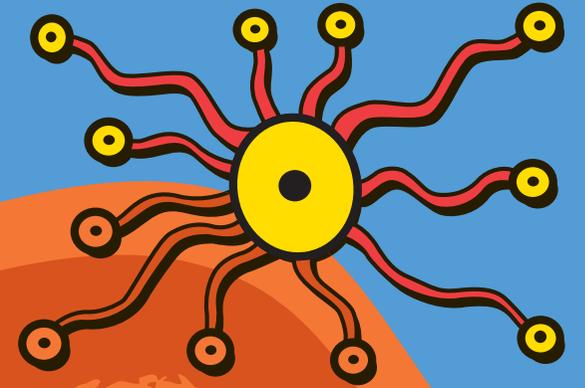


Welcome to Nganampa Health Council's 2012 Annual Report



Nganampa Health Council Annual Report 2012

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You may continue to access Nganampa Health Council's Annual Report at

www.nganampahealth.com.au

Photography

Cyndi Cole and other staff.

Acknowledgement

Thank you to all the staff who contributed to this report through articles, photos, production and distribution.

Contact details

Nganampa Health Council
PO Box 2232
Alice Springs NT 0871

Phone +61 8 8952 5300

Fax +61 8 8952 2299

www.nganampahealth.com.au



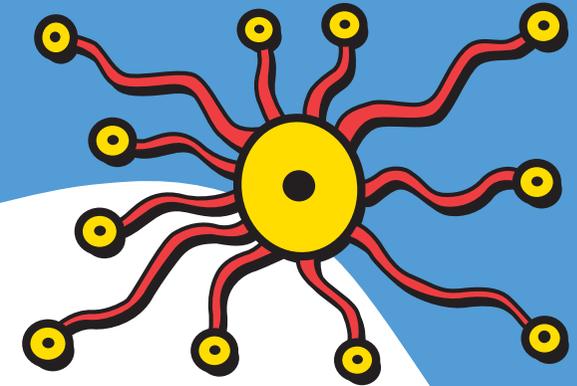
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Welcome to Nganampa Health Council's 2012 Annual Report



MANAGEMENT REPORT

Jamie Nyaningu Chair

John Singer Executive Director

David Busuttill Health Services Manager

Paul Torzillo Medical Director

Despite operating in one of the most challenging service delivery environments in Australia, Nganampa Health Council continues to maintain a high quality health service that has resulted in a number of sustained health improvements for our population. Impressive outputs and outcomes include:

- 100% childhood immunisation rates.
- Record levels of completed health checks.
- Improved chronic disease management programs.
- Continued high levels of participation in our sexual health screen and continued low levels of infections.
- A high proportion of antenates presenting for initial assessment in the first trimester.
- A high quality suite of environmental health programs delivering significant positive impacts on living conditions.

These successes depend upon strong governance, high quality staffing, and robust management systems.

This year the Health Council has been involved in a number of accreditation and assessment processes. The health service was awarded AGPAL reaccreditation for a further three years. The Tjilpiku Pampaku Ngura Aged Care Facility successfully undertook a quality assessment process with the Commonwealth Department of Health and Ageing.

The x-ray unit located at Pukatja clinic was formally accredited. In addition, the Health Council participated in a risk assessment with the Office of Aboriginal and Torres Strait Islander Health. These continuous quality improvement exercises help us focus on the quality and robustness of our processes and have resulted in further ongoing improvements to the organisation's work.

During the past year, the Health Council has improved its Medical Officer coverage. This allows the workload, and especially the after hours on call and consultation services, to be spread across a larger Medical Officer group. 24-hour access by clinic teams to 'in house' Medical Officer consultation remains a lynchpin in the delivery of high quality primary health care.

Our ability to respond to the challenges of adult chronic diseases has improved since the employment of a program coordinator to oversight work in this area. The processes that have been developed make the production of care plans as simple and streamlined as possible. Identified funding provided by the Commonwealth Department of Health and Ageing and the Rural Doctors Workforce Agency has greatly assisted with this, as has our reliance on the Communicare Clinical Information System.

The Fred Hollows Foundation Partnership Project is continuing and has reached its mid point. This Project is tracking the Health Council's performance against some headline outputs in relation to chronic illness

management, child growth monitoring, antenatal care, child immunisation and eye health assessment and treatment. Our two organisations are working together to test and document effective models of care and the resources required to sustain them. This Project aims to develop an evidence base that will contribute to more effective national Indigenous health policy and practice.

The Nganampa Health Council Board met on eight occasions during 2012 and continues to provide oversight of key strategic and operational issues. A particular focus has been on monitoring progress against our strategic plan including receiving regular reports from program coordinators.

The Board and management team wish to thank all of the staff for their contributions throughout the year, including a number of administrative and clinical staff that operate largely off site or in a fly in/fly out capacity. The Board will continue to canvas innovative and flexible employment arrangements so as to retain the best possible expertise and technical support in the delivery of high quality comprehensive primary health care services on the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands.

UWANKARA PALYANYKU KANYINTJAKU (UPK): A STRATEGY FOR WELLBEING

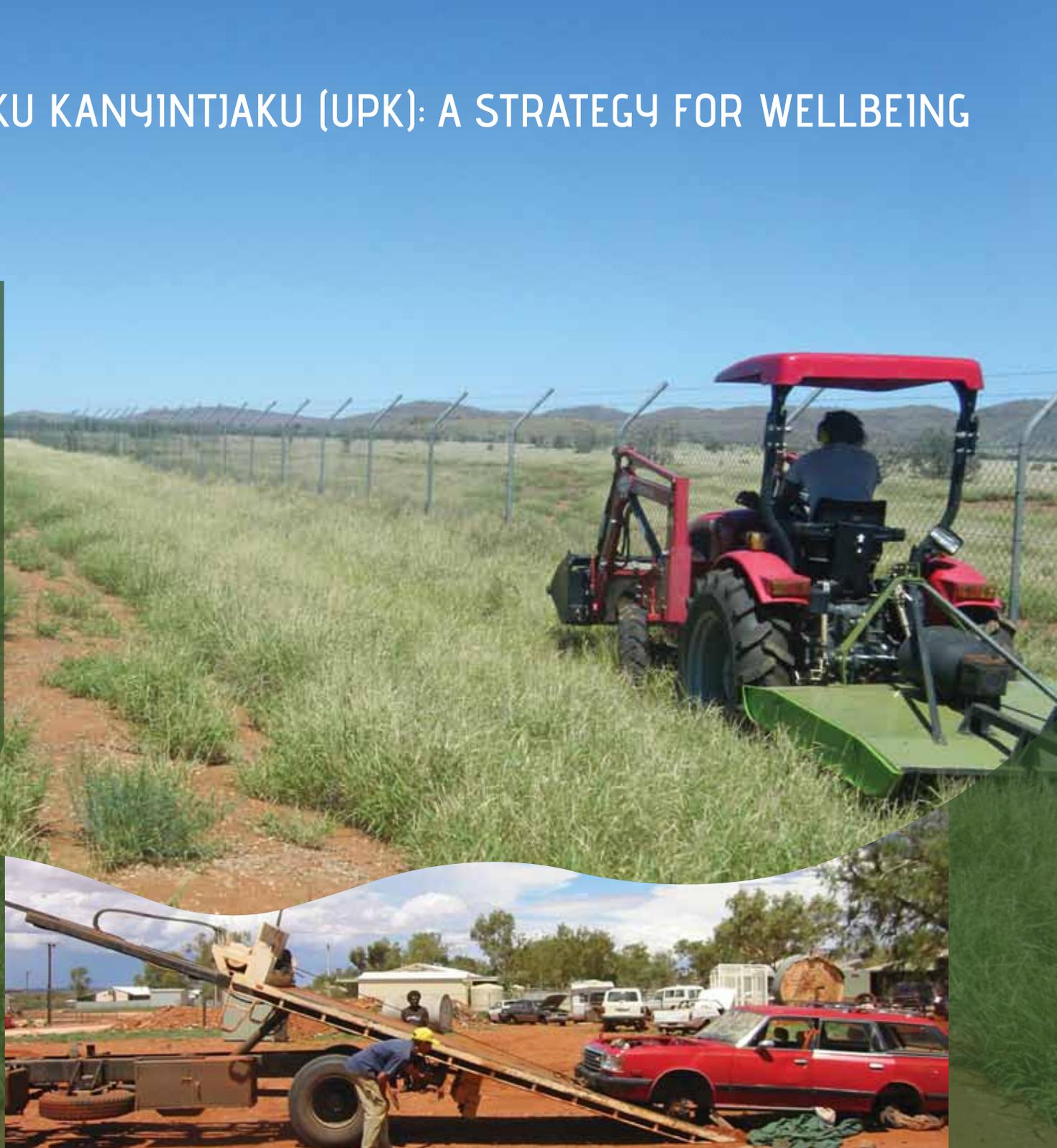
Stephi Rainow Public Health Officer

OVERVIEW

This Program operates within the UPK environmental health policy framework. This can be viewed at www.nganampahealth.com.au.

The key objective of the Program is to ensure that householders can be safe in their home and can carry out the 9 healthy living practices [9HLPs] as detailed in the 3rd edition of the National Indigenous Housing Guide.

Of course there are many other relevant environmental health issues that impact on people's well being and capacity to participate in and contribute to healthy communities. The UPK Program works closely with government agencies and regulatory authorities to monitor and improve the wider living environment.



THE WORK OF THE ENVIRONMENTAL HEALTH WORKER (EHW) TEAMS

The 9HLPs fall into two broad categories of safety and health.

A major safety related activity has been fire management through ongoing fuel reduction around houses and other buildings and infrastructure. This has been the result of high rainfall from cyclone Yasi and the consequent virile growth of buffel grass, an introduced and highly invasive grass.

The effectiveness of slashing and grading a firebreak was dramatically demonstrated on one homeland where a bushfire went through and would have destroyed two houses if it had not been for this work undertaken by the EHWs.

The EHWs are organised into two teams - one covering the Eastern side and one the Western side of the APY Lands. Each team has different skill sets and this is reflected in their work activities. Their work is responsive to local concerns and as such is locally driven. The role of the Public Health Officer is to provide all necessary support so that the teams can efficiently carry out the work required. Attention has been paid to ensuring the teams have a range of tools, equipment, vehicles and machinery to do the jobs required. Due to high use the machinery used to slash the grass has resulted in higher than expected recurrent costs for fuel, repairs and maintenance. There is also a need to ensure that EHWs have access to the relevant training, equipment and support to meet current Occupational Health, Safety and Welfare requirements and ensure that their workplace is safe.

The team in the east comprises a self-managing Anangu crew. The west side crew work with a non-Anangu works supervisor. One of the attractive elements of the work program for both teams is the variety of tasks that can be undertaken and the fact that the program operates outside of any sharply defined or agency driven demarcations. Flexibility and responsiveness to local issues mean that the health impacts of the work undertaken can be significant.

Both fire management [slashing] and hard waste removal imperatives have dominated EHW activities this year. If other agencies were able to slash and remove hard waste from inside the yard then the EHWs could concentrate on those tasks that enable the householder to carry out the other HLPs. It should be noted that the slashing of yards and removal of the hard waste helps to reduce functional crowding as it makes the yard more available for people to use.

EHW WESTERN TEAM

This team of four men operates in the five communities of Nyapari, Kanpi, Kalka, Pipalyatjara and Watarru. The team leader is a non-Anangu man with a long history of working as an Essential Services Officer in these communities. He has also participated in informing the development of the Housing for Health methodology and has been on the team for Housing for Health projects. His technical knowledge of the essential services and houses together with his rapport with the people has enabled this team to engage in a wide variety of activities.

EHW WESTERN TEAM ACTIVITY BREAKDOWN 2011-2012

540 house related jobs were attended to in total, including jobs that related to the 9HLPs as follows:

Safety [including lighting]	40
1 Ability to wash people	29
2 Ability to wash clothes and bedding	17
3 Ability to remove waste water safely	49
4 Ability to store prepare and cook food	45
5 Ability to reduce the negative effects of crowding	95
6 Ability to reduce the negative contacts between people and animals	50
7 Cockroach treatment	11
7 Dust control	2
8 Temperature control	82
9 Reduce trauma	120

This team attended to 20 jobs for the Pipalyatjara store, 41 jobs for the clinic, removed 17 vehicles from yards, repaired 10 fences and pressure cleaned 23 houses. They carried out work on playgrounds, childcare centres, youth centres and art centres. There were 143 fire management tasks and 90 door repair tasks completed. Finally they attended to jobs 37 times at sorry camps and assisted in the preparation and completion of graves 11 times.

EHW EASTERN TEAM

This team of up to four men cover the communities from Railway Bore to Cave Hill including all the major communities of Iwantja, Mimili, Kaltjiti, Pukatja and Amata. Overall they worked in 21 communities and homelands. This is an extensive area. The team leader also needs to drive up to 100km a day to pick up some EHWs for work. Both these factors impact on work outputs. Consequently this team does not have as broad a range of work activities as the team in the west. Their focus has been on a few key areas. They have completed 84 jobs related to fire management, 57 to do with dog health, 38 concerning hard waste removal and 16 related to house washing. In addition, they participated in a stormwater control project at the Pukatja Aged Care Centre that involved learning how to use a laser level and how to cut and lay pavers and install rainwater tank overflow piping.

They now also have the equipment and materials to repair gates and fences in order to help contain dogs, engage in cockroach control and repair door furniture and other minor house/ yard items. Recently they have been establishing a base in a shed at Watinuma community where the machinery and equipment can be safely stored.

Dogs are routinely treated with the parasitic control agent in between the visits from the Vet. These treatments are administered across all communities from Iwantja to Amata. The EHWs also accompany the Vet during his visits and were involved in the production of a dog health DVD. One of the EHWs and his band contributed two songs to the latest UPK music CD.

DOG HEALTH

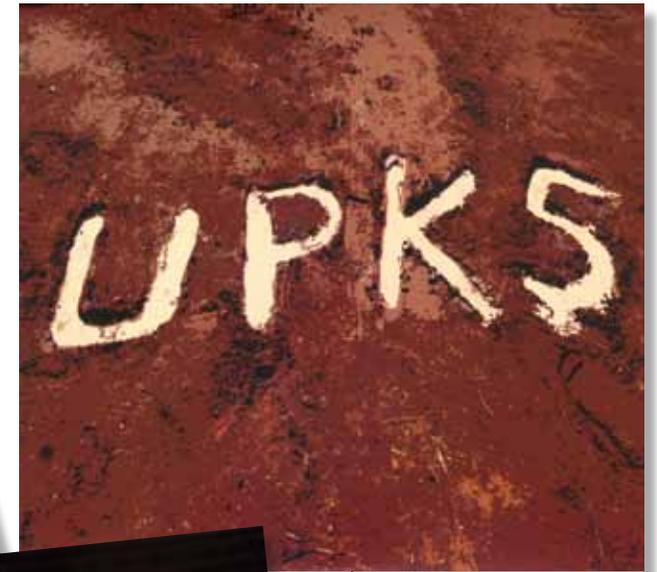
The dog health program, one of the longest continuous programs of its kind in remote Australia, continues to profit from high levels of Anangu acceptance and participation. Dr Robert Irving continues to visit six times a year and is supported in his work, and between his visits, by the EHWs.

Over the past twelve months 3013 parasitic control doses have been administered to dogs, 616 fertility control injections administered and 374 dogs have been euthanased. The program is funded by FaHCSIA as is an Animal Management Education project, contracted out by the Health Council to Animal Management in Rural and Remote Indigenous Communities. Resources will be developed with input from community members and school children.

UPK5

Since 1989 the Health Council has been supporting musicians from the APY Lands to produce health and wellbeing promotion songs and albums. UPK5 is the fifth CD in the UPK series. Recorded at Katji Kuta the CD was funded by DoHA and can be viewed at www.upk5.com

The theme for this production was Fight Against Disease.





Nganampa Health Council purchased a blokart in order to provide Anangu youth with an opportunity to experience this new and unique recreational activity. Blokart racing is fast developing internationally as a recognised and skilful sport and recreation. As a collaborative venture, the Health Council and the NPY Women's Council jointly manage the blokart. Offering an alternative recreational activity to young people on the APY Lands, the blokart works best in open flat areas including clay pans, salt pans and football ovals - wherever the wind blows!!



PRECONCEPTION AND ANTENATAL CARE

Education, support and encouragement for young women to make positive health and lifestyle choices. Midwives monitor and coordinate timely and comprehensive antenatal care. Both the Program Coordinator and Outreach Nurse/ Midwife perform ultrasound dating scans on the APY Lands.



IMMUNISATION AND GROWTH MONITORING

All children are fully immunised and their growth is monitored. Nutrition education and support is provided to mothers.



CHILD HEALTH CHECKS

Children aged 5,10 and 13 years come to the clinic for a standard health check. Children with identified health issues are treated or referred for follow up.



Six multidisciplinary clinical teams deliver primary health care including health education, brief interventions, routine clinical care, referral to secondary and tertiary services and a 24 hour emergency and trauma response.

SEXUAL HEALTH SCREEN

Every year Anangu between the ages of 14 and 40 years are offered a screening test. Due to strong Anangu support for this screen, the timely follow up and treatment for individuals with identified disease, and year round health promotion and clinical surveillance, relatively low prevalence rates for infections have been sustained for over a decade.



MENTAL HEALTH SERVICES

Mental Health Nurses, visiting adult psychiatrists and a Social Worker provide clinical care and social support to Anangu with mental health issues and support front line clinic staff in the routine day-to-day clinical management of people with mental health problems.

ORAL HEALTH

With two fixed clinics and a mobile surgery, the Health Council's dental team visits all main communities regularly. All school children are routinely reviewed with an emphasis on oral health promotion, prevention and Minimal Intervention Dentistry.

The Dental team works closely with the schools to promote tooth brushing. Routine and emergency treatment is provided to adults and the Team visits aged care residents at Tjilpiku Pampaku Ngura twice yearly.



VISITING SPECIALISTS

Ophthalmologists, optometrists, adult psychiatrists, an adult health physician, a podiatrist, audiologists and a paediatrician all visit clinics across the APY Lands throughout the year to assess, review and refer Anangu who require these specialist services.



All clinical care is planned, managed, coordinated and monitored using the Communicare electronic health record.



ADULT HEALTH CHECKS

The focus is on preventative health care and primary prevention together with early identification of chronic disease. The key program mechanisms that support this work are Adult Health Checks and Care Plans. Communicare provides a tool for recall and reminder systems and a Program Coordinator ensures that the Health Council's systems for care planning and delivery are consistent and sustainable.

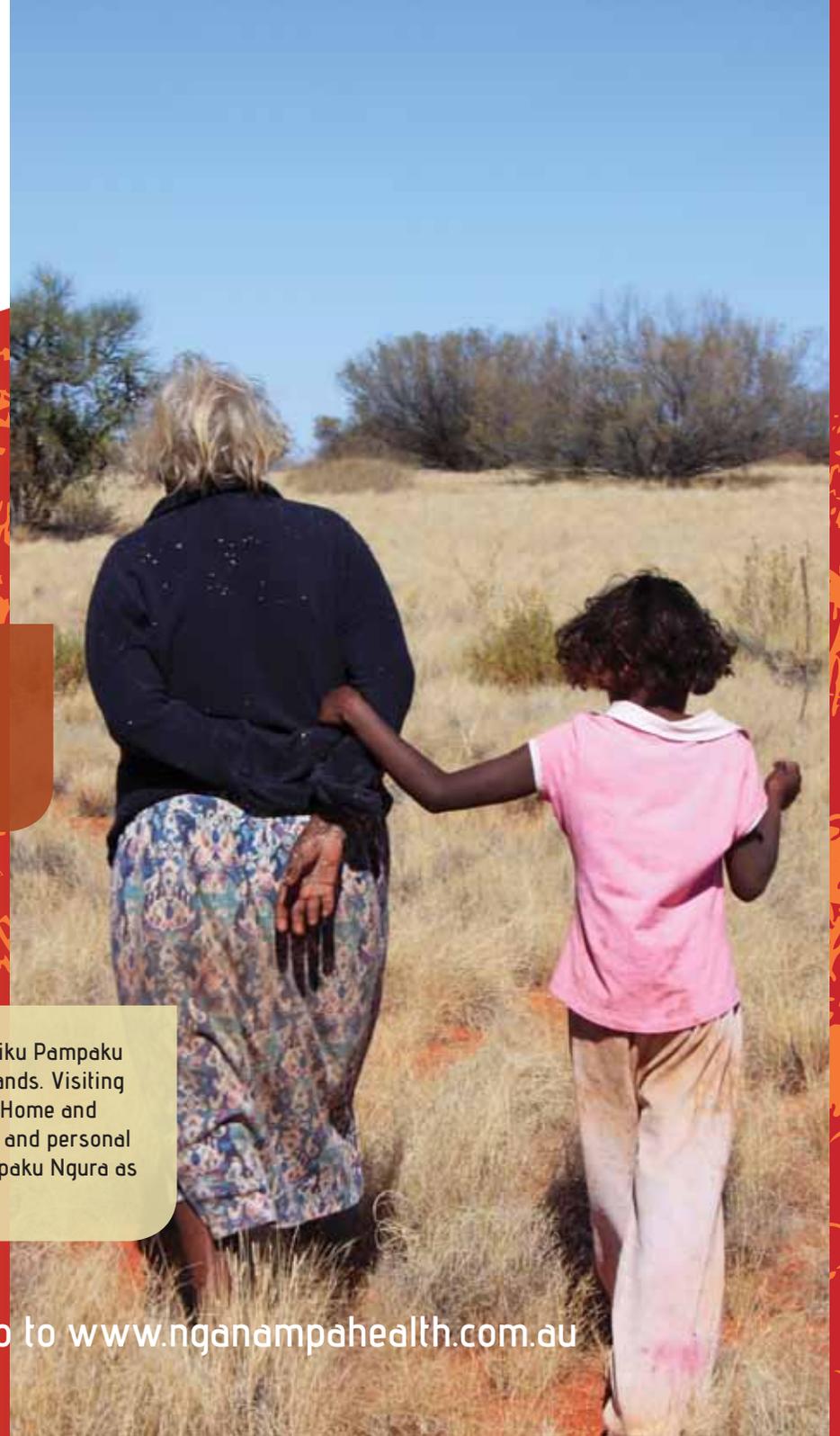
WOMEN'S HEALTH

As well as pre conception, antenatal care, and routine clinical care, the Health Council offers cervical screening to women 18 - 70 years every second year. A biennial breast screen is conducted for women 50 - 69 years. Extensive liaison occurs with related agencies, especially the NPY Women's Council, SA SHINE, Breast Screen SA and the Alice Springs Hospital.

AGED CARE

Residential and respite accommodation and care is provided at Tjilpiku Pampaku Ngura, a regional aged care facility located at Pukatja on the APY Lands. Visiting specialist services include podiatry, physiotherapy and oral health. Home and Community Care services, including meals, blanket/clothes washing and personal care are provided to eligible residents of Pukatja using Tjilpiku Pampaku Ngura as a base. Palliative care is also provided as required.

For complete program reports go to www.nganampahealth.com.au



E-HEALTH

David Busuttill Health Services Manager

Remote area Aboriginal medical services such as Nganampa Health Council operate in the most challenging e-health environment in Australia. 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 patient information.

Despite these challenges, the Health Council's e-health systems continue to be robust, stable and inexpensive to maintain. The main patient information database is housed off site in a professional data centre, with equipment at remote sites kept simple and manageable. This model has proven to be effective. Despite having nine local area networks and close to 100 computers, our IT support costs are relatively low. IT support is outsourced to Adelaide based consultant Phil Craig of Neutex, with the majority of his support provided offsite.

The key e-health resource used is the Communicare Clinical Information System (CCIS). The Health Council has used this system since 2007. This complex project has been extremely successful and after five years of operation it is clear that the system has resulted in a number of benefits. The organisation's annual

report highlights a range of significant health outputs and outcomes. The timely and focussed delivery and coordination of quality clinical services, together with program management, development and evaluation would no longer be practicable without the CCIS. Tracking and reporting on activity, outputs and outcomes for government likewise now depend fundamentally on the CCIS. The CCIS has resulted in improved staff satisfaction, timely supervision and support, the ability of key staff to work off site, and better informed and supported continuous quality improvement processes.

This year has seen a number of other important e-health developments. Video conferencing units are now installed at six clinics and the Umuwa Regional Office. Testing shows that this technology has potential although there are a number of logistical and cultural issues that will need to be overcome for its benefits to be maximised.

We have for a number of years operated a digital x-ray unit at Pukatja. We are now able to transmit images electronically. This greatly reduces the time it takes for reports to be received, facilitating timely treatment.

The Health Council's experience to date with video conferencing and the electronic transfer of x-rays provide useful case studies of e-health systems implementation in remote areas. In particular we note:

- Limited internet access is the key technological constraint that must be overcome.
- Due in part to the relatively small scale of the Health Council's operations, e health funding to support maintenance and development of the systems is unlikely to be attracted from the corporate sector. Ultimately, governments will need to continue to support these initiatives.
- Cultural factors need to be considered. For example, where English is a second language, video conferencing facilities can be limiting.

TRAINING AND PROFESSIONAL DEVELOPMENT HIGHLIGHTS

International Trauma Life Support Courses (Paediatric and Adult) delivered at Umuwa by the Australian College of Emergency Nursing.



Oral Health Care in-service delivered to aged care staff by the Health Council dentist Simon Wooley.



Mentoring, on site up skilling and telephone consultation provided throughout the year to front line clinical staff by the Health Council's Program Coordinators in Women's Health, Child Health, Sexual Health and Chronic Disease management.

TAFE SA Child Safe Environments course delivered on line for all staff working with children.



Five senior Anangu Health Workers graduate with a Certificate IV in Workplace Training and Assessment TAE40110.

Six experienced, senior Anangu Health Workers complete a 3-day workshop at Umuwa in Advanced First Aid and Resuscitation.



New non-Anangu staff receive a two-day cultural orientation out bush and on country delivered by traditional owners and key Anangu staff.



IN 2012....

100% of children under seven were fully immunised.

74.5% of women presented in the first trimester for antenatal care.

100% of all 127 children under 3 years of age had at least one growth check.

97% of people with coronary heart disease had at least one blood pressure test every six months.

481 children and 444 adults received 1014 courses of dental care.

977 out of 1172 eligible permanent residents, or 83.4% of the eligible population, participated in the annual sexual health screen. Sustained low rates of disease prevalence have been maintained, and 93% of all infections detected during the screen were treated.

Visiting ophthalmologists assessed 325 people on the APY Lands.

The Health Council's two Mental Health Nurses provided 662 occasions of service to 166 clients across the APY Lands.

There were 305 evacuations coordinated by our Medical Officers and managed by our Registered Nurses.

OUR ALICE SPRINGS OFFICE



Most of our administrative support services are located at our Alice Springs Office.

Finance, Personnel, Procurement, Fleet Management, Payroll, Mail, and some aspects of the maintenance of the Health Management Information System all occur out of this Office.

A team of dedicated, professional and for the most part long serving staff provide this critical support that underpins primary health care service delivery on the APY Lands. In addition, Alice Springs is the location of the Patient Support Services Team, which provides transport, accommodation, advocacy, translation, and social work services to clients attending medical appointments at the Alice Springs Hospital.

RISK MANAGEMENT

David Busuttill Health Services Manager

WORKFORCE

A high risk faced by the organisation is our uncertain capacity to recruit and retain quality professional staff. Staffing levels in some key areas including Medical Officers and Community Health Nurses was relatively high during the past year. We have been aggressive in recruiting Medical Officers with strategies including benchmarking salaries, a continuous recruitment campaign and the use of agencies to find locums. These measures have improved overall Medical Officer coverage, ensuring that 24-hour consultation for clinic teams is sustained, and allowing the associated workload for Medical Officers to be more widely distributed.

OCCUPATIONAL HEALTH SAFETY AND WELFARE (OHSW)

The OHSW Committee met on a quarterly basis during the past year and has driven a number of new initiatives. The Committee is currently overseeing a trial of satellite vehicle tracking devices. These devices allow us to locate a vehicle at any moment and send an alert in the event of a rollover. In an environment where staff are required to travel long distances on isolated roads, this technology could be an important safety initiative.

A series of new processes were introduced to both improve our management of OHSW issues and strengthen the culture of safety. These new processes include orientation checklists for new staff, quarterly workplace checklists and audits of mandatory on-line training courses completed by staff.

ABILITY TO RESPOND TO EMERGENCIES

Nqanampa Health Council provides a 24-hour emergency response service at each of our six major clinics. We need to be as prepared as possible to respond to emergencies at any time. We are now ensuring a replacement ambulance is available in all major communities when the regular ambulance is being serviced. This means an ambulance is available whenever emergencies occur.

The Health Council is concerned by frequent and often lengthy power interruptions that occur on the APY Lands, including interruptions in excess of 36 hours. Clearly reliable electricity supply is critical for effective functioning of emergency clinical response systems. The Health Council commissioned an expert study into emergency power supply options for our clinics and concluded that the costs and logistics of the Health Council maintaining emergency generators made this option neither practical nor sustainable. The Health Council believes that the emergency power supply systems should be managed at the community level rather than at the level of individual organisations and services. Discussions are continuing with government agencies about this very important issue.

Nqanampa Health Council is most concerned about the continuing and dismaying absence of robust governance and management arrangements for airstrips on the APY Lands. The reporting and maintenance responsibilities for the airstrips are variously non-existent, unclear, or inadequate. Airstrips are an essential piece of emergency infrastructure and without adequate management arrangements lives are being put at risk. Despite many representations in writing to various government departments and Ministers over a number of years, the situation has not improved. Whilst it is acknowledged that some airstrips have been upgraded and that more upgrades are planned, without adequate management, reporting and maintenance, the overall situation remains unsafe.

NGANAMPA HEALTH COUNCIL 2011/2012 FINANCIAL SUMMARY

Simon Rowbotham Chief Financial Officer

FINANCIAL RESULTS

Year Ended 30 June	2012	2011
Operating Surplus	\$1,861,231	\$255,574
Members Equity	\$16,898,159	\$15,036,931
Cash	\$3,337,567	\$3,930,089
Working Capital Calculation		
Current Assets	\$4,533,061	\$5,404,236
Current Liabilities	\$4,092,914	\$5,377,144
Working Capital	\$440,147	\$27,092

The financial position of Nganampa Health Council has shown further improvement for the year to 30 June 2012. Working capital – one of the best measures of the Health Council's financial well-being was \$440,147 at that date – compared to just \$27,092 a year earlier. This is the most robust that this measure has been in recent history and highlights the importance the Board and senior management place on financial management.

Up until 30 June 2011 the Health Council had been preparing its financial statements as Special Purpose Financial Reports (SPFR). The 2011/2012 financial statements (including 2010/2011 comparatives referenced above) have been prepared as General Purpose Financial Reports (GPFR) as is now required by our funding agencies.

This change has generated a big shift in the annual operating position reported by Nganampa Health Council. The GPFR guidelines require grant income received for funding of asset purchases to be recognised as income. In years where there have been large capital purchases, a large surplus may therefore be reported. This was the case in 2011/2012 where funding was received for the construction of staff housing. It is important to note, however, that the capital purchases funding received has actually been expended. Despite this change in accounting procedures, the reality is that the financial well being of the organisation – as reflected in its cash balances and working capital surpluses is exactly the same under both GPFR and SPFR reporting regimes.

The Health Council's improved position is the result of both increased income and successful cost savings. A recent example of the latter has been in the area of recruitment advertising. A greater emphasis on online recruiting, including via our website and Facebook page, has led to both an increase in the number of applicants for vacancies and a reduction in recruitment expenditure.

LOOKING FORWARD

The Board will continue to remain vigilant in its monitoring of the organisation's financial position. Ongoing challenges include:

- The mismatch between the rate of health cost inflation and the rate of inflation applied to annual grant funding renewals.
- The possibility that particular existing grants may not be renewed or may be reduced given the prevailing environment of fiscal restraint for both the Australian and State Governments.
- The requirement to maintain ageing buildings that have a replacement value of approximately \$ 50m. Little grant funding has so far been made available for this purpose.
- The introduction of a range of new and increased government charges.
- The need to meet increasing higher standards of quality without concomitant increases in funding.

For a full copy of audited financial statements go to our website at www.nganampahealth.com.au

