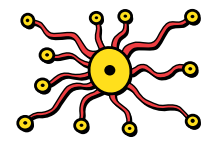




Achieving clinical excellence • Contributing to the sector • Working in partnership • Engaging in quality research • Advancing Anangu employment & professional development



Continuing our record of delivering high quality primary healthcare

Governance

Jamie Nyanguu

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 members. These successes include:

Sustained clinical and public health outcomes

Outcomes include exceptional childhood immunisation rates, record levels of completed health checks and patient management plans and improved chronic disease management programs. Our sexual health screen has continued high levels of participation and low levels of infections. A high quality suite of environmental health programs delivers significant positive impacts on living conditions.

A strong focus on Anangu employment

The Health Council recognises the importance of employing Anangu staff and the benefits that this can lead to for the organisation as a whole and for individual members. This year saw the development of our Anangu Employment Strategy that details strategies for both increasing the number of Anangu employed and providing a comprehensive range of professional development support for Anangu employees. This is one of the themes highlighted in this year's annual report.

Extended visiting specialist services

The past year saw the commencement of visits by a cardiology team and a continuation of Ear Nose and Throat specialist visits. These visits allow us to address areas where the provision of healthcare has been traditionally difficult. The cardiology visits in particular have been very effective in having patients with rheumatic heart disease assessed on the APY Lands, negating the need in some instances for travel to Alice Springs for assessment.





The Fred Hollows Foundation collaboration

Our collaboration with The Fred Hollows Foundation (TFHF) continues. This year an interim review has shown that the support of TFHF has increased the Health Council's capacity to deliver comprehensive and coordinated primary health care. The Health Council is very appreciative of this support from TFHF and the resulting health care benefits that have accrued for Anangu.

Risk management

In recent years the Health Council has successfully reduced the number of serious vehicle accidents that our employees are involved in. We are pleased to report that this trend continued in the past year with no serious accidents. A recent initiative has been the introduction of vehicle tracking devices that both allow us to determine the location of staff and vehicles, and provide reports and alerts on driving habits.

The Health Council can once again report a small operating surplus highlighting the importance that the Board and management place in sound financial management. Our risk management plan and systems include strategies for ensuring this strong performance continues in an uncertain funding environment with rising costs.

Administrative services

Our high quality primary health services could not be delivered or sustained without excellent support from the Health Council's administrative teams based in Alice Springs and Umuwa. Pharmaceuticals and medical equipment supply, maintenance of the vehicle fleet, cyclical and emergency repair of assets, payroll, human resources management, scanning and archiving of client records, mail, charter bookings, financial management and bookkeeping services are all provided in house by a dedicated and skilled group of staff.

A dedicated and skilled staff team

The Health Council is perhaps unique in having retained a large core group of staff and Board members over a long period of time. This allows us to draw on significant corporate knowledge and experience to help sustain and develop high quality services. The Board and management wish to thank all of our staff for their continuing contributions throughout 2014. Staff encounter many challenges, whether they work on the APY Lands, from our Alice Springs Office, or fly in/fly out from an external base. In a large, complex and remote organisation the coordination of services and the ongoing evaluation and development of programs is never straightforward. This is especially so in the context of ever changing Government policy and capacity.



'Delivering best practice clinical, public and population health services is Nganampa Health Council's core business.'

Nganampa Health Council Strategic Plan

Achieving clinical excellence

There were 61,997 health contacts recorded in the last financial year, with 15% of these being after hours. A total of 3,840 individuals were seen and 3,422 of these were Anangu. There were 277 emergency evacuations.



Visiting Specialists make a key contribution to the delivery of quality comprehensive health care for Anangu. The Paediatric specialist visiting team, comprising paediatricians Dr Anne Chang and Dr Carolyn MacLennan and paediatric nurse Carmel Hattch, made three visits this year and assessed approximately ninety children on each occasion. Podiatrist Sara Jones also visited three times with podiatry students. More than a hundred clients were seen on each visit which includes a visit to Tjilpiku Pampaku Ngura aged care facility. Audiologists Gillian Wesche and Jan Welsh have visited regularly over the last ten years. Unfortunately, both of them are moving on to new roles next year – we want to thank them for their long commitment to ear health on the APY Lands and their contribution to audiology upskilling and professional development, as well as year round secondary consultation and support, for a range of our clinical staff over many years. Our three visiting adult psychiatrists Dr Adriana Lattanzio, Dr Nigel Cord-Udy and Dr Marcus Tabart continue to visit regularly.

They work closely with our mental health nurses in the assessment and provision of care to clients with mental illness. They each made five visits this year with a total of 200 consultations. Dr Christopher Zeitz commenced cardiology visits last year, undertaking echocardiograms and cardiology reviews. He is accompanied by a Sonographer Matthew Chapman and Cardiac Nurse Renee Henthorn.



Dr Martin Kelly and respiratory specialist Antony Veale happy to disembark at Alice Springs after a bumpy ride from Pukatja due to air turbulence on a hot summer's day.

Dr David Wabnitz made two ENT visits this year, undertaking 140 separate consultations. Dr Antony Veale made five respiratory visits, undertaking 110 consultations.

Clinical safety and continuous quality improvement systems for front line clinicians include

- year round targeted professional development offerings
- mandated competencies
- regular clinical meetings to evaluate program work
- real time surveillance of practice as documented in the electronic health record
- annual performance appraisal
- mandatory use of highly protocolised and peer reviewed best practice manuals
- onsite mentoring in clinics
- secondary consultation and advice from Program Coordinators Medical Officers and visiting specialists.

Tracy Turner was a finalist in the staff category of the Aged and Community Services SA & NT Excellence Awards 2014. Tracy was rightly acknowledged for her long, expert and varied contribution to Tjilpiku Pampa Ngura, the Health Council's aged residential and respite care facility at Pukatja. Tjilpiku Pampaku Ngura is regarded nationally as a leading edge flexi aged care facility.



Tracy Turner with partner Jamie Reid (L) and Alan Graham CEO ACS SA & NT

The women's health team provides effective, evidence based, culturally appropriate antenatal and postnatal care. Diabetes in pregnancy is becoming more common in our antenates, often requiring early intervention, active management and careful liaison with specialists. The team co-ordinates and liaises with the Obstetric consultants in Alice Springs Hospital to arrange early referrals for high risk pregnancies, oversees the antenatal care given by front line generalist nurses, provides clinical services, dating ultrasounds, and advocates for Breast Feeding and education to mothers throughout the pregnancy and in the 6 week postnatal period. During this last financial year (2013/2014) the program participated

in the care of 83 pregnancies, and provided the majority of care for more than 60% of them whose age range was 17-43 years. 70% of the women commenced antenatal care in the first trimester. The average birth weight of their babies was 3.2 kg. Cervical screening is maintained through Communicare, with particular attention to management of abnormal results and follow-up. The women's health program assists the medical officers to co-ordinate timely referrals to gynaecologists and appropriate long term follow up. About 350 Pap smears were recorded in 2013/2014 with a screening rate in 'current' patient's aged 20-70 years of 60%.



Mental Health

Two full time Mental Health Nurses work across the APY Lands providing mental health assessments and case management for Anangu. They coordinate visits from the adult psychiatrists and the Guardianship Board SA and provide secondary consultation and support to front line clinic staff. Teleconferencing facilities in clinics have improved access for clients to specialist services and the Mental Health Nurses are the lynchpin to integrated and coordinated service delivery. The program provided 1,368 separate services to 202 patients.



Chronic Disease

The Chronic Disease Program aims to identify Anangu at risk, and provide timely and early management of risk and disease progression. Adult Health Checks, GP Management Plans and Team Care Arrangements are the key mechanisms for organising and coordinating care. In 2014 a Cardiology and Echocardiogram team from Adelaide visited all communities. Funding has recently been secured to appoint a Rheumatic Heart Disease Nurse to support the Program.



The Hospital Liaison Team

The Hospital Liaison Team is based in Alice Springs. The team provides travel and accommodation, translation, and social support services to Anangu whilst in Alice Springs for inpatient or outpatient clinical services. A Social Worker provides 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.

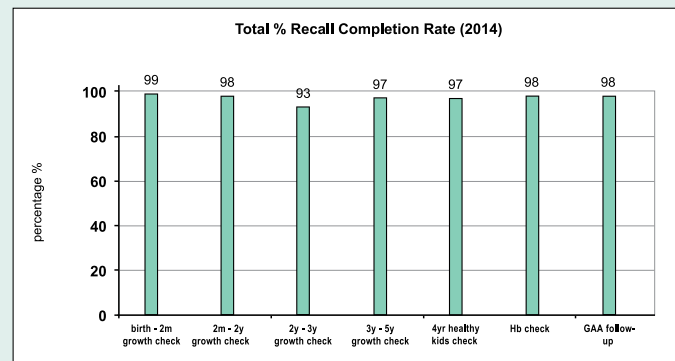
This year Eileen Moseley, who managed the team for many years, retired. Eileen's networks, cultural expertise, inexhaustible patience, mentoring of new staff and unflagging good humour in what was often a difficult and pressured role, will be greatly missed. The Health Council wishes Eileen the very best as she enjoys more time now with family.

Bronwyn Frank, who has worked in the team for many years, is to be congratulated on her appointment as the new team manager.

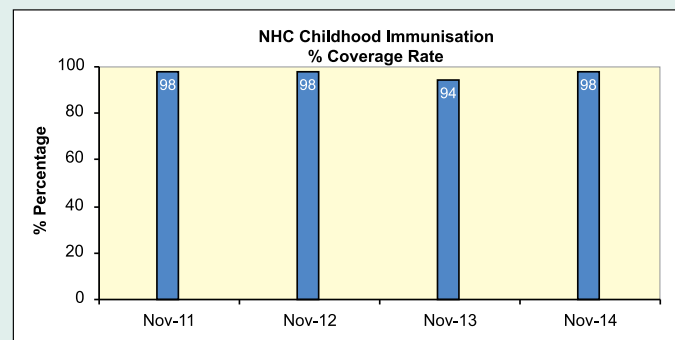
Child Health

The Child Health Program has a number of components – immunisation, child growth monitoring in children under 5 years of age, and child health checks. Child Immunisation coverage rates remain well above the national benchmark. In 2014, 98% of children under 7 years of age were fully immunised (Graph 1). Child growth checks aim to monitor the child's growth parameters and overall health and well-being. Regular reviews are

conducted on child growth charts to facilitate greater efficiency in identifying children at risk and to ensure adequate and timely follow up. A high completion rate for recalls continues to be sustained (Graph 2). Each year, clinical teams target 5, 10 and 13 year old children for a comprehensive child health check. Overall, 2014 showed an increase in the number of completed child health checks in the target population.



Graph 1



Graph 2



Contributing to the sector



Sexual Health

The Health Council's sexual health program is near completion of a second decade in operation and continues to use the program structure 'Eight Ways to Beat HIV' as the basis for ongoing activities. The program has demonstrated remarkable long-term success in effective control of common, curable sexually transmissible infections (STIs), thereby making complications arising from these STIs less likely among the population. This program and its success has been a significant contributor to the development of sexual health program approaches in other parts of South Australia and the Central Australian tri state region as well as influencing policy and program approaches nationally.

The Program continues to maintain a syphilis registry which is a function usually undertaken by state government agencies. The Program Coordinator has participated in the development of regional sexual health protocols and has been a member of the Aboriginal and Torres Strait Islander Working Group to develop the National Blood Borne Viruses and Sexually Transmissible Infections Surveillance and Monitoring Plan.



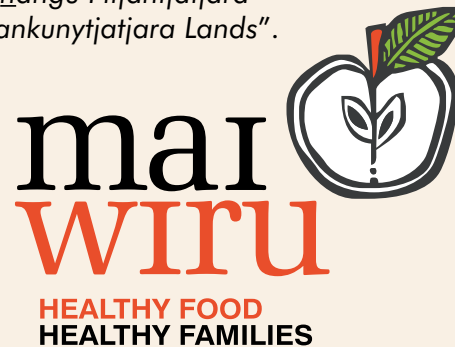
Dog Health

The Dog Health Program, which forms part of the Health Council's Uwankara Palyanyku Kanyintjaku (UPK) Public Health Strategy, has been running continuously since 1989 and has been extended, using the same methodology and staffing, across the tri state region. Collaborative work has been undertaken between the Health Council and Animal Management in Indigenous Remote Communities (AMIRC) in the production of educational resources for the management of dogs in remote communities. PY Media was contracted to produce a video and series of talking books for use in schools and the video titled Papa Atunymananyi has been selected to be included in the national schools' curriculum.



Mai Wiru

Nganampa Health Council collaborated in a documentary called "That Sugar Film". It includes footage from Mai Wiru (Healthy Food) song clips and an indigenous health and nutrition story centred on the APY Lands. A number of Health Council staff co-authored with Professor Amanda Lee an article in the Australian and New Zealand Journal of Public Health (2014-346) titled "Efforts to improve nutrition in remote Aboriginal communities over the last three decades: lessons from the Anangu Pitjantjatjara Yankunytjatjara Lands".



Working in partnership



Our Child and Infant Health Nutrition Support Project works with the carers of children who present with acute or chronic growth faltering. Intensive support is provided to achieve positive weight gain. Sometimes children and carers come into Alice Springs for assessment and intervention with follow up back in their communities. Strategies include clinical assessment, lactation advice, nutrition supplementation, education, provision of equipment, and referral. This project depends on significant collaboration with other key services, including the NPY Women's Council, the Paediatric Department at Alice Springs Hospital, the South Australian Department of Education and Child Development who auspice early childhood centres across the APY Lands, the visiting Paediatric team, and the schools and stores in Iwantja, Mimili, Fregon, Pukatja, Amata and Pipalyatjara. In collaboration with Dr Amanda Lee, Professor of Nutrition and Public Health at the University of Queensland, a nutritional evaluation and assessment of the stores was completed and improvements have been implemented regarding the type and price of infant foods, baby utensils and baby hygiene products in the stores. Over the last year, this comprehensive and highly collaborative program has worked with 165 children across the APY Lands, achieving positive weight gain in 95% of these children.





The Fred Hollows Foundation

The Fred Hollows Foundation provided four years of funding from 2011 for an Enhanced Primary Health Care Project to cover 'critical gaps' in Nganampa Health Council's funding base so as to test and document the effectiveness and sustainability of a more comprehensive approach to primary health care. The principal goal was to deliver enhancements to our service delivery model for the provision of regional child health, adult chronic disease and eye health care for Anangu.

The project was rigorously evaluated by Sironis Health and was demonstrated to have achieved significant health output improvements. New clinical positions promoted the Health Council's implementation of evidence based enhancements, including increased use of health checks, management plans and formal team care arrangements. Medical Officers were able to increase their focus on clinical work. The number of clients seen, number of health contacts and average contacts per client consistently increased during the course of the project.

Data provided by Alice Springs Hospital as part of the project evaluation indicates that despite increases in Anangu morbidity and co-morbidities and the impacts these could have on emergency and acute health delivery, the Health Council has been able to manage primary health care in a way which has not increased demand on Alice Springs Hospital services.

It is hoped that the findings of this project and its evaluation can inform better policy in relation to the critical mass of resources required to improve health outcomes for Aboriginal populations in remote regions.



Engaging in quality research



This year has seen the completion of twelve months involvement of Nganampa Health Council in the TTANGO (Test, Treat And GO) trial run by the Kirby Institute which looks to measure the advantages and acceptability of using point of care technology testing for chlamydia trachomatis and neisseria gonorrhoea in remote community settings. The technology was of great assistance during the annual population-wide STI screen (with the assistance of the regional TTANGO site coordinator Annie Tangey as the main operator). The technology has also been useful throughout the rest of the year, as Iwantja clinic staff ably operated the machine to obtain a result for chlamydia and gonorrhoea within 90 minutes. Analysis of the data relating to treatment times and re-infection rates for Iwantja clinic will be undertaken in the near future, and compared with historic data. The point of care machine has now been moved to Fregon clinic for the following twelve months.



Dental Program Silver Fluoride Research Collaboration

Since 1999 the Australian Research Centre for Population Oral Health (ARCPOH), University of Adelaide, has collaborated with the Health Council's Dental Program in the establishment of systematic data collection and analysis for regular assessment of program performance and oral health outcomes. Arising from this partnership, the Health Council Dental Program is also collaborating with ARCPOH and the Maari Ma Health Aboriginal Corporation based in Broken Hill, NSW in a randomised control trial (RCT) of the effectiveness of the atraumatic silver fluoride (AgF) technique compared with conventional filling techniques. The first dental examinations of the study in APY Lands communities commenced in September 2011 and we are now in the final phase of data collection. The atraumatic AgF technique was developed by Graham Craig and colleagues in the remote Aboriginal community of Bourke, New South Wales in the late 1970's in response to the extreme apprehension of local children to routine dental procedures.¹ It has been a mainstay of community and patient acceptance of our school dental program ever since the program commenced in 1986. It has enabled efficient and effective treatment of carious (decayed) deciduous teeth, with minimal tooth preparation and without local anaesthetic (LA). LA is avoided



wherever possible, in recognition of high numbers of children with 'needle phobia' in part due to their experience of the administration of intramuscular antibiotics for the treatment of respiratory and skin diseases. The use of AgF is a critically essential Minimal Intervention Dentistry technique of our program. It can be considered both a precursor to, and complemented by, the atraumatic restorative technique promoted by the World Health Organisation which our dental program also regularly adopts.²

References

1. Craig GG, Powell KR, Cooper MH: Caries progression in primary molars: 24-month results from a minimal treatment programme. *Community Dent Oral Epidemiology*. December 1981, 9:260-265.
2. Jo E. Frencken, Christopher J. Holmgren. Atraumatic Restorative Treatment (ART) for Dental Caries. STI Book. 1999.



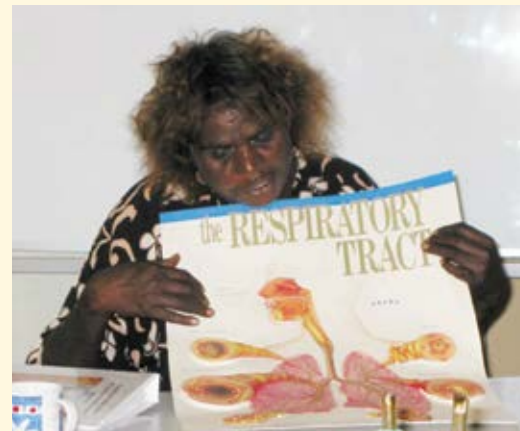
Advancing Anangu employment and professional development



Jennifer Summerfield at her farewell party

Between 1983 and her retirement this year Jennifer Summerfield worked with the Health Council as an Anangu Health Worker and later as Anangu Health Worker Educator. She served on the Board for a decade. With various formal qualifications and a wonderfully kind, patient and thoughtful manner, Jennifer was an outstanding educator and mentor for Anangu as well as an important mentor for many non Anangu

staff over the years. She liked to paint and used this skill to reinforce training and several of her paintings have been used widely around Australia in the development of teaching tools. Her painting graces the cover of 'Trachoma' by Hugh Taylor. She designed the Health Council's current corporate logo. We wish Jennifer well in her 'retirement' as she continues her caring work for her many nephews, nieces and grandchildren.



The Anangu Health Worker Training Program continues to deliver Certificate 3 in Aboriginal and Torres Strait Islander Primary Health Care in modular form at the Umuwa training centre. The program also delivers Senior First Aide courses and, from August 2014 online numeracy and literacy training for Anangu Health Workers in collaboration with TAFE SA. The Program was recently successfully audited and its status as a Registered Training Organisation has been renewed until the end of 2018.



A number of staff at Tjilpiku Pampaku Ngura, both Anangu and non Anangu, graduated this year with Certificates in Aged Care. Congratulations to Priscilla Roesch, Darcelle Jennings, Victor McNamara, Jane Barnes, Marg James and Micheal Komene. This Certificate training is provided on site at the aged care facility by TAFE SA. There have been eleven Anangu graduates at Certificate 3 level and two at Certificate 4 level over the past five years. This collaborative partnership with TAFE SA has been a highly successful and long standing one delivering significant training and career advancement opportunities for Anangu.



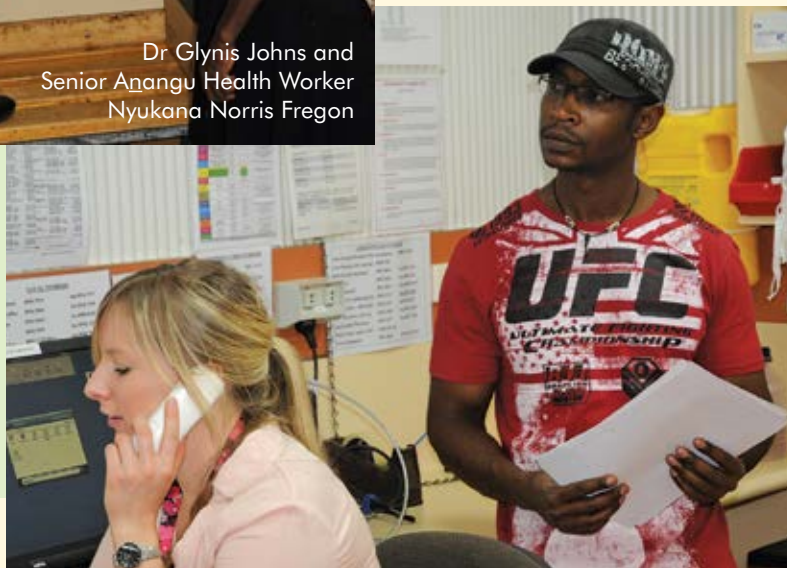
2014 Graduates at Tjilpiku Pampaku Ngura with Sue Light, TAFE lecturer and David Busuttill, Health Services Manager



Dr Glynis Johns and Senior Anangu Health Worker Nyukana Norris Fregon



Beverly Stevens, nurse Gayle Woodford and Tjapakula Wijiiti Fregon clinic



Nurses Belinda Schultz and Phibion Takawira Fregon



Pukatja nurses Sally Burton, David Roussel and Helen Thomas with Rural and Remote X Ray Operator Course Certificates

The Environmental Health Worker Program

The Environmental Health Worker Program currently employs seven Anangu staff. All Environmental Health Workers are in a suite of TAFE based training to ensure that they are adequately skilled and qualified. Operating in two teams, they undertake a range of work in communities that maintains and improves the living environment. This includes cleaning houses and gutters, hard waste removal, dog health, fixing door furniture and white goods, slashing grass, maintaining cemeteries, testing water quality, hazard identification and control and reporting maintenance failures.



Rynald Clothier, Anangu Public Health Officer, and team members at work



E health

David Busuttill
Health Services Manager

Sally McGrath
Communicare Manager

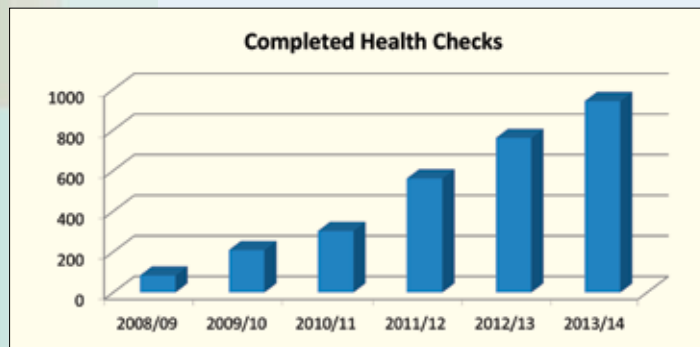
Remote area Aboriginal medical services such as Nganampa Health Council operate in the most challenging e-health environment in Australia. We have limited telecommunication and technical support options, need access to our systems 24 hours a day, share data across multiple locations and deal with highly confidential patient information. Despite these challenges, the Health Council's e-health systems continue to be robust and stable and continue to enhance our ability to provide our members with healthcare.

The stability of our systems has allowed us to develop solutions that result in improved productivity, accountability, safety and health care.

The Communicare Clinical Information System (CCIS) continues to be our principal e-health resource. This year saw some key developments including the introduction of the pathology module with pathology ordering now occurring directly through the CCIS. This assists in ensuring the correct tests are ordered in a consistent manner using best practice principles. The CCIS is being increasingly used for internal reporting and monitoring including reporting that assists us to monitor staff performance and the safety of the healthcare that we provide. Internal developments in this area mean some reports can be viewed in a dashboard style and are available in real time.

A new database for managing client travel and external appointments has also been internally developed. Patient information is linked with the CCIS and reports accessible by all clinical staff are scheduled to generate daily. This database will lead to productivity improvements and will improve our management of appointments.

A new intranet site has been launched with features that assist us to improve internal communication, disseminate resources, and improve productivity, service delivery and staff satisfaction. Examples include an improved calendar, improved search functions, online forms, staff discussion board and public health alerts.



Financial Summary 2013-2014

FINANCIAL RESULTS

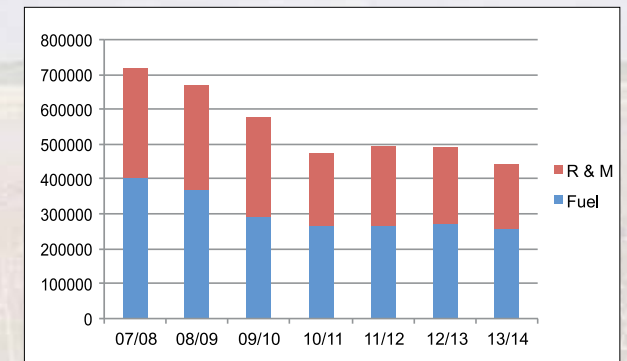
YEAR ENDED 30 JUNE	2013	2014
Operating Surplus / (deficit)	(914,442)	214,606
Members Equity	15,983,685	16,198,290
Cash	3,367,303	4,761,366

WORKING CAPITAL CALCULATION

Current Assets	4,488,804	5,630,835
Current Liabilities	4,007,846	4,791,533
Working Capital	480,958	839,302

Our financial position is strong as shown by our working capital position. The organisation has some funds available that can be used in the event of unexpected emergencies and to replace assets when required. 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.

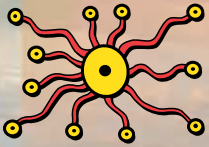
This improved financial position can be explained by a combination of initiatives to increase income and to control expenditure. We are particularly pleased with our efforts to reduce motor vehicle expenditure as illustrated by the graph. With increases in Government funding uncertain in future years, finding alternative income streams and cost savings will become increasingly important to ensure current levels of service delivery are maintained.



The summary report presented requires some interpretation. The reported operating surplus or deficit is prone to large fluctuations, being sensitive to factors such as one off capital grants and depreciation on our building assets and on its own is not an accurate reflection of the financial health of the organisation.

Debbie Mason
Chief Financial Officer

For the complete financial reports for 2013-2014 go to www.nganampahealth.com.au



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COVER PHOTOS: Front, Cyndi Cole; Back, Simon Wooley

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

Design & Layout - Pauline Clack Designs

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