

# OUR PROGRAMS: Overview And Highlights



Clinic staff strive to maintain clinical surveillance activities associated with program work and improving coverage and currency in the clinics will be a focus next year. Program Coordinators continue to refine the necessary screening activities to detect and monitor key indicators for health improvement, chronic illness and prophylactic interventions. Communicare continues to provide the benefits of improved continuity of care, and more secure and ready access to patient information by remote Medical Officers, Program Coordinators and other clinics. The organisation continues to rely heavily on locum nurses to cover absences of permanent staff and the organisation is fortunate to have a small pool of committed and experienced regular locum nurses to draw upon.

## Clinical Services

**Vivien Hammond**

**Clinical Services Manager**

All clinics continue to deliver high quality primary health care including acute and trauma care and 24-hour emergency care. This work is supported by a targeted professional development and staff support program. Staff at all locations have heavy workloads throughout the year, given the high burden of chronic disease and constraints on staffing levels due to both tight budgets and limited nursing accommodation.

The RACGP Accreditation survey by AGPAL was conducted in late February 2009. All eight remote clinics were surveyed and accreditation achieved. Many clinical staff contributed towards this work and are to be commended. From the work required for accreditation a number of useful resources have been added to the intranet site that now provides a single repository for policies and procedures.

We continue to develop the orientation and induction programme for new permanent nurses. Courses such as the About Giving Vaccines Course, the International Trauma Life Support Course and the Centre for Remote Health Pharmacokinetics Course are now a requirement in the first year of employment for all permanent nurses and where possible our regular locum nurses are offered places. This year the Conceptual Approach to Injury and Illness run by the Australasian College of Emergency Nurses was introduced. Regular clinical meetings and other relevant clinical courses and workshops for nurses have been conducted throughout the year. The Department of Families and Communities SA conducted Child Safe Environment workshops.

Nurses continue to maintain and frequently exceed the recommended Royal College of Nursing Continuing Nursing Education Point requirement and all education activities have been authorised through the College.





## Medical Specialist Visits

The Health Council's primary health care work is enhanced by a range of visiting specialists and consultants who deliver direct care, offer professional development and upskilling for front line staff and provide a critical link for clients to tertiary level services including access to a range of further investigations, treatment and surgery only accessible off the APY Lands.

Specialists include Paediatrician Dr Ann Chang and Paediatric Nurse Consultant Carmel Hattch, Podiatrist Sara Jones, Audiologists Gillian Wesche and Jan Welsh, Ophthalmologists Dr Michael Lane, Dr Gary Davis and Dr Richard Mills, Optometrist Andrew Griffiths, Psychiatrists Dr Maria Tomasic, Dr Nigel Cord-Udy and Dr Marcus Tabart, and visiting Physician Dr Antony Veale.

Most of these specialists have been visiting with us for many years and are well known to clients and staff. Facilitating and supporting their work so as to ensure it adds maximum value to the primary health care effort is an important function. Special appreciation is due to Desley Culpin, Chronic Disease and Eye Health Program Coordinator with the Aboriginal Health Council South Australia and to Cyndi Cole, Nganampa Health Council Anangu Health Worker Educator, for their efforts in this regard.

## Anangu Health Worker Education

### Cyndi Cole Program Manager

This year we successfully passed our audit as a Registered Training Organisation (RTO) meeting all the Australian Quality Training Framework standards and have been reaccredited until 2013 to deliver Certificate 2, 3, and 4 in Aboriginal Primary Health Care.

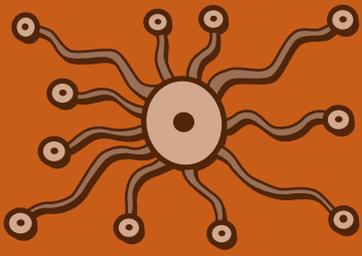
Training continues to be delivered in a modular form at Umuwa and in clinics by Cyndi Cole and Jennifer Summerfield, Anangu Health Worker Educators. An important focus this year has been recognition of prior learning for matching health workers against the competencies of the new national curriculum in preparation for compulsory registration of all health workers. We have had an additional consultant trainer Yvonne Slater working with us undertaking one-on-one training with health workers in clinics. We continue to deliver Senior First Aid Courses under the auspices of Australian Red Cross and Cyndi Cole maintains registration as an external trainer with them. A burns workshop for health workers was held at Umuwa this year. Kurt Towers, Aboriginal Burns Program Coordinator Burns SA, arranged this initiative supported by staff from the Julian Burton Burns Trust.

The Australian College of Emergency Nursing (ACEN), in collaboration with Nganampa Health Council, delivered a pilot Advanced First Aid and Resuscitation Course to health workers at Umuwa. This initiative builds on skills achieved during completion of the First Aid Certificate and covers content requirements of the Apply Advanced First Aid and Apply Advanced Resuscitation Techniques in the new national health worker curriculum. Health workers learnt about managing airways, cervical spine control, primary and secondary surveys, extrication from vehicles, spinal immobilization, splinting and defibrillation. Four health workers successfully completed this demanding three-day course: congratulations to Lloyd Inkamala, Louise Tucker, Pantjiti Lewis and Nara Tjami. A special thanks is due to Liz Cloughessy, Executive Director ACEN and Cyndi Cole for their work in developing this innovative course. (See photo below of the graduates with Liz at Umuwa).

Health workers and aged care staff attended a one-day palliative care workshop organised by Cindy Paardekooper from Program of Experience in the Palliative Approach. This highly interactive workshop dealt with symptom management, family support and care, loss and grief, working as a team and an indigenous approach to palliative care. Rosemary Hanisch, Aged Care Program Nurse, delivered a practical session on managing the dying patient.



There were 1,752 patient referrals made to Alice Springs or Adelaide Hospitals this year.



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## Cultural Orientation for non-Anangu staff

Every year we deliver a cultural orientation experience for new non-Anangu Staff. Participants learn about the history of the APY Lands, the various Anangu organisations and their roles, good manners Anangu way, basic Pitjantjatjara vocabulary, and something of Anangu bush foods and traditional lifestyles. This years experience was arranged and led by Pantjiti Lewis, Sylvanna Kenny, Jennifer Summerfield, Robin Kankanpankatja and Iwana Ken with support from Cyndi Cole.





## Aged Care

### Marie Parker Program manager

The last year has seen increased occupancy rates at Tjilpi Pampa Ngura Aged Care Facility. As well as an increased number of requests for respite, we have seen an increase in numbers of people who reside permanently at the facility. These changes have increased the need for extra staff, training and resources.

With the recruitment of Registered Nurse Rosemary Hanisch, we are now in a better position to care for people who have a terminal illness. Suitable equipment to enable this to be done was purchased during the year. The PEPA (Program of Experience in the Palliative Approach) team delivered training to all of the staff and two of the staff have been able to go on placement to a Palliative Care Centre in Adelaide to observe and learn best practice in the care of the terminally ill resident.

The Australian Government is developing in collaboration with flexible services a national Quality Framework and a set of minimum standards against which continuous quality improvement can occur. We are closely involved in the development of the framework. Significant challenges include securing capital monies for additional staff accommodation and ongoing assets maintenance and refurbishment, and ensuring that Anangu staff are trained, supported and upskilled.

Sylvanna Kenny, Anangu Malpa, and Julia Hodgson, Program Manager, resigned during the year after years of very valuable service to the Program. Their contribution has been significant in the development of a strong Anangu workforce in the Program and in providing the facility managers with technical advice and support. The facility continues to be expertly managed by Tracy Turner.

## Scholarship Fund

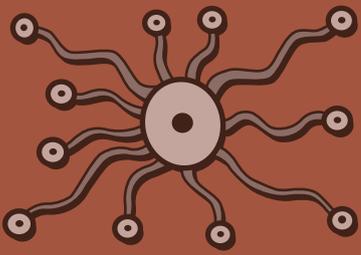
In 2004, the Health Council established an Anangu Study Scholarship Fund to assist Anangu from the APY Lands to undertake post secondary studies.

The Fund is currently supporting one student, Patrick Walker, undertaking studies in music at the University of Adelaide. Patrick's student support officer at the university reports that he is a very committed student enjoying his study and we anticipate that he will be continuing next year. The fund supports Patrick by paying for his Adelaide student accommodation.

We wish to thank all those supporters who have generously donated to this Fund that is currently now closed for further contributions. Uptake has been slow to date but as more Anangu complete secondary level schooling with an ambition to further study, it is anticipated that there will be an increasing call in future years on donated funds.



There were 66 admissions to Tjilpi Pampa Ngura totalling 3,318 bed nights during the year.



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Importantly, the use of the Communicare recall system facilitates:

- Co-ordination of screening activity, interventions and follow up to maximise effectiveness and minimise duplication
- Generation of a number of reports from the database to assist clinic staff to improve the timeliness of screening, interventions and follow up
- Identification of children with specific health problems that require further treatment (e.g. ear disease)

Growth monitoring and surveillance activities endeavour to strengthen and reorientate child health services towards preventative strategies such as early detection and early intervention. Anangu Health Workers play an important role in growth monitoring and also assist staff with cultural, family and social aspects of planning care. Weekly growth monitoring in children < 5 years of age is a surveillance activity conducted by clinic staff that aims to assess the nutritional status for individual children, detect 'at risk' children who need intervention, deliver key age appropriate nutritional messages and provide support and follow up for mothers and carers. There is a high participation rate in child growth monitoring interventions

In the past financial year there have been a total of 1,953 child growth monitoring (CGM) interventions. This represents a 13% increase on the previous year and a 25% increase in child growth monitoring encounters over the last 2 yrs, delivered to a total eligible population of 384 (367 in 2008) children.

## Child Health: Immunisation, School-age Screening, Growth Monitoring and Nutrition Support

**Noel Lally Program Manager**

The childhood immunisation program is a primary health care strategy that aims to control vaccine-preventable diseases through sustained and high community levels of vaccine coverage. Using the 'Healthy For Life' criteria for reporting the proportion of children who are regular (current) clients of the service and were fully immunised in the past financial year (01/07/08 to 30/06/09), it is possible to see the excellent results we continue to achieve in this area:

- 6 months to < 1 yr: 19 out of 19 children fully immunised (100 %)
- 1 yr to < 2yrs: 41 out of 41 children fully immunised (100 %)
- 2 yrs to < 6 yrs: 184 out of 185 children fully immunised (99.46 %)

The ongoing extremely high coverage rates are testament to the diligence of clinical staff.

Child health screening and surveillance activities aim to improve the health of children living on the APY Lands through the early detection, intervention and appropriate follow up of problems identified during the health screen. Health Checks involve:

- Screening a specific target group (5 yr, 10 yr & 13 yr olds in the community)
- Offering and performing a number of screening tests
- Arranging follow up treatments
- Appropriate referrals to tertiary health services
- Disease prevention (e.g. immunisation)
- Health education for the child and their family

In 2009, a total of 178 current and transient children were eligible for screening though 47 of these children were absent i.e. they were resident off the APY Lands for all, or part, of the screening year. As of August 2009, our figures show that 61% of all eligible children have been screened (83% if excluding absentees).

546 children saw the dentist this year. 201 adults made emergency visits to the dentist.



As part of early intervention strategies, clinic staff aim to develop growth action plans with parents and carers for those children identified with poor growth, and some children are referred to the Child Health Team in Alice Springs. The Child Health Team provides support in the areas of nutrition, education and training to mothers and carers at Stuart Lodge. The team works closely with clinic staff, Alice Springs Hospital, the Hospital Paediatric Team and the Women's Council Nutrition Team. This year Carmel Hattch has been working with us as a consultant and her knowledge and experience has significantly added value to our work in this area. We will be implementing improved electronic monitoring and recall systems in Communicare next year that will further enhance service provision.

## Women's Health

**Robyn Pitt** Program Manager

The Women's Health Program covers a number of separate yet interrelated areas of health through the life cycle. Health promotion and screening, clinical practice and monitoring are key strategies.

During the past year the program undertook two major projects:

(1) Biennial breast screen held in Marla for women 50 to 69 years of age

In April the South Australian Breast Screening Unit visited Marla. Over a period of four days 62 women from the APY Lands attended for routine mammography. For the first time this year the program facilitated the opportunity to attend for cervical screening on the same day at Marla clinic. This proved very successful as 25 women out of a possible 37 women in that age group who were due or overdue for a Pap smear took advantage of this opportunity.

(2) An education workshop held at the residential college at Wiltja in Adelaide

This was held over one day and incorporated lifestyle issues such as hygiene, sexual safety and domestic violence. Staff from the Health Council and NPY Women's Council travelled to Adelaide and with the assistance of staff from Wiltja addressed 21 girls aged 12 to 17 years. Feedback from the girls was positive and reinforced the need for us to repeat this activity on a yearly basis.

Antenatal care continues to be a priority in service delivery. In this past year clinics supported the progress of 40 pregnancies. There were 33 live births. Of these 3 were preterm births. The average birth weight of babies born at term was 3167.6g.

Lisa Wallace, Outreach Nurse/Midwife left the program in February 2010. We would like to recognise the diligence and skill with which Lisa has approached her work and thank her for the support she has given to clinic staff and the women themselves.

## Dental Program

**Sandra Meihubers** Program Advisor

In August 2008 Dr Simon Wooley came back to work as the Health Council's full time dentist. Prior to that Dr Marie Wilson and her husband Robert Jager provided locum services as dentist and dental assistant.

Alison Hambour left in July 2009, after many years of locum work as a dental assistant on the APY Lands. Alison has contributed greatly to the dental program over the years, and her input into the re-establishment of the dental clinic in the new Pukatja clinic is especially appreciated. Roger Cox also worked as a dental assistant this year.

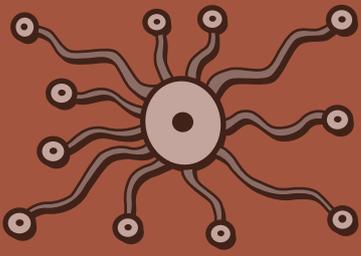
Funding has been obtained from the National Rural and Remote Health

Infrastructure Program to replace the ageing mobile dental surgery. The mobile surgery has given good service for over 16 years but has reached the end of its life on unforgiving unmade roads that are unfortunately less well maintained as time goes on. The new mobile surgery is expected to be commissioned in the second half of 2010.

Over 55% of the adult visits this year were for emergency care, compared to 70% in the previous year. This could reflect the benefit of having a dentist on the APY Lands for a longer time, with the ability to provide ongoing routine care, thus relieving the need for emergency care. Overall the program continues to emphasise a preventive approach to child dental care including regular dental assessments, provision of oral hygiene/diet consultation, topical fluoride therapies (putting fluoride on teeth), pharmacological management of dental decay and fissure sealants (covering the grooves in teeth, where dental decay tends to start). There is also active promotion of oral health education and toothbrushing programs in schools.

When the original Pukatja clinic was demolished in 2001, the original painted wall panels from the dental room were saved. They have now been framed and placed on walls in the aged care facility in Pukatja. These panels contain art works done by the Anangu Health Workers during the establishment of the Health Council's dental program in 1986. It's great to see the preservation of these artworks, and to acknowledge their importance in the history of the dental program. This art work is featured on the cover of this year's Annual Report.

We are grateful to the SA Dental Service and the Australian Research Centre for Population Oral Health for their continuing support and particularly to David Burrow and Kaye Roberts-Thomson for their ongoing enthusiasm for our program.



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## Patient Support Services

The Hospital Liaison team comprising Eileen Moseley, Bronwyn Frank and Daniel Forrester continues to provide patient support including booking accommodation, arranging transport, client advocacy and ensuring clients make it to their appointments. The office provided these services to almost 2,300 patients and escorts throughout the year.

The threat of swine flu resulted in the team being temporarily moved to a smaller office on the Hospital campus while our usual offices were converted into an influenza clinic.

Since the demise of Aboriginal Air Service, transporting our patients has been more difficult with the communities on the APY Lands serviced by a public transport flight only once a week. While western communities have in recent years been additionally serviced by a weekly bus service, eastern communities have had to rely solely on the plane. This has created difficulties with our patients frequently having to wait in Alice Springs for extended periods to return home following appointments. At the time of writing, a new bus service has commenced in the eastern communities and is already having a positive effect on timely return to country.

A review of our Patient Support Services was commissioned by the Board this year and recommended additional staffing to assist with a range of social and emotional wellbeing support required by Anangu in Alice Springs for long term medical assessment or treatment. The organisation is seeking funding to implement this recommendation.

## Mental Health

Over the last two years the Health Council has been funded by the Australian Government to employ two mental health nurses and a number of part time Anangu mental health workers. The major focus of this service has been clinical: identifying people with severe mental health problems and offering treatment and support. Referrals are accepted from clinical staff. This work is undertaken collaboratively with visiting adult psychiatrists and the Health Council's Medical Officers. In the first two years of the program, over two hundred clients have been assisted. As well as providing direct services, the mental health nurses, Paul Hills and Naz Remtulla, provide secondary consultation and professional upskilling for registered nurses in clinics. In addition, Mental Health First Aid training has been provided to staff of the Health Council and other agencies.

Given the limited resources, this program concentrates on the provision of clinical and counselling assistance to those in most urgent and severe need. At the other end of the spectrum, there is a significant unmet need for improved mental health literacy on the APY Lands, health education and health promotion especially in relation to substance misuse, and more active surveillance and policing in relation to the supply and distribution of illicit drugs. This program cannot address these very important contextual issues or the underlying social determinants that contribute to mental illness on the APY Lands.

