NGANAMPA HEALTH COUNCIL

ANNUAL REPORT

2013

FRONT COVER PHOTO

Stewart Roper

ACKNOWLEDGEMENTS

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

A special thank you to Brenda Masters who assisted for many years in the project management of the annual report.

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NGANAMPA HEALTH COUNCIL ANNUAL REPORT 2013

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MANAGEMENT REPORT

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 members. Many of these successes are discussed in this report and include:

- Exceptional 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 quality suite of environmental health programs delivering significant positive impacts on living conditions.

2013 is Nganampa Health Council's 30th year. This report highlights our achievements over this period. It demonstrates that despite the challenging service delivery environment, sustained health gains are possible through well managed, well planned and well resourced programs. Effective governance, high quality staffing, and robust management systems are critical.

We are pleased to report that we have recruited an additional Medical Officer this year. Dr Phil Humphris has spent close to a decade working for Médecins Sans Frontières in Africa. Recruiting Phil has allowed us to redistribute Medical Officers workload and introduce a weekend on-call roster. These are important reforms that make our Medical Officer workload more sustainable.

This year saw the commencement of two new programs that provide an opportunity to focus resources on problematic areas. An ear health program funded by the South Australian Department of Health has commenced. The program involves Ear Nose and Throat (ENT) specialists making visits to the Anangu Pitjantjatjara Yankunytjatjara Lands to review children with identified ear problems.

The second new program is a Regional Tobacco and Healthy Lifestyles program funded by the Commonwealth Department of Health. This program will allow us to manage a suite of activities that have a health promotion and education focus, enhancing our current activities in the area of chronic disease management.

The Board and management team wish to thank all the staff for their contributions throughout the year. Despite all the challenges that the Health Council faces, we continue to be a strong organisation that is making a real difference to the health of the population we serve.

Jamie Nyaningu
Chair

John Singer
Executive Director

David Busuttil
Health Services Manager

Paul Torzillo
Medical Director

Leila Kennett
Program Manager

PROGRAM HIGHLIGHTS

CHILD HEALTH PROGRAM

94% of children < 7 years of age are fully immunised.	94% of the 2013 adult influenza recalls have been completed.	99% of children < 5 years of age had more than one child growth monitoring check.	Increase in the number of ATSI child health checks completed in the 0 – 4yr age group.	Trachoma screening coverage rate in the 5yr – 9 yr age group was 87% in 2012.

Programs are delivered through a range of strategies that focus on the early detection, treatment and follow-up of problems identified. Follow-up includes early and appropriate treatment if immediate problems are identified, referral to visiting specialist teams, referral to tertiary services as required and collaboration with external providers so that services are coordinated to achieve the best possible outcome.

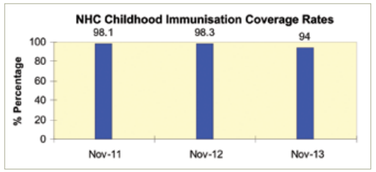
IMMUNISATION

Antenatal/postnatal women

- Review of immunisation histories on all antenatal & postnatal women.

Childhood schedules

- 94% of children aged < 7 yrs are fully immunised. Childhood immunisation coverage rates have been maintained above the national benchmark.



Adolescent schedules

- 12yr vaccination schedule (Girl's Gardasil vaccine course)
  - Dose #1 – 97% completed
  - Dose #2 – 93% completed
  - Dose #3 – 83% (course completion)
- 13yr vaccination schedule (Varilrix & Boostrix) - 96% coverage rate.
- 15yr vaccination schedule (Pvax23) - 71% coverage rate.
- Boy's (12y – 15y) Gardasil catch-up program 2013 - 2014
  - Dose #1 – 86% completed
  - Dose #2 – 77% competed
  - Dose #3 – 68% (course completion)
- 15yr vaccination schedule (Pvax23) - 71% coverage rate.

INFLUENZA PROGRAM

- 96% of the childhood influenza (6m – 3y) vaccine recalls have been completed.
- 100% of the childhood influenza (3y – 10y) vaccine recalls have been completed.
- 94% of the adult annual influenza vaccine recalls have been completed.

CHILD HEALTH CHECKS (ATSI)

The (ATSI) child health check aims to improve the immediate health status for children living on the APY Lands and works towards the prevention of chronic disease through the early detection, treatment and appropriate follow up of problems identified. The client record is continually being updated with current information collected from clinical presentations and child health surveillance and screening activities. Data is also collected from a number of other sources e.g. Paediatrician, Medical, Australian Hearing Service and Ophthalmology reviews plus data from other external service providers. This information forms a comprehensive history on the client that facilitates timely review, follow-up and referral.

Overall, in 2013, there was a small increase in the number of ATSI child health checks completed across the 0 – 14yrs age range; with 100 'current' children (approx. 40%) aged 0 - 4yrs who have had an ATSI health completed check this year.

GROWTH MONITORING IN THE UNDER 5'S

Growth monitoring and surveillance activities endeavour to strengthen child health services towards strategies such as prevention, early detection and early intervention as initiatives to improve child health and wellbeing. Anangu Health Workers play an important role in growth monitoring and also assist with cultural, family and social aspects of planning care. Child growth checks conducted in children < 5 years of age aim to monitor the child's growth and overall health and well-being.

An important component of this check is the early identification of a child who is 'failing to grow' – these children are commenced on a weekly Growth Action Plan. This includes any child who drops below their predicted growth curve, even if their weight is not markedly abnormal. At any time approximately 20 - 25 children across the APY Lands might be assigned to a Growth Action Plan. Some of these children will be underweight for age, often due to a multiplicity of factors. Interventions are designed to respond to individual, usually complex, circumstances. Children with severe or intractable growth failure are referred to the Health Council's Child Health Team in Alice Springs. Regular reviews are conducted on child growth charts to facilitate greater efficiency in identifying children at risk and to ensure adequate planning and timely follow-up. In some cases, children are referred to Alice Springs where the Team provides intensive support in the areas of nutrition, education and training to mothers and carers. This team works closely with clinic staff, the Alice Springs Hospital, the Paediatric Team and other external providers to facilitate a coordinated and responsive approach to children with complex needs. The graph below illustrates the 'completion rate' of recalls for selected items relating to child growth monitoring activity.

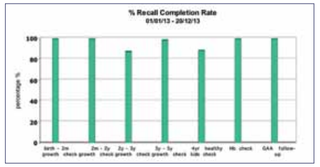


Photo Courtesy of CDC Alice Springs:2011

TRACHOMA SCREENING (4 – 9 YRS)

In 2012, the Health Council conducted trachoma screening in children aged 4 – 9 yrs. In 2013, trachoma screening was done as part of the child health checks.

2012 key findings:

- 2012 Screening coverage rate across the APY Lands - 87% (242/279)
- 2012 Trachoma prevalence - 4% (9/242)
- 90% household contacts aged > 6 months received treatment within 2 wks.
- 100% of children detected with active trachoma were treated within 2 wks.

Program Manager
Dr Rae-Lin Huang

TTANGO (Test, Treat, ANd GO) training at Indulkana Clinic, November 2013.

SEXUAL HEALTH PROGRAM

The comprehensive program to control sexually transmitted infections (STIs) and prevent HIV infection continues with implementation of culturally safe and sustainable strategies to reduce STIs and prevent blood-borne viruses including HIV. These strategies include high quality clinical management of diagnosed STIs, widespread screening to reach the most 'at-risk' population (including annual population-wide, age-based screening), education, detailed monitoring and evaluation, and provision of health hardware. The carefully documented results of the program provide a sustained study of program effectiveness in the field. The annual, age-based population-wide screening not only provides accurate prevalence estimates, but also the opportunity to intensively engage the 'at-risk' age group of people who are seen at the clinic less frequently during other times of year. Results from the annual population-wide screening are presented pictorially to people in each community each year.

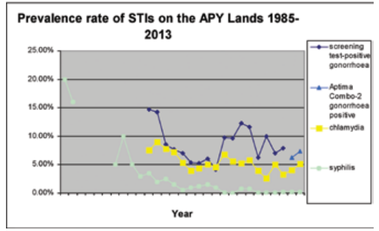
In 2013 the chlamydia prevalence rate measured during the annual population-wide screen was 5.2% which is a 42% reduction compared with the prevalence at the start of the program (1996). The prevalence of syphilis was 0.2% and the prevalence of gonorrhoea was 7.4% (48% reduction compared with 1996). The overall participation rate remained consistent with the 2012 participation rate at 70.7%. A very high participation among permanent residents was maintained again this year (85%). A total of 67 people from outside the target population group were also screened this year.

The average time to treatment across all chlamydial and gonococcal infections was 8.7 days with 42% of male chlamydial and gonococcal infections treated on the day of testing. 95% of all diagnosed chlamydial and gonococcal infections in the 2013 STI screen were confirmed to have been treated.

A total of 273 females from the most 'at risk' 15-24 year old age group were screened during the six weeks of annual screening, and 235 males from this age group were screened.

Since the changeover in 2008 to the 'Communicare' patient information recall system, there has been an immediate and dramatic increase in transparency of the daily work undertaken by clinics in managing STIs. All STI-related consultations undertaken by staff are audited at least weekly and immediate feedback is given to clinicians about appropriateness of tests taken and whether suitable syndromic treatment and assessment has occurred. This process has become a very important tool to maintain standards of clinical care despite staff turnover, and complements formal education sessions, STI workshops and orientation sessions for new staff.

The Program Manager presented at the 2013 Australasian Sexual Health Conference in Darwin in the 'Models of Clinical Care in Sexual Health and HIV" Symposium. The Health Council is participating for the following two years in the Kirby Institute TTANGO (Test, Treat And GO) trial to assess effectiveness of point-of-care testing for chlamydia and gonorrhoea infections. This trial will help clarify the potential benefits in being able to get an accurate test result for these two common STIs within two hours of taking the sample from the patient.



WOMEN'S HEALTH

The Women's Health team aims to provide effective, evidence based, women centred and culturally appropriate antenatal and postnatal care. Antenatal care is usually shared with the Alice Springs Hospital. The Program supports the clinic based Community Health Nurses by:

- Overseeing the care of maternity clients
- Liaising with the Obstetric Consultants to arrange early referrals for high risk pregnancies
- Providing clinical services
- Providing essential early dating ultrasounds.

During this last financial year (2012/2013) the program cared for 55 pregnancies. The age range of these women was 15-38 years and 71% of them commenced antenatal care in the first trimester. The average birth weight of live born babies was 3.24kg and 4 babies were of low birth weight.

Robyn Pitt, the Program Manager oversees the cervical screening program, maintaining the database within Communicare, with particular attention to management of abnormal results and follow-up. She assists the medical officers to co-ordinate timely referrals to gynaecologists and appropriate long-term follow up and is a preceptor and mentor for SHINE SA. Several of our Registered Nurses have attended the one-day SHINE SA program for Pap smear providers.

This year the biennial screening provided by the mobile service from Breast Screen SA, took place in Marla. All women across the Lands aged between 50-69 were encouraged to attend. This event requires careful planning and extra resources to maximise access to this important diagnostic service. Women in the furthest west communities of Pipalyatjara and Amata need to travel by bus and then camp for 2 nights in Umuwa just to attend the screen. The program also offered cervical screening and health checks as part of this screening week. This event could not take place without the support of Frontier Services in Marla who allow the use of their clinic.

The Women's Health Team and the Community Health Nurses have continued to provide health education in schools utilising the YAWEP (Young Anangu Women Education Package) handbook. The schools have provided positive feedback for these sessions and the Program continues to expand and review this service.

Public Health Officer
Stephan Rainow

UWANKARA PALYANYKU KANYINTJAKU (UPK): A STRATEGY FOR WELLBEING

The UPK Program continues to advocate with all tiers of government to secure a living environment that enables Anangu to make healthy life choices.

This work aims to improve agency collaboration, resourcing and management in key areas such as housing, essential services, food and income security.

Environmental Health Workers continue to carry out a variety of tasks in communities to improve the living environment, including participating in the dog health program, cleaning house gutters and yards, fixing washing machines and door furniture, slashing grass, reporting maintenance failures, maintaining cemeteries, hazard identification and control, fencing off asbestos sites, testing water quality and securing water supplies in emergency situations. These teams demonstrate highly effective and responsive Anangu front line management of a wide range of environmental issues that impact directly on the health and well being of Anangu.

Clinical Services Manager
Vivien Hammond

CLINICAL TEAMS

Six multidisciplinary clinical teams deliver primary health care including health education, brief interventions, routine clinical care, referral to secondary and tertiary services, trauma response and 24-hour emergency care. These teams include Community Health Nurses, Medical Officers and Anangu Health Workers and are supported by visiting program coordinators, and specialists (including audiologists, podiatrists, adult psychiatrists, a paediatrician and adult health physician).

Clinical education is a priority throughout the year and includes online learning, quarterly clinical meetings, focussed workshops and courses aimed at developing and maintaining trauma and acute care skills. Nurses maintain but frequently exceed the required CPD points to meet annual registration requirements.

Clinical care is delivered according to best practice, evidence based protocols with Nurses benefitting from 24 hour secondary consultation and advice from the Health Council's own Medical Officers.

EYE HEALTH

The eye health team comprises of a number of specialists who have provided ophthalmology and optometry services to the APY Lands for many years. Ophthalmologists Drs Garry Davis, Michael Lane and Richard Mills together with optometrists Andy Griffiths and Murray Stanley, have all served the area for over 15 years. October, 2013, was the last visit for Dr Michael Lane after 25 years and the Health Council thanks him for his dedicated service.

The Fred Hollows Foundation fund the employment of an Eye Health Nurse to accompany the team on their visits, and to work with clinic staff to ensure specialist visits are effective and efficient. Communicare ophthalmology templates have been updated to improve data management and transfer.

The Eye Health Nurse Stewart Roper has worked to broaden the reach of this program so that patients who had previously not been presenting for review might be assessed and followed up. This has involved prioritisation of recall lists, distribution of these to Medical Officers prior to the Eye Team visits, and consultation with clinic staff and community members during visits.

A total of 327 people were seen during 2013. Of those examined by the ophthalmologist 62% were identified on the priority recall list and 60% had diabetes Type 2. The effectiveness of the programme over the years is reflected in the finding that 60% of all current patients with diabetes have had an examination by an ophthalmologist, as recommended, within the last two years.

A total of 26 people were referred to specialist services (Alice Springs Hospital, Royal Adelaide Hospital, Flinders Medical Centre) for treatments such as cataract surgery, retinal focal laser therapy and tear duct and eyelid surgery.

Treatments in the clinics included removal of aberrant eyelashes that can scratch the cornea (usually a result of scarring from previous episodes of trachoma) and retinal laser therapy to counter some of the problems associated with diabetic retinopathy.

Reading glasses are distributed during these visits and measurements taken for specialist prescription glasses where needed. Retinal photographs are also taken and are uploaded to Communicare to provide valuable comparison for current examinations.

Program Manager
Tess Ivanhoe

CHRONIC DISEASE

The main focus of the Chronic Disease Program is to facilitate and co-ordinate the care of Anangu with chronic disease. The program uses a primary, secondary and tertiary health prevention approach in order to identify those at risk so as to prevent disease and provide timely management to prevent disease progression.

The main tools that are used to facilitate care include Care Plans, GP management plans, Team Care Arrangements and follow up by Community Health Nurses.

This program provides:

- Support to nursing staff to manage patients with chronic diseases in particular patients with complex needs, including palliative care patients
- Support to Medical staff in developing GPMP and TCA for patients with an identified chronic disease
- Support to the visiting Specialist Physician and various visiting locum Medical Officers.
- Networking with other key service providers

The Program Manager ensures that systems are maintained and reviewed, services are prioritised, and front line clinical staff are supported in their work. The numbers of Adult Health Checks, GP Care Plans, Team Care Arrangements, Diabetes Annual Cycle of Care and Nurse Follow-ups has increased significantly since the introduction of this program, and are at record levels in 2013.

Program Manager
John Wilson

AGED CARE

Tjilpiku Pampaku Ngura located at Pukatja community continues to be the permanent residence for about ten elderly frail Anangu, and also provides respite on a regular basis, to a further ten or so people. The majority of residents, both permanent and respite, have high care needs. Residents come from all communities across the APY Lands. Capacity is currently capped at thirteen and is likely to remain at that level until funding for capital works improvements and extensions is secured.

With likely increasing demand for residential care, and especially for clients with complex and high care needs, the facility requires a major capital works upgrade. A scope of works has been developed and the Health Council will be working with the Australian Government Department of Social Services to develop and fund a capital works upgrade.

A significant infrastructure improvement this year was the construction by the Australian Government Department of Defence (AACAP Program) of a sealed road between the aged care facility and Pukatja community (see photos opposite). This has markedly improved safe access for residents, staff and visitors and especially for those residents who regularly travel between the facility and the community in electric chairs.

Using the facility as a base, the Aged Care Program provides a Home and Community Care (HACC) service in the local Pukatja community. This includes provision to eligible clients of a home delivered meal on weekdays, blanket and clothes washing, and personal day care at Tjilpiku Pampaku Ngura.

The Health Council acknowledges the important collaboration with TAFE SA in the onsite delivery of accredited certificate training to aged care staff.

MENTAL HEALTH

Mental Health Nurses, visiting adult psychiatrists and a Mental Health Social Worker provide multidisciplinary team care to Anangu with mental health issues, as well as providing secondary consultation and advice to clinic based staff. Two Mental Health Nurses visit all communities on a regular basis, improving response to crisis and developing relationships with clients and staff in community. The Alice Springs based Social Worker ensures that continuity of care is possible for clients moving between community and town. The Program provided services to 209 individuals in 2013.

PATIENT TRAVEL, ACCOMMODATION, CHILD NUTRITION & SOCIAL SUPPORT SERVICES

These services are based in Alice Springs. The Hospital Liaison team provides travel and accommodation, translation, and social support services to Anangu whilst in Alice Springs for clinical care. A Social Worker adds value to this work, providing social work assessment and counselling as well as liaison and advocacy on behalf of Anangu with a range of agencies. Anangu in Alice Springs frequently confront difficulties of income and housing security, and access to mainstream services whilst in town.

The Health Council is now in its tenth year of providing a Child Health, Nutrition, Education and Support Program based in Alice Springs for mothers, carers and their infants on the APY Lands. This specialised program focuses on interventions to improve child health outcomes, targeting children from 0-5 years of age who experience growth faltering.

Carers and children are accommodated at Stuart Lodge and Sid Ross Hostels where we provide nutrition education to ensure children are provided with age appropriate nutrition, high calorie snacks, and drinks, and appropriate medical or allied health interventions and support. This includes breast-feeding advice for mothers with newborn babies.

Program Advisor
Sandra Meihubers

Dentist
Simon Woolley

ORAL HEALTH

The Oral Health Program has several priority components, including a school dental program, and adopts a preventive and Minimal Intervention Dentistry (MID) philosophy and clinical approach. Our annual data reflect this approach, with clients receiving priority preventive services such as fluoride varnish applications and fissure sealants, as well as the appropriate therapeutic application of silver fluoride (AgF) to control decay. Tooth brushing programs are supported in all schools across the Lands.

The AgF application technique has been a feature of our MID practice since the NHC Dental Program's inception, and its non-invasive approach is at the heart of community acceptance and program sustainability. Our collaboration with the Australian Research Centre for Population Oral Health (ARCPOH) and the Maari Ma Health Aboriginal Corporation Broken Hill, is ongoing in the evaluation of this approach.

We continue to provide on site examination and preventive care at Tjilpiku Pampaku Ngura aged care in Pukatja. This has greatly assisted efficient and effective access to clinical oral health care and personal care reinforcement for Aged care residents.

The Program provided services to 815 people and delivered 1,014 separate occasions of service throughout the year, visiting all communities and making use of the mobile and fixed surgeries.

Program Manager
Cyndi Cole

ANANGU HEALTH WORKER EDUCATION

The Health Council is accredited as a Registered Training Organisation in the delivery of Certificate 2, 3, and 4 in Aboriginal Primary Health Care. Training continues to be delivered in a modular form at Umuwa training centre on a regular basis. The Program staff also visits clinics to work with new Anangu Health Workers (AHWs) within the first month of commencing and with other AHWs at least three times a year. We continue to deliver Senior First Aid Courses under the auspices of Australian Red Cross.

This year Asthma Australia ran a workshop for AHWs at Umuwa which covered:

- knowledge and awareness of asthma, medications used, correct inhaler use and emergency treatment
- practical skills to teach correct correct use of inhalers and manage patients with asthma

We also conducted a numeracy and literacy online pilot project in combination with TAFE SA. We are currently looking for further funding to continue to offer this online numeracy and literacy support to all our AHWs in combination with TAFE. Mary Willis worked as a language support person with both groups. Mary Willis and Louise Tucker attended a VET-E-Learning conference in Melbourne with their TAFE lecturers where they presented a report on the Measuring up online Project.

Two AHWs attended ear health training in Adelaide delivered by Aboriginal Health Council SA that covered the ear health skills set from the training package.

In collaboration with the Australian College of Nurses we conducted a 3-day course in at Umuwa on Advanced First Aid and Resuscitation. 5 AHWs in total were involved in the 2 days of practical training.

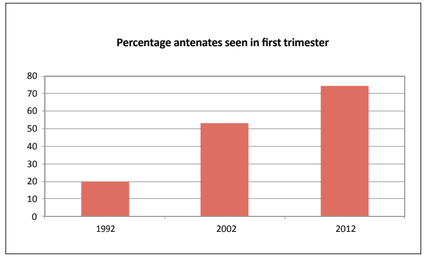
The Program also conducted its annual Cultural Orientation for new non-Anangu staff. This included a day and night spent out bush with Antjala Robin, Imitjala Curley, Iwana Ken and Tinpulya Mervyn travelling throught Walalkara country, learning a little about the bush, bush foods and traditional life. We were sad that Tjilpi was no longer with us and we missed having him on the trip with us but were very glad that his family were happy to continue delivering the cultural training with us and take us on an amazing journey through Tjilpi's country.

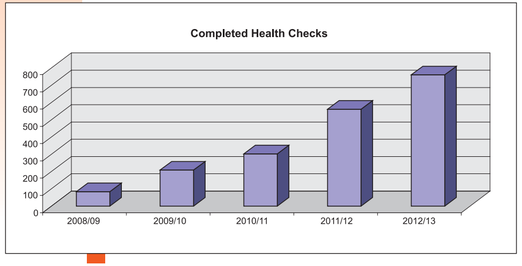
SELECTED ACHIEVEMENTS

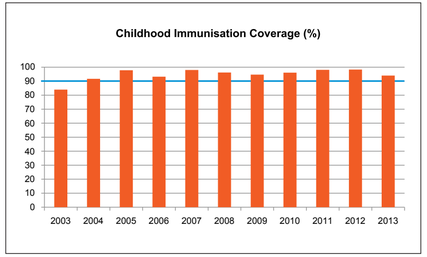
The past three Overcoming Indigenous Disadvantage Reports produced by the Productivity Commission specifically refer to the leading edge, best practice work of Nganampa Health Council in the development and delivery of Women's Health, Child Health, Sexual Health, Oral Health and Substance Abuse Prevention Programs and the health outputs and outcomes sustained by these Programs.

The Productivity Commission Reports also acknowledge the seminal research conducted by the Health Council and published in the 1987 Uwankara Palyanyku Kanyintjaku (UPK) Report – this Report identified the nine healthy living practices that underpinned the development of the National Indigenous Housing Guide.

The UPK Report can be accessed on the Health Council's website at www.nganampahealth.com.au







ALICE SPRINGS OFFICE

The Health Council's finance and administration services (comprised of fourteen staff) are centralised in Alice Springs. Included in this number are the Patient Support Services Team (including patient transport / accommodation and social work services). Our mission is to ensure excellence in service delivery within these "back office" functions. The quality and reliability of these continues to be an important factor in the retention, productivity and job satisfaction of staff that deliver the front line services.

Along with the other members of the Alice Springs office team, I count it a privilege to be working at Nganampa Health Council. My career path to date has included 20 years of service across just three public benefit institutions (including the last 15 months with the Health Council). Here, as in previous positions, I am attracted by the opportunity to contribute to work that makes a difference in the lives of others.

Working in Central Australia has been every bit the adventure you would expect for a New Zealander with limited exposure to remote communities. It has been an emotional stretch having the rest of my family back in New Zealand but we are supported by the flexible employment practices that prevail at Nganampa Health Council which enable me to make regular visits back to family.

The Alice Springs office team continued this year to provide a range of important support services to clinical teams 'out bush' – these included the supply of pharmaceuticals and equipment, maintenance of the vehicle fleet, payroll, human resources management, e health and archived files support, mail, charter bookings, accounting and financial management services.

Simon Rowbotham
Chief Financial Officer

David Busuttil
Health Services Manager

RISK MANAGEMENT

QUALITY FRAMEWORKS

The Health Council participates in a number of external accreditation and assessment processes. In the past year, our clinics were assessed against the AGPAL standards while our financial, administrative and governance arrangements where reviewed as part of a regular Commonwealth Department of Health and Ageing assessment process. In both processes, our systems and the services that we provide were found to be of very high quality.

These processes provide an opportunity to review existing systems and improve them in line with best practice. This ultimately contributes to improved patient care and safety.

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.

After a successful trial and evaluation, satellite vehicle tracking devices are being installed in all vehicles. These devices allow us to locate a vehicle at any moment, provide reports on the use of vehicles including their speed, and send an alert in the event of an accident. In an environment where staff are required to travel long distances on isolated roads, this technology is an important safety addition. Our statistics demonstrate a reduction in the number of serious vehicle accidents over time.

Our statistics also show that manual handling injuries are the main cause of staff absences from a work related injury. A number of environmental improvements have been made to our clinics to reduce these risks including improved gas bottle storage, and improved stretcher and ambulance access.

WORKFORCE

The Health Council has been successful at attracting and retaining long-term professional staff with over 25% of staff employed in excess of 10 years. This is one of our strengths. However, it comes with the risk that we will be unable to replace these staff when they leave.

Our strategies for addressing succession planning include:

- Flexible and innovative work arrangements that allow staff to work from home bases and provide career progression for nursing staff.
- Encouraging current and former staff to take on relief roles to allow for some backup in the event of a departure.
- A greater focus on online recruitment advertising with some evidence that this is resulting in a wider range of applicants.

E-HEALTH

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, and stable. The past year has seen these systems strengthened further. An overriding principle of our e-health developments is that where possible, mission critical systems should be outsourced. Our key e-health resource is the Communicare Clinical Information System (CCIS). The CCIS has been moved to a data centre managed by the company that owns the CCIS. This means one company is responsible for both the hardware and the software, reducing the risk of incompatibilities. This new arrangement has been successful and has reduced the number of problems.

The Health Council has used the CCIS since 2007. Our use of this system has been extremely successful and after six years of operation it is clear that the system has resulted in a number of benefits. 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. There is evidence that these systematic improvements are leading to improved health outcomes for our patients.

This year has seen a consolidation of other important e-health developments. Video conferencing units have now been installed at seven locations including our six main clinics. The units are being regularly used and are principally being used for mental health consultations. Despite the limitations with our internet connections, the picture and sound quality is generally sufficient to allow the consultations to occur. We would expect the use of this technology to continue to increase.

The Health Council has launched a new intranet site. As with our CCIS, the hosting of the intranet site is outsourced. The site contains a number of new features including a search function, calendars, staff directories and some on-line forms. Most of the new features have been received positively and we have plans to increase the functionality of this site further.

David Busuttil
Health Services Manager

Sally McGrath
Communicare Manager

Simon Rowbotham
Chief Financial Officer

NGANAMPA HEALTH COUNCIL 2012/2013 FINANCIAL SUMMARY

FINANCIAL RESULTS

YEAR ENDED 30 JUNE	2013	2012
Operating Surplus / (deficit)	(914,442)	1,861,232
Members Equity	15,983,685	16,898,126
Cash	3,367,303	3,337,567

WORKING CAPITAL CALCULATION

Current Assets	4,488,804	4,533,059
Current Liabilities	4,007,847	4,092,913
Working Capital	480,958	440,146

The full financial report can be accessed from the Health Council's website at:

www.nganampahealth.com.au

COMMENTARY

In 2012 one of our larger funding bodies required Nganampa Health Council to report its finances as General Purpose Financial Reports (GPFR). GPFR do not reflect the realities of our funding and as a result, the reported surplus or deficit can be misleading and prone to large fluctuations. We are not funded for replacement buildings. Capital works remain dependent upon ad hoc, one off funding allocations.

In 2012 a large surplus was reported as a result of a housing construction project. In 2013 a sizeable deficit is reported due to the absence of any capital works projects.

Despite the reported operating deficit in the 2012/2013 year, the organisation's underlying financial wellbeing - as reflected in its cash balances and working capital, has marginally improved. At 30 June 2013 both working capital and cash reserves are up slightly compared to the previous year (see table). Working capital is the most robust it has been in the organisation's recent history. In an environment of rising cost pressures, and improvements in our medical staffing levels, this is an excellent result and reflects the efforts that our Board and management put into ensuring that our finances are sound.

As always cost control has been a key focus. For example, during the year we were able to establish a casual pool of nurses. Using these nurses on a rotational basis has enabled a substantial reduction in agency fees paid for recruitment.

LOOKING FORWARD

Maintaining existing service levels remains a significant challenge.
Factors putting pressure on Nganampa Health Council finances include:

- The ongoing mismatch between indexed grant adjustments and the real increase in operational costs including the continued escalation of Government charges.
- Additional new costs which are largely unfunded and which must be absorbed, including the increased costs associated with regulation, accreditation and maintaining and managing an asset base with a replacement value of $50 million.

"PALYA: PITJANTJATJARA YANKUNYTJATJARA COUNTRY"

by Stewart Roper

I have worked with Nganampa Health Council as a community health nurse for over twenty years since 1990. During that time I have taken many thousands of images, some of which have been used in other publications such as "Painting the song" about the Fregon artist from Kaltjiti Arts Centre and "Tjanpi: Desert Weavers" about the grass weaving artists of the Central Desert. I have also had various exhibitions, including one in conjunction with the Our Mob exhibition at the Festival Theatre in Adelaide. Any images in these projects and in the book "Palya" are always used with the permission of Anangu. The images in my book show the resilience of Anangu culture and the beauty of their country.

"Palya" comes in hardback form containing 170 pages with 250 full colour photographs and recollections of experiences with Anangu and their country covering community life, bush trips, landscape, wildlife and ecology. Pitjantjatjara names for all species as well as scientific and common names are presented.

You can order a copy via the website below. Cost is $80.00 per copy plus postage.

Website with order form, background and preview pages: www.roperphotos.com

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