Staff

We continue to strengthen security arrangements. Through funding from the Commonwealth Department of Health, two staff are rostered to be on-call in all six major communities every night. Many of these On Call Support Workers are Anangu community residents. Security improvements have been implemented in clinics, restricting access by unauthorised persons to treatment areas and waiting rooms, and enhancing triaging arrangements. A trial has commenced with electronic doors, duress alarms and after hour telephones in selected clinics.

Fire safety improvements have been implemented at our Tjilpiku Pampaku Ngura Aged Care Facility in compliance with the fire safety regulatory framework. These include a sprinkler system in resident bedrooms, improved firefighting resources and best practice systems for alerting staff in case of fire.

All staff work in close knit teams, relying on each other, and on the organisation's management and governance systems for the support and resources required to do their jobs effectively.

The Board congratulates all staff on their outstanding contributions during a busy and difficult year, during which there were significant changes at a senior management level. In particular, the Board wishes to acknowledge the long and dedicated service of David Busuttil, who resigned from the Health Services Manager position during the year. Throughout his tenure, the organisation continued to improve its capacity to deliver and sustain impressive health outcomes, in no small part due to his expertise and leadership.

The Board also wishes to thank Dr. Peter Bennett who retired this year, following many years of dedicated service as the Medical Officer at Iwantja and Mimili clinics.

Visiting Specialists



Visiting specialists play a key role in the provision of comprehensive health care for Anangu on the APY Lands. They work closely with clinical teams, Medical Officers and Program Managers and facilitate timely and appropriate health care, assess and treat, and offer professional development and secondary consultation and support to front line clinical staff. Visiting specialists usually make several visits each year to the six largest communities on the Lands.

During 2018

- 181 children were assessed and reviewed by the Paediatric Team
- 275 clients were assessed and treated by the Podiatry Team
- The Cardiology Team undertook 95 consultations and completed 89 echocardiograms
- Optometrists and Ophthalmologists undertook 708 consultations across the APY Lands
- Adult Psychiatrists saw 101 clients for a total of 233 consultations

Clinical Services



Multidisciplinary clinical teams continue to deliver the front line services with Community Health Nurses providing the core day to day protocolised clinical care. We provide a supportive learning environment for staff and offer a broad suite of professional development opportunities. These include:

- the International Trauma Life Support adult and paediatric courses
- in service with visiting specialists and Program Coordinators
- mandated Occupational Health and Safety training
- multidisciplinary clinical meetings
- e3Learning.

We have developed an “On-Boarding” elearning module to assist clinical staff as they work through their induction period.

Expert leadership of nurse recruitment, rostering and professional development continues to be provided by Vivien Hammond, Clinical Services Manager.

The roll out of fit for purpose ambulances has been completed. All clinics have ambulances that are fully equipped to manage retrievals and trauma. Vehicles dedicated for day to day patient transport are also available at clinics to ensure that ambulances remain ready to respond for emergencies.

Chronic Disease

This Program ensures that the health care of Anangu with chronic disease is coordinated and timely and that individuals at risk are identified early so as to prevent or delay progression of disease. Adult Health Checks, brief interventions, protocolised treatment and specialist visits and reviews remain key aspects of this Program. Expert coordination continues to be provided by Tess Ivanhoe.



*A total of 825
Adult Health
Checks were
completed in
the 2017-2018
financial year.*



Social and Emotional Wellbeing

Social Work services are provided in Alice Springs by Sanya Yorth. Advocacy, crisis intervention, and support services are available for Anangu attending appointments in Alice Springs. A co-ordinated approach working closely with our staff and other agencies is utilised. Sanya works as part of the Hospital Liaison Team comprising Bronwyn Frank, Emmy Simpson, Meredith King, Daniel Forrester (recently retired), and Mervyn Watson, with expert support from the Communicare Team and Lynette Krikke in particular. Together, the Hospital Liaison Team undertakes the vital work of ensuring Anangu have adequate transport, accommodation and social support in place to attend and benefit from clinical appointments in Alice Springs.



A total of 4,187 individuals attended the clinics during the year and 3,643 of these were Anangu.

Child Health



The importance of the early years

We deliver a comprehensive evidence-based child health program with an emphasis on:

- regular child growth and haemoglobin checks in the under 5's
- follow-up of children with growth faltering in the under 2's
- an annual child health check with a Medical Officer for children from birth to <15yrs
- early detection and treatment of immediate health concerns
- appropriate and timely referrals for conditions detected
- delivering childhood and adolescent vaccine schedules.

Expert Program leadership is provided by Leila Kennett to ensure that a suite of health assessments, surveillance and screening activities that facilitate regular interactions between clinic staff, the child and their family is provided. Recall and follow-up processes ensure timely service delivery that facilitates early detection, intervention and treatment of health problems for individual children. To maximise outcomes, the child health program works in a highly integrated fashion with Outreach Midwives, the Paediatric Nurse Consultant, visiting specialist teams and a range of external providers.

Child growth and Hb checks in the under 5yr age group

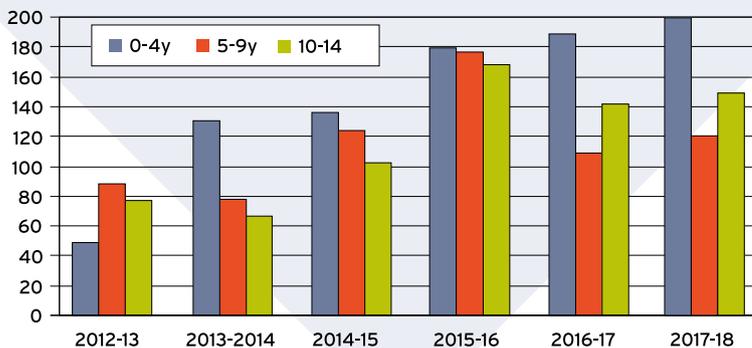
Child growth and Hb checks are routinely scheduled at key intervals for all children aged <5yrs old. The growth check reviews the child's height, weight, skin, ears, teeth, haemoglobin and diet and delivers key nutritional messages and addresses concerns raised by carers.

Annual child health checks

The annual child health check is a sustainable, cost-effective and continuous process that is offered to the target population (0 - 15yrs). A health check aims to complete a comprehensive review of the individual child and involves:

- a clinical note review and update
- health check appropriate for age and target group
- brief health education for the child and their family
- a medical review and treating immediate problems detected
- arranging follow up treatments or appropriate referrals to tertiary health services or other external services
- referral to visiting specialist teams such as paediatric, cardiac or ophthalmology as required.

The graph below illustrates the numbers of completed child health checks by age cohort over the past six financial years and significant improvements overall in coverage and completion rates, and in particular in the 0-4 yrs age grouping.



Women's Health

The Women's Health Team comprises Breanna Monk, Lisa Wallace (recently resigned) and Heidi Crisp. The midwifery staff together provides high quality collaborative care for Anangu women either permanent or transient on the APY Lands. Excellence in maternity care is based on best practice and the Minymaku Kutju Tjukurpa - Women's Business Manual, a standard treatment manual for women's business in remote and Indigenous health services in central and northern Australia.

We provide culturally safe care, where women present early in pregnancy and continue to attend; promoting the best outcomes for mother and baby as reflected in our impressive Program outcomes. In 2018, we participated in the care of 80 pregnancies; 55 of these were for "current" clients where we were principally responsible for their antenatal care. A high percentage (82%) of these women presented for antenatal care in their first trimester. Of these current clients, 46 went on to live births, where the average maternal age at birth was 24.7 years (range of 17-40 years) and average gestation at birth was 38.5 weeks. Birthweight was recorded for 45 babies, the average being 3.45 kg, with 2 babies being less than 2.5 kg (4.4%). A significant number of pregnancies were complicated by medical problems, especially pre-existing and gestational diabetes.





The Women's Health Team made the transition to the new Cervical Screening program under the expert leadership of Dr. Kerrie Gell and the Clinical Services Manager Vivien Hammond. Approximately 64% of current clients were screened for cervical cancer in the 2 year period 2017 and 2018.

The team welcomed Dr. Melanie Johnson and Dr. Heather Waterfall

who undertake Gynaecologist Specialist visits expected to continue on a 3 monthly cycle.

Ongoing small group education (sexual health & maternal health) continues to be offered to schools and within clinics providing teens and pre-teens with appropriate sexual health education throughout their formative years. This education is done in conjunction with female Anangu Health Workers.



Oral Health

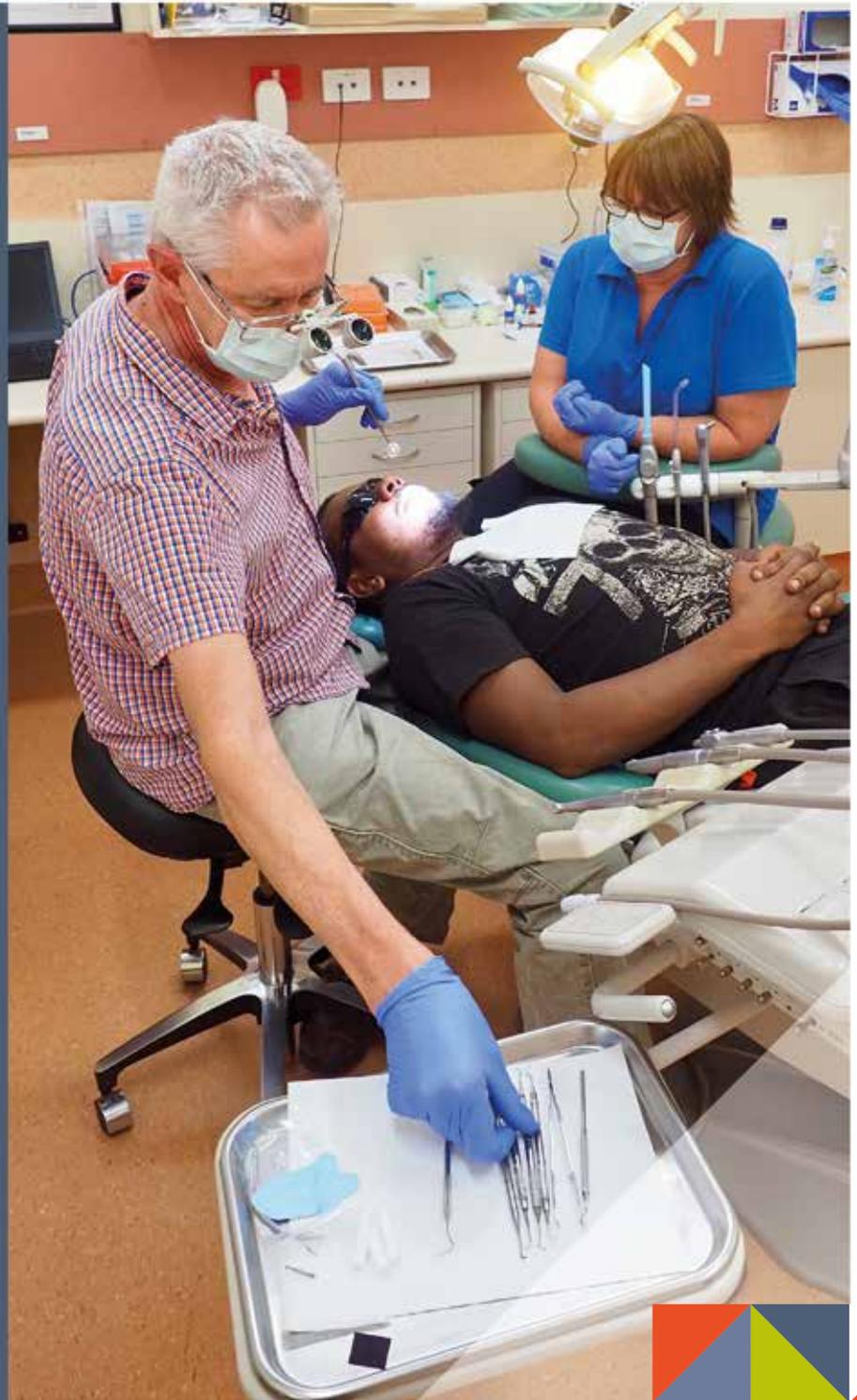
Dentist Dr. Simon Wooley and Dental Assistant Ange Caulfield provide oral health services from a fully equipped mobile dental surgery and two fixed clinics. Sandra Meihubers provides Program oversight and expert advice. This Program, in continuous operation since 1988, recently achieved Dental Practice re-accreditation with Quality Innovation Performance.

The Program prioritises a school dental program, emergency services and special needs care, and adopts a preventive and Minimal Intervention Dentistry (MID) approach. The emphasis on preventive services includes regular fluoride varnish applications and placement of fissure sealants, as well as the appropriate therapeutic application of aqueous silver fluoride (AgF) to control decay. Tooth brushing programs are supported in all schools across the Lands.

The AgF (silver fluoride/stannous fluoride) application technique has been a feature of our MID practice since the Program's inception, and its non-invasive approach is at the heart of community acceptance and program sustainability. In 2011 we commenced collaboration with the Australian Research Centre for Population Oral Health (ARCPOH) and the Maari Ma Health Aboriginal Corporation of Broken Hill in the evaluation of this clinical approach. In early March 2019, the study was accepted for publication in the peer-reviewed Australian Dental Journal.

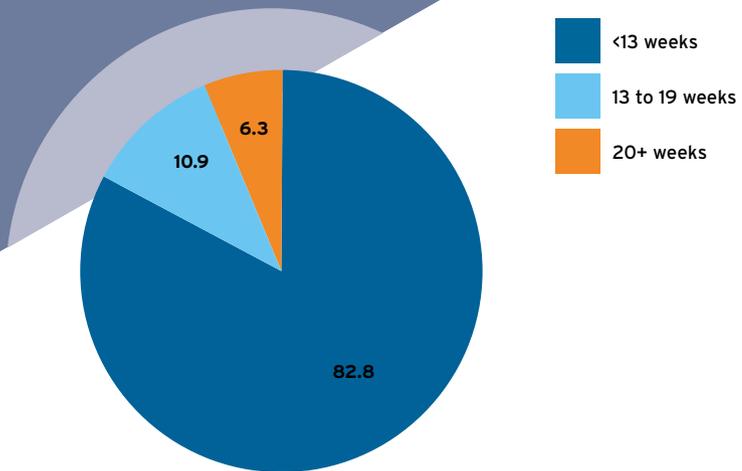
Examination and preventive care for Tjilpiku Pampaku Ngura aged care residents in Pukatja remains a regular component of our program.

We appreciate the continued support of SA Dental Service and ARCPOH. We especially thank Kaye Roberts-Thomson, Loc Do and Diep Ha at ARCPOH. We remain indebted to Dr. Meg Simmons and staff at the NT Health Flynn Drive Dental Clinic, Alice Springs, for their continuing support.



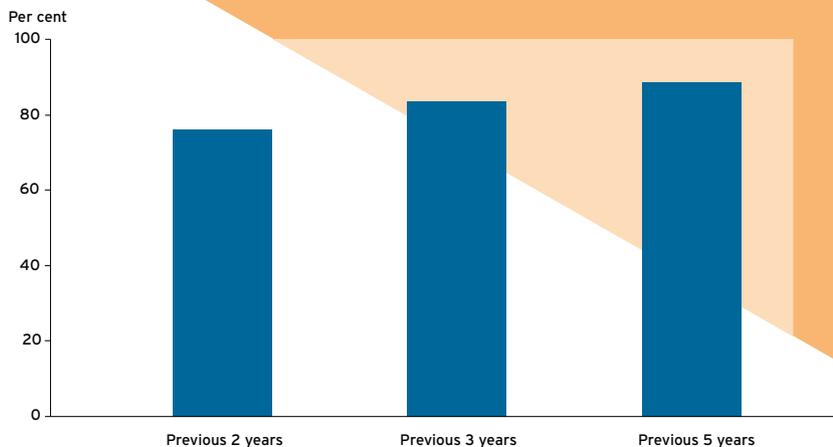
First Antenatal Care Visit

Percentage of Indigenous regular clients who gave birth within the previous 12 months, who had their first visit within specified times



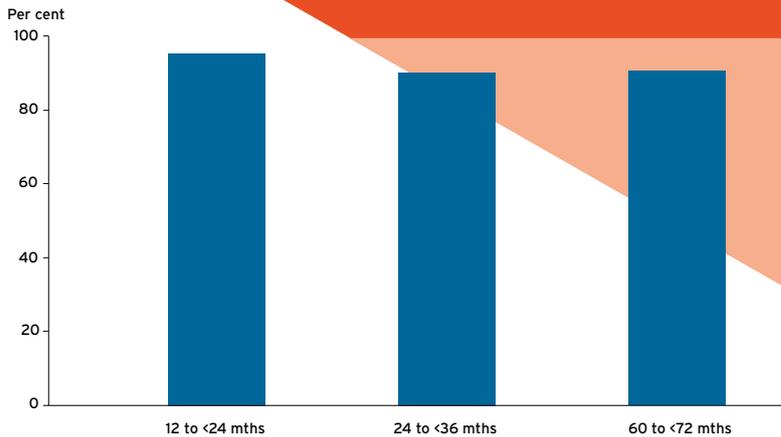
Selected Key Performance

Cervical Screening



Percentage of female Indigenous regular clients aged 20 to 74 who had a cervical screening within the previous 2 years, 3 years and 5 years

Child Immunisation

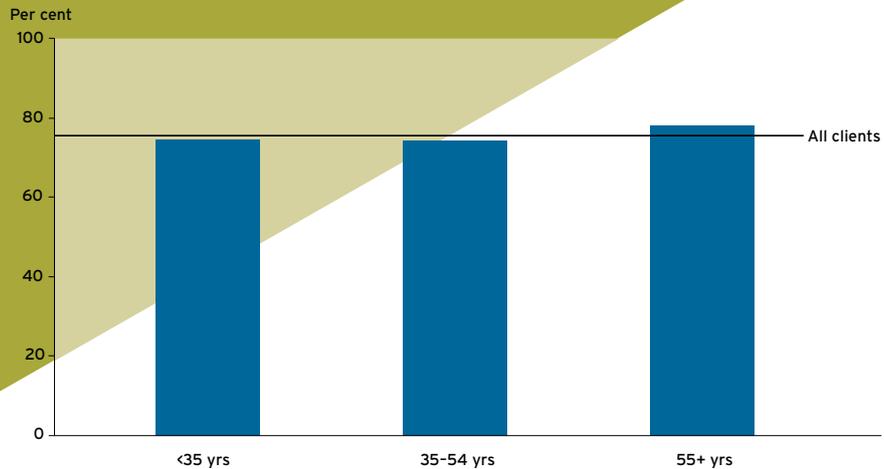


Percentage of Indigenous children who are fully immunised, by age group

Indicators 2017-2018

GP Management Plan

Percentage of Indigenous regular clients with type 2 diabetes for whom a GPMP (MBS item 721) was claimed within the previous 24 months, by age group



On Call Support Worker (OCSW) Program

The OCSW Program provides support for clinic nurses so as to ensure that they are not required to attend after hours calls on their own. OCSW workers provide the first point of contact after hours for requests for clinical services. They provide escort, driving and translation/cultural liaison services. OCSW are located in all six main communities on the APY Lands. They are recruited mostly from local Anangu community members, are supported by Program Coordinator Adji Rainow, are provided with training, and ensure a safer work environment for registered nurses. This facilitates the timely, appropriate and effective provision of after hours clinical care. Since June 2016, 99.75% of all after hours shifts have had effective OCSW cover. There are currently 52 active team members and 77.8% of all shifts have been covered by Anangu workers.



*The Health Council recorded
53,564 episodes of care in
the last year.*

Mental Health

Two experienced Mental Health Nurses, Dumi Nyathi and David Walsh, reside on the APY Lands. Case management, assessment, treatment and liaison with other service providers are core features of their work. They work closely with community members, clinic staff, Anangu Health Workers and visiting adult Psychiatrists. Nganampa Health Council enjoys strong working relationships with mental health services in both the Northern Territory and South Australia.

Dumi and David are Authorised Mental Health Professionals within the scope of the South Australian Mental Health Act. They work closely with the South Australian Civil and Administrative Tribunal (SACAT) that visits the APY Lands annually.

Videoconferencing facilities in the clinics have provided a valuable means of continuing care while working in a remote setting, enabling acute assessments, reviews, discharge planning and SACAT hearings to proceed in a timely fashion as well as providing opportunities for local Anangu to have closer contact with distant family.



Tjilpiku Pampaku Ngura

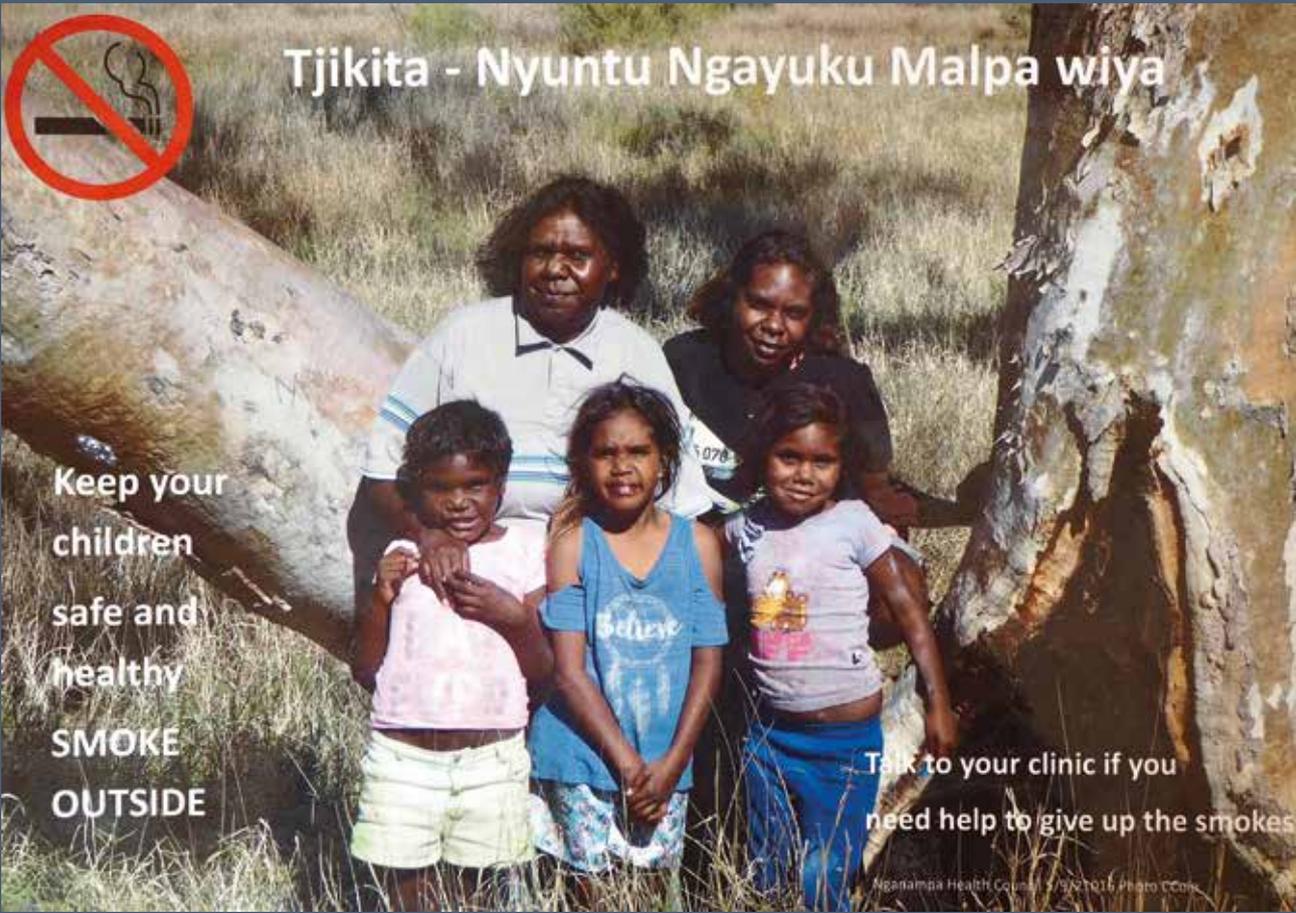
Aged Care Program

This Program enables elderly Anangu to remain on country rather than being hospitalised or requiring distant residential placement. Residential, respite and palliative care are provided at our regional facility, along with Commonwealth Home Support Program (CHSP) services at Pukatja.

Tjilpiku Pampaku Ngura (a Pitjantjatara term loosely translating as “home for older men and women”) provides accredited residential and respite care to older Anangu. A number of the staff are Anangu, many of whom have completed, or are completing, formal qualifications in aged and disability care. Nganampa Health Council collaborates with TAFE SA in the provision of on site training.

Residents have access to high quality clinical care, through an Aged Care Program Registered Nurse and 24-hour emergency clinical services provided at the Pukatja clinic. Residents also have access to visiting podiatry, physiotherapy and oral health services.





Tjikita - Nyuntu Ngayuku Malpa wiya

Keep your
children
safe and
healthy
SMOKE
OUTSIDE

Talk to your clinic if you
need help to give up the smokes

Nganampa Health Council 15/02/2015 Photo CC0

Tackling Indigenous Smoking

This program undertakes

- Smoking surveys
- Brief interventions
- Focus on antenates
- Quit plans
- Smoke free community events
- Working with schools and stores
- Quitskills training for staff
- Nicotine replacement therapy

Eye Health and The Fred Hollows Foundation (TFHF) Collaboration



**The Fred Hollows
Foundation**



The emphasis of our Eye Health Program is on culturally and geographically accessible care that is integrated with other primary health care program work, especially in the chronic disease, child and maternal health and environmental health areas.

Eye Health Coordinator Cathy Starr is funded through the TFHF. Cathy assists Adelaide-based ophthalmologists and optometrists with twice yearly visits to all clinics. These visits have taken place for more than twenty years and provide access to specialist eye care for those at risk. Cataract surgery, resulting from these visits, was performed for 15 patients this year.

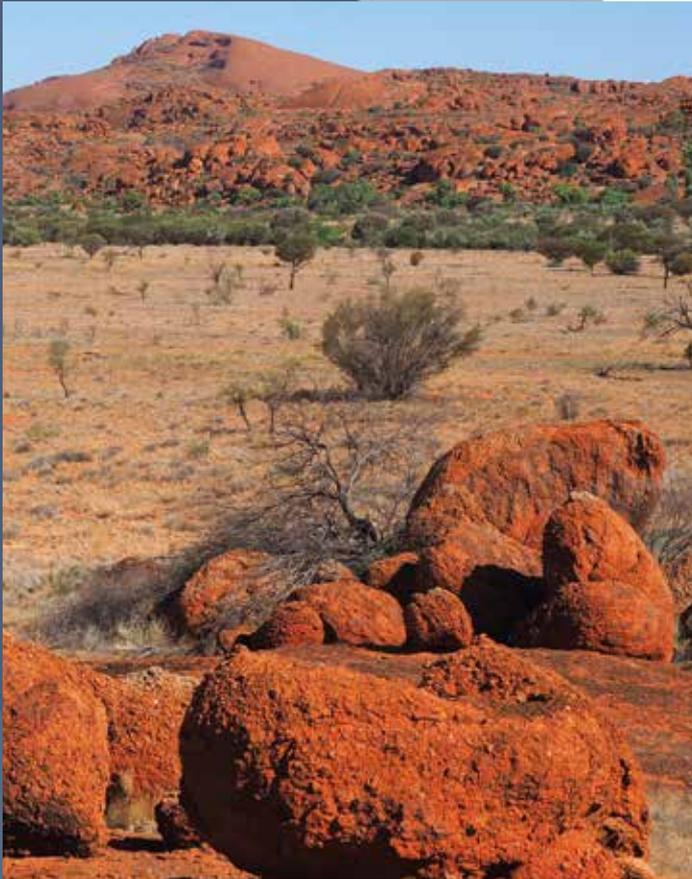
Eye examinations and diabetic retinopathy screening with a retinal camera are offered to patients with diabetes in all communities. Adelaide based specialist Dr. Shane Durkin reports the retinal images and makes recommendations for follow-up. This screening has provided early detection of diabetic eye disease, timely referrals and follow-up to prevent vision loss. Approximately 60% of patients with diabetes were screened for retinopathy in 2018, with over 80% of current patients screened over a two-year period.



Trachoma education, screening, diagnosis and treatment is also undertaken. Trachoma is a bacterial infection of the eye that is easily treated but requires a focus on public health education. The Program follows World Health Organisation guidelines for trachoma control and aims to check all children on the APY Lands under 15 years of age for trachoma. Treatment with azithromycin is given to the child with trachoma and to all their household members. Contact tracing and treatment of all household contacts is completed promptly.

A major focus of this service is educating children, carers, family and community members, teachers and health staff about the importance of facial cleanliness in preventing trachoma infection.

STI Control and HIV Prevention



The STI Control and HIV Prevention Program continues to achieve sustained and impressive public health outcomes in a complex and remote setting and remains at the leading edge of like programs in remote Australia. Persisting with a successful, long term and comprehensive set of strategies, and with expert leadership from Dr. Rae-Lin Huang and strong Board and management support, reductions in common bacterial STIs and prevention of blood borne viruses has been achieved for the past twenty years. The Program utilises principles which align with program science theory to design, apply, evaluate, revise and re-apply complex interventions in a real world, remote setting. Interventions are based on an in-depth understanding of the population and context and a core component is the provision of intense, age-based annual population-wide STI screening. Controlling common bacterial STIs and preventing the emergence of syphilis on the APY Lands is a primary focus. Program strategies have been refined in the last several years to increase syphilis testing in 15-25 year olds, and develop new processes to encourage outreach screening beyond the usual current and transient population (including past patients who return, and new attendees to community clinics).

Rae-Lin represents the Health Council in the National Multijurisdictional Syphilis Outbreak Group (MSOG), Data Working Sub-group and Workforce Advisory Sub-group. She is an Associate Investigator with the Centre for Research Excellence (CRE) in Aboriginal Sexual Health. We continue an ongoing involvement in the TTANGO2 (Test, Treat And Go) trial. Through the TTANGO2 trial, point of care technology has been made available for identifying chlamydia and gonorrhoea within 90 minutes, and is now also able to be used to assess trichomonas vaginalis (TV) status using the same platform.

Annual screening remains the key strategy which allows sufficiently up-scaled, culturally accepted STI screening and treatment in sufficient volume to control STI rates.

Opportunistic screening throughout the year supplements this, and there is also a focus on providing an accessible, secure and efficient response to anyone who presents with symptoms suggestive of an STI. The continuing success of the Program depends on maintaining high quality clinical services despite remoteness and resource constraints, well-defined and achievable goals, ongoing evaluation and responsiveness to current epidemiology and the local context.

Prevalence rate of STIs on the APY Lands 1985-2018



Public and Environmental Health

Environmental Health Worker (EHW) Teams carry out a variety of tasks aimed at securing the living environment within which people can then make healthy life choices. They work collaboratively with Housing SA contractors, and Regional Anangu Services Aboriginal Corporation. They provide services at houses, schools, clinics, arts centres, cemeteries and stores. Yard maintenance, hazard reduction, rubbish removal and tree lopping have been major work activities of these teams.

The EHW Eastern Team assists the Vet with the Dog Health Program and dispenses the parasitic control drug to all dogs in the eastern communities between Vet visits.



The Program is highly flexible, broad and responsive to needs as they arise with a focus on preventative and wellbeing issues. In the past year, health education and prevention work at family and community levels in relation to Trachoma and Shigella have been a particular focus. Healthcare providers offer high quality clinical care, screening and treatment. However breaking the pathogenic cycle also requires a workforce that can respond to the daily challenge of supporting households to carry out their own pathogenic avoidance behaviours through following the 9 Healthy Living Practices.

Advocacy work continues with housing providers to ensure that houses are designed to facilitate healthy living practices and that maintenance services are adequately funded and deployed in a targeted and timely fashion. The EHW Teams undertake a range of important preventative and emergency work that does not require qualified trades, such as unblocking drains, fitting mirrors in bathrooms, maintaining yards, repairing washing machines, washing houses and removing rubbish. This work assists householders to secure healthy living environments.



E Health

Remote area Aboriginal Medical Services operate in the most challenging e-health environment possible. We have limited telecommunication and technical support options, need access to our systems 24 hours a day, share data across multiple locations and deal with highly confidential information. Despite these challenges, our e-health systems continue to be robust and stable and result in efficiencies and productivity improvements that benefit the health sector as a whole. For example, diabetic clients with diabetic retinopathy (DR) and/or maculopathy (DMO) require treatment to prevent permanent vision impairment. Using a retinal camera, we screen for retinopathy and transmit the images to an ophthalmologist for offsite reporting, thereby prioritising

treatment and ensuring visiting specialist time is used most efficiently.

We have developed a database that assists us manage external appointments for clients, including travel arrangements. This allows us to provide clients with more information about their health care, note when a client has multiple upcoming appointments that can be combined into one trip, and make sure cancelled appointments are not lost in the health care system.

For many years now, our information technology systems have been expertly supported offsite by Phil Craig. We predominantly use thin client computers in our clinics and these have been very successful.

We continue to use video conferencing facilities for telemedicine consultations. In some cases this means clients do not need to travel away from their community for health care.



Financial Summary 2017-2018

Our financial position remains sound with some funds available which can be used in the event of unexpected emergencies and to replace assets when required.

It was a challenging financial year for the organisation, in an environment of continuing cost pressures. With improvements in our medical staffing levels this year's financial result is very good and reflects the sustained effort that our Board and management have put into ensuring this result.

This improved financial position can be explained by a combination of initiatives to increase income and to control expenditure.

With increases in Government funding uncertain in future years, finding alternative income streams and cost savings has become increasingly important to ensure current levels and quality of service delivery are maintained.

We are implementing new accounting software to streamline our accounting, payroll and purchasing processes which will bring improved efficiencies and allow us to manage our costs more effectively.

FINANCIAL RESULTS

| YEAR ENDED 30 JUNE | 2018 | 2017 |
|-------------------------------|------------|------------|
| Operating Surplus / (Deficit) | 218,025 | (427,014) |
| Members Equity | 15,057,478 | 14,839,453 |
| Cash | 6,589,539 | 6,002,234 |

WORKING CAPITAL CALCULATION

| | | |
|---------------------|-----------|-----------|
| Current Assets | 7,405,435 | 7,328,928 |
| Current Liabilities | 5,851,299 | 4,999,437 |
| Working Capital | 1,554,136 | 2,329,491 |

The summary report presented here requires interpretation and on its own is not an accurate reflection of the financial health of the organisation. For the complete financial reports go to www.nganampahealth.com.au

Gayle Woodford Scholarship

Gayle was a skilled and committed Remote Area Nurse (RAN). She worked for Nganampa Health Council for 5 years before her untimely death in 2016. Her role as a RAN was the fulfillment of a dream to undertake community work with disadvantaged people. Gayle was a Diabetes Educator with a Graduate Certificate in Remote Health Practice from the Centre for Remote Health and Flinders University.

This scholarship named in her memory is jointly sponsored by CRANApplus and the Centre for Remote Health and is open to Registered Nurses, Indigenous Health Practitioners, Allied Health Practitioners and Medical Officers. Applicants must meet the entry requirements of the Graduate Certificate in Remote Health Practice offered through the Centre for Remote Health. A work history in remote practice is desirable. The scholarship covers all course fees for the Graduate Certificate in Remote Health Practice.

One scholarship is awarded annually, for study to commence the following year. Applications for 2020 close on 30th June 2019.

Further information is available at <https://crana.org.au/workforce-support/other-support/scholarships/>

The 2019 recipient is Irene Schmutz. Based in Newman, she is a Registered Mental Health Nurse and Emergency Nurse and has been working in numerous rural and remote communities for some years.



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Thank you to all the staff who contributed to this report through articles, photos, production and distribution. If you wish to receive paper or pdf Annual Reports, email john.wilson@palya.org.au. You may continue to access Nganampa Health Council's Annual Report at

www.nganampahealth.com.au

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